

Consent
HS
CB

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division
Revised 10-01-2025

Date: Jan 6, 2026

File ID #: _____

Purchase Order #: 7423	Original Purchase Order Date: 10/22/2024	Change Order #: 2	Department: Community Services
Vendor Name: Healthy Air Heating & Air Inc		Vendor #: 14166	Dept. Contact: David Stuckey
Action Requested and Reason for Change To close the contract as it expired on 6/30/2025 Order Request:			

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		\$230,909.42
B	Net \$ Change for Previous Change Order		
C	Current Contract Amount (A + B)		\$230,909.42
D	Amount of this Change Order	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$70,308.81)
E	New Contract Amount (C + D)		\$160,600.61
F	Cumulative Change Order Amount (B + D)		(\$70,308.81)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)		-30.45%

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

RJ	6183	Jan 6, 2026	<u>Col</u>	<u>6180</u>	<u>2/8/26</u>
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
<u>[Signature]</u>		<u>2/11/2026</u>			
Reviewed by Procurement Officer	Date		Completed by Buyer	Date	