

Kevin Ruane  
*District One*

April 6, 2021

(239) 533-8871

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*

Ms. Charlotte Maddox  
Atkins North America, Inc.  
4030 West Boy Scout Boulevard, Suite 700  
Tampa, FL 33607

Dear Ms. Maddox:

Enclosed is your executed copy of Change Order No. 4 for the contract CN180051ANB Surveying & Mapping Services C-8056.

The new expiration date is 7/25/22.

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 Change Order/Supplemental Task Authorization

Date Jan 29, 2021

**Print Form**

Change Order Agreement #: CO4       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

Lee County Project Manager: \_\_\_\_\_      Request Date: 1/29/2021

Fiscal Staff: \_\_\_\_\_      Account #: \_\_\_\_\_

Upon the completion and execution of this Change Order or Supplemental task Authorization by both parties the CONSULTANT is authorized to and shall proceed with the following exhibits as applicable:

- 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 ASSOCIATED SUB-CONSULTANTS/SUB-CONTRACTORS

It is understood and agreed that the acceptance of this modification by the CONSULTANT constitutes an accord and satisfaction.

Charlotte Maddox      2/4/21  
 Consultant Signature (Print & Sign Name)      Date Signed

Charlotte.maddox@atkinsglobal.com      813-281-8367  
 Contact E-mail Address      Contact Phone Number

**Lee County Board of County Commissioners - Procurement Management**  
 2115 Second Street - 1st 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 #: CO4       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 referred to hereinbefore is hereby supplemented, changed or authorized, so that the CONSULTANT shall provide and perform the following professional services, tasks, or work as a supplement to, change to, the scope of services previously agreed to and authorized.

No changes in scope, this is for renewal of term 7/26/21 to 7/25/22.

**Lee County Board of County Commissioners - Procurement Management**  
2115 Second Street - 1st Floor - Fort Myers, FL 33901  
PO Box 398 - Fort Myers, FL 33902-0398  
Phone: (239) 533-8881



Print Form

Change Order Agreement #: CO4  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 Number as Indicated in Exhibit A | Name/Title of Task                    | Previously Approved Number of Days per Task (CO Only) | Increase in Number of Calendar Days per Task (CO Only) | Cumulative Number of Calendar Days for Completion from Date of Notice to Proceed per Task (CO & STA) |
|---------------------------------------|---------------------------------------|---|--|--|
|                                       | Renewal of Annual Contract            |   |  |  |
|                                       | Original Term: 7/26/18 - 7/25/19      |   |  |  |
|                                       | Renewal No. 1 Term: 7/26/19 - 7/25/20 |   |  |  |
|                                       | Renewal No. 2 Term: 7/26/20 - 7/25/21 |   |  |  |
|                                       | Renewal No. 3 Term: 7/26/21 - 7/25/22 |   |  |  |
|                                       |                                       |   |  |  |
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|                                       |                                       |   |  |  |

Total Number of Calendar Days for Completion of Project from Notice to Proceed: \_\_\_\_\_