

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

<b>User Department:</b> Human Resources & Merit System	<b>From:</b> Purchasing and Contracting
<b>ITB/RFP No.:</b> 20-500542	<b>Title:</b> Employee Assistance Program (Multiyear Contract)
<b>Effective Date:</b> 09/01/2021	<b>Expiration Date:</b> 12/31/2024
<b>Contract APPROVED Amount:</b> \$393,120.00	<b>Number of Change Orders to Date:</b> 1

Contractor(s)	Contract No(s).	Amount Spent
KEPRO, Inc.	1239452	\$254,332.61

**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):

At the request of Purchasing & Contracting (P&C), HR is seeking a one-year extension of the Employee Assistance Program (EAP) contract effective 1/1/25 through 12/31/25. The associated cost is estimated at \$124,800.00 to cover services plus close out.

**JUSTIFICATION:**

The current vendor provides County employees with diagnostic counseling, critical incident debriefing, and referral assistance for a variety of services. An extension will allow P&C sufficient time for advertisement, review of bid proposal/selection, and BOC approval without service interruption.

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

**Total Amount of Increase:** \$ 124,800.00

**Funding Source:** General ☒ Enterprise ☐ 3 Digit Fund Code: 100

SPLOST Category (if applicable): \_\_\_\_\_

CIP Line-Item No. (if applicable): \_\_\_\_\_

Other: \_\_\_\_\_

*B.C. Ransom* 5/17/24

Department Director Signature & Date

**For Use by Purchasing and Contracting:**

Approved: Yes ☐ No ☐

**Additional Comments (if applicable):**

**Purchasing and Contracting Signature & Date**