



ORLAND PARK

REQUEST FOR CHANGE ORDER # 1

Purchase Order/ Contract #: 24001382/20240399

Change Order Request Date: 11/18/2024

Company Name: CHC Wellness, Inc., DBA CHC Wellbeing, INC.

Contract Title: 2024 CHC Wellbeing - On-site Wellbeing Screening

NOTE: The above referenced contract is for a fixed not to exceed amount and scope of services. For any change to the contract amount or scope of services this form must be completed and signed by the contractor and approved and authorized by the Village of Orland Park **BEFORE** commencing with any work beyond the dollar amount or scope of the original, or previously amended contract/purchase order.

| Item | Description | Amount |
|------|---|--------------|
| A | Original contract value (without contingency) | \$ 33,000.00 |
| B | Total amount of previous change orders for contract (not contingency) | |
| C | Total current contract amount (A + B) | \$ 33,000.00 |
| D | Amount of this change order for contract (+ or -) | \$ 1,495.00 |
| E | Revised contract amount (C + D) | \$ 34,495.00 |
| F | Percent of current contract amount this change order represents (D/C) | 4.53% |
| G | Cumulative percent of all change orders (B + D)/A | 4.53% |
| H | Original contract completion date | 8/11/25 |
| I | Revised contract completion date | |
| J | Total amount of contingency | \$ 0.00 |
| K | Amount of this contingency funds request | |
| L | Amount of previous contingency funds approved | |
| M | Contingency funds remaining | \$ 0.00 |

Brief description of services provided under the contract:

2024 Wellness Screening / Flu Event (Joined) 9/20/2024 & 09/27/2024

Reason for requested change: (if requesting approval for contingency funds, date extension by a total of 30 days or more, identify % and amount on contract)

Requesting to increase the contract amount by \$1,495.00 due to additional Health & Wellness testing with CHC Wellbeing. Invoice #C7320.02 dated 11/8/2024 exceeds the approved budgeted amount of \$33,000.00 and by increasing the contract amount, the new not-to-exceed contract price is \$34,495.00. KTJ approved.

For Village Use Only: IN ACCORDANCE WITH 720 ILCS 5/33E-9 this section shall only apply to a change order or a series of change orders which authorize or necessitate an increase or decrease in either the cost of a public contract by a total of \$25,000 or more or the time of completion by a total of 30 days or more (up to 180 days).

As the authorized designee of the Village of Orland Park to approve a change order to this public contract, I hereby make the following written determination regarding this change order and authorize and approve the same:

- ☐ The circumstances said to necessitate the change in performance were not reasonably foreseeable at the time the contract was signed
- ☐ The change is germane to the original contract as signed
- ☐ The change order is in the best interest of the Village of Orland Park and authorized by law

This written determination and this written change order resulting from that determination shall be preserved in the contract's file which shall be open to the public for inspection.

Company Name: CHC Wellness, Inc., DBA CHC Wellbeing, INC.

Signature: Joan Knauss-Harwell

Printed Name: Joan Harwell

Title: Managing Director

Date: 11/26/2024

Village of Orland Park

Signature: Jim Culotta

Printed Name: Jim Culotta

Title: Interim Village Manager

Date: 11-26-24