

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

ORIGINAL

SFWMD No. 4600000680-A8

Agency Amendment Form

	FDOT Project/Program Manager: Peter McGilvray			Date of Request: 02/28/2018		
Address: Florida Department of 7	Fransportation, 605 Suwannee Street, I	M.S. 37, Tallahassee, F	lorida 32399-0450			
Agency: South Florida Water Man District (SFWMD))			End Date: 05/:	14/2018		
Agreement Type: Funding	Contract Number BDI	Contract Number: BDH68		Amountain and the state of the		
Vender Number: F596015290054		Financial Number: 415064-3-28-08		Amendment Number: 9		
Purpose of Amendment (check all	A separation of particular 440	1004-3-28-08				
Request for No-Cost Time Ext			Remost	ing Chappilmo		
	y is incressed/decreased by:	· ·		Request for Overtime Request for Travel		
	ion is increased/decreased by:			Request for Equipment Authorization		
Request for Personnel Approv		_	Request to Modify Agreement Provisions			
Request for Sub-Consultant			-	Other (explain below)		
	nen SFWMD, Florida Department of Tra subsequently amended to remove FHV prizes reimbursement to SFWMD for a	WA, is requesting a No-	Cost Time Extension u	ntii May 14, 2020.		
thirteen (13) year term through Ma	y 14, 2020.	iwe (5) year term, is a	Mended to authorize re	imbursement to SFV	/MD for a	
Attachment A which lights reimbur:	sement to the first five (5) years of this	FA is amended to 13	rears.			
Signature)	tion is necessary for the operation of this		(class)	15/18		
FWN90 Procurement Approval	Johanna Labrada;	Procurement Bureau	Chief DOROTHY	A. BRADSHA	W	
with the		- Videou	1 0 0000			
ilgnature)	(sign	nature) ANY INITA	ATIVE SOLVICE	DIVISION NO	0.0000	
Signature) Compensation Element Description	(sign	Previous Amount	This Amendment	Subtotal	Check if	
Compensation Element	00		This Amendment Amount	Subtotal	Check if Estimate	
Compensation Element	00	Previous Amount	This Amendment Amount		Check if Estimate	
Compensation Element Description ther Comments/Notes:	Method of Compensation	Previous Amount	This Amendment Amount This Amendment Total \$NO Change	Subtotal Agency Agreement To \$ NO Changes	Check If Estimate	
Compensation Element Description ther Comments/Notes: certify to that to the best of my kn	Method of Compensation Owledge and belief, the above request	Previous Amount	This Amendment Amount This Amendment Total \$NO Change	Subtotal Agency Agreement To \$ NO Changes	Check If Estimate	
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Description ther Comments/Notes:	Method of Compensation owledge and belief, the above request ement." APPROVED	Previous Amount ted action is not in viol DISAPPROVE	This Amendment Amount This Amendment Total \$NO Change ation of the terms of ti	Subtotal Agency Agreement To \$ NO Changes he agreement and is a	Check if Estimate lotal	
Compensation Element Description ther Comments/Notes: Certify to that to the best of my law the continued operation of this agree epertment Action: DOT Authorized Signature:	Method of Compensation owledge and belief, the above request ement." APPROVED Overland (title)	Previous Amount ted action is not in viol DISAPPROVE Fi ce of Env.	This Amendment Amount This Amendment Total \$NO Change ation of the terms of ti	Subtotal Agency Agreement To \$ NO Changes he agreement and is a	Check if Estimate lotal	
Compensation Element Description Ither Comments/Notes: I certify to that to the best of my law ne continued operation of this agree epertment Action: DOT Authorized Signature: Ignature) IWA Authorized Signature (require	Method of Compensation owledge and belief, the above request ement." APPROVED Divastry OF	Previous Amount ted action is not in viol DISAPPROVE Fi ce of Env.	This Amendment Amount This Amendment Total \$NO Change ation of the terms of ti Manageme (date)	Subtotal Agency Agreement To \$ NO Changes he agreement and is a	Check if Estimate otal	