

# REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

HS 4/7  
CB 4/14

Date: Mar 16, 2026

File ID #: 26-0990

<b>Purchase Order #:</b> 7052-0001 SERV	<b>Original Purchase Order Date:</b> Apr 18, 2024	<b>Change Order #:</b> 2	<b>Department:</b> DCC
<b>Vendor Name:</b> Central DuPage Hospital Assoc		<b>Vendor #:</b> 10019	<b>Dept. Contact:</b> Christine Kliebhan
<b>Action Requested and Reason for Change Order Request:</b> Decrease PO by (\$40,000.00) to \$0.00 and close PO. PO Expired on 4/22/2025.			

**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 type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$40,000.00)
E	New Contract Amount (C + D)		\$0.00
F	Cumulative Change Order Amount (B + D)		(\$40,000.00)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)		-100.00%

**DECISION MEMO NOT REQUIRED - Check Applicable Box(es)**

- Cancel Entire Order
- Close Contract
- Contract Extension ( $\leq 59$  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**

SR		Mar 16, 2026	CDK	4208	Mar 16, 2026
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
					
Reviewed by Procurement Officer	Date	<u>3/19/2026</u>	Completed by Buyer	Date	