



Kevin Ruane  
*District One*

April 4, 2022

(239) 533-8871

Cecil L. Pendergrass  
*District Two*

Ray Sandelli  
*District Three*

Brian Hamman  
*District Four*

Frank Mann  
*District Five*

Roger Desjarlais  
*County Manager*

Richard Wesch  
*County Attorney*

Donna Marie Collins  
*County Hearing Examiner*

Mr. Brian Smith  
Ensite, Inc.  
2401 First Street, Suite 201  
Fort Myers, FL 33901

Dear Mr. Smith:

Enclosed is your executed copy of Change Order No. 3 for the contract  
CN180324TJM Landscape Architectural Services C8137.

The new expiration date is 10/1/23.

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

Sincerely,

*Kimberly Urban*

Kimberly Urban  
Contracts Analyst  
Procurement Management Division

c: [FinanceOnBase@leeclerk.org](mailto:FinanceOnBase@leeclerk.org)  
Project File



# Lee County Professional Service Change Order/Supplemental Task Authorization

Date Feb 24, 2022

**Print Form**

☒ Change Order Agreement #: CO3 ☐ 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: Brian Smith

Contract Name: Landscape Architectural Services

Project Name: \_\_\_\_\_

CONSULTANT: Ensite, Inc.

Project #: \_\_\_\_\_

Solicitation #: CN180324TJM

Contract #: 8137

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-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 ASSOCIATED SUB-CONSULTANTS/SUB-CONTRACTORS

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

BRIAN R. SMITH   
Consultant Signature (Print & Sign Name)

03-07-22

Date Signed

BRIAN@EN-SITE.COM

Contact E-mail Address

(239) 226-0024

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



## CO-STA Exhibit A Scope of Professional Services

[Print Form](#)

☒ Change Order Agreement #: CO3 ☐ Supplemental Task Authorization #: \_\_\_\_\_

### Scope of Professional Services for:

Landscape Architectural Services

### 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.

No changes in scope, this is for renewal of term 10/2/2022 to 10/1/2023.

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# CO-STA Exhibit C Time & Schedule of Performance

Print Form

☒ Change Order Agreement #: CO3 ☐ Supplemental Task Authorization #: \_\_\_\_\_

## Time & Schedule of Performance for:

Landscape Architectural Services

## 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)
	Renewal of Annual Contract			
	Original Term: 10/2/18 - 10/1/20			
	Renewal No. 1 Term: 10/2/20 - 10/1/21			
	Renewal No. 2 Term: 10/2/21 - 10/1/22			
	Renewal No. 3 Term: 10/2/22 - 10/1/23			

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

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Lee County  
Southwest Florida

## Lee County Procurement Management Signatory Authorization Affidavit

Date: 3-7-22 Company Name: ESITE, INC ("Company")

**AUTHORIZATION:** The Affiant warrants the truth and accuracy of this Affidavit to statements hereinafter made. The Affiant acknowledges that it is of critical importance that the individuals signing legally binding documents on the Company's behalf possess the authority to bind the Company so that both parties are bound by the terms of said documents. The Affiant further acknowledges that the Lee County Board of County Commissioners ("County") reserves the right to request supporting documentation regarding signatory authorization, at any time, and a document will be rejected, if it does not comply exactly with the signature authorization requirements.

**INSTRUCTIONS:** This Authorization Affidavit shall only be executed by the following:

- Corporation: President or CEO
- LLC: Managing Member, if manager-managed LLC or Member, if member-managed LLC
- Sole Proprietor: Owner
- An individual authorized to sign on the Company's behalf as evidenced by internal Company documentation delegating signing authority to that individual. Please attach internal Company documentation, if applicable.

All signatures on this Affidavit must be wet, non-electronic and non-digital original signatures. If you have more than four Authorized Signatories, please duplicate this page. A wet, non-electronic and non-digital original signature is required on each page. The following individuals are hereby authorized, as representatives of the Company identified above, to sign and execute legally binding documents on behalf of the Company.

Authorized Signatory Name	Title
<u>BRIAN R. SMITH</u>	<u>PRESIDENT</u>

By executing this Affidavit, I hereby authorize the individuals shown above to sign and execute legally binding documents on behalf of the Company. I further acknowledge that it shall be the sole responsibility of the Company to provide an updated Signatory Authorization Affidavit, upon any change in signatory authorization, to the County, Attention: Procurement Management Director, 1500 Monroe Street, 4<sup>th</sup> Floor, Fort Myers, FL 33901.

[Signature]

(Signature of Affiant)

PRESIDENT

(Title: President, CEO, Managing Member,  
Member, Owner)

3-7-22

(Date)

BRIAN R. SMITH

(Printed Name of Affiant)

STATE OF  
COUNTY OF

FLORIDA  
LEE

The foregoing instrument was signed and acknowledged before me this

7<sup>TH</sup> day of MARCH

20 22 who produced the following as identification

PERSONALLY KNOWN

(type of identification and number or personally known)

[Signature]

Notary Public Signature

BRENT M. GIBSON

Printed Name of Notary Public

CG 923495 / 11/13/2023

Commission Number/Expiration

