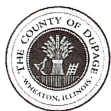


Consent
HS 11/4
CB 11/12



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Oct 10, 2025

MinuteTraq (IQM2) ID #: 25-2612

Purchase Order #: 6390-0001 SERV	Original Purchase Order Date: Jun 1, 2023	Change Order #: 2	Department: DuPage Care Center
Vendor Name: Northwestern Medicine - Central DuPage Hospital		Vendor #: 10019-P1	Dept Contact: Nursing
Background and/or Reason for Change Order Request:	Provide Pass thru Medicare Part A for services rendered for the period 06/01/23 - 05/31/24. #1 Decrease and close line 1, 1200-2050-53070 in the amount of \$2,000.00 #2 Decrease and close line 2, 1200-2050-53070 in the amount of \$8,342.88 - 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	\$11,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$11,000.00
D	Amount of this Change Order ☐ Increase ☒ Decrease	(\$10,342.88)
E	New contract amount (C + D)	\$657.12
F	Percent of current contract value this Change Order represents (D / C)	-94.03%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-94.03%

- 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	
☐ Increase (greater than 29 days) contract expiration from: _____ to: _____	
☐ Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount ☐ Funding Source _____	
☐ OTHER - explain below: _____	

CDK Prepared By (Initials)	4208 Phone Ext	Oct 10, 2025 Date	CDK Recommended for Approval (Initials)	4208 Phone Ext	Oct 10, 2025 Date
REVIEWED BY (Initials Only)					
Buyer _____		Date _____	Procurement Officer  _____		Date <u>10/23/2025</u>
Chief Financial Officer (Decision Memos Over \$25,000)		Date _____	Chairman's Office (Decision Memos Over \$25,000)		Date _____