

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division
Revised 10-01-2025

CONSENT
HS 3/3
CB 3/10

Date: Feb 12, 2026

File ID #: 26-0765

Purchase Order #: 7351-0001 SERV	Original Purchase Order Date: Dec 1, 2024	Change Order #: 1	Department: Rehab & Therapy
Vendor Name: Symbria Rehab		Vendor #: 27600	Dept. Contact: Karen Cerny
Action Requested and Reason for Change Order Request: This Contract Purchase Order is to provide Physical, Occupational, Speech, & Respiratory Therapy Consulting Services for the DuPage Care Center for the period 12/01/24 through November 30, 2025. #1 Decrease and close line 1, 1200-2060-53090 in the amount of \$270,726.20 - 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		\$700,000.00
B	Net \$ Change for Previous Change Order		
C	Current Contract Amount (A + B)		\$700,000.00
D	Amount of this Change Order	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$270,726.20)
E	New Contract Amount (C + D)		\$429,273.80
F	Cumulative Change Order Amount (B + D)		(\$270,726.20)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)		-38.68%

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

CDK	4208	Feb 12, 2026	CDK	4208	Feb 12, 2026
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
					
Reviewed by Procurement Officer	Date		Completed by Buyer	Date	
	2/19/2026				