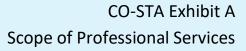


Lee County Professional Service Change Order/Supplemental Task Authorization

Date					
Change Order Agreement #:	Supplemental Task Auth	orization #:			
A Change Order or Supplemental Task Authoriza under \$50,000 or approval by the County Manag of County Commissioners for expenditures of \$1	ger for expenditures from \$50,000 to \$99				
Primary Contact:	E-mail Address:				
Contract Name:					
Project Name:					
CONSULTANT:		Project #:			
Solicitation #:	Contract #:				
Lee County Project Manager:	Manager: Request Date:				
Fiscal Staff:	Account #	t:			
It is understood and agreed that the acceptance of	f this modification by the CONSULTANT (constitutes an accord and satisfaction			
Each individual signing this Agreement directly and express and execute the Agreement on behalf of the party for who and accepted authority to enter into a binding agreement	om it is indicated he/she has signed, and furthe	er has been expressly given and received			
Consultant Signature	Print Name	Date Signed			
Director Signature	Print Name	Date Signed			
Procurement Signature	Print Name	Date Signed			
County Manager or Designee Signature	Print Name	Date Signed			

PO Box 398 - Fort Myers, FL 33902-0398 **Phone**: (239) 533-8881





Change Order Agreement #:	Supplemental Task Authorization #:					
Scope of Professional Services for:						
Section 1.00 Changes to Professional Services						
is hereby supplemented, changed, or authorized, so tha	oit 'A' of the Professional Services Agreement referred to hereinbefore at the CONSULTANT shall provide and perform the following o, change to, the scope of services previously agreed to and authorized.					

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ge Order Agreement #:		Sunnler	nental Task Authoriz	ation #·		
		заррісп	Terreal Task Ademonize			
sation and Method of Payment for:						
00 Changes in Compensation						
The compensation the CONSULTANT shall be entitled to receive for providing and performing the supplemented or changed 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 (LS) or Not-to-Exceed (NTE) amount of compensation to be paid the CONSULTANT should be established and set forth below for each task or subtask described and authorized in Exhibit 'CO/STA-A'.						
	1.6	Compensation in	Change O	rder Only	Total	
Task Name		Agreement or	Adjustment(s) by all	Adjustment(s) due	Compensation	
	NIL	_	,	J		
	.00 Changes in Compensation pensation the CONSULTANT shall be entered to the consultant and enumeral through the consultant and enumeral through the consultant and	action and Method of Payment for: .00 Changes in Compensation apensation the CONSULTANT shall be entitled to restance in the Alambert of the Alambert of the Alambert of the Alamb Sum (LS) or Not-to-Exceed (NTE) amount of the below for each task or subtask described and automatical states.	.00 Changes in Compensation spensation the CONSULTANT shall be entitled to receive for providing tasks, or work as set forth and enumerated in the Scope of Services ITHORIZATION AGREEMENT, Exhibit 'CO/STA-A', attached hereto shall be below for each task or subtask described and authorized in Exhibit in Delow for each task or subtask described and authorized in Exhibit in Exhibiting the Compensation in Exhibiting the Compensation in Exhibiting the Compensation in Exhibiting the Exhibiting the Compensation in Exhibiting the Ex	Dependent of Payment for:	Densation and Method of Payment for: .00 Changes in Compensation appensation the CONSULTANT shall be entitled to receive for providing and performing the supplemented or of tasks, or work as set forth and enumerated in the Scope of Services set forth in this CHANGE ORDER OR SUITHORIZATION AGREEMENT, Exhibit 'CO/STA-A', attached hereto shall be as follows: A Lump Sum (LS) or Not-to-Exceed (NTE) amount of compensation to be paid the CONSULTANT should be ested below for each task or subtask described and authorized in Exhibit 'CO/STA-A'. Compensation in Change Order Only Task Name Change Order Only Adjustment(s) by all Adjustment(s) due	

TI		10	Compensation in	Change O	der Only	Total	
Task Number	Task Name	LS or NTE	L3 01	Agreement or STA	Adjustment(s) by all previous CO(s)	Adjustment(s) due to this CO	Compensation per Task
				promoto co (o)	00 0000		
	Project	t Total:					

Total amount authorized by this CO or STA:

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Phone: (239) 533-8881



Change Order Agreement #:		Supplemental Task Authorization #:		
CONSULTANT'S Personnel Hou				
CONSULTANT or Sub-Consultar				
(A separate Attachment #1 should be	included for each Sub-Consultant)			
Project Position or Classification (Function to be Performed)	1		Hourly Rate to be Charged	
(runction to be renormed)				
			-	
Reimbursable Item	Cost	Reimbursable Item	Cost	

Page B Att. 1 of 2

Administrative Services Fees - Applicable only when specifically authorized by the County, for administering the procurement of special additional

Receipts or in-house logs are required for all non-personnel reimbursable expenses unless exempt (such as meals).

services, equipment, reimbursables, etc. not covered under the costs and/or changes established in the Agreement.



Change Order Agreement #:		Supplemental Task Authorization #:		
Non-Personnel Reimbursable Exper	ses and Costs for:			
CONSULTANT or Sub-Consultant Nar	ne:			
(A separate Attachment #2 should be include	-		_	
ltem	Charge	Item	Charge	
Postage & Shipping	Actual Cost	Commercial Air Travel (Coach)	Actual Cost	
Telephone (Long Distance)	Actual Cost	Vehicle Travel Allowance*		
Reproduction (Photocopy) 8 1/2" x 11"	\$0.15/Page	Vehicle Rental & Gas*	Actual Cost	
Reproduction (Photocopy) 8 1/2" x 14"	\$0.20/Page	Lodging (Per Person)	Actual Cost	
Reproduction (Photocopy) 11" x 14"	\$0.35/Page	Tolls	Actual Cost	
Reproduction (Blue/White Prints)	\$0.20/Sq. Ft.	Meals**		
Printing & Binding	Actual Cost	- Breakfast**		
Mylar Sheets	Actual Cost	- Lunch**		
Photographic Supplies & Services	Actual Cost	- Dinner**		
ist any other specific project related	reimbursable(s), e.g., filr	m/developing:		
Reimbursable Item	Cost	Reimbursable Item	Cost	

Receipts or in-house logs are required for all non-personnel reimbursable expenses unless exempt (such as meals).

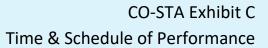
Administrative Services Fees - Applicable only when specifically authorized by the County, for administering the procurement of special additional services, equipment, reimbursables, etc. not covered under the costs and/or changes established in the Agreement.

Page B Att. 2 of 2

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^{*} Note: Choose one - Vehicle Travel Allowance OR Vehicle Rental & Gas.

^{**} Note: In accordance with the GSA M&IE schedule for Travel utilizing the 'Fort Myers, FL' rates.





Change Order Agreement #:		☐ Supplemental Task Authorization #:			
ime & Schedu	ule of Performance for:				
The time and s	hanges for this Change Order or Supplement schedule of completion for the various phase in this Change Order of Supplemental Tastervices' attached hereto is as follows:	ses or tasks required	to provide and perfo		
Task Number as Indicated in Exhibit A	Name/Title of Task	Previously Approved Number of Days per Task (CO Only)	Increase in Number of Calendar Days per Task (CO Only)	Cumulative Number of Calendar Days for Completion from Date of Notice to Proceed per Task (CO & STA)	
	То		r Days for Completion of from Notice to Proceed		

Page C1 of C1





CONSULTANT'S Associated Sub-Consultant(s)/Subcontractor(s)

Change Order Agreeme		
CONSULTANT'S Associated	Sub-Consultant(s) and Subcontractor(s) for:	
	gage the following sub-consultant(s) and/or sub-contractor(s) to assist the ne services, tasks, or work required under this Change Order, or Supplemene' in the space below.	
Service/Work to be Provided/Performed	Name & Address of Individual or Firm	Disadvantaged, Minority or Women Business Enterprise
		Туре

Page D1 of D1

AFFIDAVIT OF COMPLIANCE WITH SECTION 287.138 and 787.06, FLORIDA STATUTES

	Before	me, affia	the nt)	undersigned	authority,	personally	appeared	(Name	of
					, v	vho, after bei	ng first duly	sworn,	
dep	oses and sa	ays of l	nis or h	ner personal kno	owledge the	following:			
1.	Affiant is Name)	the	(Title)					of (Bus	iness
	which does	s busin	ess in t	the State of Flo	rida, hereina	fter called the	e "Vendor."		_

- 2. Vendor, pursuant to Section 287.138, Florida Statutes, certifies that (1) Vendor is not owned by a government of a foreign country of concern; (2) a government of a foreign country of concern does not have a "controlling interest" in Vendor, as defined by Section 287.138(1)(a), Florida Statutes; and (3) Vendor is not organized under the law of nor has its principal place of business in a foreign country of concern. For the purposes of this affidavit, foreign country of concern means the People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, or the Syrian Arab Republic, including any agency of or any other entity of significant control of such foreign country of concern, as defined in Section 287.138(1)(c), Florida Statutes, as amended from time to time.
- **3.** Vendor, pursuant to Section 787.06, Florida Statutes, certifies that Vendor does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, as amended from time to time.
- **4.** This Affidavit is executed by the Vendor in accordance with Section 287.138, Florida Statutes, for the purposes of preventing the County from entering contracts with foreign entities of concern which would provide Vendor access to an individual's personal identifying information.
- **5.** This Affidavit is executed by the Vendor in accordance with Section 787.06, Florida Statutes.

Form 7 – Affidavit of Compliance with Section	n 287.138 and 787.06,	Florida Statutes, Pag	e 2
Page 2 of 2			

	(Signature)
STATE OF	(Date)
Sworn to (or affirmed) and subscribed before me,	by means of \square physical presence or \square online
notarization, thisday of20_	, by
who has produced(Type of Identification)	
Notary Public Signature	
Printed Name of Notary Public	
Notary Commission Number/Expiration	