

*BACKUP
DOCUMENTS*

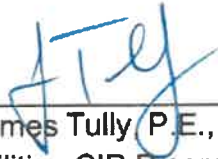
POLK COUNTY

Project Checklist

- Project Name: Crooked Lake Park Receivership – Wastewater Treatment Facility Abandonment and Lift Station Replacements
- Project Location: Outside East Regional Utility Service Area
- Source of Funds: Funding is available in 42011.680536034.5666000.6876001 (Crooked Lake Park Receivership)
- Project Cost Summary: \$30,695.26 (Modification No. 2); \$383,255.28 revised not to exceed cost
- Certifications: This request has been reviewed by:



Ryan Bengsch
CIP Projects Manager



James Tully P.E., P.G.
Utilities CIP Program Manager



Charles Richards, CPA
Customer Service/Finance Manager



Tamara Richardson, P.E.
Utilities Division Director

CONSULTANT APPROVAL FORM

CPO: If Consultant fee is under \$50,000 & construction is under \$250,000

CSA: If Construction is under \$7,500,000;

OR for study activity if consultant fee is under \$500,000- (FS 287.055 CCNA)

CPO/CSA #: 18-060-03 - mod #2 (Assigned by Procurement)

To be completed by the requesting Division:

Date: 08/05/2025 Division: Utilities

Project Manager's Name: Ryan Bengsch Phone #: 863-298-4193

Project Name: Crooked Lake Park Receivership (WWTF Abandon, LS Replacements)

Total Project Budget: \$5.0M Project #6876001

Estimate of Construction Cost: \$4.84M

Proposed Consultant: Jones Edmunds Assoc. Fee: \$30,695.26 add'l; \$383,255.28 total

Master Consultant Agreement #18-060

Attach Scope of Services Proposed by the Consultant (Exhibit "A")

Approved By: Tamara Richards Date 8-21-25
Division Director/Designee

Procurement Division

Date Received: 8/27/25 Date Reviewed by Analyst: 8/28/25

Approved by: [Signature]
(Procurement Director/Designee)

County Attorney's Office (Required for all CSA's)

Date Received: _____ Date Reviewed: 9/2/2025
Approved by: [Signature]
(County Attorney Office Signature)

County Manager's Office (Required if consultant fee is greater than \$100,000)

Date Received: _____ Date Reviewed: _____
Approved by: _____
(County Manager Office Signature)

Additional Attachments: number of days to complete project, not to exceed/lump sum amount, justification for consultant selected, fee schedule, and Professional Liability COI (COI applicable to CSA only, description field must be project specific (contract requirement)).

Utilities Division - Signature Request

**PLEASE REVIEW & APPROVE THE ENCLOSED DOCUMENTS
& FORWARD AS NOTED BELOW**

This item is slated for the (Month) 9 (Date) 16 (Year) 2025 BoCC Meeting

PROJECT TITLE: Jones Edmunds & Associates, Inc. – CSA (18-060-03) – Modification No. 2
Crookled Lake Park – WWTF Abandonment & LS Replacements Project

PROJECT MANAGER: Ryan Bengsch

Number of Originals enclosed: 2

ASAP

MUST BE RETURNED BY: MONDAY, AUG. 25, 2025

➤ PROCUREMENT / Michele Sims: All originals with support are attached for your review and approval. **MICHELE: Please forward this package to the County Attorney offices, Attention: Jackie Lanfair after signature.**

➤ COUNTY ATTORNEY / Thomas Norsworthy: All originals with support are attached for your review and approval. **JACKIE: Please forward this package to the Deputy County Manager offices, Attention: Kristina Stanfield, after signature.**

➤ DEPUTY CO. MGR. / John Bohde: All originals with support are attached for your review and approval. **KRISTINA: Please return this entire package back to Tammy Marcum in the Utilities Division after signature.**

Please email me a quick message to let me know when this package has left your offices to the next party – thanks!

Charles Richards

ATTENTION: ~~TAMMY MARCUM~~, Mail Drawer UT01 (Phone: 863-298-⁴¹³⁵~~4442~~)