

# 11. VENDOR DISCLOSURE STATEMENT



## VENDOR DISCLOSURE STATEMENT

Vendor Name:	Integrated Solutions Consulting Corp.		
Address:	220 S. Buchanan Street Edwardsville, IL 62025		
Contact Person:	Dan Martin, Principal	Contact Phone #:	8477375395
Bid/RFP/SOI/Contract/Renewal:	RFP# 22124 - Emergency Response Training and Exercise Program for the Lake County Health Department		

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. Vendors shall disclose:

- A familial relationship between a Lake County elected official, department director, deputy director and manager and owners, principals, or officers 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, officer, manager, lobbyist, agent, consultant, counsel, subcontractor or corporate entity under the control of the vendor to any county board member, county board chair, or countywide elected official as well as contributions to any political action committees within the last five years.

### FAMILIAL RELATIONSHIPS

List below the 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. Please attach additional pages as necessary.

Name and Department/Agency of Lake County Employee/Public Official	Familial Relationship
N/A	N/A

### CAMPAIGN CONTRIBUTIONS


List below the campaign contributions that have been made within the last five years. Please attach additional pages as necessary.

Recipient	Donor	Description (e.g., cash, type of item, in-kind service, etc.)	Amount/Value	Date Made
N/A				

Continuing disclosure is required if information changes. This Vendor Disclosure Statement form is available at [www.lakecountvil.gov](http://www.lakecountvil.gov).

The full text of the County's Ethics and Procurement policies and ordinances are available at [www.lakecountvil.gov](http://www.lakecountvil.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:	Principal
Printed Name:	Dan Martin	Date:	8/29/22

*Failure to complete and return this Disclosure may result in delay or cancellation of the County's Contractual Obligation.*