

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

CONSENT

HS 213

CB 210

Date: Jan 26, 2026

File ID #:

Purchase Order #: 6792	Original Purchase Order Date: Oct 30, 2023	Change Order #: 7	Department: CS
Vendor Name: Healthy Air Heating & Air Inc		Vendor #: 14166	Dept. Contact: Gina Strafford-Ahmed
Action Requested and Reason for Change Order Request:	Decrease PO by (\$24,037.59) to \$639,881.41. Close PO Expired on 11/30/2024.		

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		\$663,919.00
B	Net \$ Change for Previous Change Order		
C	Current Contract Amount (A + B)		\$663,919.00
D	Amount of this Change Order	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$24,037.59)
E	New Contract Amount (C + D)		\$639,881.41
F	Cumulative Change Order Amount (B + D)		(\$24,037.59)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)		-3.62%

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.

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

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

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

APPROVALS - <i>Initials Only</i>			
Signature on File			
SR	6166	Jan 26, 2026	
Prepared By	Phone Ext.	Date	Recommended for Approval
		1/27/2026	1/27/24
Reviewed by Procurement Officer		Completed by Buyer	Date
			1/24/24