



Agency Amendment Form

ORIGINAL

SFWMD No.: 4600000680

FDOT Project/Program Manager: Peter McGilvray		Date of Request: 02/25/2020	
Address: Florida Department of Transportation, 605 Suwannee St., M.S. 37, Tallahassee, FL 32399-0450			
Agency: South Florida Water Management District		Start Date: 05/15/2007	End Date: 05/14/2020
Agreement Type: Reimbursement		Contract Number: BDH68	Amendment Number: 10
Vendor Number: F596015290054		Financial Number: 415064-3-28-09 ⁰⁸ _{TC}	
Purpose of Amendment (check all applicable terms):			
<input checked="" type="checkbox"/> Request for No-Cost Time Extension through: 09/30/2020		<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 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 is a no-cost time extension amendment through September 30, 2020. Amendment will allow additional time needed while the Department and Agency work through the new agreement process.			
No additional funds are necessary to support the services performed under this agreement modification.			
"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:		Division Director - Regulation 03/10/20	
(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	\$ 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:

PT  Environmental Quality & Performance Admin 3/11/2020

(signature) (title) (date)

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


NOT REQUIRED

(signature) (title) (date)



Agency Amendment Form

SFWMD Procurement Approval

	Section Leader, Contracts	2/28/2020
(signature)	(title)	(date)

SFWMD Administrative Service Director

	Director, Administrative Services Division	3/9/2020
(signature)	(title)	(date)

Attachments: