

1. REQUESTED MOTION:

ACTION REQUESTED: Approve Change Order No. 2 to RFP-03-03 ADA Paratransit Services, Contract No. 2534, with Good Wheels to increase the rates for the months of December 2004 through March 2005 in the amount of \$467,500.00.

WHY ACTION IS NECESSARY: Board approval is required

WHAT ACTION ACCOMPLISHES: The purpose of this Change Order is to increase the rates for the months of December 2004 through March 2005 for this short-term arrangement.

2. DEPARTMENTAL CATEGORY:

Transit Division

C6A

COMMISSION DISTRICT #:

3. MEETING DATE:

01-18-2005

4. AGENDA:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

5. REQUIREMENT/PURPOSE:  
(Specify)

- STATUTE
- ORDINANCE
- ADMIN. CODE AC-4-4
- OTHER

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER
- B. DEPARTMENT Independent
- C. DIVISION Transit Division

BY: Steve L. Myers

*Steve L. Myers*

7. BACKGROUND:

On November 9, 2004 the Board approved to Reject the sole proposer under RFP-04-02 ADA Paratransit Service and authorized staff to provide the service in-house at an annualized cost savings to Lee County of \$60,000. The Board also approved a budget amendment resolution to establish a ADA Paratransit budget to perform the service with county personnel and a transfer from general fund reserves in the amount of \$529,862.00. The Board also approved the addition of 48 county positions to provide the ADA Service. Lastly, the Board authorized Staff to bring back any subsequent blue sheets needed for the ADA Service.

Staff is now moving forward in providing the ADA Service in-house. Lee County Transit Staff and Good Wheels are committed to making this a seamless transition. Change Order #2 is for a short-term arrangement with Good Wheels, during this transition period, and authorizes an increase in the current rates for the months of December 2004 through March 2005.

Funds are available in KI5440148600.503490.08.

8. MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager COUNTY ADMIN:
<i>Steve L. Myers</i> 1/6/05	<i>J. C. ...</i> <i>J. C. ...</i>	N/A		<i>[Signature]</i> 1/6/05	OA <i>[Signature]</i> 1/6/05	OM <i>[Signature]</i> 1/6/05	Risk <i>[Signature]</i> 1/6/05	GC <i>[Signature]</i> 1/6/05	RECEIVED BY COUNTY ADMIN: <i>[Signature]</i> COUNTY ADMIN FORWARDED TO: <i>[Signature]</i>

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

RECEIVED BY  
COUNTY ADMIN:  
1/6/05  
COUNTY ADMIN  
FORWARDED TO:  
1/7/05  
8:15am

RECEIVED BY  
COUNTY ADMIN:  
1/6/05  
COUNTY ADMIN  
FORWARDED TO:  
1/7/05  
8:15am

LEE COUNTY PROFESSIONAL SERVICE/SERVICE PROVIDER AGREEMENT  
CHANGE ORDER/SUPPLEMENTAL TASK AUTHORIZATION

Change Order  
 Supplemental Task Authorization

NO.: 2

(A Change Order or Supplemental Task Authorization Requires Approval by the Department Director for Expenditures Under \$25,000 or Approval by the County Manager for Expenditures Between \$25,000 and \$50,000 or Approval by the Board of County Commissioners for Expenditures over \$50,000)

CONTRACT/PROJECT NAME: ADA PARATRANSIT SERVICES

CONSULTANT: Good Wheels PROJECT NO.: \_\_\_\_\_

SOLICIT NO.: RFP-03-03 CONTRACT NO.: 2534 ACCOUNT NO.: \_\_\_\_\_

REQUESTED BY: Steve Myers, Lee Tran DATE OF REQUEST: November 30, 2004

Upon the completion and execution of this Change Order or Supplemental Task Authorization by both parties the Consultant/Provider is authorized to and shall proceed with the following:

EXHIBIT "CO/STA-A: SCOPE OF PROFESSIONAL SERVICE: DATED: November 30, 2004

EXHIBIT "CO/STA-B: COMPENSATION & METHOD OF PAYMENT: DATED: November 30, 2004

EXHIBIT "CO/STA-C: TIME AND SCHEDULE OF PERFORMANCE: DATED: November 30, 2004

EXHIBIT "CO/STA-D: CONSULTANT'S/PROVIDERS ASSOCIATED  
SUB-CONSULTANT(S)/SUB-CONTRACTORS: DATED: November 30, 2004

EXHIBIT "CO/STA-E: PROJECT GUIDELINES AND CRITERIA: DATED: November 30, 2004

It is understood and agreed that the acceptance of this modification by the CONSULTANT/PROVIDER constitutes an accord and satisfaction.

RECOMMENDED:

By: Steve L Myers 1/6/05  
Department Director Date

ACCEPTED:

By: Gayle Bryant  
Consultant/Provider  
(Print Name) GAYLE BRYANT

COUNTY APPROVAL:

By: \_\_\_\_\_  
Department Director  
(Print Name) \_\_\_\_\_  
(Under \$25,000)

By: Marquet Lincoln 1/2/05  
Contracts Mgrt Date

Date Accepted: 1 January 2005  
Corporate Seal

Date Approved: \_\_\_\_\_

APPROVED:

By: \_\_\_\_\_  
\*County Attorney's Office Date

By: \_\_\_\_\_  
County Manager (Between  
(\$25,000 and under \$50,000)  
Date Approved: \_\_\_\_\_

\*County Attorney signature needed  
for over Board level expenditures only.

By: \_\_\_\_\_  
Chairman  
Board of County Commissioners  
Date Approved: \_\_\_\_\_

- CHANGE ORDER AGREEMENT No. 2  
or  
 SUPPLEMENTAL TASK AUTHORIZATION No. \_\_\_\_\_

EXHIBIT "CO/STA-A"

Date: November 30, 2004

SCOPE OF PROFESSIONAL SERVICES

For ADA PARATRANSIT SERVICES

SECTION 1.00 CHANGE(S) TO PROFESSIONAL SERVICES

The "Scope of Professional Services" as set forth in Exhibit "A" of the Professional Services Agreement, or Service Provider Agreement, referred to hereinbefore is hereby supplemented, changed or authorized, so that the CONSULTANT or SERVICE PROVIDER, shall provide and perform the following professional services, tasks, or work as a supplement to, change to, or authorized to, the scope of services previously agreed to and authorized:

- This is a short-term arrangement to allow for increase in rates for the months of December, 2004 through March, 2005.
- All other terms and conditions apply, as written in the original agreement dated May 13, 2003.

\*Attach additional pages, if needed.

CHANGE ORDER AGREEMENT No. 2  
 or  
 SUPPLEMENTAL TASK AUTHORIZATION No. \_\_\_\_\_

EXHIBIT "CO/STA-B"

Date: November 30, 2004

COMPENSATION AND METHOD OF PAYMENT

For ADA PARATRANSIT SERVICES

SECTION 1.00 CHANGE(S) IN COMPENSATION

The compensation the CONSULTANT, or SERVICE PROVIDER, shall be entitled to receive for providing and performing the supplemented, changed or authorized services, tasks, or work as set forth and enumerated in the Scope of Services set forth in this CHANGE ORDER OR SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT, Exhibit "CO/STA-A", attached hereto shall be as follows:

NOTE: A Lump Sum (L.S.) or Not-to-Exceed (N.T.E.) amount of compensation to be paid the CONSULTANT should be established and set forth below for each task or sub-task described and authorized in Exhibit "S/COA-A". In accordance with Professional Services Agreement Article 5.03(2) "Method of Payment", tasks to be paid on a Work-in-Progress payment basis should be identified (WIPP).

Task Number	Task Title	Amount of Compensation	Indicate Basis of Compensation LS or NTE	If Applicable Indicate (W.I.P.P.)
1a	Cost per Individual ADA Ambulatory trip in county owned vehicle	18.60	Ea	W.I.P.P.
1b	Cost per Individual ADA Wheelchair trip in county owned vehicle	18.60	Ea	W.I.P.P.
1c	Cost per multi-load ADA ambulatory trip in county owned vehicle	13.45	Ea	W.I.P.P.
1d	Cost per multi-load ADA Wheelchair trip in county owned vehicle	13.45	Ea	W.I.P.P.
2a	Cost per Individual ADA Ambulatory trip in non-county owned vehicle	24.10	Ea	W.I.P.P.
2b	Cost per Individual ADA Wheelchair trip in non-county owned vehicle	29.13	Ea	W.I.P.P.
2c	Cost per multi-load ADA ambulatory trip in non-county owned vehicle	16.55	Ea	W.I.P.P.
2d	Cost per multi-load ADA Wheelchair trip in non-county owned vehicle	20.31	Ea	W.I.P.P.
3a	Coordination Fee for demand trips, i.e. Dial A Ride	2.95	Ea	W.I.P.P.
3b	Coordination for Subscription trips, i.e. Dial A Ride	2.95	Ea	W.I.P.P.
4a	Coordination fee for demand trips provided by LeeTran employees for ADA sponsored trips	2.95	Ea	W.I.P.P.
4b	Coordination fee for subscription trips provided by LeeTran employees for ADA sponsored trips	2.95	Ea	W.I.P.P.
5a	Credit to LeeTran for transportation of Individual Non ADA Sponsored Ambulatory Passengers provided by carriers in county vehicles.	-5.50	Ea	W.I.P.P.
5b	Credit to LeeTran for transportation of Individual Non ADA Sponsored Wheelchair Passengers provided by carriers in county vehicles. <b>(list is continued on next page)</b>	-10.53	Ea	W.I.P.P.

5c	Credit to LeeTran for transportation of Multi-Load Non ADA Sponsored Ambulatory Passengers provided by carriers in county vehicles.	-3.10	Ea	W.I.P.P.
5d	Credit to LeeTran for transportation of Multi-Load Non ADA Sponsored Wheelchair Passengers provided by carriers in county vehicles.	-6.86	Ea	W.I.P.P.
6a	Credit to LeeTran for transportation of Individual Non ADA Sponsored Ambulatory Passengers provided by LeeTran in county vehicles.	-22.10	Ea	W.I.P.P.
6b	Credit to LeeTran for transportation of Individual Non ADA Sponsored Wheelchair Passengers provided by LeeTran in county vehicles.	-27.13	Ea	W.I.P.P.
6c	Credit to LeeTran for transportation of Multi-Load Non ADA Sponsored Ambulatory Passengers provided by LeeTran in county vehicles.	-14.55	Ea	W.I.P.P.
6d	Credit to LeeTran for transportation of Multi-Load Non ADA Sponsored Wheelchair Passengers provided by LeeTran in county vehicles.	-18.31	Ea	W.I.P.P.
	December, 2004 (ADA Trips)	\$200,000.00	NTE	
	January, 2005 (ADA Trips)	\$200,000.00	NTE	
	January, 2005 (Scheduling Fee)	\$7,500.00	NTE	
	February, 2005 (Scheduling Fee)	\$30,000.00	NTE	
	March, 2005 (Scheduling Fee)	\$30,000.00	NTE	
<b>TOTAL</b>		<b>\$467,500.00</b>	<b>NTE</b>	









CHANGE ORDER AGREEMENT No. 2  
or  
 SUPPLEMENTAL TASK AUTHORIZATION No. \_\_\_\_\_

**EXHIBIT "CO/STA-D"**

Date: November 30, 2004

**CONSULTANT'S, OR SERVICE PROVIDER'S, ASSOCIATED SUB-CONSULTANT(S) AND SUBCONTRACTOR(S)**

**For ADA PARATRANSIT SERVICES**

CONSULTANT, or SERVICE PROVIDER, intends to engage the following sub-consultant(s) and/or sub-contractor(s) to assist the CONSULTANT, or SERVICE PROVIDER, in providing and performing the services, tasks, or work required under this CHANGE ORDER, or SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT.

(If none, enter the word "none" in the space below.)

Service and/or Work to be Provided or Performed	Name and Address of Individual or Firm	Disadvantaged, Minority or Women Business Enterprise, (If Yes, Indicate Type)			Sub-Consultant Services are Exempted from Prime Consultant's Insurance Coverage	
		Yes	No	Type	Yes	No
	NONE					

CHANGE ORDER AGREEMENT No. 2

or

SUPPLEMENTAL TASK AUTHORIZATION No. \_\_\_\_\_

EXHIBIT "CO/STA-E"

Date: November 30, 2004

PROJECT GUIDELINES AND CRITERIA

For ADA PARATRANSIT SERVICES \_\_\_\_\_

As a supplement, or change, to the Project Guidelines and Criteria set forth in the Professional Services Agreement, or Service Provider Agreement, Exhibit "E", the COUNTY has established the following Guidelines, Criteria, Goals, Objectives, Constraints, Schedule, Budget, and/or Requirements which shall serve as a guide to the CONSULTANT, or SERVICE PROVIDER, in performing the professional services, tasks, or work to be provided pursuant to the professional services set forth hereinbefore in CHANGE ORDER or SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT, Exhibit "CO/STA-A", attached hereto:

(If none, enter the word "None" in the space below.)

ITEM No. 1

NONE