STATE HOUSING INITIATIVES PARTNERSHIP (SHIP)
REHABILITATION/REPLACEMENT WORK CONTRACT AGREEMENT
AMENDMENT #1

This Amendment #1 ("Amendment 1") to the State Housing Initiatives Partnership (SHIP) Rehabilitation/Replacement Work Contract Agreement ("Work Contract Agreement"") dated **May 17, 2024** by and between Polk County, a political subdivision of the State of Florida ("COUNTY"), and **Mourer & Mourer Inc.** ("Contractor") (each a "Party" and collectively "Parties"), is entered as of this _____ day of _____, 20____ at the project address: **16 Cedar Street, Haines City, FL 33844**.

WHEREAS the Parties wish to increase the amount of the contract due to an increase and modification of the scope of work as specified in Work Contract Agreement

NOW, THEREFORE, for and in consideration of the premises and the mutual promises and agreements herein, the parties hereto agree as follows:

1. Section A "Work to be performed by Contractor" sub section 3 is elected by this amendment to the Work Contract Agreement. A Change Order is being requested by the County that will financially impact the original agreement.

2. Section C "The Contract Price" is hereby amended to read as follows:
   The County will pay for the requested change in scope for an additional **Nine Thousand and No/100 Dollars** ($9,000.00) amending the original contract amount to **One Hundred Ninety-Three Thousand Nine Hundred Eighty-Nine and No/100 Dollars ($193,989.00**

3. This Amendment #1 is hereby made a part of the Work Contract Agreement All provisions of the Work Contract Agreement not in conflict with this amendment are still in effect.

[SIGNATURES APPEAR ON THE FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed by their duly authorized officers.

OWNER

By: _____ Date: _____
Stephen J. Mourer President
Mourer & Mourer Inc.

Witness: _____

Witness: _____

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20__, by Stephen J. Mourer as President of Mourer & Mourer Inc. on behalf of the company, who ☐ is personally known to me or ☐ has produced _____ as identification.

(AFFIX NOTARY SEAL)

_____
Notary Public
Print Name _____
My Commission Expires _____

ATTEST:

Stacy M. Butterfield, Clerk

By: _____
Deputy Clerk

POLK COUNTY, a political subdivision of the State of Florida

_____
T. R. Wilson, Chair Date
Board of County Commissioners