

DeKalb County Department of Purchasing and Contracting Change Order Request Form

Change O	ruer Request Form	
User Department: Human Services	From: Purchasing & Contracting	
RFP No.: 20-500560	Title: In-Home Services for Older Adults, Persons with Disabilities, and Their Caregivers	
Effective Date: 07/01/2022	Expiration Date: 06/30/2025	
Contract APPROVED Amount: \$1,042,637.50	Number of Change Orders to Date: 0	
Contractor(s)	Contract No(s).	Amount Spent
Rem-Kiks Health Care Services, Inc.	1294379	\$1,018,092.00
For Use by User Department: Enter Recommended Change(s) and a Detailed Justification	on.	
If an increase to funding is required, provide the following 465,000	•	
SPLOST Category (if applicable): CIP Line-Item No. (if applicable): Other:	nd Code: 250	
Department Director Signature & Date		
For Use by Purchasing and Contracting:	Approved: Yes V No	
Additional Comments (if applicable):		
Crystal Manson Digitally signed by Crystal Manson Date: 2025.02.20 12:36:49 -05'00'		
Purchasing and Contracting Signature & Date		