

Consent  
HS  
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# REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

Date: Jan 6, 2026

File ID #:

<b>Purchase Order #:</b> 6727	<b>Original Purchase Order Date:</b> 11/1/2023	<b>Change Order #:</b> 2	<b>Department:</b> Community Services
<b>Vendor Name:</b> Healthy Air Heating & Air Inc		<b>Vendor #:</b> 14166	<b>Dept. Contact:</b> Robert Palos
<b>Action Requested and Reason for Change Order Request:</b> To close the contract as it 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**

RJ  
Prepared By \_\_\_\_\_  
6183 Phone Ext. \_\_\_\_\_  
Jan 6, 2026 Date \_\_\_\_\_

Ch  
Recommended for Approval \_\_\_\_\_  
6182 Phone Ext. \_\_\_\_\_  
2/6/26 Date \_\_\_\_\_

8  
Reviewed by Procurement Officer \_\_\_\_\_  
2/11/2026 Date \_\_\_\_\_

Completed by Buyer \_\_\_\_\_  
Date \_\_\_\_\_