

## **Agency Amendment Form**

FDOT Project/Program Manager: Po	Date of Request: November 11, 2019									
Address: Florida Department of Tra	ansportation, 605 Suwannee St., M.S. 37	, Tallahassee, FL 32	399-0450							
Agency: United States Environment Protection	tal Start Date: January 30,201	Start Date: January 30,2015		End Date: July 29, 2020						
Agreement Type: Reimbursable	Contract Number: BDZ30	Contract Number: BDZ30		Amendment Number: 2						
Vendor Number: F41506432814	Financial Number: 415064	inancial Number: 415064-3-28-14								
Purpose of Amendment (check all a	pplicable terms):									
Request for No-Cost Time Exte		Request fo	or Overtime							
☐ Total amount for Advance Pay		Request fo	or Travel							
Total amount for Compensatio		Request fo	or Equipment Author	rization						
Request for Personnel Approva		Request to	Modify Agreement	Provisions						
Request for Sub-Consultant			Other (exp	olain below)						
Approval of above selections requests	ed. Provide justification/explanation of the	requested action:								
This is a six (6) month "no-cost" time extension to allow for the additional time needed to complete negotiations of the new agreement. No additional funds are necessary to support the services currently performed under the current agreement.										
upon the parties' best estimate of the established in this AOFA is inadequate prioritize project reviews.  Section 10, Paragraph A, is amended to		or 5 years from the rticipate in the ETDN I, the parties agree in	date of signa A process. If in a good faith to	ture, which t becomes a to renegatian	ever comes later. This pparent that the fund te the level of funding	s sum is based ding amount g and service or				
Tallahassee, Florida 32399-0450 Tel: (850) 414-5330, Fax: (850) 414-4443										
Email: Peter.McGilvray@dot.state.fl.us										
"I certify that the above requested active ETAT Authorized Agency Signature:	on is necessary for the operation of this pro	hief, NE			11/14/ 2	nt."				
Compensation Element Description	Method of Compensation	Previous Amount	This Ame		Subtotal	Check if Estimate				
	This Amend	mendment Total Agency Agreement Total \$ NO Changes								
Other Comments/Notes:						,				



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"I certify to that to the best of my the continued operation of this ag		d belief, the a	bove reque	ested action is not in viola	ation of the terms of the agre	ement and is necessary for
Department Action:		PPROVED		DISAPPROVE		
FDOT Authorized Signature:						
y a	~	State	ENVIOR	entel Quality & pe	forme Alain (date)	14/14/201
(signature)		,,				150
FHWA Authorized Signature (requ	uired only if am	endment cha	nges agree	ment scope or increases	funding):	
NOT REQUIRED						
(signature)		(title)			(date)	

Attachments: