

County Project Modification (CPM) Form For Modifications to CPA

Contractor's Name:	Mo	dification Number: to CPA Number:		
Contract Name:				
Project Name:				
Contract Number:		Project Number:		
Solicitation Number:		Request Date:		
Lee County Project Manager:				
Fiscal Staff:				
		nsation, and/or time of work set forth under the abovement dipursuant to the terms of the Agreement.	entioned	
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		
Contractor Signature (Print & Sign Name)		Date Accepted		
Contact E-mail Address		Contact Phone Number		
Lee County Procurement Signature		Lee County Authorized Signatur	e	
Date Accepted		Date Accepted	Date Accepted	

PO Box 398 - Fort Myers, FL 33902-0398

Phone: (239) 533-8881 Rev. 11/19