

Date _____

[Print Form](#) Change Order Agreement #: _____ Supplemental Task Authorization #: _____

A Change Order or Supplemental Task Authorization requires approval by the Department Director for expenditures under \$50,000 or approval by the County Manager for expenditures between \$50,000.01 and \$100,000 or approval by the Board of County Commissioners for expenditures over \$100,000

Primary Contact: _____

Contract Name: _____

Project Name: _____

CONSULTANT: _____ Project #: _____

Solicitation #: _____ Contract #: _____

Lee County Project Manager: _____ Request Date: _____

Fiscal Staff: _____ Account #: _____

Upon the completion and execution of this Change Order or Supplemental task Authorization by both parties the CONSULTANT is authorized to and shall proceed with the following exhibits as applicable:

- CO-STA Exhibit A - SCOPE OF PROFESSIONAL SERVICE
- CO-STA Exhibit B - COMPENSATION & METHOD OF PAYMENT
- CO-STA Exhibit C - TIME & SCHEDULE OF PERFORMANCE
- CO-STA Exhibit D - CONSULTANTS ASSOCIATED SUB-CONSULTANTS/SUB-CONTRACTORS

It is understood and agreed that the acceptance of this modification by the CONSULTANT constitutes an accord and satisfaction.

Consultant Signature (Print & Sign Name)_____
Date Signed_____
Contact E-mail Address_____
Contact Phone Number**Lee County Board of County Commissioners - Procurement Management**

2115 Second Street - 1st Floor - Fort Myers, FL 33901

PO Box 398 - Fort Myers, FL 33902-0398

Phone: (239) 533-8881