

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>6/4/2025</u>	Department: <u>Office of County Engineer</u>	Change Order #: <u>9</u>
<input type="checkbox"/> Additional Days Only	Is Board Action Required? <u>Yes</u>	Contractor/Vendor (Name & Address):
Bid/Contract/Quote Number & Project Title:		Kimley-Horn and Associates, Inc. 1700 SE 17th Street, Suite 200 Ocala, FL 34471
<u>20Q-190 SW 52nd Street Flood Relief</u>		
PO Number: <u>2100801</u>		GL Account Number (ORG/OBJECT): <u>EK430538-563102</u>
Contract Amount: <u>\$ 199,993.00</u>		Project Account Number (If applicable): <u>SMC0004FL</u>
Have you sent Procurement the revised P&P Bond? Yes <input type="radio"/> No <input type="radio"/> N/A <input checked="" type="radio"/>		Requesting Amount of Contingency: <u>\$ 0.00</u>
Is the change order amount from Contingency? Yes <input type="radio"/> No <input checked="" type="radio"/>		

JUSTIFICATION & DESCRIPTION OF CHANGE

Preliminary background research suggested the project area had a low potential for archaeological sites. During the field testing, several areas were identified as having increased archaeological potential. Additional testing is required per the Archaeological Research Design approved by FEMA and to meet the standards included in the Florida Division of Historical Resources Module 3: Guidelines for Use by Historic Preservation Professionals.
EK430538-563102 E-SMC0004FL-CIP STORMW-EXPANS DES-430 = +\$8,266.00

BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE

Original Ordered Amount: _____	\$199,993.00
Current Ordered Amount (Not the balance): _____	\$299,717.50
The PO will be increased/decreased by this change order in the amount of: _____ (Do not put contingency amount)	<input checked="" type="radio"/> Increase <input type="radio"/> Decrease \$ 8,266.00
The new PO amount including this change order will be: _____ (PO amount will not change if it comes from contingency)(auto calculated)	\$307,983.50
Contract time will be Increased/decreased by _____ DAYS	0
Prior Substantial Completion Date: <u>8/31/2025</u>	Revised Substantial Completion Date: <u>8/31/2025</u>
Prior Final Completion Date: <u>9/30/2025</u>	Revised Final Completion Date: <u>9/30/2025</u>

Approval:

Heaton Embree 6/4/25
Director/Designee Date
Christine Kali 6/4/25
Project Mgr. Date

BCC Approval (when applicable):

Chairman, BCC Date

Attest: Clerk of Court Date

Administration (NEW amount is between \$25k - \$50k) _____ Date
Becky Jayne _____
Procurement: _____ Date

County Administrator Date

Reset Form

Email Form

Revised 10/2024