

Cecil L. Pendergrass District Two

Ray Sandelli Ms. Elizabeth Gaines

E. F. Gaines Surveying Services, Inc.

Brian Hamman
District Four

5235 Ramsey Way, 10
Fort Myers, FL 33907

Frank Mann District Five

Roger Desjarlais
County Manager
Dear Ms. Gaines

Richard Wesch County Attorney

Enclosed is your executed copy of Change Order No. 2 for the contract CN180051ANB Surveying & Mapping Services C-8062.

Donna Marie Collins County Hearing Examiner

The new expiration date is 7/18/2021.

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	Jan 9, 20	20			Print Form		
	Change Order	r Agreement #:	CO2	☐ Supplemental Task	k Authorization #:		
exF	enditures un	der \$50,000 or appr	oval by the Coun		l by the Department Director for tures between \$50,000.01 and \$100,000 nditures over \$100,000		
Prim	ary Contact:	Elizabeth Gaines					
Contract Name:		Surveying & Mapping Services					
Project Name:							
Cons	ultant:	E. F. Gaines Survey	ing Services, Inc.	•	Project #:		
Solic	itation #:	CN180051ANB	Contract #: 8	062	Account #:		
Lee County Project Manager:					Request Date:		
Fisca	l Staff:	minutes many the manufacture destination and the					
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. 1/15/2020							
Authorized Signature (Print Name)			nt Name)		Date Accepted		
	Elizabeth F. Gaines						
Liz@EFGaines.com				• • • • • • • • • • • • • • • • • • • •	39-418-0126		
	Co	ntact E-mail Addr	ess	C	ontact Phone Number		

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



CO-STA Exhibit A Scope of Professional Services

Date Jan 9, 2020	Print Form
Choose one of the following:	Page A 1 of 1
☐ Change Order Agreement #: ☐ 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 Agreeme Provider, referred to hereinbefore is hereby supplemented, changed or authorized, so that the Cor Provider shall provide and perform the following professional services, tasks, or work as a supple or authorized to, the scope of services previously agreed to and authorized.	sultant or Service
No changes in scope, this is for renewal of term 7/19/2020 - 7/18/2021.	

Page A 1 of 1

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



CO-STA Exhibit C Time & Schedule of Performance

Print Form
m the services,
it 'CO/STA-A',
tive Number of
ays for Completion f Notice to Proceed his CO/STA
1)

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Phone: (239) 533-5450



CO-STA Exhibit C Time & Schedule of Performance

Change Order Agreement #: 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 Tim Schedule of Performance	e and
Pursuant to and in consideration of the changed in the Scope of Professional Services in this Change Ord Supplemental Task Authorization Agreement, Exhibit 'CO/STA-A' the time and schedule the County and 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:	d the
Task/ Phase Number as Indicated in Exhibit A & Exhibit CO/STA-A Number of Calendar Days for Completion of Each Phase/Task From Date of No.	or Completion
	.20
	*

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Rev. 9/2015 Phone: (239) 533-5450