								
		Lee	•	oard Of Co enda Item	ounty Comm Summary	issioners	Blue Sheet No	o. 20051338
1. ACTIO	ON REQUESTI	ED/PUI	RPOSE: A	pprove Ch	ange Order 1	No. 1, to Co	ntract #2686 w	ith Kronos for the
								to executed said
			ysiciii, iii	ine amoun	ι οι φ94,200	.oo. Aum	Juze Chamman	to executed said
Change Of	rder upon receipt	•						
2 33/11 4 7	ACTION AC	COMD	i iciire.	W/:11 mmov	ida aantinna	d imagelous	mention of the	automotod marmall
				will prov	ide commue	a mpieme	manon of the	automated payroll
timekeepii	ng system for Le	e Count	īy.					
2 MANIA	CEMENT DEC	ON ANAI		NI. C4-66 II		A		
5. WANA	GEMENT REC	OMM	ENDATIO	N: Stall R	tecommenas	Approvai		
				^ .	. /			
4. Denart	mental Categor	v•		11/2		5 Meetin	ng Date: //	11 2000
				<u> </u>				- 11-0000
6. Agenda	a:	7.	Requireme	ent/Purpos	e: (specify)	8. Reque	st Initiated:	•
X Co	nsent		Stat	ute		Commissi	ioner	
	lministrative			inance		Departme		ounty Manager -
						⊣ ^	-	<u> </u>
Ap	peals		X Adn	nin. Code	AC-4-4	Division	エてく	·
Pu	blic		Oth	er		By:	Jim Desjarlai	S
w	alk-On						J	
						1	w	
9. Backgr	ouna:							
On Novem	ber 25, 2003, the	e Board	approved i	ınder State	Contract #S0	2252-023-00	0-1 and authoric	zed entering into
	with Kronos to p							
						ystem, tram	ing, data conec	non services,
profession	al services and tr	avel, in	the amoun	t of \$488,1	85.00.			
Additional	consulting servi	ces are	needed to o	complete th	e implement	ation then w	hat was origina	lly contracted for.
	we are requestin							
Therefore,	we are requesting	ig ille b	oard appro-	ve Change	Order No. 1 t	o Kionos in	the amount of	\$94,200.00.
Funding is	available in acco	ount #K	C51328515	500.503465	j.			
•								
Attachman	ti 1 Decaledore	a of Ch	amaa Ondan	00040				
Attachinen	t: 1. Breakdow	I OI CII	ange Order	COSIS				
					17-17-101			
10. Review	w for Schedulin	g:						
Department	Purchasing	uman		Country				County
Director	l or	uman	Other	County		Budget Servi	ces	Manager/P.W.
Director	Contracts	sources		Attorney		~~. ()	12	Director
	a : 2 / 1	A/ν			Artalyst J	Risk GV	ants // Mgr.	
only		* 17 ×			Jah 2 25 /	12 1	2/2/23	
1/3/62	1708, d.M2			 	1 1 1 1 1 1	1/2/2/ 9/2	12/02 9/22/2	
11. Com	mission Action:				RECEIVE	 		
	Approved				COUNTY	ADMIN:		•
	Deferred					1-05		
						30	51-	
	Denied				COUNTY	<u> </u>		
	Other				FORWAR	DED TO: //4		

9/22

Distribution	Department	People	Consulting Days	Hours	3
	DOT Ops - Comp		6	4	8
	General		25		
KE	Human Resources	23	Ö	 _	
KF	Public Safety	291	4		
PC	D O T Operations	155	4		
KD	Public Resources	18	0	(
3B	County Administration	33			
IB	Fleet Management	20	0		
(B	Purchasing Services	28	0		
\B	County Commissioners	10	0	0	
(0	Sports Development	3		0	
(H	Parks & Recreation	225	0 2	0	
)C	Facilities Management	92		16	 .
(L	Animal Services	33	1	8	
C	Human Services	43	—— 	8	
D	D O T Traffic	58		8	
G	Library	227	2		
D	Utilities	217	2	16	
E	D O T Tolls	119	2	16 16	<u> </u>
В	Planning & Construction	9	0	0	
C	Natural Resources	44			
F	D O T Engineering	57		0	
В	Solid Waste	35	0		
В	Internal Services (Public Works)	25	0		
M	County Lands	12	0	0	
K	learing Examiner	5	0		
B_ (County Attorney	31			
J	conomic Development	14		0	
3 J\	/isitor & Convention Bureau	19	<u>o</u>		
; lo	C D Zoning Division	13		<u>0</u> 8	
<u> </u>	O C D / Environmental Sciences	9	`	0	
	OCD Administration & Support	20	0		
; [CD Development Svcs	140	0		
	C D Planning	13	0	0	
	eteran Services Office	4	0		
	ransit	160	3	24	
P	CM (dial in clocks and 4500 clocks)		5	40	
	otal	2,197	60	480	
	ourly rate		\$		
·—— <u> </u>	onting and 9 to		\$	84,000	
	ontingency & travel		\$	10,200	· · · · · · · · · · · · · · · · · · ·



PROJECT CHANGE REQUEST FORM

Change Request Ctrl Number: Lee County 2.0 -9.7.2005

Customer Number *	6061750	Engagement Customer Number *	6061750
Customer Name *	Lee County BOCC	Customer Contact	Jim Desjarlais
Customer Address *	PO Box 398 Fort Myers, Fl 33902	Engagement Customer Address *	PO Box 398 Fort Myers, Fl 33902
Original Order Number	282723	Kronos Practice	
Customer PO Number		Salesperson *	South East Enterprise
Order Type * (specify US or CAN)	US	Payment Terms	Tammy Parker Upon Receipt
Contract Type * (Estimate or Fixed Price)	Estimate	Engagement Number	E011934

Project Budget Impa	ct	Change C	7.461	
Billing Role *	Item Number *	Additional Hrs * (Enter Negative Value for Budget Decrease)	Rate*	Ext Amount *
Project Consultant(s)	9990002-ENT	480	\$175/hour	\$84,000.00
Contigency and Travel				\$10,200.00
Comments:			Total	\$94,200.00

If applicable, I authorize the increase to the Kronos Engagement Budget, as described above, and authorize Kronos to invoice for that amount when expended.

Customer Approval	Kronos Approval		
Printed Name: Date:	Printed Name: Date:		

expenses.