



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Consent
HS 9/3
CB 9/10

Date: Aug 21, 2024

MinuteTraq (IQM2) ID #: 24-2299

| | | | |
|---|---|--------------------------|---|
| Purchase Order #: 6400-0001 SERV | Original Purchase Order Date: Apr 13, 2023 | Change Order #: 4 | 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 and close line 1, 1200-2050-53090 in the amount of \$19,771.00
 #2 Decrease and close line 2, 1100-1215-53090-covid-19-DCC in the amount of \$172,315.37
 #3 Decrease and close line 3, 1200-2050-53090 in the amount of \$64,861.25
 #4 Decrease and close line 4, 1100-1215-53090-covid-19-DCC in the amount of \$145,000.00 - CONTRACT EXPIRED

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 | (\$113,715.36) |
| C | Current contract amount (A + B) | \$836,284.64 |
| D | Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease | (\$401,947.62) |
| E | New contract amount (C + D) | \$434,337.02 |
| F | Percent of current contract value this Change Order represents (D / C) | -48.06% |
| G | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts) | -54.28% |

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 | Aug 21, 2024 | JC | Aug 21, 2024 |
| Prepared By (Initials) | Phone Ext | Date | Recommended for Approval (Initials) | Phone Ext 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 |