

Consent  
HS 10/3  
CB 10/10



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: Sep 12, 2023

MinuteTraq (IQM2) ID #: 23-3095

<b>Purchase Order #:</b> 6400-0001 SERV	<b>Original Purchase Order Date:</b> Apr 13, 2023	<b>Change Order #:</b> 2	<b>Department:</b> DuPage Care Center
<b>Vendor Name:</b> Novastaff Healthcare Services		<b>Vendor #:</b> 37419	<b>Dept Contact:</b> Christine Kliebhan
<b>Background and/or Reason for Change Order Request:</b>	Supplemental Staffing (CNA's, LPN's & RN's) for the Nursing Department for the period April 13, 2023 through April 12, 2024. #1 Decrease encumbrance for line 1, 1200-2050-53090 (FY23) in the amount of \$85,000.00 NOTE: This decrease is to cover Maxim Healthcare Services increase through end of contract, 04/12/24.		
<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	\$950,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$950,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$85,000.00)
E	New contract amount (C + D)	\$865,000.00
F	Percent of current contract value this Change Order represents (D / C)	-8.95%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-8.95%
<b>DECISION MEMO NOT REQUIRED</b>		

- ☐ 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 $\geq$ \$2,500.00, or $\geq$ 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	Procurement Officer		Date
					9/20/23
Chief Financial Officer		Date	Chairman's Office		Date
(Decision Memos Over \$25,000)			(Decision Memos Over \$25,000)		