



Lake County Purchasing Division
18 N County Street – 9th Floor
Waukegan, IL 60085-4340
Phone: 847.377.2929
E-mail: purchasing@lakecountyiil.gov

January 12, 2024

Pat Davenport
A Safe Place
2710 17th Street, Ste 100
Zion, IL 60099
pdavenport@asafeplaceforhelp.org

CONTRACT DESCRIPTION: PSA Neutral Site Custody Exchange
CONTRACT PERIOD: December 1, 2023 - November 30, 2024

Dear Pat Davenport:

Lake County's current contract with A Safe Place expired November 30, 2023. Based on performance and continuing need, the County has extended this contract for an additional one (1) year period. All the terms and conditions of the contract shall apply.

It is the responsibility of A Safe Place to maintain a valid Certificate of Insurance (COI) in compliance with the terms and conditions of the contract. Upon acceptance of this renewal, contractors should work with their broker to obtain a new COI evidencing coverage for the renewal period of the contract. A valid company contact email address along with the new certificate(s) should be submitted to purchasing@lakecountyiil.gov. Any hard copies of said Notices and Certificates of Insurance shall be provided to: *Lake County Purchasing Division, 18 N. County St. – 9th Fl., Waukegan, IL 60085-4350.*

October 2020 the Lake County Board revised our Vendor Disclosure Statement Policy, which require vendors to disclose any familial relationships between a Lake County elected official, department director, deputy director, manager and owners, principals or officers of the vendor's company as well as campaign contributions to County elected officials. A copy of the Vendor Disclosure Statement is attached to this renewal notice. It is the responsibility of all vendors to disclose this information and provide an updated form at renewal. Please notify Lake County Purchasing Division by submitting an updated Vendor Disclosure Statement to purchasing@lakecountyiil.gov.

Please accept this letter as formal notice to renew the agreement. ***If you have any concerns, please contact us no later than 30 days prior to the expiration date to purchasing@lakecountyiil.gov or fax to (847) 984-5889.***

Thank you for your continued interest in doing business with Lake County.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert K. Hall", enclosed within a thin black rectangular border.



VENDOR DISCLOSURE STATEMENT

Vendor Name:	A Safe Place		
Address:	2710 17 th Street Ste 100, Zion, IL 60099		
Contact Person:	Pat Davenport	Contact Phone #:	847 731 7165
Bid/RFP/SOI/Contract/Renewal:	First Renewal Period 2023 - 2024		

Vendors wishing to contract with Lake County for goods and services in an amount greater than \$30,000 shall submit this form in advance of award. This disclosure statement is not required for utility companies regulated by the Illinois Commerce Commission or local units of government. Vendors shall disclose:

- A familial relationship between a Lake County elected official, department director, deputy director and manager and owners, principals, executives, officers, account managers or other similar managerial positions of the vendor's company. Familial relationship is defined as a spouse (including civil partner), child, stepchild, parent, stepparent, grandparent, in-laws (including parent, grandparent, sibling, or child), relatives and non-relatives living in the same residence, and offspring born to any aforementioned person.
- All political campaign contributions made by the vendor or an owner, principal, executive, officer, account manager, or other similar managerial position of the vendor to any county board member, county board chair, or countywide elected official within the last five years.

If there is nothing to report in a section, please state none in the appropriate space.

FAMILIAL RELATIONSHIPS

List names and departments/agencies of Lake County employees or public officials with whom owners, principals, or officers of the vendor's company have a familial relationship and the nature of the relationship. Attach additional pages as necessary. (Provide all names or state none in the space below. Do not leave blank.)

Name and Department/Agency of Lake County Employee/Public Official	Familial Relationship

CAMPAIGN CONTRIBUTIONS

List campaign contributions that have been made within the last five years that exceed \$150 annually. Attach additional pages as necessary. (Provide all names or state none in the space below. Do not leave blank.)

Recipient	Donor	Description (e.g., cash, type of item, in-kind services, etc.)	Amount/Value	Date Made

Continuing disclosure is required if information changes. This Vendor Disclosure Statement form is available at www.lakecountyil.gov.

The full text of the County's Ethics and Procurement policies and ordinances are available at www.lakecountyil.gov.

I hereby acknowledge that the information above is accurate and complete, that I am an authorized signer on behalf of the vendor, that I have read and understand these disclosure requirements, and that I agree to update this information if there are any related changes by submitting a new Vendor Disclosure Statement.

Authorized Signature:		Title:	
Printed Name:		Date:	

Vendors must insert "x" in the following box indicating exception and provide a brief narrative for exception.

V5 10.8.2019