



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Consent
HS 3/21
CB 3/28

Date: Feb 28, 2023

MinuteTraq (IQM2) ID #: 23-1106

Purchase Order #: 5759-0001	Original Purchase Order Date: Apr 10, 2022	Change Order #: 3	Department: DuPage Care Center
Vendor Name: Maxim Healthcare Services		Vendor #: 13962	Dept Contact: Nursing
Background and/or Reason for Change Order Request: Decrease line 1, line 1200-2050-53090 in the amount of \$108,573.37 (FY22) Decrease line 2, 1100-1215-53090-covid-19-DCC in the amount of \$149,737.91 (FY22) Decrease line 5, 1200-2050-53090 (FY23) in the amount of \$113,000.00 this is to cover supplemental staffing for the 2 other supplemental staffing contracts, Novastaff and Brightstar through the end of 04/12/23.			
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	\$600,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$600,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$371,311.28)
E	New contract amount (C + D)	\$228,688.72
F	Percent of current contract value this Change Order represents (D / C)	-61.89%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-61.89%
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:	

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)				
Buyer	Date	<i>dlc</i>	Procurement Officer	<i>3/13/23</i> Date
Chief Financial Officer (Decision Memos Over \$25,000)	Date		Chairman's Office (Decision Memos Over \$25,000)	Date