Agreement # 485 (#252-S167	1) - Amendment # 1	Legistar # 22-1062	

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared:	06/08/2022		Need Date: 06/09/2022			
PROCESSING DEPARTMENT:			CONTRACTOR:			
Department:	County Counsel		Name:	Gov QA		
Dept. Contact:	ept. Contact: Lisa Blake		_ Address:	9014 Heritage Pkwy - Suite 308 Woodridge, IL 60517		
Phone:			_			
Department	David A.	Digitally signed by David A. Livingston	Phone:	(630) 985-1300		
Head Signature:	Livingston	Date: 2022.06.09 15:41:51 -07'00'				
riodd Oighataro.	<u> </u>		Org Code:	0700000		
			Project Strir			
			(if applicable	_		
CONTRACTING	DEPARTMEN	T: County Couns	sel			
Service Requeste	ed: Review and	approve Amendme	ent			
Description: Ar	nendment to perp	petual contracting ic	lentifying name chang	ge of vendor		
Contract Term: P				e: Varies each Fis	cal Year	
_						
COUNTY COUNS				_	Digitally signed by David A.	
Approved:		proved:	Date: 06/09/2		David A. Livingston Digitally signed by David A. Livingston Date: 2022.06.09 15:42:18-07:00'	
Approved:	Disap	proved:	Date:	By:		
C	DUNSEL PLEA	ASE FORWARD TO	HR AND RISK MAN	NAGEMENT THAI	NKS!	
HR APPROVAL:						
Compliance with	Human Resou	rces requiremen	nts? Yes:		No:	
Compliance verifi		'				
•	· —					
					int funding contracts	
Approved:		proved:	Date:	By:		
Approved:	Disap	proved:	Date:	By:		
OTHER APPROV	/AL: (Specify	department(s) p	articipating or dire	ectly affected by t	his contract).	
Departments:	(-					
Approved:	Disar	proved:	Date:	By:		
Approved:		proved:	Date:	By:		
, .pp. 0 7 0 d.	Disap	p. 0104.		by.		
PLEASE EMAIL	SIGNED DOG	SUMENT TO:				