



Agency Amendment Form

FDOT Project/Program Manager: Jennifer Marshall **Date of Request:** July 7, 2024

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

Agency: FL Fish & Wildlife Conservation Commission (FWC) **Start Date:** June 12, 2023 **End Date:** June 11, 2028

Agreement Type: Reimbursable **Contract Number:** ASW69 **Amendment Number:** 2

Vendor Number: 772025040017710070000 **Financial Number:** 415064-4-28-04

Purpose of Amendment (check all applicable terms):

- | | |
|---|--|
| <input type="checkbox"/> Request for No-Cost Time Extension through: _____
<input type="checkbox"/> Total amount for Advance Pay is increased/decreased by: _____
<input type="checkbox"/> Total amount for Compensation is increased/decreased by: _____
<input type="checkbox"/> Request for Personnel Approval
<input type="checkbox"/> Request for Sub-Consultant | <input type="checkbox"/> Request for Overtime
<input type="checkbox"/> Request for Travel
<input type="checkbox"/> Request for Equipment Authorization
<input checked="" type="checkbox"/> Request to Modify Agreement Provisions
<input type="checkbox"/> Other (explain below) |
|---|--|

Approval of above selections requested. Provide justification/explanation of the requested action:

Modifying Appendix C. Budget breakout between Direct and Indirect Cost. Revised Appendix C. Budget:

Direct: 77202504001771007000000190300
Indirect: 77202021004771007000000190300

Year 1 (May 1, 2023-April 30, 2024) Direct Cost.....	\$256,759.91
Indirect Cost.....	\$36,049.09
Year 2 (May 1, 2024-April 30, 2025) Direct Cost.....	\$256,759.91
Indirect Cost.....	\$36,049.09
Year 3 (May 1, 2025-April 30, 2026) Direct Cost.....	\$256,759.91
Indirect Cost.....	\$36,049.09
Year 4 (May 1, 2026-April 30, 2027) Direct Cost.....	\$256,759.91
Indirect Cost.....	\$36,049.09
Year 5 (May 1, 2027-April 30, 2028) Direct Cost.....	\$256,759.91
Indirect Cost.....	\$36,049.09
TOTAL BUDGET	\$1,464,045.00

"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:
Director, Office of Conservation Planning Services 9/18/2024
 (signature) (title) (date)

Compensation Element Description	Method of Compensation	Previous Amount	This Amendment Amount	Subtotal	Check if Estimate
			This Amendment Total	Agency Agreement Total	
			\$ NO Changes	\$ 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: APPROVED DISAPPROVE



Agency Amendment Form

FDOT Authorized Signature:

DocuSigned by:
 Director, Office of Environmental Management 09/19/2024 | 2:26 PM EDT
(signature) (title) (date)

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

NOT REQUIRED
(signature) (title) (date)

Attachments: