

Procurement:

## **Marion County Board of County Commissioners**

## Procurement Services

Ocala, FL 34471 Phone: 352-671-8444

2631 SE Third St.

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 # Additional Days Only Is Board Action Required? Yes Contractor/Vendor (Name & Address): Kimley-Horn and Associates, Inc Bid/Contract/Quote Number & Project Title: 21Q-227-TO-15 1700 SE 17th St Suite 200 Ocala, FL 34471 2500129 PO Number: GL Account Number (ORG/OBJECT): **Contract Amount:** FF449536 - 563102 Have you sent Procurement the revised P&P Bond? Yes No N/AX Project Account Number (If applicable): UTCEXT004A Yes No Is the change order amount from Contingency? 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 \$203,700 to cover these inspections \* BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE\* \$221,155.00 Original Ordered Amount: Current Ordered Amount (Not the balance): \$221,155.00 Increase X The PO will be increased/decreased by this change order in the amount of: Decrease (Do not put contingency amount) \$203,700.00 The new PO amount including this change order will be: \$424,855.00 (PO amount will not change if it comes from contingency)(auto calculated) 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: BCC Approval (when applicable): /Date Chairman, BCC Date Director/Designee Attest: Clerk of Court Date Project Mgr. Date Administration (If Applicable) Date **County Administrator** Date

Date