



Agency Amendment Form

FDOT Project/Program Manager: Peter McGilvray		Date of Request: 04/13/2021
Address: Florida Department of Transportation, 605 Suwannee St., M.S. 37, Tallahassee, FL 32399-0450		
Agency: Northwest Florida Water Management District (NFWFMD)	Start Date: 04/15/2009	End Date: 06/05/2020
Agreement Type: Reimburse	Contract Number: BDN58	Amendment Number: 5
Vendor Number: F59131621024	Financial Number: 415064-3-28-07	

Purpose of Amendment (check all applicable terms):

<input checked="" type="checkbox"/> Request for No-Cost Time Extension through: <u>06/05/2021</u>	<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 type="checkbox"/> Request for Equipment Authorization
<input type="checkbox"/> Request for Personnel Approval	<input checked="" type="checkbox"/> Request to Modify Agreement Provisions
<input type="checkbox"/> Request for Sub-Consultant	<input type="checkbox"/> Other (explain below)

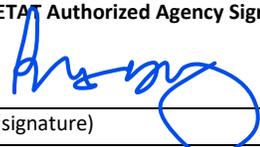
Approval of above selections requested. Provide justification/explanation of the requested action:

The Funding Agreement (FA) between NFWFMD, Florida Department of Transportation (FDOT), and Federal Highway Administration (FHWA), which became effective June 6, 2011, which is subsequently amendment to remove FHWA, is requesting a No-Cost time extension to the agreement until June 5, 2021.

Article 111, Paragraph A, which authorizes reimbursement to NFWFMD for five (5) year term, subsequently in Amendment 4 amended for a nine (9) year term through June 5, 2020, is subsequently amended to authorize reimbursement to NFWFMD for a ten (10) year term through June 5, 2021.

"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:


 (signature)

Executive Director
 (title)

April 30, 2020
 (date)

Compensation Element Description	Method of Compensation	Previous Amount	This Amendment Amount	Subtotal	Check if Estimate
			This Amendment Total \$NO Changes	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:

FDOT Authorized Signature:


 (signature)

State Env Quality & Performance Admin
 (title)

5/5/2020 | 5:52 AM EDT
 (date)

Attachments: