

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

HS 2/17
FI+CB 2/24

Date: Feb 11, 2026

File ID #:

Purchase Order #: 7854	Original Purchase Order Date: 10/01/2025	Change Order #: 4	Department: Community Services
Vendor Name: Healthy Air Heating & Air Inc.		Vendor #: 14166	Dept. Contact: David Stuckey
Action Requested and Reason for Change Order Request:	Increase PO by \$150,000. Increase Line 3 Description 1 LIHEAP FURNACE VOUCHER PROGRAM Program Description 2 LIHEAP PROG PY26 Company:5000 AU: 1420 Account Code: 53090 Activity Code: 26-224028 Increase by \$150,000		

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		\$80,000.00
B	Net \$ Change for Previous Change Order		
C	Current Contract Amount (A + B)		\$80,000.00
D	Amount of this Change Order	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$150,000.00
E	New Contract Amount (C + D)		\$230,000.00
F	Cumulative Change Order Amount (B + D)		\$150,000.00
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)		187.50%

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.

This is needed to provide safe heating systems to low-income residents of the county. This is needed for health and safety of our constituents.

Original Source Selection/Vetting Information - Describe method used to select source; for instance, bid, RFP, sole source, etc.

RFP procured

Recommendations/Alternatives - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.

We can approve this and help disadvantaged members of the county. If we do not approve this, we leave vulnerable people in a dangerous situation.

Fiscal Impact/Cost Summary - Include projected cost for each fiscal year, approved budget amount and account number

APPROVALS - Initials Only

HS	6147	Feb 11, 2026	<i>OK</i>	6182	2/11/26
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
<i>[Signature]</i>		<i>2/11/2026</i>			
Reviewed by Procurement Officer	Date		Completed by Buyer		Date