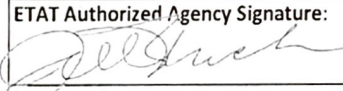
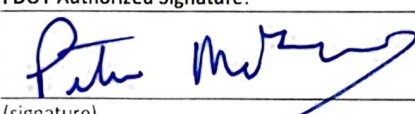


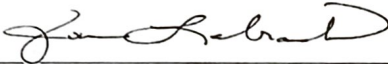
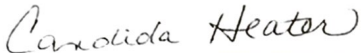
Agency Amendment Form

FDOT Project/Program Manager: Peter McGilvray		Date of Request: 5/13/2021					
Address: Florida Department of Transportation, 605 Suwannee St., M.S. 37, Tallahassee, FL 32399-0450							
Agency: South Florida Water Management District (SFWMD)		Start Date: 05/15/2007	End Date: 05/31/2021				
Agreement Type: Reimbursement	Contract Number: BDH68	Amendment Number: 14					
Vendor Number: F596015290054		Financial Number: 415064-3-28-09					
Purpose of Amendment (check all applicable terms): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Request for No-Cost Time Extension through: <u>12/31/2021</u> </div> <div style="width: 50%;"> <input type="checkbox"/> Request for Overtime </div> <div style="width: 50%;"> <input type="checkbox"/> Total amount for Advance Pay is increased/decreased by: _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Request for Travel </div> <div style="width: 50%;"> <input type="checkbox"/> Total amount for Compensation is increased/decreased by: _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Request for Equipment Authorization </div> <div style="width: 50%;"> <input type="checkbox"/> Request for Personnel Approval </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Request to Modify Agreement Provisions </div> <div style="width: 50%;"> <input type="checkbox"/> Request for Sub-Consultant </div> <div style="width: 50%;"> <input type="checkbox"/> Other (explain below) </div> </div>							
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 December 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 December 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, seven (7) month term until December 31, 2021. In addition, Attachment A , which limits reimbursement to the first five (5) years of the FA is amended to fourteen (14) years, seven (7) months.							
"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: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  (signature) </div> <div style="text-align: center;"> Division Director, Regulation (title) </div> <div style="text-align: center;"> 5/28/2021 (date) </div> </div>							
Compensation Element Description	Method of Compensation	Previous Amount	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">This Amendment Amount</td> <td style="width: 50%; text-align: center;">Subtotal</td> </tr> <tr> <td style="text-align: center;">This Amendment Total \$ NO Changes</td> <td style="text-align: center;">Agency Agreement Total \$ NO Changes</td> </tr> </table>	This Amendment Amount	Subtotal	This Amendment Total \$ NO Changes	Agency Agreement Total \$ NO Changes
This Amendment Amount	Subtotal						
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: <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVE							
FDOT Authorized Signature: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  (signature) </div> <div style="text-align: center;"> State Environmental Quality and Performance Administrator (title) </div> <div style="text-align: center;"> 5/28/2021 (date) </div> </div>							
FHWA Authorized Signature (required only if amendment changes agreement scope or increases funding): NOT REQUIRED							



Agency Amendment Form

SFWMD Procurement Approval

	Procurement Bureau Chief	SFWMD 460000680-A14 5/27/2021
(signature)	(title)	(date)
SFWMD Administrative Service Director		
	Division Director, Administrative Services	5/27/2021
(signature)	(title)	(date)

Attachments: None