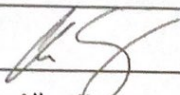


STATE OF ILLINOIS CONTRACT AMENDMENT

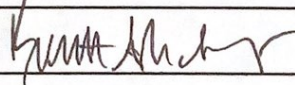
The undersigned Agency and Vendor, Deloitte Consulting, LLP (the Parties) agree that the following shall amend the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the 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: Deloitte Consulting LLP	Address: 111 S. Wacker Chicago, IL 60606
Signature: 	Phone: 312-486-4483
Printed Name: Allan Kagan	Fax: 312-247-4483
Title: Principal	Email: akagan@deloitte.com
Date: November 16, 2022	

STATE OF ILLINOIS

Procuring Agency: Department of Employment Security	Phone:
Street Address: 33 S. State Street	Fax:
City, State ZIP: Chicago, IL 60603	
Official Signature: 	Date: 11/28/2022
Printed Name: Kristin A. Richards	
Official's Title: Director	
Legal Signature:	Date:
Legal Printed Name:	
Legal's Title:	
Fiscal Signature:	Date:
Fiscal's Printed Name:	
Fiscal's Title:	

STATE USE ONLY

NOT PART OF CONTRACTUAL PROVISIONS

PBC# N/A	Project Title uFACTS System (PUA System)	
Contract # 4100127387	Procurement Method (IFB, RFP, Small, etc): Covid 19 Exempt	
IPB Ref. # N/A	IPB Publication Date: N/A	Award Code: Z
Subcontractor Utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Subcontractor Disclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Funding Source	Obligation # 4100127387	
CPO 33 – General Counsel Approval:		
Signature	Printed Name	Date

1. **CONTRACT DESCRIPTION** (including Original Purchase Order or Contract Number): 4100127387 for the Unemployment Framework for Automated Claim & Tax Services (uFACTS) system.

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 (as revised under the 6th Amendment): 12/31/2022.

3.1.2. Revised completion date: 12/31/2023.

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

Hosting/Software: \$209,322.00 per month x 12 months

Staffing: \$138,296.00 per month x 12 Months

Annual Cost of Hosting/Software and Staffing: \$4,171,422.00

Annual Change Order Budget: \$380,000.00

(Project Management: \$200.00/hr x 250 hours available)

(Development: \$170.00/hr x 1,600 Hours available)

(Testing: \$150.00/hr x 400 hours available)

Total Cost including Change Order Budget: : \$4,551,422.00

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

3.3.1. Cost History:

Original cost: \$9,490,000.00

1st Amendment/Increase: \$325,000.00

2nd Amendment/Increase: \$4,550,000.00

3rd Amendment/Increase: No cost increase

4th Amendment/Increase: \$6,377,000.00

5th Amendment/Increase: \$1,692,998.00

6th Amendment/Increase: \$6,847,774.00

7th Amendment/Increase: \$4,551,422.00

Revised Total: \$33,834,194.00

3.3.2. Amount of change: \$4,551,422.00.

3.3.3. Revised cost: \$33,834,194.00

3.4. The supplies or services to be provided will ☐ stay the same or ☒ be changed as follows: Beginning January 1, 2023, Deloitte responsibilities will be to:

- Run payment batches/fixes weekly only to continue to produce payments
- Create monthly/quarterly ETA reports, Data fix to execute payment
- Create db scripts/reports to respond to ongoing data requests (does not include code changes)
- Continued support of AWS Environment (monitoring, patching, issue resolution)
- Weekly standup meeting with IDES; weekly dashboard and status report to be shared with IDES
- Maintain public facing Portal
- IDES has the option with 30-day notice to decommission the Public Portal and commensurate diminished support within the AWS environment at a reduced monthly cost of \$73,580.00
- Deloitte FTEs: PM- 0.25 FTE, Dev- 1 FTE, DevOps- 1 FTE, Tester -0.25 FTE, CMS – 2 FTE, DBA - 0.25 FTE from Jan- Dec 2023
- AWS (includes Public Portal):
 - Perf : 4 App Server, 4 Web server, 4 Batch server
 - Prod: 6 App Server, 6 Web server, 8 Batch server
 - RDS 11
- Software:
 - Continued Software support including 10 Data Cap licenses and HP Free Flow (merge correspondences for printing)
 - Address Validation

Change Requests Support

- Change Requests follow change control process to estimate/develop/ deploy each change and are separately costed
- Change Requests are contingent on availability of staffing
- IDES will document in SharePoint the Change Request, document requirements and assign to Deloitte
- Deloitte will commit the following effort to complete the investigation of each change order
 - 4 Hours of PM time at \$175.00/hour
 - 16 Hours of Development time \$160.00/hr
- Deloitte will document the scope of the change and estimated hours and assign to IDES for approval
- If IDES approves the change order, Deloitte will develop and test per the approved specification
 - Change order must be signed by IDES prior to any development

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

- 3.5.1. All contracts with the subcontractors identified above must include the Standard Certifications and Financial Disclosures and Conflicts of Interest completed and signed by the subcontractor.
- 3.5.2. If the annual value of any of 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.
- 3.5.3. 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.
- 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.

COVID-19 PROTECTIONS: In response to the COVID-19 pandemic, Governor J.B. Pritzker issued Executive Order 2021-22 and 2021-23. These Executive Orders mandate certain contractors shall use face coverings, have COVID-19 vaccinations, or undergo testing for COVID-19 when in indoor public places, Health Care Facilities, Schools, Institutions of Higher Education, and State-owned and operated congregate facilities. Vendor shall adhere to the requirements of these Executive Orders as applied by the Agency. The Agency may also implement vaccination or testing requirements that exceed those in the Executive Orders.

4. **EFFECTIVE DATE OF AMENDMENT:** January 1, 2023.

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: **Allan Kagan**

Business Name: **Deloitte Consulting LLP**

Taxpayer Identification Number:

Social Security Number: **Click here to enter text.**

or

Employer Identification Number : **06-1454513**

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

Signature of Authorized Representative: _____



Date: **November 16, 2022**