

John E. Manning May 21, 2020 (239) 533-8871 District One

Cecil L. Pendergrass District Two

Ray Sandelli District Three Brian Hamman

District Four Frank Mann District Five

Roger Desjarlais

County Manager

Richard Wesch County Attorney

Donna Marie Collins County Hearing Examiner

Mr. Jeffrey Wilson

Weston & Sampson Engineers, Inc. 55 Walkers Brook Drive, Suite 100 Reading, MA 01867

Dear Mr. Wilson:

Enclosed is your executed copy of Change Order No. 2 for the contract CN180185DLK Miscellaneous Utility Engineering C-8132.

The new expiration date is 9/18/2021.

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 Apr 3, 20	020			Print F	form
	r Agreement #:	CO2	☐ Supplemental Tas	k Authorization #:	
expenditures un	der \$50,000 or approv	al by the Count	1 11	al by the Department Director for tures between \$50,000.01 and \$ nditures over \$100,000	
Primary Contact:	Jeffrey Wilson				
Contract Name:	Miscellaneous Utility Engineering				
Project Name:					
Consultant:	Weston & Sampson I	Engineers, Inc.		Project #:	
Solicitation #:	CN180185DLK	Contract #: 83	132	Account #:	
Lee County Projec	ct Manager:			Request Date:	
Fiscal Staff:					
Consultant / ProvCO-STA ExhibCO-STA Exhib		nd shall proceed FESSIONAL SE DN & METHOD	d with the following ex RVICE OF PAYMENT	k Authorization by both parties hibits:	s the
	it D - CONSULTANT it E - PROJECT GUID			NSULTANT(S)/SUB-CONTRA	CTORS
constitutes an ac	and agreed that the cord and satisfaction	-	this modification by t	he CONSULTANT/PROVID	ER
Regiona	al Manager	1 Min		May 11, 2020	
Authoriz	zed Signature (Print	Name		Date Accepted	
	ilsonj@wseinc.com			(239) 437-4601 EXT 3215	
Co	ntact E-mail Addres	SS		Contact Phone Number	



CO-STA Exhibit A Scope of Professional Services

DateApr 3, 2020		Print Form
Chasse one of the following		Page A 1 of 1
Choose one of the following:	_	
Change Order Agreement #: 2	Supplemental Task Authorization #:	
Scope of Professional Services for:		
Miscellaneous Utility Engineering		
Section 1.00 Changes to Professional Services		
The 'Scope of Professional Services' as set forth in Ex Provider, referred to hereinbefore is hereby supplementally supplementally provide and perform the following por authorized to, the scope of services previously ag	mented, changed or authorized, so that the Consprofessional services, tasks, or work as a supplem	sultant or Service
No changes in scope, this is for renewal of term 9/2		

Page A 1 of 1

1825 Hendry Street - Fort Myers, FL 33901 PO Box 398 - Fort Myers, FL 33902-0398 **Phone**: (239) 533-5450

Rev. 9/2015 Email: procurement@leegov.com



Date Apr 3, 2	020		Print Form					
Choose one of th	e following:							
	er Agreement #: 2 Sup	plemental Task Authori	zation #:					
Time & Schedule of Performance for:								
Miscellaneous U	tility Engineering							
Section 1.00 Cha	nges for this Change Order or Supplemental	Гask Authorization Ag	reement					
tasks or work set	edule of completion for the various phases or ta forth in this Change Order of Supplemental Ta Professional Services' attached hereto is as follo	sk Authorization Agree:						
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: 9/20/18- 9/19/20							
	Renewal Number 1 Term: 9/20/20 - 9/19/21							



CO-STA Exhibit C Time & Schedule of Performance

Change Order		Supplemental Task Authorization #:		
	of Performance for:			
Miscellaneous Ut	ality Engineering			
Section 2.00 Sum Schedule of Perfo	amary of the Impact of Change(s) in Profession	nal Services on the Ove	rall Project Time and	
Supplemental Tas Consultant, or Ser	n consideration of the changed in the Scope of I k Authorization Agreement, Exhibit 'CO/STA- vice Provider, has previously agreed to for all nt, or Service Provider Agreement, shall be cha	A' the time and schedule of the work to be done u	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	
		·		

1825 Hendry Street - Fort Myers, FL 33901 PO Box 398 - Fort Myers, FL 33902-0398