



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

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

Contractor(s) Acentra Health (Formerly Known as KEPRO, Inc.)	Contract No(s).	Amount Spent
	1239452	\$273,333.41

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 an eight month extension of the Employee Assistance Program (EAP) contract effective 1/1/25 through 8/31/25. The associated cost is estimated at \$80,000 to cover services.

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: \$ 80,000.00

Funding Source: General Enterprise 3 Digit Fund Code: 100

SPLOST Category (if applicable): _____

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

Other: _____

Benita Ransom

Department Director Signature & Date

For Use by Purchasing and Contracting:

Approved: Yes No

Additional Comments (if applicable):

Purchasing and Contracting Signature & Date