

Consent  
HS 4/4  
CB 4/11



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: Mar 15, 2023

MinuteTraq (IQM2) ID #: 23-1267

<b>Purchase Order #:</b> 5258-0001 SERV	<b>Original Purchase Order Date:</b> Jun 1, 2021	<b>Change Order #:</b> 3	<b>Department:</b> DuPage Care Center
<b>Vendor Name:</b> McKesson Medical Surgical Govt Solutions LLC		<b>Vendor #:</b> 30801	<b>Dept Contact:</b> Vinit Patel
<b>Background and/or Reason for Change Order Request:</b>	Contract purchase order to furnish and deliver Incontinent Products for the DuPage Care Center, for the period 06/01/21 through 05/31/22, under bid#20-025-CARE. Decrease and close contract in the amount of \$94,268.80 - CONTRACT HAS 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	\$195,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$195,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$94,268.80)
E	New contract amount (C + D)	\$100,731.20
F	Percent of current contract value this Change Order represents (D / C)	-48.34%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-48.34%
<b>DECISION MEMO NOT REQUIRED</b>		

- ☐ 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	Mar 15, 2023		Mar 15, 2023
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Date
REVIEWED BY (Initials Only)				
Buyer	Date	<i>den</i>	Procurement Officer	Date 3/22/23
Chief Financial Officer (Decision Memos Over \$25,000)	Date		Chairman's Office (Decision Memos Over \$25,000)	Date