


# STATE OF ILLINOIS CONTRACT AMENDMENT




The undersigned Agency and Vendor, CDW Government LLC, (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**      AM

Vendor Name: CDW GOVERNMENT LLC	Address: 230 N MILWAUKEE AVE, VERNON HILLS, IL 60061
Signature: 	Phone: 866-339-3642
Printed Name: Dario Bertocchi	Fax:
Title: VP Contract Operations	Email: ContMgt@cdw.com
Date: 02/18/2026	

**STATE OF ILLINOIS**

Procuring Agency: Department of Innovation and Technology	Phone: 217-557-1122
Street Address: 120 West Jefferson Street	Fax:
City, State ZIP: Springfield, IL 62702	
Official Signature: 	Date: 03/23/2026
Printed Name: Brandon Ragle	
Official's Title: Acting Secretary, State CIO	
Legal Signature: 	Date: 3/23/2026
Legal Printed Name: Radhika D. Lakhani by Kelly Bapst	
Legal's Title: General Counsel by Deputy General Counsel	
Fiscal Signature: 	Date: 03/20/2026
Fiscal's Printed Name: Mary Feagans	
Fiscal's Title: Chief Financial Officer	

Reviewed as to Legal Clause Sufficiency MDT 2.20.26.

PBC# 25-448DOIT-TELEC-P-80070 Project Title JPMC PA, PC, Accessories and Software

Contract # 9100001957 Procurement Method (IFB, RFP, Small, etc): RFP

IPB Ref. # B-47532 IPB Publication Date: 04/23/\*2025 Award Code: B

Subcontractor Utilization? Yes  Yes  No Subcontractor Disclosure? Yes  Yes  No

Funding Source Obligation #

CPO 33 – General Counsel Approval:

Signature Printed Name Date

**1. CONTRACT DESCRIPTION** (including Original Purchase Order or Contract Number): This Participating Agreement (“PA”) covers the Sourcewell 121923-CDWG contract (“Master Agreement”) 25-448DOIT-TELEC-P-80070 for use by state agencies and other entities located in the State of Illinois authorized by that state’s statutes to utilize State contracts.

**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: October 14, 2027.

3.1.2. Revised completion date: NA.

**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: \$20,000,000.00.

3.3.2. Amount of change: \$0.00.

3.3.3. Revised cost: \$20,000,000.00.

**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: Arctera US LLC

added  deleted

Amount to be paid: \$146,000.00

Address: 851 W Cypress Creek Rd, Fort Lauderdale, FL 33309

Description of work: Migration and Implementation of their software

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:** February 10, 2025.

**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: CDW LLC

Business Name: CDW Government LLC

Taxpayer Identification Number:


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

or

Employer Identification Number : 36-3310735

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 checked="" 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"/> D = disregarded entity   |
|  | <input type="checkbox"/> C = corporation  |
|  | <input type="checkbox"/> P = partnership  |

Signature of Authorized Representative: 

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Date: 02/18/2026