

1/21 Comm.

Consent
PW 1/21
CB 1/28



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Dec 30, 2024

MinuteTraq (IQM2) ID #: N/A

| | | | |
|---|---|--------------------------|------------------------------------|
| Purchase Order #: 4481SERV | Original Purchase Order Date: Oct 1, 2020 | Change Order #: 2 | Department: Public Works |
| Vendor Name: Stewart Spreading Company | | Vendor #: 12449 | Dept Contact: Drew Cormican |
| Background and/or Reason for Change Order Request: | Decrease line 1 2000-2555-53811 (\$59,775.83) 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 | \$1,460,883.00 |
| B | Net \$ change for previous Change Orders | |
| C | Current contract amount (A + B) | \$1,460,883.00 |
| D | Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease | (\$59,775.83) |
| E | New contract amount (C + D) | \$1,401,107.17 |
| F | Percent of current contract value this Change Order represents (D / C) | -4.09% |
| G | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts) | -4.09% |
| 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 | |
|--|--|
| <input type="checkbox"/> Increase (greater than 29 days) contract expiration from: _____ to: _____ | |
| <input type="checkbox"/> Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount <input type="checkbox"/> Funding Source _____ | |
| <input type="checkbox"/> OTHER - explain below: | |

| <u>DSC</u> | | <u>12/30/24</u> | <u>mm</u> | <u>12/31/2024</u> |
|--------------------------------|-----------|--------------------------------|-------------------------------------|-------------------|
| Prepared By (Initials) | Phone Ext | Date | Recommended for Approval (Initials) | Date |
| REVIEWED BY (Initials Only) | | | | |
| Buyer | Date | Procurement Officer | Date | |
| Chief Financial Officer | Date | Chairman's Office | Date | |
| (Decision Memos Over \$25,000) | | (Decision Memos Over \$25,000) | | |