

HS 1/20
FI + CB 1/27

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division
Revised 10-01-2025

Date: Dec 19, 2025

File ID #:

Purchase Order #: 7521	Original Purchase Order Date: 01/01/2025	Change Order #: 1	Department: Community Services
Vendor Name: Teen Parent Connection		Vendor #: 11603	Dept. Contact: Gina Strafford-Ahmed
Action Requested and Reason for Change Order Request: Increase line 1 by \$25,000 and extend the contract to 03/31/2026. There is a budget modification for CSBG grant. More fund can be given to Teen Parent Connection to support more people.			

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	\$40,000.00
B	Net \$ Change for Previous Change Order	
C	Current Contract Amount (A + B)	\$40,000.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$25,000.00
E	New Contract Amount (C + D)	\$65,000.00
F	Cumulative Change Order Amount (B + D)	\$25,000.00
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	62.50%

DECISION MEMO NOT REQUIRED - Check Applicable Box(es)

- ☐ Cancel Entire Order ☐ Close Contract ☐ Contract Extension (≤59 Days) ☐ Update Budget Code
- ☐ Change Budget Code From: _____ to: _____
- ☐ Increase/Decrease Quantity From: _____ to: _____
- ☐ Price Shows: _____ should be: _____ ☐ Move Funds Between Lines
- ☐ Decrease Remaining Encumbrance and Close Contract ☐ Increase Encumbrance and Close Contract ☐ Decrease Encumbrance ☒ Increase Encumbrance

DECISION MEMO REQUIRED - Check Applicable Box(es) and Fill In All Answers Below

- ☒ Contract Extension Greater Than 59 Days From 12/31/2025 to 03/31/2026 ☐ Cancel Contract
- ☒ Cumulative Increase Greater Than \$10,000 (Row 'F' Above) ☐ Other - Explain In Summary Explanation Box Below

Summary Explanation - Provide a summary of the action. Explain why it is necessary and what is to be accomplished.

Subgrantee expended current grant award efficiently and requested additional funding if available. They provided data of a demonstrated need for a funding increase for the infant pantry and program support needs to ensure the car seat program had the proper equipment to train parents on car seat installation.

Original Source Selection/Vetting Information - Describe method used to select source; for instance, bid, RFP, sole source, etc.

CSBG grant requires that funding be determined by our Needs Assessment. Data from our 2024 DuPage County Community Services Needs Assessment supports funding for car seats and infant pantry items.

Recommendations/Alternatives - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.

1. Approve increase of \$25,000 to serve an additional 250 children and increase car safety for children.

2. Do not approve and risk families not have diapers, formula and car seats for infants.

Fiscal Impact/Cost Summary - Include projected cost for each fiscal year, approved budget amount and account number

APPROVALS - Initials Only

Lan Nguyen

6131

Dec 19, 2025

Prepared By

Phone Ext.

Date

Recommended for Approval

Phone Ext.

Date

Reviewed by Procurement Officer

Date

Completed by Buyer

Date