

Consent  
HS 11/19  
CB 11/26



**Request for Change Order**  
**Procurement Services Division**  
 Attach copies of all prior Change Orders

Date: Nov 6, 2024  
 MinuteTraq (IQM2) ID #: 24-3036

<b>Purchase Order #:</b> 7019-0001	<b>Original Purchase Order Date:</b> Apr 13, 2024	<b>Change Order #:</b> 1	<b>Department:</b> DuPage Care Center
<b>Vendor Name:</b> RCM Health Care Services		<b>Vendor #:</b> 43749	<b>Dept Contact:</b> Annabel Leonida
<b>Background and/or Reason for Change Order Request:</b>			
This contract purchase order is to provide supplemental Nursing staffing services for the DuPage Care Center, for the period 04/13/24 through 04/12/25. #1 Decrease line 1, 1200-2050-53090 in the amount of \$85,000.00 NOTE: The Nursing Department has analyzed this contract and determined recently, that the Vendor is only supplying a few supplemental staff to the Care Center upon request.			
<b>IN ACCORDANCE WITH 720 ILCS 5/33E-9</b>			

- (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	
C	Current contract amount (A + B)	\$200,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$85,000.00)
E	New contract amount (C + D)	\$115,000.00
F	Percent of current contract value this Change Order represents (D / C)	-42.50%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-42.50%

**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	Nov 6, 2024	JC _____	4202	Nov 6, 2024
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
<b>REVIEWED BY (Initials Only)</b>					
Buyer _____	Date _____	Procurement Officer _____	Date <u>11/12/2024</u>		
Chief Financial Officer _____ (Decision Memos Over \$25,000)	Date _____	Chairman's Office _____ (Decision Memos Over \$25,000)	Date _____		