

HS 3/21  
CB 3/28



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: Feb 28, 2023

MinuteTraq (IQM2) ID #: 23-1107

<b>Purchase Order #:</b> 5758-0001 SERV	<b>Original Purchase Order Date:</b> Apr 13, 2022	<b>Change Order #:</b> 6	<b>Department:</b> DuPage Care Center
<b>Vendor Name:</b> Novastaff Healthcare Services	<b>Vendor #:</b> 37419	<b>Dept Contact:</b> Christine Kliebhan	

**Background and/or Reason for Change Order Request:**

Increase line 6, 1100-1215-53090-Covid-19-DCC (FY23) in the amount \$50,000.00, to cover crisis levels through the end of the contract period of 04/12/23.

Maxim Healthcare (5759-0001) decrease will offset this increase

**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	\$914,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$914,000.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$50,000.00
E	New contract amount (C + D)	\$964,000.00
F	Percent of current contract value this Change Order represents (D / C)	5.47%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	5.47%

**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**

- Increase (greater than 29 days) contract expiration from: \_\_\_\_\_ to: \_\_\_\_\_
- Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount  Funding Source \_\_\_\_\_
- OTHER - explain below:

CDK _____	4208	Feb 28, 2023	Feb 28, 2023
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials) Phone Ext Date

**REVIEWED BY (Initials Only)**

		<i>AKC</i>	3/10/23
Buyer _____	Date _____	Procurement Officer _____	Date _____
Chief Financial Officer _____ (Decision Memos Over \$25,000)	Date _____	Chairman's Office _____ (Decision Memos Over \$25,000)	Date _____