



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Mar 14, 2023

MinuteTraq (IQM2) ID #: 23-1273

Consent
HS 4/4
CB 4/11

Purchase Order #: 5011-0001 SERV	Original Purchase Order Date: Dec 1, 2020	Change Order #: 5	Department: DuPage Care Center
Vendor Name: Valdes, LLC	Vendor #: 36338	Dept Contact: Christine Kliebhan	
Background and/or Reason for Change Order Request:	Decrease and close line 1 in the amount of \$30,712.18 Decrease and close line 2 in the amount of \$1,020.26 Decrease and close line 3 in the amount of \$7,500.00 Decrease and close line 4 in the amount of \$717.27 Decrease and close line 5 in the amount of \$188.82 CONTRACT HAS EXPIRED		
IN ACCORDANCE WITH 720 ILCS 5/33E-9			

- ☒ (A) Were not reasonably foreseeable at the time the contract was signed.
☐ (B) The change is germane to the original contract as signed.
☐ (C) Is in the best interest for the County of DuPage and authorized by law.

INCREASE/DECREASE		
A	Starting contract value	\$94,095.06
B	Net \$ change for previous Change Orders	\$0.00
C	Current contract amount (A + B)	\$94,095.06
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$40,138.53)
E	New contract amount (C + D)	\$53,956.53
F	Percent of current contract value this Change Order represents (D / C)	-42.66%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-42.66%
DECISION MEMO NOT REQUIRED		

- ☐ Cancel entire order ☐ Close Contract ☐ Contract Extension (29 days) ☒ Consent Only
☐ Change budget code from: _____ to: _____
☐ Increase/Decrease quantity from: _____ to: _____
☐ Price shows: _____ should be: _____
☒ Decrease remaining encumbrance and close contract ☐ Increase encumbrance and close contract ☐ Decrease encumbrance ☐ Increase encumbrance

DECISION MEMO REQUIRED	
<input type="checkbox"/> Increase (greater than 29 days) contract expiration from: _____ to: _____	
<input type="checkbox"/> Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount <input type="checkbox"/> Funding Source _____	
<input type="checkbox"/> OTHER - explain below: _____ _____	

CK	630-784-4208	Mar 14, 2023	4202	Mar 14, 2023
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext Date
REVIEWED BY (Initials Only)				
Buyer	Date	<i>all</i> Procurement Officer	3/22/23 Date	
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date	