



BOARD OF COUNTY COMMISSIONERS

Kevin Ruane
District One

(239) 533-8881

Cecil L. Pendergrass
District Two

March 27, 2024

Ray Sandelli
District Three

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

Brian Hamman
District Four

Mike Greenwell
District Five

SUBJECT: CN200224JJB Miscellaneous Professional Services Contract – C-8884

Dave Harner, II
County Manager

ENCLOSURE: Change Order

Richard Wm. Wesch
County Attorney

Dear Ms. Buchholz,

Donna Marie Collins
Hearing Examiner

Enclosed is your executed copy of Change Order No. 5 for the contract known as
“Miscellaneous Professional Services.”

This Change Order adds additional materials testing rates and additional positions 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 Department

C: FinanceOnBase@leeclerk.org
Project File



Lee County Professional Service Change Order/Supplemental Task Authorization

Date Mar 12, 2024

[Print Form](#)

☒ Change Order Agreement #: 05 ☐ 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: Michelle L. Buchholz

Contract Name: Miscellaneous Professional Services

Project Name: _____

CONSULTANT: HighSpans Engineering, Inc.

Project #: _____

Solicitation #: CN200224JJB

Contract #: 8884

Lee County Project Manager: _____

Request Date: Mar 12, 2024

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.

Michelle L. Buchholz, SVP & CFO

Consultant Signature (Print & Sign Name)

3/12/2024
Date Signed

sbuchholz@highspans.com

Contact E-mail Address

239-433-3000

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



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☒ Change Order Agreement #: 05 ☐ 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.

This zero-dollar change order is to add additional materials testing rates to the Contract, as well as additional positions.

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CO-STA Exhibit B
Compensation & Method of Payment

Print Form

☒ Change Order Agreement #: 05 ☐ Supplemental Task Authorization #: _____

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	
	No Change					
Project Total:						

Total amount authorized by this CO or STA:

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☒ Change Order Agreement #: 05 ☐ Supplemental Task Authorization #: _____

CONSULTANT'S Personnel Hourly Rate Schedule for:

CONSULTANT or Sub-Consultant Name: HighSpans Engineering, Inc.

(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
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See attached Attachment #1 to Exhibit B

Reimbursable Item	Cost	Reimbursable Item	Cost
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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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HighSpans Engineering, Inc. Lab/Materials Testing Fees/Rates		
Item	Unit	Rates
108-Aggregate Unit Mass & Voids AASHTO T19	Test	\$74.34
109-Aggregate Specific Gravity/Absorption Fine AASHTO T84	Test	\$146.49
401-Geo Auger Borings - Hand Auger	LF	\$15.40
421-Geo Dynamic Pile Testing/Pile Driving Analyzer*	Day	\$687.50
434-Geo Ground Penetrating Radar (GPR)	Hour	\$434.50
446-Geo Hand Auger with DCP (0-50 ft)	LF	\$35.75
447-Geo Hand Auger with SCP (0-50 ft)	LF	\$30.31
451-Geo Pile Integrity Testing*	Day	\$254.76
Geotech Engr for Bridge Pile Foundations	Hour	\$189.00
Geotechnical Technician-Pile Foundation	Hour	\$105.00
MAT Engineer	Hour	\$140.81
MAT Principal Engineer	Hour	\$285.28
Senior Geotech Technician-Pile Foundation	Hour	\$165.00



Print Form

☒ Change Order Agreement #: 05 ☐ 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 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			

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



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☒ Change Order Agreement #: 05 ☐ Supplemental Task Authorization #: _____

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