

**AMENDMENT NO. «amend\_num»  
TO CONTRACT NO. «gc\_num»  
BETWEEN  
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
AND  
«atc\_name»**

This Amendment to Contract No. «gc\_num», as previously amended, (Contract) is made by and between the DEPARTMENT OF ENVIRONMENTAL PROTECTION (Department), an agency of the State of Florida, and «atc\_name» (Contractor), on the date last signed below.

WHEREAS, the Department entered into the Contract with the Contractor for petroleum contamination site response action services effective «orig\_contract\_date»;

WHEREAS, the parties wish to amend the Contract as set forth herein.

NOW THEREFORE, the parties agree as follows:

1. Paragraph 9 is hereby deleted in its entirety and replaced with the following:

**Subcontractor Payments.** Contemporaneous with all payments from Department, excluding the final payment for a Work Assignment, Contractor shall pay all subcontractors and vendors under this Contract within thirty (30) working days from the date of receipt of payment from Department pursuant to 376.3071(6), F.S. If Contractor receives less than full payment from Department for the services or goods of the subcontractors or vendors, Contractor shall pay subcontractors and vendors in at least the same proportion as that paid by Department. Penalties for non-compliance and provisions for legal assistance for subcontractors are included in Subsection 287.0585(1), F.S. In accordance with Attachment G, Contractor Affidavit/Release of Claims Form, all subcontractors must be paid in full prior to submittal of the final invoice.

2. Paragraph 11.B.ii. is hereby deleted in its entirety and replaced with the following:

Rate increases may be requested annually and must be submitted in February in order for the request to be considered. Rate increases must be requested in writing to Department and must be supported by a detailed justification which warrants the requested increase percentage (up to a maximum of 5% in any one year). Department shall review the request, and supporting documentation, to determine whether an increase is warranted and, if so, what percentage of adjustment (increases not to exceed 5% in any one year) will be authorized by formal amendment to this Contract.

3. Paragraph 37.B. is hereby deleted in its entirety and replaced with the following:

**Scrutinized Companies.** If Contract value exceeds one (1) million dollars, Contractor certifies that it and any of its affiliates are not scrutinized companies as identified in Section 287.135, F.S. In addition, Contractor agrees to observe the requirements of Section 287.135, F.S., for applicable sub-agreements entered into for the performance of work under this Contract. Pursuant to Section 287.135, F.S., the Department may immediately terminate this Contract for cause if the Contractor, its affiliates, or its subcontractors are found to have submitted a false certification; or if the Contractor, its affiliates, or its subcontractors are placed on any applicable scrutinized companies list or engaged in prohibited contracting activity during the term of the Contract. As provided in Subsection 287.135(8), F.S., if federal law ceases to authorize these contracting prohibitions then they shall become inoperative.

4. Attachment A (V2.0), Scope of Services, Appendix I, Section A. Laws and Regulatory Specifications, DEP Guidance Documents and Forms Table is amended as follows:

- Items No. 34, 42, and 60: and table footnote reference to 62-780 are hereby deleted in their entirety and replaced with the following:

	Title	References*	Site Assess.	Remedial Options and Design	RA Impl.	Site Closure
34.	Free Product Recovery Initiative Guidance Revised (1/15/08); Revised (5/23/17)	376, FS	X	X	X	
42.	Institutional Controls Procedures Guidance (June 2012) Updated March 2017	62-777, FAC; 62-780, FAC; 62-782, FAC; 62-785, FAC; *62-770, FAC; 5J-17, FAC; 319, FS; 320, FS; 321, FS; 322, FS; 373, FS; 376, FS; 403, FS	X	X	X	X
60.	PRP Site Access Agreement	768.28, FS.	X	X	X	X
*All rule references include any subsequent replacement rules. Note, 62-770 and its predecessor 17-70 are now part of 62-780, effective 6/12/13; Revised 2/2/17.						

5. Attachment E, Subcontractor Utilization Report Form, is hereby deleted in its entirety and replaced with Attachment E (V2.0), Revised Subcontractor Utilization Report Form.

6. All other terms and conditions of the Contract remain in effect. If and to the extent that any inconsistency may appear between the Contract and this Amendment, the provisions of this Amendment shall control.

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The parties agree to the terms and conditions of this Amendment and have duly authorized their respective representatives to sign it on the dates indicated below.

«atc\_name»

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION**

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

List of attachments/exhibits included as part of this Amendment:

<b>TYPE</b>	<b>Letter/Number</b>	<b>Description</b>
Attachment	E (V2.0)	Revised Subcontractor Utilization Report Form (4 pages)

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# ATTACHMENT E (V2.0)

## REVISED SUBCONTRACTOR UTILIZATION REPORT FORM FOR COMMODITIES/SERVICES

**DIRECTIONS:**

Contractors working for the Florida Department of Environmental Protection (DEP) **must complete and submit this attachment with each invoice submitted for payment.** Questions regarding use of this form should be directed to the Procurement Section (MS93), Florida Department of Environmental Protection, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, Phone 850/245-2361.

DEP Contract No.: _____  Invoice Number: _____  Task Assignment No. (if applicable): _____  Invoice Service Period: _____		INDICATE THE <u>ONE</u> CATEGORY THAT BEST DESCRIBES EACH ORGANIZATION LISTED																				
		BUSINESS CLASSIFICATION				CERTIFIED MBE				NON-CERTIFIED MBE				NON-PROFIT ORG.								
		NON-MINORITY	SMALL BUSINESS (STATE)	SMALL BUSINESS (FEDERAL)	GOVERNMENTAL AGENCY	NON-PROFIT ORGANIZATION	P.R.I.D.E.	AFRICAN AMERICAN	HISPANIC	ASIAN/HAWAIIAN	NATIVE AMERICAN	AMERICAN WOMAN	AFRICAN AMERICAN	HISPANIC	ASIAN/HAWAIIAN	NATIVE AMERICAN	AMERICAN WOMAN	BOARD IS 51% OR MORE MINORITY	51% OR MORE MINORITY OFFICERS	51% OR MORE MINORITY COMMUNITY SERVED	OTHER NON-PROFIT	
LIST NAMES AND ADDRESSES OF SUBCONTRACTORS UTILIZED THIS INVOICE PERIOD	List Amount for Each Sub-contractor this Invoice Period to be Paid in Accordance with Section 376.3071(6), F.S.																					

DEP Contract No.: _____  Invoice Number: _____  Task Assignment No. (if applicable): _____  Invoice Service Period: _____		INDICATE THE <b><u>ONE</u></b> CATEGORY THAT BEST DESCRIBES EACH ORGANIZATION LISTED																			
		BUSINESS CLASSIFICATION						CERTIFIED MBE					NON-CERTIFIED MBE				NON-PROFIT ORG.				
		NON-MINORITY	SMALL BUSINESS (STATE)	SMALL BUSINESS (FEDERAL)	GOVERNMENTAL AGENCY	NON-PROFIT ORGANIZATION	P.R.I.D.E.	AFRICAN AMERICAN	HISPANIC	ASIAN/HAWAIIAN	NATIVE AMERICAN	AMERICAN WOMAN	AFRICAN AMERICAN	HISPANIC	ASIAN/HAWAIIAN	NATIVE AMERICAN	AMERICAN WOMAN	BOARD IS 51% OR MORE MINORITY	51% OR MORE MINORITY OFFICERS	51% OR MORE MINORITY COMMUNITY SERVED	OTHER NON-PROFIT
		LIST NAMES AND ADDRESSES OF SUBCONTRACTORS UTILIZED THIS INVOICE PERIOD		List Amount for Each Sub-contractor this Invoice Period to be Paid in Accordance with Section 376.3071(6), F.S.																	

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		BUSINESS CLASSIFICATION						CERTIFIED MBE					NON-CERTIFIED MBE				NON-PROFIT ORG.				
		NON-MINORITY	SMALL BUSINESS (STATE)	SMALL BUSINESS (FEDERAL)	GOVERNMENTAL AGENCY	NON-PROFIT ORGANIZATION	P.R.I.D.E.	AFRICAN AMERICAN	HISPANIC	ASIAN/HAWAIIAN	NATIVE AMERICAN	AMERICAN WOMAN	AFRICAN AMERICAN	HISPANIC	ASIAN/HAWAIIAN	NATIVE AMERICAN	AMERICAN WOMAN	BOARD IS 51% OR MORE MINORITY	51% OR MORE MINORITY OFFICERS	51% OR MORE MINORITY COMMUNITY SERVED	OTHER NON-PROFIT
		LIST NAMES AND ADDRESSES OF SUBCONTRACTORS UTILIZED THIS INVOICE PERIOD		List Amount for Each Sub-contractor this Invoice Period to be Paid in Accordance with Section 376.3071(6), F.S.																	

**SUBCONTRACTOR UTILIZATION REPORT FORM CERTIFICATION:**

I certify that the information provided in the preceding page(s) is accurate as of the last day of the payment period identified on this form.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Phone Number)