



REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Date: Jul 31, 2025

File ID #: 25-1864

Purch	ase Order #: 6354	Original Purchase Order Date: 6/1/2023		Change Order #: 1	Department: Human Resources		
Vendo	or Name: STORINO, RAMELLO & DU	RKIN	Ve	endor #: 13400	Dept. Co	ontact: Yamika Johnson	
Reaso	Requested and Decrease PO by (\$` Request:	123,222.85) to \$26,777.15. 4/30/2024.					
		IN ACCORDANCE WITH	1 720 II	.CS 5/33E-9			
(A) Were not reasonably foreseeable	at the time the contract was s	igned.				
☐ (B) The change is germane to the orig	inal contract as signed.					
\boxtimes (C) Is in the best interest for the Coun	ty of DuPage and authorized	by law.				
92 - 1981 (2015) (405) 4 -		INCREASE/DE	ECREA:	SE .			
Α	Starting Contract Value					\$150,000.00	
В	Net \$ Change for Previous Change						
C	Current Contract Amount (A + B)	\$150,000.00					
D	Amount of this Change Order	(\$123,222.85)					
E	New Contract Amount (C + D)	\$26,777.15					
F	Cumulative Change Order Amoun	(\$123,222.85)					
G	Cumulative Percent of all Change		-82.15%				
	DI	ECISION MEMO NOT REQUIR	RED - Ch	eck Applicable Box(es)			
□ Ca	ancel Entire Order	Close Contract	Co	ntract Extension (59 D	ays)	Consent Only	
	nange Budget Code From:			to:			
☐ In	crease/Decrease Quantity From:	to:					
Pr	ice Shows: should	be:] Move Funds Betwee	en Lines		
⊠ ar	ecrease Remaining Encumbrance nd Close Contract	Increase Encumbrance and Close Contract		Decrease Encumbra	nce [Increase Encumbrance	
	DECISION N	MEMO REQUIRED - Check Appli	icable Bc	x(es) and Fill In All Answe	rs Below		
☐ Increase Contract Expiration Greater Than 59 Days From to:						Cancel Contract	
☐ Cu	mulative Increase Greater Than \$10	,000 (Row 'F' Above)		Other - Explain	In Summ	ary Explanation Box Below	
Summ	ary Explanation - Provide a summary o	f the action. Explain why it is nece	essary ar	nd what is to be accomp	lished.		
Origina	al Source Selection/Vetting Information	on - Describe method used to sel	lect sour	ce; for instance, bid, RFP	, sole sourc	ce, etc.	
Recom	mendations/Alternatives - Describe st	aff recommendation and provide	e justifica	ation. Identify at least 2 o	other optio	ns to accomplish this request.	

APPROVALS - Initials Only									
SR	6166	Jul 31, 2025	Ca	6228	Aug 1, 2025				
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date				

Fiscal Impact/Cost Summary - Include projected cost for each fiscal year, approved budget amount and account number