The undersigned Agency and Vendor, Click here to enter text., (the Parties) agree that the following shall amend the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

IN WITNESS WHEREOF, the Agency and the Vendor cause this Amendment to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

**VENDOR**

|  |  |
| --- | --- |
| Vendor Name: Click here to enter text. | Address: Click here to enter text. |
| Signature: | Phone: Click here to enter text. |
| Printed Name: Click here to enter text. | Fax: Click here to enter text. |
| Title: Click here to enter text. | Email: Click here to enter text. |
| Date: |  |

**STATE OF ILLINOIS**

|  |  |
| --- | --- |
| Procuring Agency: Click here to enter text. | Phone: Click here to enter text. |
| Street Address: Click here to enter text. | Fax: Click here to enter text. |
| City, State ZIP: Click here to enter text. |  |
| Official Signature: | Date: |
| Printed Name: Click here to enter text. |  |
| Official’s Title: Click here to enter text. |  |
| Legal Signature: | Date: |
| Legal Printed Name: Click here to enter text. |  |
| Legal’s Title: Click here to enter text. |  |
| Fiscal Signature: | Date: |
| Fiscal’s Printed Name: Click here to enter text. |  |
| Fiscal’s Title: Click here to enter text. |  |

**STATE USE ONLY** **NOT PART OF CONTRACTUAL PROVISIONS**

PBC# Project Title

Contract # Procurement Method (IFB, RFP, Small, etc):

IPB Ref. # IPB Publication Date: Award Code:

Subcontractor Utilization?  Yes  No Subcontractor Disclosure?  Yes  No

Funding Source Obligation #

CPO 33 – General Counsel Approval:

Signature Printed Name Date

1. **CONTRACT DESCRIPTION** (including Original Purchase Order or Contract Number): Click here to enter text.
2. **CHANGE ORDER**: Is this amendment a change order as defined in 30 ILCS 500/1-15.12 and 720 ILCS 5/33E?

Yes  No

1. **DESCRIPTION OF AMENDMENT** (Check all that apply, complete blanks and explain as necessary):
   1. The completion date will be  extended,  shortened or  remain the same.
      1. Original completion date: Click here to enter a date..
      2. Revised completion date: Click here to enter a date..
   2. The method of determining compensation (e.g., hourly rate, fixed fee, etc.) will  stay the same or  change as follows: Click here to enter text.
   3. The cost will be  increased,  decreased or  remain the same.
      1. Original cost: $Click here to enter text..
      2. Amount of change: Click here to enter text..
      3. Revised cost: Click here to enter text..
   4. The supplies or services to be provided will  stay the same or  be changed as follows: Click here to enter text..
   5. Subcontractors are being  added,  deleted, or  remain the same?

* Subcontractor Name: Click here to enter text.

added  deleted

Amount to be paid: Click here to enter text.

Address: Click here to enter text.

Description of work: Click here to enter text.

* Subcontractor Name: Click here to enter text.

added  deleted

Amount to be paid: Click here to enter text.

Address: Click here to enter text.

Description of work: Click here to enter text.

* + 1. All contracts with the subcontractors identified above must include the Standard Illinois Certifications.
    2. If the annual value of any of the subcontracts is more than $100,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.
    3. If the subcontractor is registered in the Illinois Procurement Gateway (IPG) and the Vendor is using the subcontractor’s Standard Illinois Certifications or Financial Disclosures and Conflicts of Interest from the IPG, then the Vendor must also provide a completed IPG Active Registered Vendor Disclosure (formerly named Forms B) for the subcontractor.
    4. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor will be required to promptly notify, in writing, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract. Any subcontracts entered into prior to award of the Contract are done at the Vendor’s and subcontractor’s risk.

1. **EFFECTIVE DATE OF AMENDMENT**: Click here to enter a date..

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

I am a U.S. person (including a U.S. resident alien).

* If you are an individual, enter your name and SSN as it appears on your Social Security Card.
* If you are a sole proprietor, enter the owner’s name on the name line followed by the name of the business and the owner’s SSN or EIN.
* If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner’s name on the name line and the D/B/A on the business name line and enter the owner’s SSN or EIN.
* If the LLC is a corporation or partnership, enter the entity’s business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
* For all other entities, enter the name of the entity as used to apply for the entity’s EIN and the EIN.

Name: Click here to enter text.

Business Name: Click here to enter text.

Taxpayer Identification Number:

Social Security Number: Click here to enter text.

or

Employer Identification Number : Click here to enter text.

Legal Status (check one):

Individual  Governmental

Sole Proprietor  Nonresident alien

Partnership  Estate or trust

Legal Services Corporation  Pharmacy (Non-Corp.)

Tax-exempt  Pharmacy/Funeral Home/Cemetery (Corp.)

Corporation providing or billing  Limited Liability Company

medical and/or health care services (select applicable tax classification)

Corporation NOT providing or billing  D = disregarded entity

medical and/or health care services  C = corporation

P = partnership

Signature of Authorized Representative:

Date: Click here to enter a date