



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 08/22/2025 Department Facilities Management Change Order # 4

☐ Additional Days Only Is Board Action Required? No

Bid/Contract/Quote Number & Project Title:
20Q-170B-TO-25

Vendor (Name & Address):

Architecture Studio Inc
1823 E Fort King Street
Suite 102
Ocala, FL 34471

Project Code: RBC000002

PO Number: 2401663

Contract Amount: \$103,950.00

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

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

GL Account Number (ORG/OBJECT):
ZK711519-562102

Contingency Amount Using (if requesting use):

DESCRIPTION OF CHANGE

An unanticipated cost for the project was that the minor site plan would need to be reviewed by City of Ocala for approval. While Marion County could have paid this separately to the City, the architect paid the fee as to not hold up the project. We then had to reimburse the architect for paying this review fee.

* BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE

Original PO Amount:	\$94,500.00
The Current PO Amount (includes all previous change orders):	\$114,850.00
The PO will be increased/decreased by this change order in the amount of: (Do not put contingency amount)	Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> \$1,441.30
The new PO amount including this change order will be: (PO amount will not change if it comes from contingency)(auto calculated)	\$116,291.30
Contract time will be Increased/decreased by _____ DAYS	
Prior Substantial Completion Date	
Prior Final Completion Date	
Revised Substantial Completion Date	
Revised Final Completion Date	

Approval:

Department Head [Signature] Date 8/28/25

Project Mgr. _____ Date _____

Administration (If Applicable) _____ Date _____

Procurement: _____ Date _____

BCC Approval (when applicable):

Chairman, BCC _____ Date _____

Attest: Clerk of Court _____ Date _____

County Administrator _____ Date _____