Date Sent: 10/10/2025

CLERK'S CONTRACT and AGREEMENT COVER PAGE

Legistar File ID#: 2025-0095

Contract #: 20250149

Start date: 2/21/2025

End date: 10/1/2025

Amount: $ 396,000.00

Contingency Amount: $ 5,000.00

Department: Public Works

Total Contract Amount: $ 401,000.00

Contract Type: Professional Services

Contractors Name: Dav-Com Electric Inc

Status of Ownership: N/A

Status of Sub: N/A

Certification: **Attached** ☐ **Self-Certifying** ☐ **Did not disclose** ☑

Contract Description: Orland Park Health and Fitness Center LED Conversion Project
1. 20250149 Change Order #1 - Requesting to extend the contract termination date from 10/01/2025 to 12/31/2025 due to material delays as well as utilize $4892.00 of contingency to add dimmer controls to the lights

ORLAND PARK

REQUEST FOR CHANGE ORDER # 1

Purchase Order/ Contract #: 25000410/20250149 **Change Order Request Date:** 9/9/2025

Company Name: Dav-Com Electric, Inc.

Contract Title: OPHFC LED Conversion Project

NOTE: The above referenced contract is for a fixed not to exceed amount and scope of services. For any change to the contract amount or scope of services this form must be completed and signed by the contractor and approved and authorized by the Village of Orland Park **BEFORE** commencing with any work beyond the dollar amount or scope of the original, or previously amended contract/purchase order.

Item	Description	Amount
A	Original contract value (without contingency)	$ 396,000.00
B	Total amount of previous change orders for contract (not contingency)	$ 0.00
C	Total current contract amount (A + B)	$ 396,000.00
D	Amount of this change order for contract (+ or -)	$ 0.00
E	Revised contract amount (C + D)	$ 396,000.00
F	Percent of current contract amount this change order represents (D/C)	0.00%
G	Cumulative percent of all change orders (B + D)/A	0.00%
H	Original contract completion date	10/1/25
I	Revised contract completion date	12/31/25
J	Total amount of contingency	$ 5,000.00
K	Amount of this contingency funds request	$ 4,892.00
L	Amount of previous contingency funds approved	$ 0.00
M	Contingency funds remaining	$ 108.00

Brief description of services provided under the contract:

The conversion of existing fluorescent light fixtures to high-efficiency LED fixtures at the Orland Park Health and Fitness Center (OPHFC)

Reason for requested change: *(If requesting approval for contingency funds, date extension by a total of 30 days or more, identify % and amount on contract)*

Requesting to extend the contract termination date from 10/1/2025 to 12/31/2025 due to material delivery delays, as well as utilize $4,892.00 of contingency to add dimmer controls to the lights in the studio rooms, upper track, and stretching floor area to improve the patron experience.

For Village Use Only: IN ACCORDANCE WITH 720 ILCS 5/33E-9 this section shall only apply to a change order or a series of change orders which authorize or necessitate an increase or decrease in either the cost of a public contract by a total of $25,000 or more or the time of completion by a total of 30 days or more (up to 180 days).

As the authorized designee of the Village of Orland Park to approve a change order to this public contract, I hereby make the following written determination regarding this change order and authorize and approve the same:

- ☐ The circumstances said to necessitate the change in performance were not reasonably foreseeable at the time the contract was signed
- ☐ The change is germane to the original contract as signed
- ☐ The change order is in the best interest of the Village of Orland Park and authorized by law

This written determination and this written change order resulting from that determination shall be preserved in the contract's file which shall be open to the public for inspection.

Company Name: Dav-Com Electric, Inc.

Signature: Karen Schmidt

Printed Name: Karen Schmidt

Title: President

Date: 9/15/25

Village of Orland Park

Signature: G Koczwara

Printed Name: George Koczwara

Title: Village Manager

Date: 10-1-25

DAV-COM ELECTRIC, INC.
18404 S 116th Avenue Ste. A
Orland Park, IL 60462
PHONE 708-444-2056
FAX 708-444-2057

SUBMITTED TO:	ATTN:	PHONE	FAX	DATE
Village of Orland Park	Scott Hiland	708-403-6108		9/8/2025
ADDRESS:	EMAIL:		JOB NAME:	
14671 West Avenue	shiland@orlandpark.org		Orland Health and Fitness LED Lights	
CITY, STATE, AND ZIP CODE			JOB LOCATION:	
Orland Park, IL. 60462			Orland Park , IL.	

TO WHOM IT MAY CONCERN:
WE ARE PLEASED TO PROVIDE A CHANGE ORDER FOR THE ABOVE MENTIONED PROJECT, AND OUR COST FOR THE ELECTRICAL WORK IS AS FOLLOWS: **$ 4,892.00 **

THE FOLLOWING PERTAINS TO OUR PROPOSAL:

1. Furnish and install additional conduit and wiring for dimming controls to the upper track lighting, studio a, studio b and stretching floor area.

We trust the above meets with your approval, however, should you have any questions, please call.
Sincerely,

Dave Schmidt

DAVE SCHMIDT
Project Manager

We propose hereby to furnish material and labor – complete in accordance with the above specifications, for the sum of:
..... Four Thousand Eight Hundred Ninety Two and 00/100 dollars.....**$ 4,892.00**
Payment to be made as follows: If payments are not received by Dav-Com within 45 days of each invoice date, Dav-com reserves the right to payment being due in accordance with the Local Government Prompt Act (50 ILCS505).
All material is guaranteed to be specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extras costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner fully covered by workers compensation insurance.

Acceptance of Change order The above prices, specifications And conditions are satisfactory and are hereby accepted. You are authorized to do work as specified. Payment will not be made as outlined above.
Date of Acceptance: _____

Authorized
Signature *Dave Schmidt*
NOTE: This change order may be withdrawn by us of if accepted within 30 days.
Signature: _____