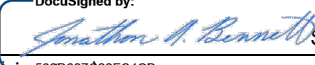




Agency Amendment Form

FDOT Project/Program Manager:		Jonathon Bennett	Date of Request:		5/15/2025
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:		November 7, 2025.
Agreement Type:		Advance Pay	Contract Number:		ASH76
			Amendment Number:		3
Vendor Number:		F530201504025 F840646091003	Financial Number:		415064-4-28-13
Purpose of Amendment (check all applicable terms):					
<input type="checkbox"/> Request for No-Cost Time Extension through: _____			<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 checked="" 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:					
"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:					
MARK CANTRELL		Digitally signed by MARK CANTRELL		5/15/2025	
(signature)		Date: 2025.05.15 12:02:11 -05'00' (title)		(date)	

Compensation Element Description	Method of Compensation	Previous Amount	This Amendment Amount	Subtotal	Check if Estimate
GIS Notebook computer replacement	reimbursement		4,000.00		
			This Amendment Total	Agency Agreement Total	
			\$ 4000.00	\$ <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:  State Environmental Quality and Performance Administrator		
05/27/2025 8:08 AM EDT		
(signature) (title) (date)		
FHWA Authorized Signature (required only if amendment changes agreement scope or increases funding):		
NOT REQUIRED		
(signature) (title) (date)		

Attachments: