



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Consent
HS 3/19
CB 3/26

Date: Feb 29, 2024

MinuteTraq (IQM2) ID #: 24-0915

Purchase Order #: 6400-0001 SERV	Original Purchase Order Date: Apr 13, 2023	Change Order #: 3	Department: DuPage Care Center
Vendor Name: Novastaff Healthcare Services		Vendor #: 37419	Dept Contact: Christine Kliebhan

Background and/or Reason for Change Order Request: 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 \$2,196.36
 #2 Decrease encumbrance for line 3, 1200-2050-53090 (FY24) in the amount of \$26,519.00
 NOTE: This decrease is to cover Maxim Healthcare Services increase through end of contract, 04/12/24. Budget line will remain the same. Maxim is the vendor that is providing most staffing out of the 3 vendors that have contracts.

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	\$950,000.00
B	Net \$ change for previous Change Orders	(\$85,000.00)
C	Current contract amount (A + B)	\$865,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$28,715.36)
E	New contract amount (C + D)	\$836,284.64
F	Percent of current contract value this Change Order represents (D / C)	-3.32%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-11.97%

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 ≥ \$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
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date		