Sarasota County

CONTRACT NO. **ORG CODE/CIP #**
BETWEEN
NAME OF CONSULTING FIRM:
and
SARASOTA COUNTY

WORK ASSIGNMENT NO.

WORK ASSIGNMENT TITLE:

The following documents are required and are attached and incorporated as part of this Work Assignment:

1. SCOPE OF WORK
2. LOCAL SUB-CONSULTANT USAGE
3. WORK ASSIGNMENT SCHEDULE
4. LOCAL SUB-CONSULTANT AFFIDAVIT
5. PROJECT BUDGET
6. FEE SUMMARY/REQUEST FOR PAYMENT

TOTAL NEGOTIATED FEE: $

CONSULTANT'S PROJECT MANAGER:
NAME: TITLE:

EMAIL: PHONE:

COUNTY'S PROJECT MANAGER:
NAME: TITLE:

EMAIL: PHONE:

☐ If checked, the County Project Manager named above is authorized to perform the responsibilities of the County's Administrative Agent for the duration of this work assignment in accordance with Section XI of the Contract noted above.

To the extent Chapter 558, F.S. is applicable, the parties expressly opt out of the requirements of Chapter 558, F.S., within the meaning of §558.005(1), F.S.

Upon execution below by all parties this Work Assignment shall be deemed to be an integral part of the above Contract.

CONSULTANT PROJECT MANAGER:_____
(PRINT NAME)

SIGNATURE:_____ Date_____

COUNTY PROJECT MANAGER:_____
(PRINT NAME)

SIGNATURE:_____ Date_____

COUNTY ADMINISTRATIVE AGENT:_____
(PRINT NAME)

SIGNATURE:_____ Date_____

COUNTY DIRECTOR MANAGING WORK:_____
(PRINT NAME)

SIGNATURE:_____ Date_____