

John E. Manning
District One

March 11, 2019

(239) 533-8871

Cecil L. Pendergrass
District Two

Larry Kiker
District Three

Brian Hamman
District Four

Frank Mann
District Five

Roger Desjarlais
County Manager

Richard Wm. Wesch
County Attorney

Donna Marie Collins
Hearing Examiner

Mr. Ken Greco
LeeSar, Cooperative Services of Florida
2727 Winkler Avenue
Fort Myers, FL 33901

SUBJECT: PB140077 & N-140078 C-6776

ENCLOSURE: CHANGE ORDER NO. 1

Dear Mr. Greco:

Enclosed is your executed copy of Change Order No. 1 for the contract PB140077 and B-140078 C-6776.

The new expiration date is 4/27/2024.

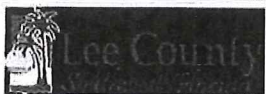
If you should have any questions, please give me a call.

Sincerely,

Kimberly Urban

Kimberly Urban
Contracts Analyst
Procurement Management Division

c: FinanceOnBase@leeclerk.org
Project File



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

Date Nov 13, 2018

Print Form

☒ Change Order ☐ Supplemental Task Authorization Number: 1

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: Ken Greco

Contract Name: Purchase of Medical Supplies & Assembling/Distribution of On-Board Ambulance Medical Kits

Project Name: _____

Consultant: LeeSar Project #: N/A

Solicitation #: PB140077 & N140078 Contract #: 6776 Account #: N/A

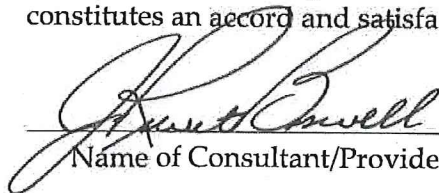
Lee County Project Manager: _____ Request Date: Nov 13, 2018

Fiscal Staff: Jennifer Waters

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.



J. Robert Boswell

2/28/2019

Name of Consultant/Provider (Print Name)

Date Accepted

b.boswell@leesar.com

Contact E-mail Address

239-939-8701

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



CO-STA Exhibit A
Scope of Professional Services

Date Nov 13, 2018

Print Form

Page A 1 of 1

Choose one of the following:

☒ Change Order Agreement #: 1 ☐ Supplemental Task Authorization #:

Scope of Professional Services for:

Purchase of Medical Supplies & Assembling/Distribution of On-Board Ambulance Medical Kits

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 4/28/2019 - 4/27/2024.

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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

Rev. 9/2015



CO-STA Exhibit C
Time & Schedule of Performance

Date Nov 13, 2018

Print Form

Choose one of the following:

☒ Change Order Agreement #: 1 ☐ Supplemental Task Authorization #: _____

Time & Schedule of Performance for:

Purchase of Medical Supplies & Assembling/Distribution of On-Board Ambulance Medical Kits

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: 4/28/14 - 4/27/19		
	Renewal Number 1 Term: 4/28/19 -4/27/24		

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CO-STA Exhibit C
Time & Schedule of Performance

Change Order Agreement #: 1

Supplemental Task Authorization #: _____

Time & Schedule of Performance for:

Purchase of Medical Supplies & Assembling/Distribution of On-Board Ambulance Medical Kits

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
_____	_____	_____	_____
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