

Cecil L. Pendergrass District Two

Ray Sandelli District Three

Brian Hamman
District Four
Frank Mann

Roger Desjarlais County Manager

District Five

Richard Wesch County Attorney

Donna Marie Collins County Hearing Examiner Ms. Lindsey Weaver

Universal Engineering Sciences, Inc.

3532 Maggie Boulevard Orlando, FL 32811

Dear Ms. Weaver:

Enclosed is your executed copy of Change Order No. 1 for the contract Material Testing Services C-8272.

The new expiration date is 12/3/20.

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

Sincerely,

Kímberly urban

Kimberly Urban Contracts Analyst Procurement Management Division

c: FinanceOnBase@leeclerk.org

Project File



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

| Date Jun 25, 2 | 2019 | | Print Form | | |
|--|--|--|-------------------------|--|--|
| | er Agreement #: 1 | ☐ Supplemental Task Authorization | #: | | |
| A Change expenditures u | Order or Supplemental Task Authorizat nder \$50,000 or approval by the County I or approval by the Board of County Con | Manager for expenditures between \$5 | 60,000.01 and \$100,000 | | |
| Primary Contact | : Lindsey Weaver | | | | |
| Contract Name: | Material Testing Services | al Testing Services | | | |
| Project Name: | | | | | |
| Consultant: | Universal Engineering Sciences, Inc | Project #: | N/A | | |
| Solicitation #: | CN180442GWT Contract #: 8272 | Account #: N/A | A | | |
| Lee County Proje | ct Manager: | Request I | Date: | | |
| Fiscal Staff: | Bev Dearborn | | | | |
| CO-STA Exhib CO-STA Exhib CO-STA Exhib CO-STA Exhib | tion and execution of this Change Order rider is authorized to and shall proceed whit A - SCOPE OF PROFESSIONAL SERVITE B - COMPENSATION & METHOD OF THE C - TIME & SCHEDULE OF PERFORM IT D - CONSULTANTS/PROVIDERS ASSISTED - PROJECT GUIDELINES AND CRITERIANTS | vith the following exhibits: TICE F PAYMENT MANCE SOCIATED SUB-CONSULTANT(S)/S | | | |
| Name of Cor | and agreed that the acceptance of this cord and satisfaction. Notice of this cord and satisfaction. Notice of this cord and satisfaction. Notice of this cord and satisfaction. | 9/30/19 Date Accepte | | | |
| Co | ntact E-mail Address | Contact Phone No | | | |
| | | | | | |

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

CO-STA Exhibit A Scope of Professional Services

Print Form

| ☐ Change Order Agreement #: | 1 | ☐ Supplemental Task Authorization #: |
|---|------------------------------------|---|
| Scope of Professional Services for: | | |
| | | |
| | | |
| Section 1.00 Changes to Professional 9 | Services | |
| Provider, referred to hereinbefore is her | eby supplement following profes | it 'A' of the Professional Services Agreement, or Service red, changed or authorized, so that the Consultant or Service ssional services, tasks, or work as a supplement to, change to, I to and authorized. |
| No Changes in scope, this is for renewa | l of term 12/4/19 | 9 - 12/3/20 |
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PO Box 398 - Fort Myers, FL 33902-0398 **Phone**: (239) 533-8881



Print Form

| ☐ Change Orde | er Agreement #:1 Sup | plemental Task Authori | zation #: |
|---|---|---|---|
| Time & Schedule | e of Performance for: | | |
| | | | |
| Section 1.00 Cha | nges for this Change Order or Supplemental | Task Authorization Ag | reement |
| tasks or work set | edule of completion for the various phases or t forth in this Change Order of Supplemental Ta Professional Services' attached hereto is as foll | ask Authorization Agree | and perform the services, ment, Exhibit 'CO/STA-A', |
| Task/ Phase Number as Indicated in Exhibit A | Name/Title of Phase/Task | Number of Calendar Days for Completion of Each Phase/Task | Cumulative Number of Calendar Days for Completion from Date of Notice to Proceed for this CO/STA |
| | Renewal of Annual Contract | - The artice the same | |
| | Original Term 12/4/18 - 12/3/20 | | |
| | Renewal Number 1 Term 12/4/10 - 12/3/20 | | |
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PO Box 398 - Fort Myers, FL 33902-0398 Phone: (239) 533-8881



Print Form

| Time & Schedule of Performance for: | | | | | |
|---|---|--|--|--|--|
| | | | | | |
| Section 2.00 Sumn Schedule of Perfor | nary of the Impact of Change(s) in Profession | onal Services on the Ove | rall Project Time and | | |
| Supplemental Task Consultant, or Serv | consideration of the changed in the Scope of Authorization Agreement, Exhibit 'CO/STA ice Provider, has previously agreed to for all t, or Service Provider Agreement, shall be ch | A' the time and schedule of the work to be done u | e the County and the | | |
| Task/ Phase Number as Indicated in Exhibit A & Exhibit CO/STA-A | Name/Title of Phase/Task | Number of Calendar Days for Completion of Each Phase/Task | Cumulative Number of Calendar Days for Completior from Date of Notice to Proceed | | |
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Rev. 4/2017

PO Box 398 - Fort Myers, FL 3390 PO Box 398 - Fort Myers, FL 33902-0398 **Phone**: (239) 533-8881