STATE OF ILLINOIS

RENEWAL OF THE INTERGOVERNMENTAL AGREEMENT between the

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

and

NINETEENTH JUDICIAL CIRCUIT COURT

Intergovernmental Agreement No. 2021-55-024-004 D

WHEREAS, the Department of Healthcare and Family Services ("Department"), located at 201 South Grand Avenue East, Springfield, Illinois 62703, and the Nineteenth Judicial Circuit Court ("County"), located at 18 North County Street, Waukegan, Illinois 60085, desire to renew this Agreement: and

WHEREAS, pursuant to Article II, Item 2.2 (Renewals), the Agreement may be renewed for additional periods, as long as the initial term and renewal terms do not exceed four years, by each party furnishing written notification of such intent.

NOW THEREFORE, the Intergovernmental Agreement is renewed for the period of July 1, 2023, through June 30, 2024 for the amount of \$50,000.00.

All other terms and conditions shall remain in full force and effect.

Illinois Department of Healthcare

In Witness Whereof, the parties have hereunto caused this Renewal to be executed by their duly authorized representatives.

Nineteenth Judicial Circuit Court

Anu r	anny Services		
Ву:	There'sa Eagleson Director	By: Sandy Hart Chairman, Lake County Board	d
Date:	6/13/23	Date: 4/6/2023	an.

APPENDIX A

NINETEENTH JUDICIAL CIRCUIT COURT BUDGET JULY 1, 2023, THROUGH JUNE 30, 2024

Individual Line-Item Amounts Are Estimated

	SFY24 Budget
Personnel Services	
Employee Salaries & Fringe Benefits	\$0
SUBTOTAL PERSONNEL SERVICES	\$0
Non-Personnel Services	
Contractual Services Travel	\$50,000 \$0
SUBTOTAL NON-PERSONNEL SERVICES	\$0
PERSONNEL SERVICES SUBTOTAL	\$0
NON PERSONNEL SERVICES SUBTOTAL	\$0
GRAND TOTAL	\$ 50,000

Attachment A

Taxpayer Identification Certification

A.	 Contractor certifies that: The number shown on this form is Contractor's correct taxpayer identification number (or Contractor is waiting for a number to be issued to Contractor); and Contractor is not subject to backup withholding because:								
B.	Contractor's Name: NINETEENTH JUDICIAL CIRCUIT COURT								
C.									
	Social Security Number (SSN): or Employer Identification Number (EIN): 36-6006600 (If Contractor is an individual, enter Contractor's name and SSN as it appears on Contractor's Social Security Card. If Contractor is completing this certification for a sole proprietorship, enter the owner's name followed by the name of the business and the owner's SSN or EIN. For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.)								
D.	Contr	Contractor's Legal Status (check one):							
		Indivi	dual	_X_	Governmental				
		Sole I	Proprietor		Nonresident alien				
		Partne	ership/Legal Corporation		Estate or trust				
		Corpo medic Corpo	xempt oration providing or billing eal or health care services oration NOT providing or g medical or health care service	ces	Pharmacy (Non-Corp.) Pharmacy/Funeral Home/Cemetery (Corp) Other:				
IS A	UTHO	RIZED	ED AFFIRMS, UNDER PEN TO EXECUTE THIS C ICIAL CIRCUIT COURT.	IALTIE CERTIF	S OF PERJURY, THAT HE OR SHE ICATION ON BEHALF OF THE				
	9	M	40		6/6/2023				
Sandy		ke Com	nty Board		Date '				
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