

HS 10/3
 FI + OB 10/10



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Sep 12, 2023

MinuteTraq (IQM2) ID #: 23-3099

Purchase Order #: 6363-0001 SERV	Original Purchase Order Date: Apr 13, 2023	Change Order #: 2	Department: DuPage Care Center
Vendor Name: Maxim Healthcare Services, Inc.		Vendor #: 13962	Dept Contact: Nursing
Background and/or Reason for Change Order Request: Supplemental Nursing Staffing Services for the period 04/13/23 through 04/12/24 #1 Increase line 1, 1200-2050-53090 (FY23) in the amount of \$34,360.00 #2 Increase line 2, 1200-2050-53090 (FY24) in the amount of \$60,950.00 NOTE: Novastaff contract 6400-0001 will be decreased and monies will be moved to increase Maxim Healthcare. Maxim Healthcare has been providing more staffing on a regular basis. (there are 3 supplemental staffing contracts, Brightstar Care, Maxim Healthcare and Novastaff Healthcare)			
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	\$120,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$120,000.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$95,410.00
E	New contract amount (C + D)	\$215,410.00
F	Percent of current contract value this Change Order represents (D / C)	79.51%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	79.51%
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 ≥ \$2,500.00, or ≥ 10%, of current contract amount <input type="checkbox"/> Funding Source _____	
<input type="checkbox"/> OTHER - explain below:	

cdk	4208	Sep 12, 2023	JC	4208	Sep 12, 2023
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
REVIEWED BY (Initials Only)					
Buyer	Date	<i>MCX</i>	Procurement Officer	Date	9/20/23
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date		