



BOARD OF COUNTY COMMISSIONERS

August 1, 2018

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District Four

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County Manager

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County Attorney

Donna Marie Collins
Hearing Examiner

Mr. Craig Dunlap
Dunlap & Associates
1146 Keyes Avenue
Winter Park, FL 32789

SUBJECT: Renewal of Annual Contract No. C-6981
 Financial Advisor CN140196 Dunlap & Associates

Dear Mr. Dunlap:

This is to inform you that Lee County agrees to renew the above subject contract for an additional one (1) year period, from 12/21/2018 through 12/20/2019.

We are hereby extending the annual contract for an additional one year period under the same terms and conditions as the original award.

If you have any questions regarding this letter, please contact me at (239) 533-8871.

Sincerely,

Kimberly Urban

Kimberly Urban
Contracts Analyst
Procurement Management Division

C: Project File



Lee County Procurement Management: Signatory Authorization Affidavit

Date: 7-12-18 Company Name: Dunlap & Associates, 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.

Table with 2 columns: Authorized Signatory Name, Title. Row 1: J. CRAIG DUNLAP, PRESIDENT.

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, 4th Floor, Fort Myers, FL 33901.

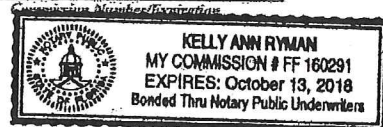
Signature of Affiant: J. CRAIG DUNLAP
Title: PRESIDENT
Date: 7-12-18
(Printed Name of Affiant)

STATE OF Florida
COUNTY OF Lee

The foregoing instrument was signed and acknowledged before me this 12 day of July

20 18 who produced the following as identification Personally known

Notary Public Signature: Kelly Ann Ryman
Printed Name of Notary Public: Kelly Ann Ryman





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

Date Aug 6, 2018

Print Form

Change Order Supplemental Task Authorization Number: 2

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: Craig Dunlap

Contract Name: Financial Advisor

Project Name:

Consultant: Dunlap & Associates Project #: N/A

Solicitation #: CN140196 Contract #: 6981 Account #: N/A

Lee County Project Manager: N/A Request Date: Aug 6, 2018

Fiscal Staff: Joyce Conaster

Upon the completion and execution of this Change Order or Supplemental task Authorization by both parties the Consultant / Provider is authorized to and shall proceed with the following exhibits:

- 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/PROVIDERS ASSOCIATED SUB-CONSULTANT(S)/SUB-CONTRACTORS
- CO-STA Exhibit E - PROJECT GUIDELINES AND CRITERIA

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

Craig Dunlap, President
DUNLAP & ASSOCIATES, INC.

Name of Consultant/Provider (Print Name)

AUGUST 8, 2018

Date Accepted

jedunlap@dunlapandassociates.com

Contact E-mail Address

(407) 678-0977

Contact Phone Number

Lee County Board of County Commissioners - Procurement Management

1825 Hendry Street - Fort Myers, FL 33901

PO Box 398 - Fort Myers, FL 33902-0398

Phone: (239) 533-5450



Date Aug 6, 2018

Print Form

Page A 1 of 1

Choose one of the following:

Change Order Agreement #: 2 Supplemental Task Authorization #: _____

Scope of Professional Services for:

Financial Advisor

Section 1.00 Changes to Professional Services

The 'Scope of Professional Services' as set forth in Exhibit 'A' of the Professional Services Agreement, or Service Provider, referred to hereinbefore is hereby supplemented, changed or authorized, so that the Consultant or Service Provider shall provide and perform the following professional services, tasks, or work as a supplement to, change to, or authorized to, the scope of services previously agreed to and authorized.

No changes in scope, this is for renewal of term 12/21/2018 - 12/21/2019.

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Lee County Board of County Commissioners - Procurement Management

1825 Hendry Street - Fort Myers, FL 33901

PO Box 398 - Fort Myers, FL 33902-0398

Phone: (239) 533-5450

Email: procurement@leegov.com



Date Aug 6, 2018

Print Form

Choose one of the following:

Change Order Agreement #: 2 Supplemental Task Authorization #: _____

Time & Schedule of Performance for:

Financial Advisor

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/ 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		
	Original Term: 10/21/14 - 12/20/17		
	Renewal Number 1 Term: 12/21/17 - 12/20/18		
	Renewal Number 2 Term: 12/21/18 - 12/20/19		



CO-STA Exhibit C
Time & Schedule of Performance

Change Order Agreement #: 2

Supplemental Task Authorization #: _____

Time & Schedule of Performance for:

Financial Advisor

Section 2.00 Summary of the Impact of Change(s) in Professional Services on the Overall Project Time and Schedule of Performance

Pursuant to and in consideration of the changed in the Scope of Professional Services in this Change Order or Supplemental Task Authorization Agreement, Exhibit 'CO/STA-A' the time and schedule the County and the Consultant, or Service Provider, has previously agreed to for all of the work to be done under this Professional Services Agreement, or Service Provider Agreement, shall be changed to be as follows:

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 Completion from Date of Notice to Proceed