

**DeKalb County
Department of Purchasing and Contracting
Change Order Request Form**

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| User Department: Human Services | From: Purchasing & Contracting |
| RFP/ITB No.: 23-500644 | Title: In-Home Services for Seniors and Their Caregivers (Three (3) Year Multiyear Contract) |
| Effective Date: 12/19/2023 | Expiration Date: 12/31/2026 |
| Contract APPROVED Amount: \$937,400.00 | Number of Change Orders to Date: 1 |

| Contractor(s) | Contract No(s). | Amount Spent |
|--------------------------------|------------------------|---------------------|
| Trusted Hands Senior Care, LLC | 1349718 | \$727,707.00 |

For Use by User Department:

Enter Recommended Change(s) and a Detailed Justification (please enter requests to extend the contract time/term or increase the contract amount with specific details to include term dates and funding amounts):

In order to ensure continuity of services and avoid any disruption in services to our clients, we are requesting an additional \$1.2M to be added to this contract. The additional \$1.2M is our projected cost through December 2027, so please extend the contract end date to Dec 31, 2027.

If an increase to funding is required, provide the following:

Total Amount of Increase: \$ 1,200,000.00

Funding Source: General Enterprise 3 Digit Fund Code: 250

SPLOST Category (if applicable): _____

CIP Line-Item No. (if applicable): _____

Other: _____



3/2/2026

Department Director Signature & Date

For Use by Purchasing and Contracting:

Approved: Yes No

Additional Comments (if applicable):

Purchasing and Contracting Signature & Date