

**Print Form** 

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

## CONSULTANT'S Associated Sub-Consultant(s) and Subcontractor(s) for:

CONSULTANT intends to engage the following sub-consultant(s) and/or sub-contractor(s) to assist the CONSULTANT in providing and performing the services, tasks, or work required under this Change Order, or Supplemental Task Authorization Agreement.

If none, enter the word 'none' in the space below.

Service/Work to be Provided/Performed Name & Address of Individual or Firm	Disadvantaged, Minority or Women Business Enterprise
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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
<b>Phone</b> : (239) 533-8881

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