

PARENT / CONSENT

Consent
DOT 11/5
CB 11/12

28



Request for Change Order
Procurement Services Division
Attach copies of all prior Change Orders

Date: Oct 9, 2024

MinuteTraq (IQM2) ID #: _____

Purchase Order #: 4396-1-SERV	Original Purchase Order Date: Mar 1, 2020	Change Order #: 1	Department: Division of Transportation
Vendor Name: Wheatland Title Company		Vendor #: 28799	Dept Contact: Patricia Miller
Background and/or Reason for Change Order Request:	Contract 4396-1-SERV Expiration 2/28/2022 This agreement is for title insurance services FY20-22. Decrease remaining encumbrance and close contract		
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	\$50,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$50,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$34,519.00)
E	New contract amount (C + D)	\$15,481.00
F	Percent of current contract value this Change Order represents (D / C)	-69.04%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-69.04%

DECISION MEMO NOT REQUIRED

Cancel entire order Close Contract Contract Extension (29 days) Consent Only

Change budget code from: _____ to: _____

Increase/Decrease quantity from: _____ to: _____

Price shows: _____ should be: _____

Decrease remaining encumbrance and close contract Increase encumbrance and close contract Decrease encumbrance Increase encumbrance

DECISION MEMO REQUIRED

Increase (greater than 29 days) contract expiration from: _____ to: _____

Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount Funding Source _____

OTHER - explain below:

PSM _____	6911	Oct 9, 2024	<u>Smo7</u>	6910	10/16/24
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
REVIEWED BY (Initials Only)					
Buyer _____	Date _____	Procurement Officer <u>8</u>	Date <u>10/24/2024</u>		
Chief Financial Officer _____	Date _____	Chairman's Office _____	Date _____		
(Decision Memos Over \$25,000)		(Decision Memos Over \$25,000)			