

STATE OF ILLINOIS

RENEWAL OF THE INTERGOVERNMENTAL AGREEMENT

between the

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

and

NINETEENTH JUDICIAL CIRCUIT COURT

Intergovernmental Agreement No. 2021-55-024-003 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, 2022, through June 30, 2023 for the amount of \$50,000.00.

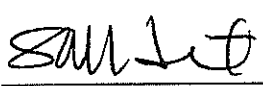
All other terms and conditions shall remain in full force and effect.

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

Illinois Department of Healthcare  
And Family Services

Nineteenth Judicial Circuit Court

By:   
Theresa Eagleson  
Director

By:   
Sandy Hart  
Chairman, Lake County Board

Date: 5/19/22

Date: 4/19/22

**APPENDIX A**

**NINETEENTH JUDICIAL CIRCUIT COURT BUDGET  
 JULY 1, 2022, THROUGH JUNE 30, 2023  
 Individual Line-Item Amounts Are Estimated**

|                                     | <b>SFY23 Budget</b> |
|-------------------------------------|---------------------|
| <b>Personnel Services</b>           |                     |
| Employee Salaries & Fringe Benefits | \$0                 |
| SUBTOTAL PERSONNEL SERVICES         | \$0                 |
| <b>Non-Personnel Services</b>       |                     |
| Contractual Services                | \$50,000            |
| Travel                              | \$0                 |
| SUBTOTAL NON-PERSONNEL SERVICES     | \$0                 |
| PERSONNEL SERVICES SUBTOTAL         | \$0                 |
| NON PERSONNEL SERVICES SUBTOTAL     | \$0                 |
| <b>GRAND TOTAL</b>                  | <b>\$ 50,000</b>    |

**Attachment A**

**Taxpayer Identification Certification**

- A. Contractor certifies that:
1. 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**
  2. Contractor is not subject to backup withholding because:
    - (a) Contractor is exempt from backup withholding, or
    - (b) Contractor has not been notified by the Internal Revenue Service (IRS) that Contractor is subject to backup withholding as a result of a failure to report all interest or dividends, or
    - (c) The IRS has notified Contractor that Contractor is no longer subject to backup withholding, **and**
  3. Contractor is a U.S. person (including a U.S. resident alien).

B. Contractor's Name: **NINETEENTH JUDICIAL CIRCUIT COURT**

C. Contractor's Taxpayer Identification Number:

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. Contractor's Legal Status (*check one*):

- |   |  |
|---|--|
| <input type="checkbox"/> Individual   | <input checked="" type="checkbox"/> Governmental |
| <input type="checkbox"/> Sole Proprietor  | <input type="checkbox"/> Nonresident alien       |
| <input type="checkbox"/> Partnership/Legal Corporation  | <input type="checkbox"/> Estate or trust         |
| <input type="checkbox"/> Tax-exempt   | <input type="checkbox"/> Pharmacy (Non-Corp.)    |
| <input type="checkbox"/> Corporation providing or billing medical or health care services     | <input type="checkbox"/> Pharmacy/Funeral        |
| <input type="checkbox"/> Corporation NOT providing or billing medical or health care services | <input type="checkbox"/> Home/Cemetery (Corp)    |
|   | <input type="checkbox"/> Other:                  |

THE UNDERSIGNED AFFIRMS, UNDER PENALTIES OF PERJURY, THAT HE OR SHE IS AUTHORIZED TO EXECUTE THIS CERTIFICATION ON BEHALF OF THE NINETEENTH JUDICIAL CIRCUIT COURT.

  
\_\_\_\_\_  
Sandy Hart, Chairman Lake County Board

4/25/22  
Date