



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Oct 18, 2023

MinuteTraq (IQM2) ID #: 23-3478

| | | | |
|---|--|--------------------------|---------------------------------------|
| Purchase Order #: 5988-0001 SERV | Original Purchase Order Date: Sep 1, 2022 | Change Order #: 2 | Department: DuPage Care Center |
| Vendor Name: Lakeshore Dairy, Inc. | | Vendor #: 20685 | Dept Contact: Mario Plata |
| Background and/or Reason for Change Order Request: | Contract for fluid dairy for the Care Center for the period 09/01/22 through 08/31/23. Decrease and close line 5, 1200-2025-52210, in the amount of \$10,114.83 Decrease and close line 6, 1200-2100-52210, in the amount of \$5,000.00 - CONTRACT HAS EXPIRED | | |
| 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 | \$116,000.00 |
| B | Net \$ change for previous Change Orders | (\$33,000.00) |
| C | Current contract amount (A + B) | \$83,000.00 |
| D | Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease | (\$15,114.83) |
| E | New contract amount (C + D) | \$67,885.17 |
| F | Percent of current contract value this Change Order represents (D / C) | -18.21% |
| G | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts) | -41.48% |
| DECISION MEMO NOT REQUIRED | | |

- 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: | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

| cdk | 4208 | Oct 18, 2023 | JC | Oct 18, 2023 |
|---|-----------|---|-------------------------------------|----------------|
| 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 | |