

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. Please send completed and digitally signed form to **Procurement@marionfl.org**

Date: <u>3/6/2025</u> Departm	nent: Fire Rescue Service	CI	hange Order #:
Additional Days Only Is Board	Action Required? No Yes		-
Bid/Contract/Quote Number & Project Title:	56 3 1251	FTR LLC	
FLORIDA SHERIFFS CONTRACT#FSA20-VEF14.01		212 HICKMAN DR SANFORD, FL 32771	
PO Number: 02300859-003		SANFORD, FL 32771	
Contract Amount: GL Account Number (O VJ733526-564101		G/OBJECT):	
Have you sent Procurement the revised P&P	Bond? Yes O No O N/A O	Project Account Number	(If applicable):
Is the change order amount from Contingency? Yes O No O Requesting Amount of C			ontingency:
JUSTIFICATION & DESCRIPTION OF CHANGE			
Department approved additional specifications the Vendor Change Order Number#R-24-10191A	hat were needed for this equip	ment re-chassis.	
* BACKUP DOCUM	IENTATION MUST BE ATTACHED CL	ARIFYING CHANGE*	
Original Ordered Amount:			\$302,256.00
Current Ordered Amount (Not the balance):			\$302,256.00
The PO will be increased/decreased by this change order in the amount of: Olncrease (Do not put contingency amount)			\$ 5,200.00
The new PO amount including this change order will be: (PO amount will not change if it comes from contingency)(auto calculated)			\$307,456.00
Contract time will be Increased/decreased by DAYS			
Prior Substantial Completion Date: Revised Substantial Completion Date:			NA
Prior Final Completion Date:	Revised Final	Completion Date:	NA
Approval A.A.G	3/6/20	al (when applicable):	
Director/Designee	Date Chairman, E	SCC	Date
Project Mgr.	Date Attest: Cler	k of Court	Date
Administration (NEW amount is between \$25k - \$50k)	Date County Adn	ninistrator	Date
Procurement:	Date Reset Form Email Form		Revised 10/2024