



Kevin Ruane
District One

September 20, 2021

(239) 533-8871

Cecil L. Pendergrass
District Two

Ray Sandelli
District Three

Brian Hamman
District Four

Frank Mann
District Five

Roger Desjarlais
County Manager

Richard Wesch
County Attorney

Donna Marie Collins
County Hearing Examiner

Mr. David Corban
David Corban Architect, PLLC
1042 Sixth Ave., North
Naples, FL 34102

Dear Mr. Corban:

Enclosed is your executed copy of Change Order No. 1 for the contract CN190407BAG Miscellaneous Architectural Services C8636.

The new expiration date is 2/3/23.

If you should have any questions, please give me a call.

Sincerely,

Kimberly Urban

Kimberly Urban
Contracts Analyst
Procurement Management Division

c: FinanceOnBase@leeclerk.org
Project File



Lee County Professional Service
Change Order/Supplemental Task Authorization

Date Aug 6, 2021

[Print Form](#)

Change Order Agreement #: CO1 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: David Corban

Contract Name: Miscellaneous Architectural Services

Project Name: _____

CONSULTANT: David Corban Architect, PLLC Project #: _____

Solicitation #: CN190407BAG Contract #: 8636

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)

AUGUST 24, 2021

Date Signed

DMC@DAVIDCORBAN.COM

Contact E-mail Address

239.234.2500

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



CO-STA Exhibit A
Scope of Professional Services

Print Form

Change Order Agreement #: CO1 Supplemental Task Authorization #: _____

Scope of Professional Services for:

Miscellaneous Architectural Services

Section 1.00 Changes to Professional Services

The 'Scope of Professional Services' as set forth in Exhibit 'A' of the Professional Services Agreement referred to hereinbefore is hereby supplemented, changed or authorized, so that the CONSULTANT shall provide and perform the following professional services, tasks, or work as a supplement to, change to, the scope of services previously agreed to and authorized.

No changes in scope, this is for renewal of term 2/4/2022 to 2/3/2023.

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



Lee County Procurement Management Signatory Authorization Affidavit

Date: 8/24/21 Company Name: DAVID CORBAN ARCHITECT ("Company")

AUTHORIZATION: The Affiant warrants the truth and accuracy of this Affidavit to statements hereinafter made. The Affiant acknowledges that it is of critical importance that the individuals signing legally binding documents on the Company's behalf possess the authority to bind the Company so that both parties are bound by the terms of said documents. The Affiant further acknowledges that the Lee County Board of County Commissioners ("County") reserves the right to request supporting documentation regarding signatory authorization, at any time, and a document will be rejected, if it does not comply exactly with the signature authorization requirements.

INSTRUCTIONS: This Authorization Affidavit shall only be executed by the following:

- Corporation: President or CEO
- LLC: Managing Member, if manager-managed LLC or Member, if member-managed LLC
- Sole Proprietor: Owner
- An individual authorized to sign on the Company's behalf as evidenced by internal Company documentation delegating signing authority to that individual. Please attach internal Company documentation, if applicable.

All signatures on this Affidavit must be wet, non-electronic and non-digital original signatures. If you have more than four Authorized Signatories, please duplicate this page. A wet, non-electronic and non-digital original signature is required on each page. The following individuals are hereby authorized, as representatives of the Company identified above, to sign and execute legally binding documents on behalf of the Company.

Authorized Signatory Name	Title
<u>DAVID CORBAN</u>	<u>PRESIDENT</u>

By executing this Affidavit, I hereby authorize the individuals shown above to sign and execute legally binding documents on behalf of the Company. I further acknowledge that it shall be the sole responsibility of the Company to provide an updated Signatory Authorization Affidavit, upon any change in signatory authorization, to the County, Attention: Procurement Management Director, 1500 Monroe Street, 4th Floor, Fort Myers, FL 33901.

[Signature] (Signature of Affiant)
 PRESIDENT (Title: President, CEO, Managing Member, Member, Owner)
 8/24/2021 (Date)

DAVID CORBAN
(Printed Name of Affiant)

STATE OF FL
COUNTY OF Collier

The foregoing instrument was signed and acknowledged before me this 10th day of September

2021 who produced the following as identification personally known
(type of identification and number or personally known)

[Signature] Notary Public Signature
 Mary-Anne Loriston Printed Name of Notary Public

