



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 03/21/2024 Department Fire Rescue Change Order # 1

Additional Days Only Is Board Action Required? Yes No N/A

Bid/Contract/Quote Number & Project Title:
24C-028 Legal Services for Annual Fire Assessment Program

Vendor (Name & Address):
Nabors Giblin & Nickerson PA
1500 Mahan Drive, Suite 200
Tallahassee, FL 32308

Project Code: _____

PO Number: 2400234

Contract Amount: \$52500.00

GL Account Number (ORG/OBJECT):
EF300522-531109

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

Contingency Amount Using (if requesting use): _____

Is the change order amount from Contingency? Yes No

JUSTIFICATION & DESCRIPTION OF CHANGE

The scope now reflects fees, project deliverables, and payment schedules for FY's 24/25 & 25/26. FY 24/25 is now considered "Implementation" and FY 25/26 is considered "Program Update". This change order adds \$4,000 for implementation.

* BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE*

Original Ordered Amount:	\$52,500.00
Current Ordered Amount (Not the balance):	\$52,500.00
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"/> \$4,000.00
The new PO amount including this change order will be: (PO amount will not change if it comes from contingency)(auto calculated)	\$56,500.00
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):

Director/Designee _____ Date _____

Project Mgr. _____ Date _____

Administration (If Applicable) _____ Date _____

Becky Jayne
Procurement: _____ Date _____

Chairman, BCC _____ Date _____

Attest: Clerk of Court _____ Date _____

County Administrator _____ Date _____