

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

HS Only
7/7

Date: Jun 10, 2026

File ID #: 26-1751

Purchase Order #: 8177-0001 SERV	Original Purchase Order Date: Feb 24, 2026	Change Order #: 1	Department: Nursing
Vendor Name: Advacare Systems		Vendor #: 11694	Dept. Contact: Annabel Leonida
Action Requested and Reason for Change Order Request: Purchase Order for wound vac therapy rental and supplies for the period 02/24/26 thru 02/23/27. #1) Increase line 1, 1200-2050-53410 in the amount of \$7,210.00 #2) Increase line 2, 1200-2050-52320 in the amount of \$2,980.00 #3) Increase line 1, 1200-2050-53410 in the amount of \$3,350.00 #2) Increase line 2, 1200-2050-52320 in the amount of \$460.00			

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		\$10,000.00
B	Net \$ Change for Previous Change Order		
C	Current Contract Amount (A + B)		\$10,000.00
D	Amount of this Change Order	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$14,000.00
E	New Contract Amount (C + D)		\$24,000.00
F	Cumulative Change Order Amount (B + D)		\$14,000.00
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)		140.00%

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.

Increase Purchase Order in the amount of \$14,000.00, to include the increase of residents needing this type of service, per Physicians orders.

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

25-127-DCC


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

- 1) Recommendation for the approval for an increase to Purchase Order 8177-0001 SERV, in the amount of \$14,000.00 to include the increase of residents needing this type of service, per Physicians orders.
- 2) Do not increase the Purchase Order 8177-0001 SERV, in the amount of \$14,000.00 to include the increase of residents needing this type of service, per Physicians orders, however, DPCC would still need to provide this service to the resident's in need for good standard quality of care.

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

1200-2050-53410 and 1200-2050-52320 FY26 and FY27

APPROVALS - Initials Only

CDK	4208	Jun 10, 2026	CDK	4208	Jun 10, 2026
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
		6/16/2026			
Reviewed by Procurement Officer	Date		Completed by Buyer	Date	