

Kevin Ruane
District One (239) 533-8881

Cecil L Pendergrass

District Two

Ray Sandelli District Three

Brian Hamman District Four

Frank Mann District Five

Roger Desjarlais
County Manager

Richard Wm. Wesch County Attorney

Donna Marie Collins Hearing Examiner March 16, 2021

Ms. Michelle Buchholz HighSpans Engineering, Inc. 2121 McGregor Blvd., Suite 200 Fort Myers, FL 33901

SUBJECT: CN200224JJB Miscellaneous Professional Services Contract – C-8884

ENCLOSURE: Change Order

Dear Ms. Buchholz,

Enclosed is your executed copy of Change Order No. 2 for the contract known as "Miscellaneous Professional Services."

This Change Order adds Sub-Consultant, Pennoni Associates, Inc. to the contract.

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

Sincerely,

Jennifer Brewer-Dano

Jennifer Brewer-Dano Contracts Analyst Procurement Management

C: FinanceOnBase@leeclerk.org
Project File



Lee County Professional Service Change Order/Supplemental Task Authorization

| Date Mar 4, 2 | 2021 | | | Print Form | |
|---|--|--------------------------|-----------------------|-----------------------------|--|
| ▼ Change Ord | | | | | |
| A Change Order under \$5 | or Supplemental Task Authorization rec 50,000 or approval by the County Manago or approval by the Board of County Cor | r for expenditures betwe | en \$50,000.01 and \$ | for expenditures 100,000 | |
| Primary Contac | : Michelle L. Buchholz | | | | |
| Contract Name: | Miscellaneous Professional Services | | | | |
| Project Name: | | | | | |
| CONSULTANT | HighSpans Engineering, Inc. | | Project #: | | |
| Solicitation #: | CN200224JJB | Contract #: 8884 | | | |
| Lee County Proj | ect Manager: | | Request Date: | Mar 4, 2021 | |
| Fiscal Staff: | Value 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Account | #: | | |
| Upon the compl CONSULTANT | 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 Ext | aibit A - SCOPE OF PROFESSIONAL SEI | RVICE | | | |
| CO-STA Exh | aibit B - COMPENSATION & METHOD | OF PAYMENT | | | |
| CO-STA Exh | nibit C - TIME & SCHEDULE OF PERFO | RMANCE | | | |
| ☐ CO-STA Exh | nibit D - CONSULTANTS ASSOCIATED | SUB-CONSULTANTS/SI | UB-CONTRACTOR | RS | |
| It is understood and agreed that the acceptance of this modification by the CONSULTANT constitutes an accord and satisfaction. Michelle L. Buchholz, SVP & CFO | | | | | |
| | Consultant Signature (Print & Sign Name) Date Signed | | | | |
| | , , , | | J | | |
| sbı | uchholz@highspans.com | | 239-433-3000 | | |
| C | Contact E-mail Address | Cont | act Phone Numbe | er | |



CO-STA Exhibit A Scope of Professional Services

Print Form

| 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 nere in before is hereby supplemented, changed or authorized, so that the CONSULTANT shall provide and perform he following professional services, tasks, or work as a supplement to, change to, the scope of services previously | Change Order Agreement #: 02 | ☐ Supplemental Task Authorization #: |
|--|--|--|
| 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. | Scope of Professional Services for: | |
| 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. | | |
| 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. | | |
| 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. | | |
| nereinbefore is hereby supplemented, changed or authorized, so that the CONSULTANT shall provide and perform he following professional services, tasks, or work as a supplement to, change to, the scope of services previously agreed to and authorized. | Q | nit 'A' of the Professional Services Agreement referred to |
| This zero-dollar change order is to add Pennoni Associates, Inc. as a Sub-Consultant. | nereinbefore is hereby supplemented, changed or author | orized, so that the CONSULTANT shall provide and perform |
| | This zero-dollar change order is to add Pennoni Assoc | iates, Inc. as a Sub-Consultant. |
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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 B Compensation & Method of Payment

| | | | | | | Print Form | |
|----------------------|---|--------------------|------------------------------------|---|------------------------------------|--------------------------|--|
| | ➤ Change Order Agreement #: Supplemental Task Authorization #: | | | | | | |
| Comper | nsation and Method of Payment for: | | | | | | |
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| | | | | | | | |
| | 1.00 Changes in Compensation | | | | | | |
| changed | pensation the CONSULTANT shall be services, tasks, or work as set forth and | d enume | rated in the Sco | pe of Services set fo | orth in this CHAN | GE ORDER OR | |
| | MENTAL TASK AUTHORIZATION A | | · | · · | | | |
| NOTE: A establish | A Lump Sum (LS) or Not-to-Exceed (N' ed and set forth below for each task or | TE) amo subtask | unt of compensa described and a | ation to be paid the authorized in Exhib | e CONSULTANT s. bit 'CO/STA-A'. | hould be | |
| | | | | | | | |
| Task | Task Name | LS or | Compensation | | Order Only | Total | |
| Number | rask Name | NTE | in Agreement or STA | Adjustment(s) by all previous CO(s) | Adjustment(s) due to this CO | Compensation per Task | |
| | No Change | | | | | | |
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| | Projec | t Total: | | | | | |

Lee County Board of County Commissioners - Procurement Management

Total amount authorized by this CO or STA:



Print Form

| □ Change Order Agreement #: □ Supplemental Task Authorization #: | | | | | |
|---|--|-------------------|------------------------------|--|--|
| CONSULTANT'S Personne | CONSULTANT'S Personnel Hourly Rate Schedule for: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| CONSULTANT or Sub-Consu | ıltant Name: <u>Pennoni</u> A | Associates, Inc. | | | |
| (A separate Attachment #1 should be | e included for each Sub-Cons | sultant) | | | |
| Project Position or Classificat: (Function to be Performed) | ion | | 2. Hourly Rate to be Charged | | |
| See Attachment #1 to Exhibit B | | | | | |
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| Reimbursable Item | Cost | Reimbursable Item | Cost | | |
| See Attachment #1 | | | | | |
| to Exhibit B | | | | | |
| | | | | | |

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

Attachment #1 to Exhibit B

Region 8 Billing Rates

2021 SCHEDULE OF FEES

Pennoni provides engineering consulting services to its clients in accordance with the terms and conditions of our contract. Pennoni's compensation will be based on the following schedule of fees and charges unless our contract specifies otherwise.

| RATES: \$/HOUR | LABOR CATEGORY |
|----------------|-------------------------------|
| | |
| | Senior Principal Professional |
| \$210 | Principal Professional |
| \$180 | Senior Professional |
| \$166 | Project Professional |
| \$158 | Staff Professional |
| \$148 | Associate Professional |
| \$126 | Graduate Professional |
| \$112 | Technician III |
| \$104 | Technician II |
| \$98 | Technician I |
| \$170 | 3-man Survey Crew |
| \$125 | 2-man Survey Crew |
| \$125 | Senior Field Technician |
| \$90 | Field Technician III |
| \$80 | Field Technician II |
| \$70 | Field Technician I |
| \$90 | Laboratory Technician |
| \$102 | Building Code Official |
| \$75 | Project Assistant |

- Add 15% to above Survey Crew rates when OSHA 40-hour training required
- Technical Support/Expert Testimony Fee provided upon request
- 3 Person Survey Crew rates for roadwork provided upon request

EXPENSES:

Pennoni does not bill for routine office management or accounting services; however, direct expense charges described below are subject to an additional administrative and handling fee as indicated:

- Subconsultant/Subcontractor services: cost plus 10%
- Project Related Travel and Living Expenses: cost plus 10%
- Field Equipment, Expendable Materials/Supplies and Outside Reproduction): cost plus 10%
- Passenger Vehicles: per IRS standard rate
- Field Vehicles: \$100.00/day
- Record Retrieval: \$500.00/request plus reprographic charge
- Communication Fee: 2% of billable labor. Includes cost for non-deliverable in-house photocopies, non-express postage and telephone/fax/computer.



[&]quot;Professional" includes all disciplines (Engineer, Landscape Architect, Surveyor, Geologist, etc.)

CO-STA Exhibit C Time & Schedule of Performance

Print Form

| ⊠ Change © | Order Agreement #: 02 | _ | l Task Authorizati | on #: | |
|---|--|---|--|---|--|
| Time & Schedule of Performance for: | | | | | |
| | | | | | |
| | | | | | |
| Section 1.00 | Changes for this Change Order or Supp | olemental Task Au | thorization Agree | nent | |
| The time and tasks or work entitled 'Scop | schedule of completion for the various pages set forth in this Change Order of Supplement of Professional Services' attached heret | phases or tasks requested the contract of the | ired to provide and orization Agreemer | d perform the services, nt, Exhibit 'CO/STA-A', | |
| Task Number 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) | |
| | No Change | | | | |
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| | Total Nu Project | umber of Calendar Day from Notice to Proceec | s for Completion of l: | | |
| | Total Nu Project | umber of Calendar Day from Notice to Proceed | s for Completion of l: | | |

Lee County Board of County Commissioners - Procurement Management



CO-STA Exhibit D CONSULTANT'S Associated Sub-Consultant(s)/Subcontractor(s)

| _ | | | | | |
|--|----|--|--|--|--|
| Change Order Agreement #: | 02 | \square Supplemental Task Authorization #: _ | | | |
| ONSULTANT'S Associated Sub-Consultant(s) and Subcontractor(s) for: | | | | | |
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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 |
|--|---|--|
| Environmental Services | Pennoni Associates, Inc. 1212 Country Club Blvd. #202 Cape Coral, FL 33990 | Not Applicable |
| | | Туре |

Lee County Board of County Commissioners - Procurement Management

Print Form