

Administration (If Applicable)

Procurement:

# 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

		017,1102		OT (IV)	
				t or date. Amounts excee blank. Use your cursor to h	
Date 06/26/202	4	Department Fire Re	scue	Cl	nange Order # 2
Additional D	ays Only	Is Board Action Re	equired? No		
Bid/Contract/Qu	ıote Number & Proj	ect Title:		Vendor (Name & Add	
Project Code:	A.,			Marion County Schoo PO Box 670	DOURG
PO Number:	2400700			Ocala, FL 34478	
Contract Amou				GL Account Number	r (ORG/OBJECT):
			-	EF300522-555501 &	AA305526-555501
Have you sent Procurement the revised P&P Bond? Yes No N/A Contingency Amount Using					nt Using (if requesting use):
Is the change or	rder amount from C	Contingency? Yes	No⊠		
		JUSTIFICATION & DI	SCRIPTION	OF CHANGE	
	expecting 20	new hires for the fall p EF300522-5555 AA305526-5555	rogram in Au 01 - \$57,000.0 01 - \$38,000.0	00 (L1)	
	*BACK	UP DOCUMENTATION MUS	T BE ATTACHED	CLARIFYING CHANGE*	
Original Ordered	Amount:				\$100,000.00
Current Ordered A	Amount (Not the bala	nnce):			\$190,000.00
The PO will be inc (Do not put conting		this change order in the	amount of:	Increase 🗵 Decrease 🗌	\$95,000.00
	ant including this cha change if it comes from	nge order will be: n contingency)(auto calcul	ated)		\$285,000.00
Contract time will	be Increased/decrea	sed by		DAY	S
Prior Substantial C	Completion Date		Revised Su	bstantial Completion Date	
Prior Final Comple	etion Date		Revised Fin	al Completion Date	
approval:	1/3/	6/26/24	BCC Appro	oval (when applicable)	):
Director/Designee		Date	Chairman, E	BCC	Date
Project Mgr.		Date	Attest: Cleri	k of Court	Date

Date

Date

County Administrator



Date

# Broyles, Deann

From: Pierce, Brianna

**Sent:** Tuesday, June 25, 2024 5:16 PM

To: Li, Cassandra; Jones, Beth; Broyles, Deann

Cc: Murray, Brent; Whitler, Christopher Subject: PO Increase and Decrease Request

#### Good afternoon,

I have listed information below for the PO's the need to be reduced and increased. Please let me know if you have any questions or concerns.

PO#	Vendor	Amount +/-
2400695	National Testing Network - NTN	Increase Total \$2,000 Split 60/40
2400700	Marion Technical College – MTC	Increase Total \$95,000 Split 60/40
2400806	College of Central FL – CF Paramedic Program	Increase Total \$63,000 Split 60/40
		Tota
		Grand Tota
2400570	College of Central FL – CF Instructor Program	Decrease Total \$160,000

#### NTN:

We use this vendor for CPAT testing. The CPAT is required for employment and for Non-Certs/Trainees to go to FSFC. We have another large class coming on board in August and will need to increase the amount of money we have available for CPAT vouchers.

## MTC:

This is the vendor that we pay to send Non-Certs/Trainees to FSFC for FF and EMT school. We currently have 7 Non-Certs/Trainees still completing their education at FSFC and we have 16 in Class 324 starting in July. We are also expecting 20 new hires for the fall program in August that will be Class 624.

## CF PM:

This is the vendor that we use to sponsor our current employees to attend Paramedic school. We currently have employees in school that will be going into their 2<sup>nd</sup> and 3<sup>rd</sup> semester Fall 2024. We also have 28 employees that will be starting the 1<sup>st</sup> semester in Fall 2024.

## **CF Instructor:**

This is the vendor that we use for our instructor contract that we have not utilized yet. We still have an abundance of money encumbered in that PO that will not be utilized by the end of the fiscal year. We would like to reduce this PO and make these funds available for the above requested increases.

Brianna Pierce
Administrative Staff Assistant
Fire Rescue - Training