



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Jan 29, 2026

MinuteTraq (IQM2) ID #: _____

Purchase Order #: 922020/5866-1	Original Purchase Order Date: Jun 8, 2022	Change Order #: 9	Department: ETSB
Vendor Name: AT&T Inc.	Vendor #: 10008	Dept Contact: Eve Kraus	
Background and/or Reason for Change Order Request: Recommendation for approval of Change Order #9 to AT&T Inc. PO 922020/5866-1 for a 12 month extension of Switched Ethernet (ASE) service in the Addison Consolidated Dispatch Center (ACDC) and DU-COMM PSAPs for the 9-1-1 Call Premise Equipment (CPE). Total amount: \$15,000.00.			
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 \$4,144,289.89
B	Net \$ change for previous Change Orders \$1,325,681.21
C	Current contract amount (A + B) \$5,469,971.10
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease \$15,000.00
E	New contract amount (C + D) \$5,484,971.10
F	Percent of current contract value this Change Order represents (D / C) 0.27%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts) 32.35%

DECISION MEMO NOT REQUIRED	
<input type="checkbox"/> Cancel entire order	<input type="checkbox"/> Close Contract
<input type="checkbox"/> Change budget code from: _____ to: _____	<input type="checkbox"/> Contract Extension (29 days)
<input type="checkbox"/> Increase/Decrease quantity from: _____ to: _____	<input type="checkbox"/> Consent Only
<input type="checkbox"/> Price shows: _____ should be: _____	
<input type="checkbox"/> Decrease remaining encumbrance and close contract	<input type="checkbox"/> Increase encumbrance and close contract
<input type="checkbox"/> Decrease encumbrance	<input type="checkbox"/> Increase encumbrance

DECISION MEMO REQUIRED	
<input type="checkbox"/> Increase (greater than 29 days) contract expiration from: _____ to: _____	
<input checked="" type="checkbox"/> Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount	<input checked="" type="checkbox"/> Funding Source <u>4000-5820-53250</u>
<input type="checkbox"/> OTHER - explain below:	

ek	630-550-7743	Jan 29, 2026	LMZ	630-878-2509	Jan 29, 2026
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
REVIEWED BY (Initials Only)					
Buyer	Date	Procurement Officer	Date		
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date		