

# STATE OF ILLINOIS LEASE RENEWAL

XXXXXX

The undersigned Agency and Vendor, **ENTER VENDOR NAME**, (the Parties) agree that the following shall renew the Lease referenced herein. All terms and conditions set forth in the original Lease, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Renewal shall prevail.

IN WITNESS WHEREOF, the Agency and the Vendor cause this Renewal to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

**VENDOR**

Vendor Name: <b>ENTER VENDOR NAME</b>	Address:
Signature:	Phone:
Printed Name:	Fax:
Title:	Email:
Date:	

**STATE OF ILLINOIS**

Procuring Agency: Central Management Services	Phone: 217-782-5641
Street Address: 313 S. 6 <sup>th</sup> Street	Fax: 217-557-1036
City, State ZIP: Springfield, Illinois 62701	
Official Signature:	Date:
Printed Name:	
Official's Title:	
Legal Signature:	Date:
Legal Printed Name:	
Legal's Title:	
Fiscal Signature:	Date:
Fiscal's Printed Name:	
Fiscal's Title:	

Project Title

Lease #

Procurement Method RFI, Alt-RFI:

BidBuy Bid #

Publication Date:

Award Code:

Subcontractor Utilization?  Yes  No

Subcontractor Disclosure?  Yes  No

Funding Source

Obligation #

1. **DESCRIPTION OF LEASE BEING RENEWED** (include lease number): [Click here to enter text.](#)
2. **TERMS AND CONDITIONS:** This Renewal is on the same terms and conditions as the Lease being renewed except as changed and described herein.
3. **RENEWAL TERM:** This RENEWAL shall begin \_\_\_\_\_ and shall run through\_\_\_\_\_.
4. **COSTS** (describe calculation and/or cost basis, if applicable): \$\_\_\_\_\_.
5. **SUBCONTRACTORS:** Will subcontractors be utilized?  Yes  No

- Subcontractor Name:

Amount to be paid:

Address:

Description of work:

- Subcontractor Name:

Amount to be paid:

Address:

Description of work:

- 5.1. All contracts with the subcontractors identified above must include the Standard Certifications completed and signed by the subcontractor.
- 5.2. If the annual value of any the subcontracts is more than \$50,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.
- 5.3. If the subcontractor is registered in the Illinois Procurement Gateway (IPG) and the Vendor is using the subcontractor's Standard Certifications or Financial Disclosures and Conflicts of Interest from the IPG, then the Vendor must also provide a completed Forms B for the subcontractor.
- 5.4. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor will be required to promptly notify, in writing, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract. Any subcontracts entered into prior to award of the Contract are done at the Vendor's and subcontractor's risk.

**STATE OF ILLINOIS**  
**TAXPAYER IDENTIFICATION NUMBER**

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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:

Business Name:

Taxpayer Identification Number:

Social Security Number:

or

Employer Identification Number:

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<br>medical and/or health care services     | <input type="checkbox"/> Limited Liability Company<br>(select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing<br>medical and/or health care services | <input type="checkbox"/> C = corporation   |
|  | <input type="checkbox"/> P = partnership   |

**Signature of Authorized Representative:** \_\_\_\_\_

Date: