



**Lake County Purchasing Division**  
18 N County Street – 9<sup>th</sup> Floor  
Waukegan, IL 60085-4340  
Phone: 847.377.2929  
E-mail: [purchasing@lakecountyil.gov](mailto:purchasing@lakecountyil.gov)

April 18, 2025

Abraxas Woodridge Interventions  
Shayna Raver, Esq.  
2221 64<sup>th</sup> Street  
Woodridge, IL 60517  
SENT VIA EMAIL: [jamarks@abraxasyfs.com](mailto:jamarks@abraxasyfs.com)

**SUBJECT: 60 Day Extension**  
**CONTRACT: 20017 - Residential Substance Use Treatment**

Dear Shayna Raver, Esq:

This letter serves as formal notification that the County is exercising its right to a sixty (60) day extension pursuant to the terms of Lake County Agreement 20017 with Abraxas Woodridge Interventions, which was executed on April 30, 2020.

The current contract is set to expire on April 30, 2025, with no renewal options. The purpose of this extension is to allow additional time to enter into a new contract with Abraxas Woodridge Interventions. This extension will extend the expiration date until June 30, 2025. All terms and conditions of the Agreement shall remain in full force and effect during the extended period unless otherwise modified in writing and agreed upon by both parties.

No further action is required by your company. Should you have any questions or require further discussion, please feel free to contact me at Lake County Purchasing via email at [yalbarran@lakecountyil.gov](mailto:yalbarran@lakecountyil.gov) by April 25, 2025.

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

Sincerely,

A handwritten signature in cursive script that reads "Yvette Albarran".

Yvette Albarran  
Purchasing Agent



# VENDOR DISCLOSURE STATEMENT

Vendor Name:			
Address:			
Contact Person:		Contact Phone #:	
Bid/RFP/SOI/Contract/Renewal:	Adult Residential Substance Use Treatment		

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 service, etc.)	Amount/Value	Date Made

Continuing disclosure is required if information changes. This Vendor Disclosure Statement form is available at [www.lakecountyil.gov](http://www.lakecountyil.gov).

The full text of the County's Ethics and Procurement policies and ordinances are available at [www.lakecountyil.gov](http://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