



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Jun 23, 2025

MinuteTraq (IQM2) ID #: _____

Purchase Order #: 950900/1914-1	Original Purchase Order Date: Jun 28, 2016	Change Order #: 30	Department: ETSB
Vendor Name: Hexagon Safety & Infrastructure		Vendor #: 25029	Dept Contact: Eve Kraus
Background and/or Reason for Change Order Request:	Recommendation for approval of Change Order #30 to Hexagon Safety & Infrastructure PO 950900/1914-1 for additional Mobile Responder (8) and I/NetViewer (5) licenses as requested by four (4) Police and Fire Agencies. the amount of the licensing is \$21,193.00 and comes with one (1) year of maintenance, an additional year of maintenance is \$4,788.00, for a new contract amount of \$22,503,687.78.		
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	\$13,405,459.48
B	Net \$ change for previous Change Orders	\$9,072,247.30
C	Current contract amount (A + B)	\$22,477,706.78
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$25,981.00
E	New contract amount (C + D)	\$22,503,687.78
F	Percent of current contract value this Change Order represents (D / C)	0.12%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	67.87%
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 checked="" type="checkbox"/> Increase \geq \$2,500.00, or \geq 10%, of current contract amount <input checked="" type="checkbox"/> Funding Source 4000-5820-54107	
<input type="checkbox"/> OTHER - explain below:	

ek	630-550-7743	Jun 23, 2025	LMZ	630-878-2509	Jun 23, 2025
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		