

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 06/08/2022

Need Date: 06/09/2022

**PROCESSING DEPARTMENT:**

Department: County Counsel  
Dept. Contact: Lisa Blake  
Phone: Ext 5781  
Department Head Signature: David A. Livingston

Digitally signed by David A. Livingston  
Date: 2022.06.09 15:41:51 -07'00'

**CONTRACTOR:**

Name: Gov QA  
Address: 9014 Heritage Pkwy - Suite 308  
Woodridge, IL 60517  
Phone: (630) 985-1300

Org Code: 0700000  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** County Counsel

Service Requested: Review and approve Amendment

Description: Amendment to perpetual contracting identifying name change of vendor

Contract Term: Perpetual Contract Value: Varies each Fiscal Year

**COUNTY COUNSEL:** (must approve all contracts and MOU's)

Approved:  Disapproved:  Date: 06/09/2022 By: David A. Livingston  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Digitally signed by David A. Livingston  
Date: 2022.06.09 15:42:18 -07'00'

**COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!**

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:

Compliance verified by: \_\_\_\_\_

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE EMAIL SIGNED DOCUMENT TO: