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

November 2, 2026

SENT VIA EMAIL TO: pdavenport@asafeplaceforhelp.org

Pat Davenport
A Safe Place
2710 17th Street, Ste 100
Zion, IL 60099

CONTRACT DESCRIPTION: **PSA Neutral Site Custody Exchange**
CONTRACT PERIOD: **December 1, 2025 - November 30, 2026**

Dear Pat:

Lake County's current contract with **A Safe Place** expires **November 30, 2026**. Based on performance and continuing need, the County has extended this contract for the following **one (1) year** period of **December 1, 2026 - November 30, 2027**. 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@lakecountyil.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*.

Effective January 2019 the Lake County Board implemented a 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@lakecountyil.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@lakecountyil.gov***.***

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

Sincerely,

Yvette Albarran

Yvette Albarran
Purchasing Agent

VENDOR DISCLOSURE STATEMENT

Vendor Name:			
Address:			
Contact Person:		Contact Phone #:	
Bid/RFP/SOI/Contract/Renewal:			

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. Vendors shall disclose:

- A familial relationship between a Lake County elected official, department director, deputy director and manager and owners, principals, or officers 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, officer, manager, lobbyist, agent, consultant, counsel, subcontractor or corporate entity under the control of the vendor to any county board member, county board chair, or countywide elected official as well as contributions to any political action committees within the last five years.

FAMILIAL RELATIONSHIPS

List below the 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. Please attach additional pages as necessary.

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

CAMPAIGN CONTRIBUTIONS

List below the campaign contributions that have been made within the last five years. Please attach additional pages as necessary.

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.

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:	