HS 8/4
FI+CB 8/11

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

Date: Jul 8, 2026

File ID #: HS-CO-0007-26

Purchase Order #: 6593	**Original Purchase Order Date:** 9/5/2023	**Change Order #:** 11	**Department:** Community Services
Vendor Name: LAVI INDUSTRIES INC.		**Vendor #:** 42601	**Dept. Contact:** Gina Strafford-Ahmed

Action Requested and Reason for Change Order Request:

To increase funding to the PO amount for scheduling system.

Add new Line Description 1:Software Description 2:RETROFITS24 Co:5000 AU:1555 Account Code:53807 Activity Code:RETROFITS24 by $3,150.00

Add new Line Description 1:Maintenance Description 2:RETROFITS24 Co:5000 AU:1555 Account Code:53807 Activity Code:RETROFITS24 by $50.00

Add to Line 17 Description 1:Software Description 2:25-224028 Co:5000 AU:1420 Account Code:53807 Activity Code:25-224028 by $4,700.00

Add new Line Description 1:Maintenance Description 2:25-224028 Co:5000 AU:1420 Account Code:53807 Activity Code:25-224028 by $100.00

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	$28,423.18
B	Net $ Change for Previous Change Order	$4,335.00
C	Current Contract Amount (A + B)	$32,758.18
D	Amount of this Change Order ☒ Increase ☐ Decrease	$8,000.00
E	New Contract Amount (C + D)	$40,758.18
F	Cumulative Change Order Amount (B + D)	$12,335.00
G	Cumulative Percent of all Change Orders (B+D/A); *(60% maximum on construction contracts)*	43.40%

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.

Vendor delayed sending Community Services an invoice for these costs. We could not pay until received.

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

Cooperative (DPC2-352) Government Joint Purchasing Act (30ILCS525) OB GSA Schedule Pricing

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

1. Do not pay and run risk of losing ability to schedule appointments and not meet Federal grant requirements.
2. Pay invoice to insure we have access to an appointment system that has reminders and the ability to set Online appointments.

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

Cost $3,200 10/1/2023-9/30/2024 5000-1555-RETROFITS24 53807
Cost $4,800 10/1/2024-9/30/2026 5000-1420-25-224028 53807

APPROVALS - *Initials Only*

HS	6147	Jul 8, 2026	GSA	6444	Jul 8, 2026
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
[signature]	7/21/26				
Reviewed by Procurement Officer	Date		Completed by Buyer		Date