



Agency Amendment Form

FDOT Project/Program Manager: Jennifer Marshall		Date of Request: July 7, 2024
Address: Florida Department of Transportation, 605 Suwannee St., M.S. 37, Tallahassee, FL 32399-0450		
Agency: FL Fish & Wildlife Conservation Commission (FWC)	Start Date: June 12, 2023	End Date: June 11, 2028
Agreement Type: Reimbursable	Contract Number: ASW69	Amendment Number: 2
Vendor Number: 772025040017710070000	Financial Number: 415064-4-28-04	

Purpose of Amendment (check all applicable terms):

<input type="checkbox"/> Request for No-Cost Time Extension through: _____	<input type="checkbox"/> Request for Overtime
<input type="checkbox"/> Total amount for Advance Pay is increased/decreased by: _____	<input type="checkbox"/> Request for Travel
<input type="checkbox"/> Total amount for Compensation is increased/decreased by: _____	<input type="checkbox"/> Request for Equipment Authorization
<input type="checkbox"/> Request for Personnel Approval	<input checked="" type="checkbox"/> Request to Modify Agreement Provisions
<input type="checkbox"/> Request for Sub-Consultant	<input type="checkbox"/> Other (explain below)

Approval of above selections requested. Provide justification/explanation of the requested action:

Modifying Appendix C. Budget breakout between Direct and Indirect Cost. Revised Appendix C. Budget:

Direct:	77202504001771007000000190300
Indirect:	77202021004771007000000190300
Year 1 (May 1, 2023-April 30, 2024)	Direct Cost..... \$256,759.91
	Indirect Cost..... \$36,049.09
Year 2 (May 1, 2024-April 30, 2025)	Direct Cost.....\$256,759.91
	Indirect Cost..... \$36,049.09
Year 3 (May 1, 2025-April 30, 2026)	Direct Cost.....\$256,759.91
	Indirect Cost..... \$36,049.09
Year 4 (May 1, 2026-April 30, 2027)	Direct Cost.....\$256,759.91
	Indirect Cost..... \$36,049.09
Year 5 (May 1, 2027-April 30, 2028)	Direct Cost.....\$256,759.91
	Indirect Cost..... \$36,049.09
TOTAL BUDGET.....	\$1,464,045.00

"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:

	Director, Office of Conservation Planning Services	9/18/2024
(signature)	(title)	(date)

Compensation Element Description	Method of Compensation	Previous Amount	This Amendment Amount	Subtotal	Check if Estimate
			This Amendment Total	Agency Agreement Total	
			\$ NO Changes	\$ NO Changes	


Other Comments/Notes:

"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."

Department Action: ☒ APPROVED ☐ DISAPPROVE



Agency Amendment Form

FDOT Authorized Signature:		
DocuSigned by: 		
09/19/2024 2:26 PM EDT	Director, Office of Environmental Management	
(signature)	(title)	(date)
FHWA Authorized Signature (required only if amendment changes agreement scope or increases funding):		
NOT REQUIRED		
(signature)	(title)	(date)

Attachments: