

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

| ☐ Change Order Agreement #: ☐ Supplemental Task Authorization #: ☐ |   |              |                                  |                                     |                              |                       |
|--|---|--------------|----------------------------------|-------------------------------------|------------------------------|-----------------------|
| Comper   | nsation and Method of Payment for                                       | •            |                                  |                                     |                              |                       |
|  | · · · · · · · · · · · · · · · · · · ·                                   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
| Section 1  | 1.00 Changes in Compensation  |              |                                  |                                     |                              |                       |
|  | pensation the CONSULTANT shall be                                       | entitled     | to receive for pr                | roviding and perfor                 | ming the supplen             | nented or             |
|  | services, tasks, or work as set forth an<br>PLEMENTAL TASK AUTHORIZATIO |              |                                  |                                     |                              |                       |
|  | A Lump Sum (LS) or Not-to-Exceed (N                                     |              |                                  |                                     |                              |                       |
|  | ed and set forth below for each task of                                 |              |                                  |                                     |                              | onound be             |
|  |   |              |                                  |                                     |                              |                       |
| Task<br>Number   | Task Name   | LS or<br>NTE | Compensation in Agreement or STA |                                     |                              | Total                 |
|  |   |              |                                  | Adjustment(s) by all previous CO(s) | Adjustment(s) due to this CO | Compensation per Task |
|  |   | J            |                                  |                                     |                              |                       |
|  |   |              |                                  | -                                   |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |
|  |   |              |                                  |                                     |                              |                       |

Total amount authorized by this CO or STA:

**Project Total:** 

**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

Rev. 02/2020 Phone: (239) 533-8881 Page B1 of B1