

Cecil L Pendergrass District Two

Mr. Ramon Acevedo

Larry Kiker
District Three

Brian Hamman
District Four

GMA Architects & Planners LLC

43 Barkley Circle Suite 202

Fort Myers, FL 33907

Frank Mann
District Five SUBJECT: CN160635DKR MISC. ARCHITECTURAL SERVICES – C -7735

Roger Desjarlais
County Manager

ENCLOSURE: CHANGE ORDER

Richard Wm. Wesch
County Attorney

Dear Mr. Acevedo:

Donna Marie Collins
Hearing Examiner

Enclosed is your executed copy of Change Order No. 2 for the Misc. Architectural
Contract

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

Sincerely, PROCUREMENT MANAGEMENT

Jennifer Brewer-Dano

Jennifer Brewer-Dano Contracts Analyst

C: FinanceOnBase@leeclerk.org
Project File



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

Date Aug 17, 2	2018					Print Form
	er Agreement #:	2	☐ Suppleme	ental Task Authorizati	on #:	
expenditures ur	nder \$50,000 or appro	val by the Cou	unty Manager for	approval by the Depa expenditures betweer for expenditures over	s \$50,000.	01 and \$100,000
Primary Contact:	Ramon Acevedo					
Contract Name:	Miscellaneous Archi	tectural Servic	ces			
	Miscellaneous Archi	tectural Servic	ces			
Project Name:						
Consultant:	GMA Architects & P	lanners LLC		Project #	#: N/A	
Solicitation #:	CN160635DKR	Contract #:	7735	Account #:	N/A	
Lee County Projec	et Manager: N/A	-	1	Reque	st Date:	Aug 17, 2018
Fiscal Staff:	N/A	***		N. (1)		
<ul> <li>Consultant / Provi</li> <li>CO-STA Exhibi</li> <li>CO-STA Exhibi</li> <li>CO-STA Exhibi</li> <li>CO-STA Exhibi</li> </ul>	der is authorized to a t A - SCOPE OF PRO t B - COMPENSATIC t C - TIME & SCHED	nd shall proce FESSIONAL S N & METHO ULE OF PERF S/PROVIDERS	eed with the follow SERVICE D OF PAYMENT SORMANCE S ASSOCIATED S			
Name of Constitutes an accommendation of Constitutes and accommendation of Consti	sultant/Provider (P	signatur rint Name)		Date Acception by the CONSULT  8 27 18  Date Acception 275-0  Contact Phone	5 pted 225	

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 #: ☐ Supplemental Task Authorization #:
Scope of Professional Services for:
Miscellaneous Architectural Services
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.
On January 1, 2018, Gora/McGahey AIA, LLC dba GMA Architects & Planners changed the name of the limited liability company to GMA Architects & Planners, LLC (Consultant).
Consultant, conducting business as GMA Architects & Planners, LLC, shall continue to supply such services in in accordance with the terms, conditions, and specifications of CN160635DKR and Contract No. 7735, including appendices and amendments, and Consultant's response.
Article 20.02 NOTICES BY COUNTY TO CONSULTANT, shall be superseded with the new Consultant's name, representative and email:
Name: GMA Architects & Planners, LLC Attention: Denise Weisinger, Comptroller Email: dweisinger@gmaarchitect.com

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



1	Lam. Pa	5 10 10	
MI 66 H	0 4 5 2	III JY 6	rm
-	1117	ELSO.	44.11

☐ Change Order Agre	eement #:	2	☐ Supplemental Task Au	thorization #:	
Compensation and Me	ethod of Payme	nt for:			
Miscellaneous Archite	ctural Services				
Section 1.00 Changes in	n Compensation	1			
ne supplemented, chang	ged or authorize RDER OR SUPI	d services, tasks	OVIDER, shall be entitled to red, or work as set forth and enur ASK AUTHORIZATION AGR	nerated in the Scope	of Services set
stablished and set forth	below for each tes Agreement A	task or subtask o rticle 5.03(2) "Me	nt of compensation to be paid the lescribed and authorized in Exethod of Payment", tasks to be	hibit 'CO/STA-A'. I	n accordance
Task Number	Tas	k Title	Compensation Amount	Indicate Basis of Compensation LS or NTE	If Applicable Indicate WIPP
	N	lone			
	5011500				
	500000	(Sept. 1. (1. (1. (1. (1. (1. (1. (1. (1. (1.			
				7	
			Total		

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

Rev. 4/2017

Page B1 of B2

## CO-STA Exhibit B Compensation & Method of Payment

Print Form

⊠ Change Ord	ler Agreement #: 2	Suppleme	ental Task Autho	orization #:	
Compensation	and Method of Payment for:				
Miscellaneous	Architectural Services				
Section 2.00 S	ummary of Change(s) in Compe	nsation			
ORDER or AGR CONSULTANT,	in consideration of the change(s) EEMENT, Exhibit 'CO/STA-A', th , or SERVICE PROVIDER, as set f ment shall be changed to be as follow	e compensation the orth in Exhibit 'B' of	COUNTY has p	reviously agreed	d to pay to the
Section/Task Number	Section/Task Name	Compensation in Basic Agreement	Adjustment(s) by Previous CO or STA	Adjustment(s) due to this CO or STA	Summary of Changed Compensation
	None			Por Service Problem (Separate	
		3 8			
			* 9		
			5 a		
	Total				

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



☐ Change Order Agreement #:

Pri	nt	For	m	
	Pri	Print	Print For	Print Form

Change Order Agreement #: 2	Supplemental Tas	sk Authorization #:	
Consultant's Personnel Hourly Rate Schedule *			
Miscellaneous Architectural Services			
Consultant or Sub-Consultant Name:  (A separate Attachment #1 should be included for each Sub	-Consultant)		all and a least and
Project Position or Classification     (Function to be Performed)	2. Current Direct Payroll Average Hourly Rate **	3. Multiplier ***	4. Hourly Rate to be Charged (Column 2x3)
None			
	_	·	
	_		
	_		

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

Page B Att. 1 - 1 of 1

<sup>\*</sup> Note: A separate personnel hourly rate schedule should also be attached for each Sub-Consultant listed in Exhibit 'D'

<sup>\*\*</sup> Note: Current Direct Payroll Average Hourly Rate means the actual gross hourly wage paid

<sup>\*\*\*</sup> Note: Indicate applicable multiplier for indirect personnel costs, general administrative and overhead costs, and profit



Carlo and the	100		STATE OF THE PARTY OF
70.0	PE	1	
Prin	120	1370	Time

☐ Change Order Agreement #:	2	☐ Supplemental Task Authorization #:
Non-Personnel Reimbursable Expenses	and Costs	
Miscellaneous Architectural Services		
Consultant or Sub-Consultant Name:		
(A separate Attachment #2 should be included for	each Sub-Consul	tant)

Item	Charge	Item	Charge
Postage & Shipping	Actual Cost	Commercial Air Travel (Coach)	Actual Cost
Telephone (Long Distance)	Actual Cost	Vehicle Travel Allowance *	\$0.54/mile
Reproduction (Photocopy) 8 1/2" x 11"	\$0.15/Page	Vehicle Rental & Gas *	Actual Cost
8 1/2" × 14"	\$0.20/Page	Lodging (Per Person)	Actual Cost
11" x 14"	\$0.35/Page	Tolls	Actual Cost
Reproduction (Blue/White Prints)	\$0.20/Sq. Ft.	Meals ** Breakfast:	\$13.00
Printing & Binding	Actual Cost	Lunch:	\$15.00
Mylar Sheets	Actual Cost	Dinner:	\$26.00
Photographic Supplies & Services	Actual Cost		

List other specific project related reimbursable(s) (i.e. film/developing)

Item	Cost	Item	Cost
			_

<sup>\*</sup> Note: Choose one - Vehicle Travel Allowance OR Vehicle Rental & Gas.

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

Page B Att. 2 - 1 of 1

<sup>\*\*</sup> Note: In accordance with the GSA M&IE schedule for Travel utilizing the 'Fort Myers, FL' rates.



**Print Form** 

⊠ Change Order A	greement #:2	Supplemental Task Authori	ization #:
Time & Schedule of	Performance for:		
Miscellaneous Archi	itectural Services		,
Section 1.00 Change	s for this Change Order or Supplemen	ntal Task Authorization Ag	reement
The time and schedul tasks or work set fort	le of completion for the various phases h in this Change Order of Supplementa fessional Services' attached hereto is as	or tasks required to provide al Task Authorization Agree	e and perform the services,
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
	None		

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



**Print Form** 

☐ Change Order Agreement #:    ☐ Supplemental Task Authorization #:						
Time & Schedule of Performance for:						
Miscellaneous Archite	ctural Services					
Section 2.00 Summary Schedule of Performan	of the Impact of Change(s) in Profece	ssional Services on the Ove	erall Project Time and			
Supplemental Task Aut Consultant, or Service F	ideration of the changed in the Scope horization Agreement, Exhibit 'CO/S' Provider, has previously agreed to for Service Provider Agreement, shall be	TA-A' the time and scheduler all of the work to be done to	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 Completion from Date of Notice to Proceed			
	None					
	new).					
			;			
			-			

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 D Consultant's/Provider's Associated Sub-Consultant(s)/Subcontractor(s)

Print Form

☐ Change Order Agreement #: ☐ Supplemental Task Authorization #: ☐ Consultant's, or Service Provider's, Associated Sub-Consultant(s) and Subcontractor(s) for:					
Miscellaneous Architecto					
he Consultant, or Service Change Order, or Supple	ovider, intends to engage the following sub-co e Provider, in providing and performing the so mental Task Authorization Agreement.				
If none, enter the word 'n	one' in the space below.				
Service/Work to be Provided/Performed	Name & Address of Individual or Firm	Disadvantaged, Minority or Women Business Enterprise	Sub-Consultant Services Exempted from Prime Consultant Insurance Coverage		
None		Туре	○ Yes	○ No	
		Туре	○ Yes	O No	
		Туре	○Yes	○ No	
		Туре	○Yes	O No	
		Туре	○ Yes	○ No	
		Туре	○ Yes	O No	
		Туре	○ Yes	○ No	
		Туре	○ Yes	○ No	
I aa C	County Board of County Commissioners - Pro	ocurement Management			

ee 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



**Print Form** 

⊠ Change Order Agreement #:	2	Supplemental Task Authorization #:
Project Guidelines & Criteria for:		
Miscellaneous Architectural Services	×	
Service Provider Agreement, Exhibit 'E', objectives, constraints, schedule, budget, Service Provider, in performing the profeservices set forth hereinbefore in Change attached hereto:	the County ha and/or requir essional servic Order or Sup	and Criteria set forth in the Professional Services Agreement, on established the following guidelines, criteria, goals, rements which shall serve as a guide to the Consultant, or res, tasks, or work to be provided pursuant to the professional plemental Task Authorization Agreement, Exhibit 'CO/STA-A
If none, enter the word 'none' in the space  None	e below.	

Phone: (239) 533-8881