



Lake County Purchasing Division
18 N County Street – 9th Floor
Waukegan, IL 60085-4340
Phone: 847.377.2929
E-mail: purchasing@lakecountyil.gov

5/30/2024

Advocate Health and Hospitals Corporation d/b/a Advocate Medical Group
Joseph Barbosa
801 S. Milwaukee Ave Libertyville, IL 60048
Sent via email: joseph.barbosa@aah.org

CONTRACT DESCRIPTION: Employee pre-employment physicals and vaccinations
CONTRACT # 22060
CONTRACT PERIOD: 8/13/2024- 8/12/2025

Dear Joseph Barbosa :

Lake County's current contract with Advocate Aurora Health expires 8/12/2024. Based on performance and continuing need, the County has extended this contract for an additional one (1) year period. All the terms and conditions of the contract shall apply.

It is the responsibility of Advocate Aurora Health to maintain a valid Certificate of Insurance (COI) in compliance with the terms and conditions of the contract. Upon acceptance of this renewal, contractors should work with their broker to obtain a new COI evidencing coverage for the renewal period of the contract. A valid company contact email address along with the new certificate(s) should be submitted to purchasing@lakecountyil.gov. Any hard copies of said Notices and Certificates of Insurance shall be provided to: *Lake County Purchasing Division, 18 N. County St. – 9th Fl., Waukegan, IL 60085-4350.*

October of 2019 the Lake County Board revised our Vendor Disclosure Statement Policy, which require vendors to disclose any familial relationships between a Lake County elected official, department director, deputy director, manager and owners, principals or officers of the vendor's company as well as campaign contributions to County elected officials. A copy of the Vendor Disclosure Statement is attached to this renewal notice. It is the responsibility of all vendors to disclose this information and provide an updated form at renewal. Please notify Lake County Purchasing Division by submitting an updated Vendor Disclosure Statement to purchasing@lakecountyil.gov.

Please accept this letter as formal notice to renew the agreement. ***If you have any concerns, please contact us no later than 30 days prior to the expiration date to purchasing@lakecountyil.gov or fax to (847) 984-5889.***

Thank you for your continued interest in doing business with Lake County.

Sincerely,



VENDOR DISCLOSURE STATEMENT

Vendor Name:	Advocate Health and Hospitals Corporation d/b/a Advocate Medical Group		
Address:	801 S. Milwaukee Avenue, Libertyville, IL 60048		
Contact Person:	Joseph Barbosa	Contact Phone #:	630-207-8032
Bid/RFP/SOI/Contract/Renewal:	Renewal #22060		

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
None	

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
N/a				

Continuing disclosure is required if information changes. This Vendor Disclosure Statement form is available at www.lakecountyil.gov.

The full text of the County’s Ethics and Procurement policies and ordinances are available at www.lakecountyil.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:	<i>Amy S. Confare</i>	Title:	VP Employer Services & Venture Operations
Printed Name:	Amy S. Confare	Date:	May 31, 2024

Vendors must insert “x” in the following box indicating exception and provide a brief narrative for exception.