

Date _____

[Print Form](#) 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 between \$50,000.01 and \$100,000 or approval by the Board of County Commissioners for expenditures over \$100,000

Primary Contact: _____

Contract Name: _____

Project Name: _____

CONSULTANT: _____ Project #: _____

Solicitation #: _____ Contract #: _____

Lee County Project Manager: _____ Request Date: _____

Fiscal Staff: _____ Account #: _____

Upon the completion and execution of this Change Order or Supplemental task Authorization by both parties the CONSULTANT is authorized to and shall proceed with the following exhibits as applicable:

- CO-ST A Exhibit A** - SCOPE OF PROFESSIONAL SERVICE
- CO-ST A Exhibit B** - COMPENSATION & METHOD OF PAYMENT
- CO-ST A Exhibit C** - TIME & SCHEDULE OF PERFORMANCE
- CO-ST A Exhibit D** - CONSULTANTS ASSOCIATED SUB-CONSULTANTS/SUB-CONTRACTORS

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

Consultant Signature (Print & Sign Name)_____
Date Signed_____
Contact E-mail Address_____
Contact Phone Number**Lee County Board of County Commissioners - Procurement Management**

2115 Second Street - 1st Floor - Fort Myers, FL 33901

PO Box 398 - Fort Myers, FL 33902-0398

Phone: (239) 533-8881

[Print Form](#) Change Order Agreement #: _____ Supplemental Task Authorization #: _____**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.

Lee County Board of County Commissioners - Procurement Management
2115 Second Street - 1st Floor - Fort Myers, FL 33901
PO Box 398 - Fort Myers, FL 33902-0398
Phone: (239) 533-8881

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

CONSULTANT'S Personnel Hourly Rate Schedule for:

CONSULTANT or Sub-Consultant Name: _____

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

1. Project Position or Classification (Function to be Performed)	2. 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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Change Order Agreement #: _____ Supplemental Task Authorization #: _____

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: _____

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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