



# Decision Memo

## Procurement Services Division

This form is required for all Professional Service Contracts over \$25,000 and as otherwise required by the Procurement Review Checklist.

Date: Apr 27, 2023

MinuteTraq (IQM2) ID #: 23-1750

Department Requisition #: 6005-0001SERV

Requesting Department: <u>DuPage Care Center</u>	Department Contact: <u>Annabel Leonida</u>
Contact Email: <u>annabel.leonida@dupageco.org</u>	Contact Phone: <u>630-784-4250</u>
Vendor Name: <u>Lifescan Labs</u>	Vendor #: <u>38420</u>

**Action Requested** - Identify the action to be taken and the total cost; for instance, approval of new contract, renew contract, increase contract, etc.

Increase contract in the amount of \$15,000.00 to cover necessary, as needed, Covid swabbing/testing through the end of contract period of 09/19/23. (this increase is ARPA eligible)

**Summary Explanation/Background** - Provide an executive summary of the action. Explain why it is necessary and what is to be accomplished.

21-049-CARE

### Strategic Impact

Quality of Life

Select one of the five strategic imperatives in the County's Strategic Plan this action will most impact and provide a brief explanation.

Lifescan Labs has had difficulty with invoicing the DuPage Care Center for Covid swabbing/lab services for the employees. Lifescan now has the capability to invoice and submitted multiple invoices on April 24th for this current contract.

Originally, knowing that Lifescan Labs was having issues in billing for employee portion of Covid swabbing/testing, the Care Center chose not to encumber large amount of funds to be tied up until this was resolved. Now that Lifescan has corrected the issue, DPCC is requesting an increase to cover invoices and services provided through the end of this contract through 09/19/23.

**Source Selection/Vetting Information** - Describe method used to select source.

21-049-CARE

**Recommendations/Alternatives** - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.

- 1) Approve request to increase contract in the amount of \$15,000.00 to cover Covid swabbing/lab services for the employees for services provided and through end of contract of 09/19/23.
- 2) Do not approve the increase, however, the Care Center would still need to provide these services for the employees per our current regulated IDPH and Health Department guidelines.

**Fiscal Impact/Cost Summary** - Include projected cost for each fiscal year, approved budget amount and account number, source of funds, and any future funding requirements along with any narrative.

FY23 1100-1215-53070-covid-19-DCC \$15,000.00