



# 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 06/17/2025 Department Facilities Management Change Order # 1

☐ Additional Days Only Is Board Action Required? Yes  
Bid/Contract/Quote Number & Project Title: 20Q-161-TO-47

Project Code: 341CDBG25C  
PO Number: 2501416  
Contract Amount: \$574,970.00 Have

Vendor (Name & Address):

Cullison Wright Construction Corp  
112 NE 12th St  
Ocala, FL 34470

you sent Procurement the revised P&P Bond? Yes ☐ No ☒ N/AO

GL Account Number (ORG/OBJECT):

AG341564-562101

Is the change order amount from Contingency? Yes ☐ No ☒

Contingency Amount Using (if requesting use):

### DESCRIPTION OF CHANGE

The increase in scope and price from the initial proposal is due to the addition of data cabling and permitting which were excluded from the original proposal.

\* BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE

Original PO Amount: \$574,970.00

The Current PO Amount (includes all previous change orders): \$574,970.00

The PO will be increased/decreased by this change order in the amount of: Increase ☒  
(Do not put contingency amount) Decrease ☐ \$25,000.00

The new PO amount including this change order will be:  
(PO amount will not change if it comes from contingency)(auto calculated) \$599,970.00

Contract time will be Increased/decreased by \_\_\_\_\_ DAYS

Prior Substantial Completion Date 6-17-25 Revised Substantial Completion Date

Prior Final Completion Date 6-17-2025 Revised Final Completion Date

### Approval:

Department Head [Signature] Date 6-17-25  
Project Mgr. [Signature] Date 6-17-2025

Administration (If Applicable) \_\_\_\_\_ Date \_\_\_\_\_

Procurement: \_\_\_\_\_ Date \_\_\_\_\_

### BCC Approval (when applicable):

Chairman, BCC \_\_\_\_\_ Date \_\_\_\_\_

Attest: Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

County Administrator \_\_\_\_\_ Date \_\_\_\_\_