

CCNSENT

# REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

Date: Jan 13, 2025

File ID #:

Purchase Order #: 6791	Original Purchase Order Date: 10/30/2023	Change Order #: 6	Department: Community Services Weatherization
Vendor Name: Healthy Air Heating & Air Inc		Vendor #: 14166	Dept. Contact: Gina Strafford-Ahmed
<b>Action Requested and Reason for Change</b> To close the contract as it expired on 11/30/2024 <b>Order Request:</b>			

## 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**

DK	6164	Jan 13, 2026	<i>Ch</i>	6182	213/26
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
<i>SS</i>	<i>2/6/2026</i>				
Reviewed by Procurement Officer	Date		Completed by Buyer		Date