



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.

Please send completed and signed form to **Procurement@marionfl.org**

Date 10/14/2025 Department Growth Services Change Order # 1

☐ Additional Days Only

Is Board Action Required? Yes

Bid/Contract/Quote Number & Project Title:
Marion County EAR and PSA (Master Agreement 23Q-087)

Contractor/Vendor (Name & Address):

Kimley-Horn
1700 SE 17th Street
Suite 200
Ocala FL 34471

PO Number: 2500981

Contract Amount: \$236,425.00

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):
AA-320515-531109

Project Account Number (If applicable):

Requesting Amount of Contingency:

JUSTIFICATION & DESCRIPTION OF CHANGE

This amendment is to adjust the allocation of funds across project components to facilitate a change in scope consisting of additional 1x1's with Commissioners for mini-farm follow up along with cost estimates for mini-farms, updates to the Comp Plan related to SB180, and more visual examples for improved open space revisions in the LDC.

* BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE*

Original Ordered Amount: _____	\$236,425.00
Current Ordered Amount (Not the balance): _____	\$236,425.00
The PO will be increased/decreased by this change order in the amount of: _____ (Do not put contingency amount)	Increase ☒ Decrease ☐
The new PO amount including this change order will be: (PO amount will not change if it comes from contingency)(auto calculated) _____	\$23,975.00
Contract time will be Increased/decreased by _____ DAYS	\$260,400.00
Prior Substantial Completion Date	Revised Substantial Completion Date
Prior Final Completion Date	Revised Final Completion Date

Approval:

BCC Approval (when applicable):

Director/Designee _____ Date _____

Chairman, BCC _____ Date _____

Project Mgr.  _____ Date _____

Attest: Clerk of Court _____ Date _____

Administration (NEW amount is between \$25k - \$50k) _____ Date _____

County Administrator _____ Date _____

Procurement: _____ Date _____