



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 07/23/2024 Department Tourist Development Change Order # 2

Additional Days Only

Is Board Action Required? Yes

Bid/Contract/Quote Number & Project Title:
23P-105

Contractor/Vendor (Name & Address):

Hunden Strategic Partners
DBA: Hunden Partners
213 W Institute Place, Suite 707
Chicago, IL 60610

PO Number: 2400560

Contract Amount: \$107,700.00

GL Account Number (ORG/OBJECT):
CP155552-531109

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

Project Account Number (If applicable):

Is the change order amount from Contingency? Yes No

Requesting Amount of Contingency:

JUSTIFICATION & DESCRIPTION OF CHANGE

Firm will be conducting additional one on ones that were not in the previous scope. There will be additional in-person visit for BCC one on ones in August AND additional virtual TDC one on ones in August/September/October (new scope \$7,400) and an in-person visit fro BCC/TDC Joint Workshop and TDC meeting in November (\$5,000 - page 21 on contract)

* BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE*

Original Ordered Amount: _____

\$107,700.00

Current Ordered Amount (Not the balance): _____

\$107,700.00

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

Increase

Decrease

\$12,400.00

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

\$120,100.00

Contract time will be Increased/decreased by _____ DAYS

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Prior Substantial Completion Date _____

Revised Substantial Completion Date _____

Prior Final Completion Date 09/30/2024

Revised Final Completion Date _____

11/30/2024

Approval:

Director/Designee

[Signature]
Date 7/23/24

BCC Approval (when applicable):

Chairman, BCC

Date

Project Mgr.

Date

Attest: Clerk of Court

Date

Administration (If Applicable)

Date

County Administrator

Date

Procurement:

Date