


STATE OF ILLINOIS CONTRACT AMENDMENT

The undersigned Agency and Vendor, Global Tel Link dba ViaPath Technologies, (the Parties) agree that the following shall amend the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

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

VENDOR

Vendor Name: Global Tel*Link Corporation d/b/a ViaPath Technologies	Address: 3120 Fairview Park Drive, Suite 300, Falls Church, VA 22042
Signature: 	Phone: 571-379-2667
Printed Name: Eileen Tobin	Fax: N/A
Title: Sr. Director, Contracts	Email: Eileen.tobin@viapath.com
Date: May 7, 2024	

STATE OF ILLINOIS

Procuring Agency: Illinois Department of Corrections	Phone: 217-558-2200 x 4134
Street Address: 1301 Concordia Ct.	Fax: N/A
City, State ZIP: Springfield, IL	
Official Signature:	Date:
Printed Name: Latoya Hughes / James Deen	
Official's Title: Acting Director / CFO	
Legal Signature:	Date:
Legal Printed Name:	
Legal's Title:	
Fiscal Signature:	Date:
Fiscal's Printed Name:	
Fiscal's Title:	

PBC#	Project Title Ind. In Custody Electronic Comm. Services	
Contract # P-48468	Procurement Method (IFB, RFP, Small, etc): Emergency Extension	
IPB Ref. #	IPB Publication Date:	Award Code: E
Subcontractor Utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Disclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Funding Source	Obligation #	
CPO 33 – General Counsel Approval:		
Signature	Printed Name	Date

1. **CONTRACT DESCRIPTION** (including Original Purchase Order or Contract Number): P-48468 - The Illinois Department of Corrections is posting a public notice for emergency extension to electronic communication services. 24-426DOC-SOURC-B-42873

2. **CHANGE ORDER:** Is this amendment a change order as defined in 30 ILCS 500/1-15.12 and 720 ILCS 5/33E?

Yes No

3. **DESCRIPTION OF AMENDMENT** (Check all that apply, complete blanks and explain as necessary):

3.1. The completion date will be extended, shortened or remain the same.

3.1.1. Original completion date: May 31, 2024.

3.1.2. Revised completion date: December 31, 2024.

3.2. The method of determining compensation (e.g., hourly rate, fixed fee, etc.) will stay the same or change as follows:

3.3. The cost will be increased, decreased or remain the same.

3.3.1. Original cost: \$510,000.00.

3.3.2. Amount of change: \$210,000.00.

3.3.3. Revised cost: \$720,000.00.

3.4. The supplies or services to be provided will stay the same or be changed as follows: .

3.5. Subcontractors are being added, deleted, or remain the same?

- Subcontractor Name: LexisNexis

added deleted

Amount to be paid: >5% of contract value

Address: 9443 Springboro Pike, Miamisburg, OH 45342

Description of work: Legal research libraries

- Subcontractor Name: G5 Tek Solutions

added deleted

Amount to be paid: >5% of contract value

Address: PO Box 1443, Suwanee, GA 30024

Description of work: Service, maintenance, and repair

- 3.5.1. All contracts with the subcontractors identified above must include the Standard Illinois Certifications.
- 3.5.2. If the annual value of any of the subcontracts is more than \$100,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.
- 3.5.3. If the subcontractor is registered in the Illinois Procurement Gateway (IPG) and the Vendor is using the subcontractor's Standard Illinois Certifications or Financial Disclosures and Conflicts of Interest from the IPG, then the Vendor must also provide a completed IPG Active Registered Vendor Disclosure (formerly named Forms B) for the subcontractor.
- 3.5.4. 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.

4. EFFECTIVE DATE OF AMENDMENT: May 31, 2024.

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: Global Tel*Link Corporation

Business Name: d/b/a ViaPath Technolog

Taxpayer Identification Number:

Social Security Number:

or

Employer Identification Number : 63-1071001

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 checked="" 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: _____

Eileen Tobin

Date: **Tuesday, May 07, 2024**