



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Feb 2, 2024

MinuteTraq (IQM2) ID #: _____

Purchase Order #: 6640	Original Purchase Order Date: Oct 1, 2023	Change Order #:	Department: Community Services
Vendor Name: BENEVATE, INC		Vendor #: 37839	Dept Contact: Joan Fox

Background and/or Reason for Change Order Request:

- 1) To change Account Codes lines 1 and 2 from 53806 to 54107 as these are considered capital expenses
- 2) To change Account Codes line 3 from 53806 to 53807;
- 3) Change Account Codes line 4 from 5000-1770-53806 to 1000-1750-53807 for FY2026.
- 4) Add line for SmartyStreets add-on to implementation, at a cost of \$4,000 for 1st year, 5000-1770-53107-ERA2
- 5) Add line for SmartyStreets add-on for 2nd year (maintenance) costs of \$4,000, 5000-1770-53807-ERA2

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	\$134,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$134,000.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$8,000.00
E	New contract amount (C + D)	\$142,000.00
F	Percent of current contract value this Change Order represents (D / C)	5.97%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	5.97%

DECISION MEMO NOT REQUIRED

- Cancel entire order Close Contract Contract Extension (29 days) Consent Only
- Change budget code from: Change lines 1 and 2 from 53806 to 54107 to: Change lines 3 and 4 as described above
- 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:

Signature on File _____			Signature on File _____		
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
REVIEWED BY (Initials Only)					
Signature on File					
Buyer	Date	Procurement Officer	Date		
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date		