

Consent
HS 7/7
CB 7/14

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

Date: Jun 15, 2026

File ID #: _____

Purchase Order #: 7431	Original Purchase Order Date: Oct 22, 2024	Change Order #: 13	Department: Community Services Weatherization
Vendor Name: Healthy Air Heating & Air Inc		Vendor #: 14166	Dept. Contact: Gina Strafford-Ahmed
Action Requested and Reason for Change Order Request: To close the contract as it expired on 11/30/2025			

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	\$866,434.00
B	Net \$ Change for Previous Change Order	\$90,000.00
C	Current Contract Amount (A + B)	\$956,434.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$25,131.96)
E	New Contract Amount (C + D)	\$931,302.04
F	Cumulative Change Order Amount (B + D)	\$64,868.04
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	7.49%

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

DK	6164	Jun 15, 2026	<u> </u>	<u> </u>	<u> </u>
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Reviewed by Procurement Officer	Date		Completed by Buyer	Date	
<u> </u>	<u> </u>		<u> </u>	<u> </u>	