

# REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

Consent  
HS 2/3  
CB 2/10

Date: Jan 26, 2026

File ID #:

<b>Purchase Order #:</b> 6791	<b>Original Purchase Order Date:</b> Oct 30, 2023	<b>Change Order #:</b> 6	<b>Department:</b> CS
<b>Vendor Name:</b> Healthy Air Heating & Air Inc		<b>Vendor #:</b> 14166	<b>Dept. Contact:</b> Gina Strafford-Ahmed
<b>Action Requested and Reason for Change Order Request:</b> Decrease PO by (\$38,150.39) to \$267,416.61. 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	\$265,567.00
B	Net \$ Change for Previous Change Order	\$40,000.00
C	Current Contract Amount (A + B)	\$305,567.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$38,150.39)
E	New Contract Amount (C + D)	\$267,416.61
F	Cumulative Change Order Amount (B + D)	\$1,849.61
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	0.70%

## 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 - Initials Only

Signature on File

SR 6166 Jan 26, 2026

Prepared By Phone Ext. Date

Recommended for Approval

6444 1/26/2026  
Phone Ext. Date

Reviewed by Procurement Officer

1/27/2026  
Date

Completed by Buyer

Date