

Date _____

Change Order Agreement #: _____ Supplemental Task Authorization #: _____

A Change Order or Supplemental Task Authorization requires approval by the Department Director for expenditures under \$50,000 or approval by the County Manager for expenditures from \$50,000 to \$99,999.99 or approval by the Board of County Commissioners for expenditures of \$100,000 and up.

Primary Contact: _____ E-mail Address: _____

Contract Name: _____

Project Name: _____

CONSULTANT: _____ Project #: _____

Solicitation #: _____ Contract #: _____

Lee County Project Manager: _____ Request Date: _____

Fiscal Staff: _____ Account #: _____

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

Each individual signing this Agreement directly and expressly warrants that he/she has been given and has received and accepted authority to sign and execute the Agreement on behalf of the party for whom it is indicated he/she has signed, and further has been expressly given and received and accepted authority to enter into a binding agreement on behalf of such party with respect to the matters contained herein and as stated herein.

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

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Scope of Professional Services for:

Section 1.00 Changes to Professional Services

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

Change Order Agreement #: _____ Supplemental Task Authorization #: _____**Compensation and Method of Payment for:****Section 1.00 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'.

Task Number	Task Name	LS or NTE	Compensation in Agreement or STA	Change Order Only		Total Compensation per Task
				Adjustment(s) by all previous CO(s)	Adjustment(s) due to this CO	
Project Total:						

Total amount authorized by this CO or STA: _____

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CONSULTANT'S Personnel Hourly Rate Schedule for:

CONSULTANT or Sub-Consultant Name: _____

(A separate Attachment #1 should be included for each Sub-Consultant)

Project Position or Classification (Function to be Performed)	Hourly Rate to be Charged

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.

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Non-Personnel Reimbursable Expenses and Costs for:

CONSULTANT or Sub-Consultant Name: _____

(A separate Attachment #2 should be included for each Sub-Consultant)

Item	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**	

List any other specific project related reimbursable(s), e.g., film/developing:

Reimbursable Item	Cost	Reimbursable Item	Cost

* 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.

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.

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Time & Schedule of Performance for:

Section 1.00 Changes for this Change Order or Supplemental Task Authorization Agreement

The time and schedule of completion for the various phases or tasks required to provide and perform the services, tasks or work set forth in this Change Order of Supplemental Task Authorization Agreement, Exhibit 'CO/STA-A', entitled 'Scope of Professional Services' attached hereto is as follows:

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)

Total Number of Calendar Days for Completion of Project from Notice to Proceed: _____

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

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CONSULTANT'S Associated Sub-Consultant(s) and Subcontractor(s) for:

CONSULTANT intends to engage the following sub-consultant(s) and/or sub-contractor(s) to assist the CONSULTANT 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/Work to be Provided/Performed	Name & Address of Individual or Firm	Disadvantaged, Minority or Women Business Enterprise
_____	_____	Type
_____	_____	Type
_____	_____	Type
_____	_____	Type
_____	_____	Type
_____	_____	Type
_____	_____	Type
_____	_____	Type
_____	_____	Type
_____	_____	Type

AFFIDAVIT OF COMPLIANCE WITH SECTION 287.138 and 787.06, FLORIDA STATUTES

Before me, the undersigned authority, personally appeared **(Name of affiant)**

_____, who, after being first duly sworn, deposes and says of his or her personal knowledge the following:

1. Affiant is the **(Title)**_____ of **(Business Name)**

_____ which does business in the State of Florida, hereinafter called the “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.

(Signature)

(Date)

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this ____ day of _____ 20____, by _____ who has produced
(Print or Type Name)

_____ as identification.
(Type of Identification)

Notary Public Signature

Printed Name of Notary Public

Notary Commission Number/Expiration