

Consultant Services Authorization - Modification

Firm	
Master Agreement No.	
CSA No. Modification No.	
Project Name	
Project Description	
Project Exhibits and Attachments (Ex. B, C & D not required)	Exhibit "A" – Scope of Services
Duration : (Original): Additional days:	
Compensation (Original) Additional Compensation:	Total Cost Not to Exceed: \$ 370,739.51 Total Cost Not to Exceed: \$ 51,600.63
Special Contract Conditions	None in Modification
Insurance Requirements	Same requirement as original
Liquidated Damages	Same as original
Budget Source/Availability	

IN WITNESS WHEREOF, the parties hereto have executed this CSA on this ____ day of _____, 20____.

Attest:

STACY M. BUTTERFIELD

POLK COUNTY, a Political Subdivision
of the State of Florida

By: _____
Deputy Clerk

By: _____
Chairperson
Board of County Commissioners

Date Approved by Chairman:

Review as to form and legal sufficiency

County Attorney's Office Date

Attest:

CONSULTANT COMPANY NAME

Authorized Corporate Officer

Corporate Secretary

[Printed Name and Title]

SEAL

Date: _____

Date: _____