



BOARD OF COUNTY COMMISSIONERS

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District One

November 1, 2018

(239) 533-8849

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District Two

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Roger Desjarlais
County Manager

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County Attorney

Donna Marie Collins
Hearing Examiner

Mr. Scott Whitaker
BWLK, a Division of CES, Inc.
13041 McGregor Boulevard, Suite 1
Fort Myers, FL 33919

SUBJECT: CN180051ANB Surveying and Mapping Services – C-8061

ENCLOSURE: Change Order No. 1

Dear Mr. Whitaker:

Enclosed is your executed copy of Change Order No. 1 for the contract Surveying and Mapping Services.

The entity's name has now been changed to BWLK, a Division of CES, Inc..

If you should have any questions, please give me a call.

Sincerely,

Jennifer Brewer-Dano

Jennifer Brewer-Dano
Contracts Analyst
Procurement Management Division

c: FinanceOnBase@leeclerk.org
Project File



Lee County Professional Service/Service Provider Agreement
Change Order/Supplemental Task Authorization

Date Oct 18, 2018

Print Form

Change Order Agreement #: 1 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 between \$50,000.01 and \$100,000 or approval by the Board of County Commissioners for expenditures over \$100,000

Primary Contact: Scott Whitaker

Contract Name: Surveying and Mapping Services
CN180051ANB Surveying and Mapping Services

Project Name: _____

Consultant: BWLK, a Division of CES, Inc. Project #: N/A

Solicitation #: CN180051ANB Contract #: 8061 Account #: N/A

Lee County Project Manager: N/A Request Date: Oct 18, 2018

Fiscal Staff: N/A

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 exhibits:

- CO-STA Exhibit A - SCOPE OF PROFESSIONAL SERVICE
- CO-STA Exhibit B - COMPENSATION & METHOD OF PAYMENT
- CO-STA Exhibit C - TIME & SCHEDULE OF PERFORMANCE
- CO-STA Exhibit D - CONSULTANTS/PROVIDERS ASSOCIATED SUB-CONSULTANT(S)/SUB-CONTRACTORS
- CO-STA Exhibit E - PROJECT GUIDELINES AND CRITERIA

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

Denis St. Peter signature

Authorized Signature (Print Name)

October 25, 2018

Date Accepted

dstpeter@cesincusa.com
swhitaker@cesincusa.com

Contact E-mail Address

239-481-1331

Contact Phone Number

Lee County Board of County Commissioners - Procurement Management

1500 Monroe Street - 4th Floor - Fort Myers, FL 33901

PO Box 398 - Fort Myers, FL 33902-0398

Phone: (239) 533-8881



[Print Form](#)

Change Order Agreement #: 1 Supplemental Task Authorization #: _____

Scope of Professional Services for:

CN180051ANB Surveying and Mapping Services

Section 1.00 Changes to Professional Services

The 'Scope of Professional Services' as set forth in Exhibit 'A' of the Professional Services Agreement, or Service Provider, 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.

No change in scope, vendor name change:

Bean, Whitaker, Lutz & Kareh, Inc. changed to BWLK, a Division of CES, Inc.
Federal Tax ID# 01-0360334



[Print Form](#)

Change Order Agreement #: 1 Supplemental Task Authorization #: _____

Compensation and Method of Payment for:

CN180051ANB Surveying and Mapping Services

Section 1.00 Changes 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 (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'. 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	Compensation Amount	Indicate Basis of Compensation LS or NTE	If Applicable Indicate WIPP
	None			<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
	Total	_____	_____	<input type="checkbox"/>



[Print Form](#)

Change Order Agreement #: 1 Supplemental Task Authorization #: _____

Non-Personnel Reimbursable Expenses and Costs

CN180051ANB Surveying and Mapping Services

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 *	\$0.54/mile
Reproduction (Photocopy) 8 1/2" x 11"	\$0.15/Page	Vehicle Rental & Gas *	Actual Cost
8 1/2" x 14"	\$0.20/Page	Lodging (Per Person)	Actual Cost
11" x 14"	\$0.35/Page	Tolls	Actual Cost
Reproduction (Blue/White Prints)	\$0.20/Sq. Ft.	Meals **	
Printing & Binding	Actual Cost	Breakfast:	\$13.00
Mylar Sheets	Actual Cost	Lunch:	\$15.00
Photographic Supplies & Services	Actual Cost	Dinner:	\$26.00

List other specific project related reimbursable(s) (i.e. film/developing)

Item	Cost	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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Consultant's, or Service Provider's, Associated Sub-Consultant(s) and Subcontractor(s) for:

CN180051ANB Surveying and Mapping 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/Work to be Provided/Performed	Name & Address of Individual or Firm	Disadvantaged, Minority or Women Business Enterprise
None		Type
		Type
		Type
		Type
		Type
		Type
		Type
		Type
		Type

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Project Guidelines & Criteria for:

CN180051ANB Surveying and Mapping 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.

None