

Consent  
HS 3/4  
OB 3/11



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: Feb 6, 2025

MinuteTraq (IQM2) ID #: 25-0546

<b>Purchase Order #:</b> 6746-0001 SERV	<b>Original Purchase Order Date:</b> Dec 1, 2023	<b>Change Order #:</b> 1	<b>Department:</b> DuPage Care Center
<b>Vendor Name:</b> Symbria Rehab, Inc.		<b>Vendor #:</b> 27600	<b>Dept Contact:</b> Rehab & Therapy
<b>Background and/or Reason for Change Order Request:</b>	Contract to provide physical, occupational, speech & respiratory therapy & consulting services, for the period 12/01/23 through 11/30/24. #1 Decrease and close contract line 1, 1200-2060-53090 in the amount of \$624,041.75 - CONTRACT EXPIRED		
<b>IN ACCORDANCE WITH 720 ILCS 5/33E-9</b>			

- (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	\$1,000,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$1,000,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$624,041.75)
E	New contract amount (C + D)	\$375,958.25
F	Percent of current contract value this Change Order represents (D / C)	-62.40%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-62.40%

**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: \_\_\_\_\_

CDK	4208	Feb 6, 2025	JC	Feb 6, 2025
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext
<b>REVIEWED BY (Initials Only)</b>				
Buyer	Date	Procurement Officer	Date	
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date	