

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

JPS 11/18
FI + CB 11/25

Date: Nov 5, 2025

File ID #: 25-2723

Purchase Order #: 6919-0001 SERV	Original Purchase Order Date: Apr 1, 2024	Change Order #: 1	Department: Probation and Court Services
Vendor Name: Sentinel Offender Services, LLC		Vendor #: 13392	Dept. Contact: Sharon Donald
Action Requested and Reason for Change Order Request: Add \$9,500 to line 2 budget code 5000-6155-15PBJA21GG04221 FY'25 (TAM) Add \$2,502 to line 3 budget code 5000-6155-15PBJA21GG04221 FY'25 (RBPro) Add \$20,500 to line 4 budget code 5000-6155-15PBJA21GG04221 FY'26 (TAM) Add \$4,498 to line 5 budget code 5000-6155-15PBJA21GG04221 FY'26 (RBPro) A grant modification was approved by Bureau of Justice Assistance (BJA) to add Drug Court/VA/MICAP indigent clients to help support payments for their transdermal alcohol monitoring services and remote breath RBPro. Total of \$37,001 (Grant Funded)			

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	\$1.00
B	Net \$ Change for Previous Change Order	
C	Current Contract Amount (A + B)	\$1.00
D	Amount of this Change Order ☒ Increase ☐ Decrease	\$37,000.00
E	New Contract Amount (C + D)	\$37,001.00
F	Cumulative Change Order Amount (B + D)	\$37,000.00
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	3,700,000.00%

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.

A grant modification was approved by Bureau of Justice Assistance (BJA) to add Drug Court/VA/MICAP indigent clients to help support payments for their transdermal alcohol monitoring services and remote breath RBPro.

Total of \$37,001 (Grant Funded)

Original Source Selection/Vetting Information - Describe method used to select source; for instance, bid, RFP, sole source, etc.

Vendor was selected by the NASPO contract pursuant to the Master agreement #22Px0021.

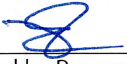
Recommendations/Alternatives - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.

Drug Court/VA grant modification was approved to provide alcohol monitoring services and remote breath RBPro to adult clients. The Probation department does not have the funding to provide this program to indigent clients.

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

Grant funds are available to support Drug Court/VA/MICAP clients payments for their alcohol transdermal monitoring services and remote breath RBPro.

APPROVALS - Initials Only

DHS	8411	Nov 5, 2025	SAD	8413	Nov 5, 2025
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
		11/13/2025			
Reviewed by Procurement Officer	Date		Completed by Buyer	Date	