

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 #:

Purchase Order #: 6727	Original Purchase Order Date: Nov 1, 2023	Change Order #: 2	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 (\$123,359.11) to \$82,648.89. Close PO Expired on 6/30/2024.			

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	\$206,008.00
B	Net \$ Change for Previous Change Order	
C	Current Contract Amount (A + B)	\$206,008.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$123,359.11)
E	New Contract Amount (C + D)	\$82,648.89
F	Cumulative Change Order Amount (B + D)	(\$123,359.11)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-59.88%

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
Prepared By

6166

Phone Ext.

Jan 26, 2026

Date

Recommended for Approval

6444

Phone Ext.

1/26/26

Date

Reviewed by Procurement Officer

Date

1/27/2026

Completed by Buyer

Date