



Agency Amendment Form

FDOT Project/Program Manager: Peter McGilvray		Date of Request: 02/28/2019
Address: Florida Department of Transportation, 605 Suwannee St., M.S. 37, Tallahassee, FL 32399-0450		
Agency: U.S. Fish & Wildlife Commission	Start Date: 05/01/2015	End Date: 04/30/2020
Agreement Type: Advance Pay	Contract Number: BDZ17	Amendment Number: 2
Vendor Number: F840646091003	Financial Number: 415064-3-28-13	

Purpose of Amendment (check all applicable terms):

- | | |
|---|---|
| <input type="checkbox"/> Request for No-Cost Time Extension through: _____ | <input type="checkbox"/> Request for Overtime |
| <input type="checkbox"/> Total amount for Advance Pay is increased/decreased by: _____ | <input type="checkbox"/> Request for Travel |
| <input type="checkbox"/> Total amount for Compensation is increased/decreased by: _____ | <input checked="" type="checkbox"/> Request for Equipment Authorization |
| <input type="checkbox"/> Request for Personnel Approval | <input type="checkbox"/> Request to Modify Agreement Provisions |
| <input type="checkbox"/> Request for Sub-Consultant | <input type="checkbox"/> Other (explain below) |

Approval of above selections requested. Provide justification/explanation of the requested action:

This new notebook computer is requested because my existing computer is >5 years old, out of warranty, and suffers from generally poor performance. It was a hand me down 4 years ago. The new notebook computer requested will meet the latest USDOIT Standards and be capable of handling GIS analyses of the statewide data sets often used for GIS modelling and visualization.

"I certify that the above requested action is necessary for the operation of this project and is in compliance with the terms of the executed agreement."

ETAT Authorized Agency Signature:

Young Williams State Supervisor 3-8-19
(signature) (title) (date)

Compensation Element Description	Method of Compensation	Previous Amount	This Amendment Amount	Subtotal	Check if Estimate

This Amendment Total	Agency Agreement Total
\$	\$ NO CHANGES

Other Comments/Notes:

"I certify to that to the best of my knowledge and belief, the above requested action is not in violation of the terms of the agreement and is necessary for the continued operation of this agreement."

Department Action: ☒ APPROVED ☐ DISAPPROVE

FDOT Authorized Signature:

Pete McGilvray State Environmental Quality and Performance Administrator 3/14/2019
(signature) (title) (date)

FHWA Authorized Signature (required only if amendment changes agreement scope or increases funding):

NOT REQUIRED

(signature) (title) (date)

Attachments: