



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

HS 3/19
Fl + CB 3/26

Date: Feb 29, 2024

MinuteTraq (IQM2) ID #: 24-0917

| | | | | | | | |
|--|--|-------------------------------|--------------|-----------------|-------|---------------|--------------------|
| Purchase Order #: | 6363-0001 SERV | Original Purchase Order Date: | Apr 13, 2023 | Change Order #: | 5 | Department: | DuPage Care Center |
| Vendor Name: | Maxim Healthcare Services, Inc. | | | Vendor #: | 13962 | Dept Contact: | Nursing |
| Background and/or Reason for Change Order Request: | <p>Supplemental Nursing Staffing Services for the period 04/13/23 through 04/12/24 #1 Decrease line 2, (FY23) 1100-1215-53090-Covid-19_DCC in the amount of \$6,285.00 & move to line 3, 1200-2050-53090 (FY24) #2 Decrease line 4, (FY24) 1100-1215-53090-Covid-19_DCC in the amount of \$10,000.00 & move to line 3, 1200-2050-53090 (FY24) #3 Additionally Increase line 3, (FY24) 1200-2050-53090 in the amount of \$28,715.00 NOTE: monies coming from Novastaff Healthcare contract being decreased, as contract does not provide the amount of staff then Maxim currently provides.</p> | | | | | | |

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 | | \$95,310.00 |
| C | Current contract amount (A + B) | | \$215,310.00 |
| D | Amount of this Change Order | <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease | \$28,715.00 |
| E | New contract amount (C + D) | | \$244,025.00 |
| F | Percent of current contract value this Change Order represents (D / C) | | 13.34% |
| G | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts) | | 103.35% |

DECISION MEMO NOT REQUIRED

Cancel entire order Close Contract Contract Extension (29 days) Consent Only

Change budget code from: line 2 and 4 to: line 3 (FY24)

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

Increase (greater than 29 days) contract expiration from: _____ to: _____

Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount Funding Source _____

OTHER - explain below:

| | | | | | |
|------------------------|-----------|--------------|-------------------------------------|-----------|--------------|
| cdk | 4208 | Feb 29, 2024 | JC | 4208 | Feb 29, 2024 |
| Prepared By (Initials) | Phone Ext | Date | Recommended for Approval (Initials) | Phone Ext | Date |

REVIEWED BY (Initials Only)

| | | | |
|-------|------|---------------------|------|
| Buyer | Date | Procurement Officer | Date |
|-------|------|---------------------|------|

3/11/2024