

Consent
SWM 11/A
OB 11/12

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

Date: Oct 16, 2025

File ID #:

Purchase Order #: 6888-0001 SERV	Original Purchase Order Date: Feb 13, 2024	Change Order #: 2	Department: Stormwater Management
Vendor Name: Fehr Graham & Associates LLC		Vendor #: 38645	Dept. Contact: Alicia Favela
Action Requested and Reason for Change Order Request: This purchase order is decreasing in the amount of \$45,290.76 and closing due to the purchase order expiring.			

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	\$165,000.00
B	Net \$ Change for Previous Change Order	\$0.00
C	Current Contract Amount (A + B)	\$165,000.00
D	Amount of this Change Order ☐ Increase ☒ Decrease	(\$45,290.76)
E	New Contract Amount (C + D)	\$119,709.24
F	Cumulative Change Order Amount (B + D)	(\$45,290.76)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-27.45%

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 _____ to: _____ ☐ 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.

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

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

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

APPROVALS - Initials Only

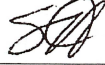
afp
Prepared By

6698

Phone Ext.

Oct 16, 2025

Date


Recommended for Approval

6676

Phone Ext.

10.17.25

Date


Reviewed by Procurement Officer

10/21/2025
Date

Completed by Buyer

Date