



Agency Amendment Form

FDOT Project/Program Manager: Peter McGilvray		Date of Request: 05/01/2020							
Address: Florida Department of Transportation, 605 Suwannee St., M.S. 37, Tallahassee, FL 32399-0450									
Agency: Southwest Florida Water Management District (SWFWMD)		Start Date: June 1, 2015	End Date: May 30, 2020						
Agreement Type: Advance Pay		Contract Number: ARU57	Amendment Number: 2						
Vendor Number: F590965067002		Financial Number: 415064-3-28-09							
Purpose of Amendment (check all applicable terms): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Request for No-Cost Time Extension thru: <u>July 31, 2020</u> <input type="checkbox"/> Total amount for Advance Pay is increased/decreased by: _____ <input type="checkbox"/> Total amount for Compensation is increased/decreased by: _____ <input type="checkbox"/> Request for Personnel Approval <input type="checkbox"/> Request for Sub-Consultant </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Request for Overtime <input type="checkbox"/> Request for Travel <input type="checkbox"/> Request for Equipment Authorization <input type="checkbox"/> Request to Modify Agreement Provisions <input type="checkbox"/> Other (explain below) </td> </tr> </table>				<input checked="" type="checkbox"/> Request for No-Cost Time Extension thru: <u>July 31, 2020</u> <input type="checkbox"/> Total amount for Advance Pay is increased/decreased by: _____ <input type="checkbox"/> Total amount for Compensation is increased/decreased by: _____ <input type="checkbox"/> Request for Personnel Approval <input type="checkbox"/> Request for Sub-Consultant	<input type="checkbox"/> Request for Overtime <input type="checkbox"/> Request for Travel <input type="checkbox"/> Request for Equipment Authorization <input type="checkbox"/> Request to Modify Agreement Provisions <input type="checkbox"/> Other (explain below)				
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Approval of above selections requested. Provide justification/explanation of the requested action: The Agency Operating and Funding Agreement (AOFA) between SWFWMD, Florida Department of Transportation (FDOT), and Federal Highway Administration (FHWA), which became effective June 1, 2015, which was subsequently amended to remove FHWA, is requesting a No-Cost Time Extension until July 31, 2020.									
Section 9.A Financial Statement: FDOT shall provide SWFWMD, subject to appropriation and the payment provisions enumerated below (Section 9, items C and E), an annual allocation of \$200,000.00 and a total sum of \$1,000,000.00 according to the schedule shown in Appendix C, attached and incorporated herein, ending on , July 31, 2020 or 5 years 2 months from the date of all parties signatures, whichever comes later. This sum is based upon the parties' best estimate of the minimum funding required by SWFWMD to participate in the ETDM Process. If it becomes apparent that there is incongruence between the funding amount established in this AOFA and the review services requested to be performed, the parties agree in good faith to renegotiate the level of funding and service or prioritize project reviews.									
Section 10.A Period of Performance and Evaluation: The term of this AOFA shall commence upon signature or June 1, 2015, whichever comes later and end on July 31, 2020, or five (5) years (2) months from date of signature, whichever comes later, unless terminated sooner in accordance with Section 10(B) below. The payment for associated work shall be inclusive of all work performed and expenses incurred up to and including the date of expiration or termination.									
Section 11 Project Officers: Florida Department of Transportation Peter McGilvray or designee Florida Department of Transportation 605 Suwannee Street, MS 37 Tallahassee, Florida 32399-0450 Tel: 850-414-5330 Email: Peter.McGilvray@dot.state.fl.us									
"I certify that the above requested action is necessary for the operation of this project and is in compliance with the terms of the executed agreement."									
ETAT Authorized Agency Signature: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> (signature) </div> <div style="text-align: center;"> ERP Bureau Chief (title) </div> <div style="text-align: center;"> <u>5/12/20</u> (date) </div> </div>									
Compensation Element Description	Method of Compensation	Previous Amount	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">This Amendment Amount</td> <td style="width: 50%; text-align: center;">Subtotal</td> </tr> <tr> <td style="text-align: center;">This Amendment Total</td> <td style="text-align: center;">Agency Agreement Total</td> </tr> <tr> <td style="text-align: center;"><u>\$NO Changes</u></td> <td style="text-align: center;"><u>\$ NO Changes</u></td> </tr> </table>	This Amendment Amount	Subtotal	This Amendment Total	Agency Agreement Total	<u>\$NO Changes</u>	<u>\$ NO Changes</u>
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"I certify to that to the best of my knowledge and belief, the above requested action is not in violation of the terms of the agreement and is necessary for the continued operation of this agreement."									
FDOT Authorized Signature:									
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> DocuSigned by: (signature) </div> <div style="text-align: center;"> State Env Quality & Performance Admin (title) </div> <div style="text-align: center;"> <u>5/13/2020 8:28 AM EDT</u> (date) </div> </div>									