

STATE OF ILLINOIS
CERTIFICATION OF NO CHANGE FOR CONTRACT RENEWAL

When renewing a State contract, if there has been a change in the information originally provided and accepted (by the State at the time of contract execution) on either the Financial Disclosures and Conflicts of Interest form or the Standard Certifications form, then vendors, parent entity(ies), and subcontractors must complete and re-submit the appropriate form for which a change occurred.

However, if the information originally submitted on either of the forms has not changed, then this form may be used to certify that there has been no change.

This certification is submitted for:

- Vendor
- Vendor’s Parent Entity(ies) (100% ownership)
- Subcontractor(s) >\$50,000
- Subcontractor’s Parent Entity(ies)(100% ownership) > \$50,000

Project Name	Click here to enter text.
Illinois Procurement Bulletin Number	Click here to enter text.
Contract Number	Click here to enter text.
Vendor Name	Click here to enter text.
Doing Business As (DBA)	Click here to enter text.
Disclosing Entity	Click here to enter text.
Disclosing Entity’s Parent Entity	Click here to enter text.
Subcontractor	Click here to enter text.
Instrument of Ownership or Beneficial Interest	Choose an item. <input type="checkbox"/> If you selected Other, please describe: Click here to enter text.

I hereby certify that the information contained on the following forms originally submitted for the above referenced contract has not changed.

Financial Disclosures and Conflicts of Interest

Standard Certifications

Information contained on the following forms originally submitted for the above referenced contract has changed. I have attached the appropriate updated information. Note to Disclosing Entity: Show the change(s) clearly on an attachment or submit new forms in their entirety.

Financial Disclosures and Conflicts of Interest

Standard Certifications

This disclosure is signed and made under penalty of perjury by an authorized officer or employee of the company pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code.

Authorized Signature: _____

Printed Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

STATE OF ILLINOIS
TAXPAYER IDENTIFICATION NUMBER

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: [Click here to enter text.](#)

Business Name: [Click here to enter text.](#)

Taxpayer Identification Number:

Social Security Number: [Click here to enter text.](#)

or

Employer Identification Number : [Click here to enter text.](#)

Legal Status (check one):

- | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident alien |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Legal Services Corporation | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Tax-exempt | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) |
| <input type="checkbox"/> Corporation providing or billing
medical and/or health care services | <input type="checkbox"/> Limited Liability Company
(select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing
medical and/or health care services | <input type="checkbox"/> D = disregarded entity |
| | <input type="checkbox"/> C = corporation |
| | <input type="checkbox"/> P = partnership |

Signature of Authorized Representative: _____

Date: [Click here to enter a date](#)