



Agency Amendment Form

FDOT Project/Program Manager: Jennifer Marshall		Date of Request: 1/30/2025
Address: Florida Department of Transportation, 605 Suwannee St., M.S. 37, Tallahassee, FL 32399-0450		
Agency: U.S Fish & Wildlife Service	Start Date: July 8, 2020	End Date: July 7, 2025
Agreement Type: Advance Pay 2/12/25		Contract Number: ASH76
Amendment Number: 2		
Vendor Number: F840646091003 1C	Financial Number: 415064-4-28-13	
Purpose of Amendment (check all applicable terms):		
<input checked="" type="checkbox"/> Request for No-Cost Time Extension through: <u>November 7, 2025</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:		
Additional time requested to ensure time needed for contract negotiations for the upcoming new agreement. NO CHANGE IN TOTAL BUDGET.		
"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: Digitally signed by MARK CANTRELL MARK CANTRELL Statewide Transportation Coordinator Date: 2025.02.04 16:10:21 -06'00'		
(signature)	(title)	(date)

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

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:		
DocuSigned by: Director, Office of Environmental Management 02/10/2025 9:00 AM EST		
(signature)	(title)	(date)
FHWA Authorized Signature (required only if amendment changes agreement scope or increases funding):		
NOT REQUIRED		
(signature)	(title)	(date)

Attachments: