

**MODIFICATION NO. 1
TO AGREEMENT 25152-2
ADULT RESIDENTIAL SUBSTANCE USE TREATMENT**

This Modification to Agreement 25152-2 ("**Modification**") is made effective upon signing by Lake County, IL ("**County**") and McDermott Center DBA Haymarket Center ("**Haymarket**"), with principal offices at 120 N. Sangamon St., Chicago, IL 60607. The County and Haymarket are referred to as the "**Parties.**"

RECITALS

WHEREAS,

1. Haymarket was awarded a contract by the County for adult residential substance use treatment, which was executed on April 25, 2025 ("**Agreement**").
2. The County seeks to expand the treatment service options available to its community members to include outpatient treatment services.
3. Haymarket has an established program to provide Recovery Coaching Services and Prison Diversion Programs ("**Recovery Coaching Program**") with proven successful outcomes.
4. The Parties have agreed to amend the terms of the Agreement as set forth in this Modification.

NOW, THEREFORE, in consideration of the recitals above and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree that the Agreement shall be modified as follows:

Modification of existing sections of the Agreement:

Section 3. Effective Date; Term

The term of the Recovery Coaching Program shall commence July 1, 2026 and be in effect for a one-year period, with the option to renew for four additional one-year periods.

The Parties acknowledge that the final renewal term of the Recovery Coaching Program may extend beyond the expiration date of the Agreement. Notwithstanding the expiration or termination of the Agreement, all terms and conditions set forth in the Agreement shall remain in full force and effect and shall continue to govern the Recovery Coaching Program for as long as the Recovery Coaching Program remains in effect.

Section 4. Agreement Price

The annual amount of the first term for the Recovery Coaching Program shall not exceed \$298,601, as outlined in Exhibit 1 to this modification.

The prices for these services shall be held firm through the initial program term. Any request for a price increase upon renewal must be submitted to the County at least sixty (60) days prior to the start of the applicable renewal term. Such request shall include documentation supporting the increase and shall be limited to actual increases in costs directly attributable to the Program. Any annual increase shall not exceed 5% unless otherwise approved by the County in writing.

Haymarket shall submit invoices to the County no later than the 15th day of each month for actual, approved expenses incurred during the preceding month. Each invoice shall include all supporting documentation necessary for payment, including approved recovery coach timecards, approved mileage reimbursement forms, and itemized receipts for reimbursable expenses.

All reimbursable expenses must be approved in writing by the County prior to being incurred. Reimbursable expenses shall be billed at actual cost and shall not include any markup, administrative fee, overhead charge, or profit.

Agreement's Exhibit A, Scope of Work

The following shall be added:

Haymarket shall provide the Recovery Coaching Program services outlined in Exhibit 2 to this modification, delivered by a Recovery Coach that meets or exceeds the position requirements listed in Exhibit 3.

CONTRACT MODIFICATION EXHIBITS

- Exhibit 1: Recovery Coaching Budget and Narrative
- Exhibit 2: Recovery Coaching Services and Prison Diversion Program Scope of Services
- Exhibit 3: Recovery Coach Position Description

REMAINING PROVISIONS: The remaining provisions of the Agreement are not amended by this Modification and shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused this Modification to be executed in their names or their official acts by their respective representatives, each of whom is duly authorized to execute the same.

Lake County

McDermott Center DBA Haymarket Center

Yvette Albarran

Name:

Purchasing Agent

Title:

Date: _____

Date: _____



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. 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. Vendor Disclosure Statements are available at doingbusiness.lakecountyiil.gov

The full text of the County’s Ethics and Procurement policies and ordinances are available at www.lakecountyiil.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.