

Date: \_\_\_\_\_ Modification Number: \_\_\_\_\_ to CPA Number: \_\_\_\_\_

Contractor Name:

Contract Name:

Project Name:

Contract Number:		Total Project Amount:	
Solicitation Number:		Project Number:	
Lee County Project Manager:		Request Date:	
Fiscal Staff:		Account Number:	

Upon the completion and execution of this Modification by both parties, the Contractor is authorized to and shall proceed to make the following changes in scope of work, compensation, and/or time of work set forth under the above-mentioned County Project Authorization, and pursuant to the terms of the Agreement.

Explanation of Change:

Attachments:  
(List documents supporting change)

Change in Project Price	Dollar Amount	Change in Project Time	Calendar Days
Original Project Price		Original Days to Substantial Completion from NTP	
Project Price Prior to this Modification		Original Days to Final Completion/Acceptance from NTP	
Net Increase (Decrease) of this Modification		Revised Days to Substantial Completion from NTP	
Project Price with All Approved Modifications		Revised Days to Final Completion/Acceptance from NTP	

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

**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