

HS only 8/15



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Jul 27, 2023

MinuteTraq (IQM2) ID #: 23-2586

Purchase Order #: 5742-0001 SERV	Original Purchase Order Date: Jun 1, 2022	Change Order #: 1	Department: DuPage Care Center
Vendor Name: EZ Way, Inc.		Vendor #: 11607	Dept Contact: Nursing
Background and/or Reason for Change Order Request:	repair & maintenance of EZ Way patient lifters for the period June 1, 2022 through May 31, 2023 Decrease & close line 1, 1200-2050-52250, in the amount of \$6,447.50 Decrease & close line 2, 1200-2050-53370, in the amount of \$500.00 Decrease & close line 5, 1200-2050-52250, in the amount of \$8,791.26 Decrease & close line 6, 1200-2050-53370, in the amount of \$500.00 - contract expired		
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 \$19,000.00
B	Net \$ change for previous Change Orders
C	Current contract amount (A + B) \$19,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease (\$16,238.76)
E	New contract amount (C + D) \$2,761.24
F	Percent of current contract value this Change Order represents (D / C) -85.47%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts) -85.47%
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: _____	

cdk	4208	Jul 27, 2023	<i>AKG</i>	Jul 27, 2023
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext Date
REVIEWED BY (Initials Only)				
Buyer	Date	<i>AKG</i>	Procurement Officer	8/2/23 Date
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date	