



Marion County Board of County Commissioners

Procurement Services

2631 SE Third St.
Ocala, FL 34471
Phone: 352-671-8444
Fax: 352-671-8451

CHANGE ORDER FORM

This form is to be used when a Purchase Order has a change in scope, amount or date. Amounts exceeding 10% of original award requires BCC approval. Some fields may not be applicable and may be left blank. Use your cursor to hover over a field for help.

Date 07/15/2024 Department Utilities Change Order # 3

Additional Days Only Is Board Action Required? Yes _____

Bid/Contract/Quote Number & Project Title:
20Q-074-TO-23: Short WM Ext Design

Vendor (Name & Address):
Alan Garri, P.E.
Kimley Horn and Associates, Inc
101 E Silver Springs Blvd, Suite 400
Ocala, FL 34470

Project Code: _____

PO Number: 2400375

Contract Amount: \$115,000.00

Have you sent Procurement the revised P&P Bond? Yes No N/A

Is the change order amount from Contingency? Yes No

GL Account Number (ORG/OBJECT):
ZF440536-531109

Contingency Amount Using (if requesting use):

JUSTIFICATION & DESCRIPTION OF CHANGE

Due to the lack of qualified applicants for the engineering positions, there is a need to add funds to the purchase order to ensure work load is maintained while serving the short water line program. The requested additional funds will support development of 30 separate short WM plan sets.

* BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE*

Original Ordered Amount:	\$28,000.00
Current Ordered Amount (Not the balance):	\$115,000.00
The PO will be increased/decreased by this change order in the amount of: (Do not put contingency amount)	Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> \$: 21,000.00
The new PO amount including this change order will be: (PO amount will not change if it comes from contingency)(auto calculated)	\$ 136,000.00
Contract time will be Increased/decreased by _____	DAYS _____
Prior Substantial Completion Date _____	Revised Substantial Completion Date _____
Prior Final Completion Date _____	Revised Final Completion Date _____

Approval:

[Signature] 7/16/24
Director/Designee Date

[Signature] MARK THOMAS 7/15/24
Project Mgr. Date

Administration (If Applicable) _____ Date _____

Procurement: _____ Date _____

BCC Approval (when applicable):

Chairman, BCC Date

Attest: Clerk of Court Date

County Administrator Date