

# REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

HS 116  
FL+CB 1/13

Date: 12-08-25

File ID #:

Purchase Order #: 7791	Original Purchase Order Date: 07-01-25	Change Order #: 4	Department: Community Services
Vendor Name: Healthy Air Heating & Air Inc		Vendor #: 14166	Dept. Contact: Gina Strafford-Ahmed
<p>To increase total amount of PO as DCEO provided more funding for Weatherization program and as a result, volume of work assigned to the contractor increased.</p> <p><b>Action Requested and Reason for Change Order Request:</b></p> <p>Increase the following lines:</p> <p>Line 2 - increase by \$90,000</p> <p>Line 5 - increase by \$90,000</p>			

## IN ACCORDANCE WITH 720 ILCS 5/33E-9

(A) Were not reasonably foreseeable at the time the contract was signed.

(B) The change is germane to the original contract as signed.

(C) Is in the best interest for the County of DuPage and authorized by law.

## INCREASE/DECREASE

A	Starting Contract Value	\$135,000.00
B	Net \$ Change for Previous Change Order	\$0.00
C	Current Contract Amount (A + B)	\$135,000.00
D	Amount of this Change Order	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease
E	New Contract Amount (C + D)	\$315,000.00
F	Cumulative Change Order Amount (B + D)	\$180,000.00
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	133.33%

## DECISION MEMO NOT REQUIRED - Check Applicable Box(es)

Cancel Entire Order  Close Contract  Contract Extension (≤59 Days)  Update Budget Code

Change Budget Code From: \_\_\_\_\_ to: \_\_\_\_\_

Increase/Decrease Quantity From: \_\_\_\_\_ to: \_\_\_\_\_

Price Shows: \_\_\_\_\_ should be: \_\_\_\_\_  Move Funds Between Lines

Decrease Remaining Encumbrance and Close Contract  Increase Encumbrance and Close Contract  Decrease Encumbrance  Increase Encumbrance

## DECISION MEMO REQUIRED - Check Applicable Box(es) and Fill In All Answers Below

Contract Extension Greater Than 59 Days From \_\_\_\_\_ to: \_\_\_\_\_  Cancel Contract

Cumulative Increase Greater Than \$10,000 (Row 'F' Above)  Other - Explain In Summary Explanation Box Below

**Summary Explanation** - Provide a summary of the action. Explain why it is necessary and what is to be accomplished.

Grant funding increased for program from funder, awarded PO's need to be increased to expend funding and serve more residents.

**Original Source Selection/Vetting Information** - Describe method used to select source; for instance, bid, RFP, sole source, etc.

Bid # 24-099-WEX

**Recommendations/Alternatives** - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.

1. Increase PO by \$180,000 so contractor can serve an additional 7-12 single family homes with Weatherization funding to make home more energy efficient.

2. Do not increase the PO and 7-12 households will not receive energy efficiency measures on their homes and the County will not be able to meet our grant deliverables.

**Fiscal Impact/Cost Summary** - Include projected cost for each fiscal year, approved budget amount and account number

FY26 5000 1400 25-401028 53090 \$90,000.00

FY26 5000 1430 25-221028 53090 \$90,000.00

**APPROVALS - Initials Only**

DK \_\_\_\_\_ 6164 \_\_\_\_\_ Dec 8, 2025 \_\_\_\_\_

Prepared By \_\_\_\_\_ Phone Ext. \_\_\_\_\_ Date \_\_\_\_\_

 Recommended for Approval

6444 \_\_\_\_\_ 12/22/25 \_\_\_\_\_  
Phone Ext. \_\_\_\_\_ Date \_\_\_\_\_

 Reviewed by Procurement Officer \_\_\_\_\_  
12/22/2025 - Date \_\_\_\_\_

Completed by Buyer \_\_\_\_\_ Date \_\_\_\_\_