

HS 2/18
FI+CB 2/25



Request for Change Order
Procurement Services Division

Attach copies of all prior Change Orders

Date: Feb 4, 2025

MinuteTraq (IQM2) ID #: 25-0477

| | | | |
|---|---|--------------------------|---------------------------------------|
| Purchase Order #: 7020-0001 SERV | Original Purchase Order Date: Apr 13, 2024 | Change Order #: 3 | Department: DuPage Care Center |
| Vendor Name: Novastaff Healthcare Services | | Vendor #: 37419 | Dept Contact: Nursing |
| Background and/or Reason for Change Order Request: | Supplemental Nursing Staffing for the period 04/13/24 - 04/12/25 #1 Increase line 2, 1200-2050-53090 (FY25) in the amount of \$65,000.00 NOTE: Contracts for Brightstar Care of Central DuPage (7007-0001 SERV) & RCM Technologies (7019-0001 SERV), for supplemental nursing staffing services for the Nursing Department, decreases (consent agenda) will offset the increase to Novastaff Healthcare. Novastaff is the most consistent in providing staff. | | |
| 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 | \$500,000.00 |
| B | Net \$ change for previous Change Orders | |
| C | Current contract amount (A + B) | \$500,000.00 |
| D | Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease | \$65,000.00 |
| E | New contract amount (C + D) | \$565,000.00 |
| F | Percent of current contract value this Change Order represents (D / C) | 13.00% |
| G | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts) | 13.00% |
| 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 checked="" type="checkbox"/> Funding Source 1200-2050-53090 | |
| <input type="checkbox"/> OTHER - explain below: | |

| | | | | | |
|---|------------|---|-------------------------------------|-----------|-------------|
| CDK _____ | 4208 | Feb 4, 2025 | CDK _____ | 4208 | Feb 4, 2025 |
| Prepared By (Initials) | Phone Ext | Date | Recommended for Approval (Initials) | Phone Ext | Date |
| REVIEWED BY (Initials Only) | | | | | |
| Buyer _____ | Date _____ | Procurement Officer | Date <u>2/5/2025</u> | | |
| Chief Financial Officer _____ (Decision Memos Over \$25,000) | Date _____ | Chairman's Office _____ (Decision Memos Over \$25,000) | Date _____ | | |