



BOARD OF COUNTY COMMISSIONERS

John E. Manning  
*District One*

May 9, 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. Roberto Mantecon  
Atkins North America, Inc.  
4030 West Boy Scout Boulevard, Suite 700  
Tampa, FL 33607

SUBJECT: CN180051ANB C-8056

ENCLOSURE: CHANGE ORDER NO. 2

Dear Mr. Mantecon:

Enclosed is your executed copy of Change Order No. 2.

The new expiration date is July 25, 2020.

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](mailto:FinanceOnBase@leeclerk.org)  
Project File



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

Date Mar 4, 2019

**Print Form**

Change Order Agreement #: 2       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: Roberto Mantecon

Contract Name: Surveying & Mapping Services

Project Name: \_\_\_\_\_

Consultant: Atkins North America, Inc.      Project #: \_\_\_\_\_

Solicitation #: CN180051ANB      Contract #: 8056      Account #: \_\_\_\_\_

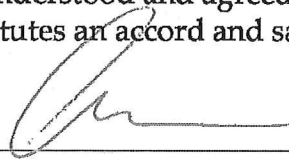
Lee County Project Manager: \_\_\_\_\_      Request Date: Mar 4, 2019

Fiscal Staff: \_\_\_\_\_

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.

 Charlotte Maddox

Authorized Signature (Print Name)

5-6-2019

Date Accepted

Charlotte.maddox@atkinsglobal.com

Contact E-mail Address

813-281-8367

Contact Phone Number

**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



Date Mar 4, 2019

**Print Form**

Page A 1 of 1

Choose one of the following:

Change Order Agreement #: 2                       Supplemental Task Authorization #: \_\_\_\_\_

Scope of Professional Services for:

Surveying & Mapping 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, this is for renewal of term 7/26/19 - 7/25/20.





Date Mar 4, 2019

**Print Form**

Choose one of the following:

Change Order Agreement #: 2       Supplemental Task Authorization #: \_\_\_\_\_

Time & Schedule of Performance for:

Surveying & Mapping Services

**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: 7/26/18 - 7/25/19		
	Renewal Number 1 Term: 7/26/19 - 7/25/20		



Change Order Agreement #: 2

Supplemental Task Authorization #: \_\_\_\_\_

**Time & Schedule of Performance for:**

Surveying & Mapping Services

**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