

Agency Amendment Form

FDOT Project/Program Manager: Peter McGilvray		Date of Request: 05/12/2021					
Address: Florida Department of Tra	ansportation, 605 Suwannee St., M.S. 3	7, Tallahassee, FL 32	399-0450				
Agency: Northwest Florida Water N District (NWFWMD)	Management Start Date: 04/15/2009	Start Date: 04/15/2009		End Date: 06/05/2021			
Agreement Type: Reimburse	Contract Number: BDN5	Contract Number: BDN58		Amendment Number: 6			
Vendor Number: F59131621024	Financial Number: 41506	64-3-28-07					
Purpose of Amendment (check all a	pplicable terms):						
Request for No-Cost Time Exte	ension through: <u>06/05/2022</u>			Request fo	r Overtime		
Total amount for Advance Pay	is increased/decreased by:			Request fo	r Travel		
Total amount for Compensation is increased/decreased by:			Request for Equipment Authorization				
Request for Personnel Approval			□ Request to Modify Agreement Provisions				
Request for Sub-Consultant				Other (explain below)			
Approval of above selections request	ed. Provide justification/explanation of th	e requested action:					
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