

Consent
HS 2/18
CB 2/25



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Feb 4, 2025

MinuteTraq (IQM2) ID #: 25-0468

Purchase Order #: 7019-0001 SERV	Original Purchase Order Date: Apr 13, 2024	Change Order #: 2	Department: DuPage Care Center
Vendor Name: RCM Technologies		Vendor #: 43749	Dept Contact: Nursing
Background and/or Reason for Change Order Request:	Contract for supplemental staffing services for the DuPage Care Center Nursing Department, for the period 04/13/24 through 04/12/25. #1 Decrease line 1, 1200-2050-53090 in the amount of \$30,498.75 #2 Decrease line 2, 1200-2050-53090 in the amount of \$ 4,501.25 NOTE: This decrease will offset the increase to the Novastaff Healthcare contract 7020-0001 SERV		
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	\$200,000.00
B	Net \$ change for previous Change Orders	(\$85,000.00)
C	Current contract amount (A + B)	\$115,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$35,000.00)
E	New contract amount (C + D)	\$80,000.00
F	Percent of current contract value this Change Order represents (D / C)	-30.43%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-60.00%

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

- ☐ Increase (greater than 29 days) contract expiration from: _____ to: _____
☐ Increase \geq \$2,500.00, or \geq 10%, of current contract amount ☐ Funding Source _____
☐ OTHER - explain below:

CDK Prepared By (Initials)	4208 Phone Ext	Feb 4, 2025 Date	CDK Recommended for Approval (Initials)	4208 Phone Ext	Feb 4, 2025 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