



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 07/07/2025 Department Utilities Change Order # 1

☐ Additional Days Only

Is Board Action Required? Yes

Bid/Contract/Quote Number & Project Title:
21Q-227-TO-13

PO Number: 2401187

Contract Amount: _____

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

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

Contractor/Vendor (Name & Address):

Kimley-Horn and Associates, Inc
1700 SE 17th St
Suite 200
Ocala, FL 34471

GL Account Number (ORG/OBJECT):
FF449536 - 563102

Project Account Number (If applicable):
UTCEXT002

Requesting Amount of Contingency: _____

JUSTIFICATION & DESCRIPTION OF CHANGE

Additional Inspection hours required due to openings in the Utilities Construction inspection staff. This request is to add \$89,920 to cover these inspections

* BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE*

Original Ordered Amount: _____

\$150,130.00

Current Ordered Amount (Not the balance): _____

\$150,130.00

The PO will be increased/decreased by this change order in the amount of:
(Do not put contingency amount)

Increase ☒

Decrease ☐

\$89,920.00

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

\$240,050.00

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] Director/Designee 7/9/25 Date

Project Mgr. _____ Date

Administration (If Applicable) _____ Date

Procurement: _____ Date

BCC Approval (when applicable):

Chairman, BCC _____ Date

Attest: Clerk of Court _____ Date

County Administrator _____ Date