

**GOVERNING BOARD ITEM/CONTRACT SUMMARY CHECKLIST**

DOC ID: \_\_\_\_\_

<b>GB AGENDA ITEMS FOR REVIEW</b>	
	Contract Title
	Vendor Name (Legal Business Name)
	RFB/RFP Number (If Applicable)
	Contract Number (If Applicable)
	Contract Term
	Renewal Options (If Applicable)
	Dollar Amount – Bid, Proposal, Funding (Contract Amt X Number of Years)
	Section 1 (MinuteTraq) Information Is Consistent with Vendor, Contract #, Dollars & Term throughout the resolution
	Acreage Amount (if applicable)
	Consent Agenda
	Discussion Agenda
	Governing Board Resolution, Memo and/or Attachments

<b>PREVIOUS AMENDMENTS / CHANGE ORDERS</b>		
Amendment / Change Order Number	Description – specify reason for amendment including any contract time, funds added or deducted	Dollar Amount of Increase, decrease or N/A
A01	Reduce reimbursement amount	\$550,000 per/year
A02-A12	Extend Term	\$N/A
		\$
		\$
		\$

**SAP Contract No.** 4600000680-A13 **Specialist:** L. Greer

**PO#:** N/A

**DOCUMENT ROUTING**

Governing Board Chairman Signature Required

Executive Director Signature Required

Administrative Services Director for Signature

Procurement Bureau Chief Review 

Insurance Approved? \_\_\_\_\_ Yes X N/A

Bonds Approved? \_\_\_\_\_ Yes X N/A

Revisions OK? X Yes \_\_\_\_\_ N/A

CONTRACT SPECIALIST INITIAL & DATE: \_\_\_\_\_

Project Manager Joseph Olivier MSC \_\_\_\_\_

Other: \_\_\_\_\_ MSC \_\_\_\_\_



## Agency Amendment Form

<b>FDOT Project/Program Manager:</b> Peter McGilvray		<b>Date of Request:</b> 03/26/2021
<b>Address:</b> Florida Department of Transportation, 605 Suwannee St., M.S. 37, Tallahassee, FL 32399-0450		
<b>Agency:</b> South Florida Water Management District (SFWMD)	<b>Start Date:</b> 05/15/2007	<b>End Date:</b> 05/31/2021
<b>Agreement Type:</b> Reimbursement	<b>Contract Number:</b> BDH68	<b>Amendment Number:</b> 13
<b>Vendor Number:</b> F596015290054	<b>Financial Number:</b> 415064-3-28-09	

**Purpose of Amendment** (check all applicable terms):

<input checked="" type="checkbox"/> Request for No-Cost Time Extension through: <u>05/31/2021</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 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 Agency Funding Agreement (FA) between SFWMD, Florida Department of Transportation (FDOT), and Federal Highway Administration (FHWA), which became effective May 15, 2007, which was subsequently amended to remove FHWA, is requesting a No-Cost Time Extension until May 31, 2021.

This is a "no-cost" extension; therefore, no additional funds are necessary to support the services performed under this agreement modification. This amendment intends to allow additional time to complete negotiations of the new agreement and allow SFWMD to continue participating in the Environmental Transportation Decision Making (ETDM) process, providing expedited reviews and technical assistance to the Department through May 31, 2021.

**Article II Paragraph C**, which authorizes reimbursement to SFWMD for a five (5) year term, is amended to authorize reimbursement to SFWMD for a fourteen (14) year, term until May 31, 2021.

In addition, **Attachment A**, which limits reimbursement to the first five (5) years of the FA is amendment to fourteen (14) years.

"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:**

	<b>Division Director-Regulation</b>	<b>03/29/21</b>
(signature)	(title)	(date)

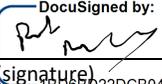
Compensation Element Description	Method of Compensation	Previous Amount	This Amendment Amount	Subtotal	Check if Estimate
			<b>This Amendment Total</b>	<b>Agency Agreement Total</b>	
			<b>\$ NO Changes</b>	<b>\$ NO Changes</b>	

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:**

	<b>State Environmental Quality &amp; Performance Administrator</b>	<b>3/30/2021   9:58 AM EDT</b>
(signature)	(title)	(date)

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

**NOT REQUIRED**



## Agency Amendment Form

SFWMD Procurement Approval		
	Section Leader, Contracts	3/29/2021
(signature)	(title)	(date)
SFWMD Administrative Service Director		
	Director, Administrative Services Division	30 March 2021
(signature)	(title)	(date)

Attachments: None