



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: Feb 28, 2023

MinuteTraq (IQM2) ID #: 23-1110

<b>Purchase Order #:</b> 5756-0001 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> Brightstar Care of Central DuPage		<b>Vendor #:</b> 12992	<b>Dept Contact:</b> Annabel Leonida
<b>Background and/or Reason for Change Order Request:</b>	This contract is to provide supplemental staffing (CNA's, LPN's & RN's) for the period 04/13/22 - through 04/12/23, per Proposal 21-006-CARE. Increase line 6, 1100-1215-53090 (FY23) in the amount of \$44,760.00 to cover services provided through the end of the contract of April 12, 2023. Maxim Healthcare (5759-0001) decrease will offset this increase		
<b>IN ACCORDANCE WITH 720 ILCS 5/33E-9</b>			

- ☒ (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	\$394,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$394,000.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$44,760.00
E	New contract amount (C + D)	\$438,760.00
F	Percent of current contract value this Change Order represents (D / C)	11.36%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	11.36%
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 type="checkbox"/> Funding Source _____	
<input type="checkbox"/> OTHER - explain below:	

cdk	4208	Feb 28, 2023		4202	Feb 28, 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		