Consent
SWM 11A
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	6698	Oct 16, 2025		6676	10.17.25
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
	10/21/2025				
Reviewed by Procurement Officer	Date		Completed by Buyer		Date