



Agency Amendment Form

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|--|---|---|------------------------------|--|---|
| FDOT Project/Program Manager: Jennifer Marshall | | Date of Request: 09/06/2023 | | | |
| Address: Florida Department of Transportation, 605 Suwannee St., M.S. 37, Tallahassee, FL 32399-0450 | | | | | |
| Agency: South Florida Water Management District (SFWMD) | | Start Date: 05/15/2007 | End Date: 09/30/2023 | | |
| Agreement Type: Reimbursement | | Contract Number: BDH68 | Amendment Number: 18 | | |
| Vendor Number: F596015290054 | | Financial Number: 415064-3-28-03 | | | |
| 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 through: <u>11/30/2023</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 through: <u>11/30/2023</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) |
| <input checked="" type="checkbox"/> Request for No-Cost Time Extension through: <u>11/30/2023</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) | | | | |
| Approval of above selections requested. Provide justification/explanation of the requested action: <p>The Agency Funding Agreement (FA) between SFWMD, Florida Department of Transportation (FDOT), and Federal Highway Administration (FHWA), which became effective May 15, 2007, which was subsequently amended to remove FHWA, is requesting a No-Cost Time Extension until November 30, 2023.</p> <p>This is a "no-cost" extension; therefore, no additional funds are necessary to support the services performed under this agreement modification. This amendment intends to allow additional time to complete negotiations of the new agreement and allow SFWMD to continue participating in the Environmental Transportation Decision Making (ETDM) process, providing expedited reviews and technical assistance to the Department through November 30, 2023.</p> <p>Article II Paragraph C, which authorizes reimbursement to SFWMD for a five (5) year term, is amended to authorize reimbursement to SFWMD for a fifteen (15) year, eleven (11) month term until November 30, 2023.</p> <p>In addition, Attachment A, which limits reimbursement to the first five (5) years of the FA is amended to fifteen (15) years, eleven (11) months.</p> | | | | | |
| "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;"> Chief, Environmental Resource Bureau (title) </div> <div style="text-align: center;"> 09/11/23 (date) </div> </div> | | | | | |
| Compensation Element Description | Method of Compensation | Previous Amount | This Amendment Amount | Subtotal | Check if Estimate |
| | | | This Amendment Total | Agency Agreement Total | |
| | | | \$0.00 | \$ 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: <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVE | | | | | |
| FDOT Authorized Signature: | | | | | |
| DocuSigned by: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> (signature) </div> <div style="text-align: center;"> Director, Office of Environmental Management (title) </div> <div style="text-align: center;"> 09/27/2023 9:00 AM EDT (date) </div> </div> | | | | | |



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FHWA Authorized Signature (required only if amendment changes agreement scope or increases funding):

NOT REQUIRED

(signature)

(title)

(date)

SFWMD Procurement Approval

A handwritten signature in blue ink, appearing to read 'John Schrad', is written over a horizontal line.

Procurement Bureau Chief

9/15/2023

(signature)

(title)

(date)

SFWMD Administrative Service Director

A handwritten signature in blue ink, appearing to read 'Candida Heater', is written over a horizontal line.

Division Director, Administrative Services

26 September 2023

(signature)

(title)

(date)

Attachments: