



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Consent
HS 9/13
CB 9/10

Date: Aug 21, 2024

MinuteTraq (IQM2) ID #: 24-2301

Purchase Order #: 6401-0001 SERV	Original Purchase Order Date: Apr 13, 2023	Change Order #: 1	Department: DuPage Care Center
Vendor Name: Brightstar Care of Central DuPage		Vendor #: 12992	Dept Contact: Annabel Leonida
Background and/or Reason for Change Order Request:	Supplemental Staffing (CNA's, LPN's & RN's) for Nursing Department for the period 04/13/23 - 04/12/24 #1 Decrease and close line #1, 1200-2050-53090, in the amount of \$21,261.25 #2 Decrease and close line #2, 1100-1215-53090-covid-19_DCC, in the amount of \$97,162.50 #3 Decrease and close line #3, 1200-2050-53090, in the amount of \$11,389.75 #4 Decrease and close line #4, 1100-1215-53090-covid-19_DCC, in the amount of \$65,000.00 - CONTRACT EXPIRED		
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	\$450,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$450,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$194,813.50)
E	New contract amount (C + D)	\$255,186.50
F	Percent of current contract value this Change Order represents (D / C)	-43.29%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-43.29%
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	Aug 21, 2024	JC	Aug 21, 2024
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	