

## 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

Date 05/16/2025	Department Utiliti	es	Change Order # 1	
Additional Days Only	Is Board Action I	Required? Yes		
Bid/Contract/Quote Number & Project Title: 23Q-067			Contractor/Vendor (Name & Address):  Kimley Horn and Associates, Inc 101 E Silver Springs Blvd, Suite 400	
PO Number: 2301458			Ocala, FL 34470	
Contract Amount:  GL Account Number (0 ZF448536 - 563102				
Have you sent Procurement the revised P&P Bond? Yes No N/A Project Account Number Is the change order amount from Contingency?  Yes No X  UTC000202				er (If applicable):
			Requesting Amount of	
Marion County Utilities (MCU) I project began, MCU has receive new project string for these cost	d a grant from the Flori	da Department d a second line v	of Environmental Protect with the project string UT	tion, and has set up a
* BA	CKUP DOCUMENTATION MU	IST BE ATTACHED C	LARIFYING CHANGE*	
Original Ordered Amount:				\$357,280.00
Current Ordered Amount (Not the balance):				\$357,280.00
The PO will be increased/decreased by this change order in the amount of:  (Do not put contingency amount)  Increase  □  Decrease □				\$77,887.50
The new PO amount including this change order will be:  (PO amount will not change if it comes from contingency)(auto calculated)				\$435,167.50
Contract time will be Increased/decreased by DAYS				
Prior Substantial Completion Date	npletion Date Revised Substantial Completion Date			
Prior Final Completion Date		Revised Final Completion Date		
Approval:	- 119/25	BCC Approv	val (when applicable):	
Director/Designee	Date	Chairman, BC	ic .	Date
Project Mgr.	Date	Attest: Clerk of Court		Date
Administration (If Applicable)	Date	County Admi	inistrator	Date
Procurement:	Date			Pavisad 7

Revised 7/2024