



Florida Department of Transportation

RICK SCOTT
GOVERNOR

605 Suwannee Street
Tallahassee, FL 32399-0450

OFFICE OF THE
SECRETARY

APR 12 2011

April 6, 2011

Ms. Laura Kammerer
Deputy State Historic Preservation Officer
For Review and Compliance
Florida Department of State
R. A. Gray Building, 4th Floor
500 South Bronough Street
Tallahassee, Florida 32399-0250

Subject: Exhibit A-2 Amendment
Contract Number: BDM12
Vendor Number: F593466865026
Financial Number: 41506432801

Dear Ms. Kammerer:

Attached is a signed original of Exhibit A-2 regarding the Contract BDM12. The Exhibit A-2 is No-Cost Time Extension from December 1, 2011 through November 30, 2012. Please append this approved Exhibit to the Funding Agreement.

If you have any questions, or need additional information, please contact me at 414-5330 or by e-mail at peter.mcgilvray@dot.state.fl.us. If I am not available, please contact Mary Harger at 414-5319 or by e-mail at mary.harger@dot.state.fl.us.

Sincerely,



Peter McGilvray
Environmental Quality Performance Administrator

PM/mh

Attachment

cc: George Hadley
David Rae
Marjorie Bixby

EXHIBIT A – Modification to Agreement

Peter McGilvray
FDOT Project/Program Manager

March 15, 2011
Date

Florida Department of Transportation
605 Suwannee Street, M.S. 37
Tallahassee, Florida 32399-0450
Address

RE: Contract Number: BDM12
Request Number: 2

Vendor Number: F593466865026
Financial Number: 41506432801

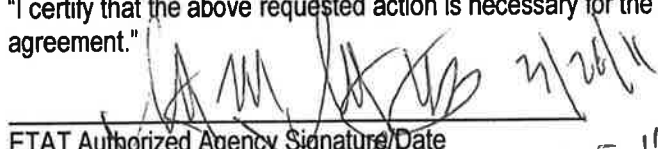
Action Request: ☐ Personnel Approval
☐ Overtime
☐ Travel
☐ Equipment Authorization
☐ Increased Advance Pay

☐ Increased Compensation
☐ Relocation
☐ Sub-Consultant
☒ Time Extension

Approval of the above is requested. The following is justification/explanation of the requested action:

In order to maintain services and complete the negotiations on the new Funding Agreement for Florida Department of State, State Historic Preservation Officer (SHPO), a time extension from December 1, 2011 through November 30, 2012 is requested. This extension will not require an increase in the funding amount of the Funding Agreement.

"I certify that the above requested action is necessary for the operation of this project and is in compliance with the terms of the project agreement."

 3/20/11
ETAT Authorized Agency Signature/Date


Department Action

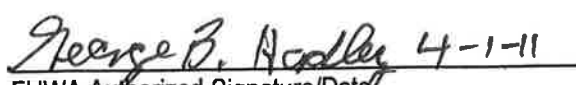
☒ APPROVED

☐ DISAPPROVE

Remarks: _____

"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 project agreement and is necessary for the operation of this project."


FDOT Authorized Signature/Date

 4-1-11
FHWA Authorized Signature/Date