Page 1 of

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| --- | --- | --- |
| SUPPLEMENTAL NO. |  | FEDERAL ID NO. (FAIN) |
| CONTRACT NO. | FEDERAL AWARD DATE |
| FPN | RECIPIENT UNIQUE ENTITY ID SAM NO. |
|  |  |  |

Recipient,       , desires to supplement the original Agreement entered into and executed on       as identified above. All provisions in the original Agreement and supplements, if any, remain in effect except as expressly modified by this supplement.

The changes to the Agreement and supplements, if any, are described as follows:

**PROJECT DESCRIPTION**

Name       Length

Termini

|  |
| --- |
| Description of Work: |
|  |

Reason for Supplement and supporting engineering and/or cost analysis:

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|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RECIPIENT NAME & BILLING ADDRESS: |  | | | | FINANCIAL PROJECT NUMBER: | | |  | |
| **PHASE OF WORK**  **By Fiscal Year** | | **FUNDING** | | | | | | | |
| (1)  PREVIOUS TOTAL  PROJECT FUNDS | (2)  ADDITIONAL  PROJECT FUNDS | (3)  CURRENT TOTAL  PROJECT FUNDS | | (4)  TOTAL LOCAL  FUNDS | (5)  TOTAL STATE FUNDS | | (6)  TOTAL FEDERAL FUNDS |
| **Design**  FY:       (Insert Program Name)  FY:       (Insert Program Name)  FY:       (Insert Program Name)  **Total Design Cost** | | $ 0.00 | $ 0.00 | $ 0.00 | | $ 0.00 | $ 0.00 | | $ 0.00 |
| **Right-of-Way**  FY:       (Insert Program Name)  FY:       (Insert Program Name)  FY:       (Insert Program Name)  **Total Right-of-Way Cost** | | $ 0.00 | $ 0.00 | $ 0.00 | | $ 0.00 | $ 0.00 | | $ 0.00 |
| **Construction**  FY:       (Insert Program Name)  FY:       (Insert Program Name)  FY:       (Insert Program Name)  **Total Construction Cost** | | $ 0.00 | $ 0.00 | $ 0.00 | | $ 0.00 | $ 0.00 | | $ 0.00 |
| **Construction Engineering and Inspection (CEI)**  FY:       (Insert Program Name)  FY:       (Insert Program Name)  FY:       (Insert Program Name)  **Total CEI Cost** | | $ 0.00 | $ 0.00 | $ 0.00 | | $ 0.00 | $ 0.00 | | $ 0.00 |
| **(Insert Phase)**  FY:       (Insert Program Name)  FY:       (Insert Program Name)  FY:       (Insert Program Name)  **Total Phase Costs** | | $ 0.00 | $ 0.00 | $ 0.00 | | $ 0.00 | $ 0.00 | | $ 0.00 |
| **TOTAL COST OF THE PROJECT** | | $ 0.00 | $ 0.00 | $ 0.00 | | $ 0.00 | $ 0.00 | | $ 0.00 |

COST ANALYSIS CERTIFICATION AS REQUIRED BY SECTION 216.3475, FLORIDA STATUTES:

I certify that the cost for each line item budget category has been evaluated and determined to be allowable, reasonable, and necessary as required by Section 216.3475, F.S. Documentation is on file evidencing the methodology used and the conclusions reached.

District Grant Manager Name Signature Date

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IN WITNESS WHEREOF, the parties have executed this Agreement on the date last ascribed herein.

RECIPIENT       STATE OF FLORIDA

DEPARTMENT OF TRANSPORTATION

By: By:

Name:       Name:

Title:       Title:

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

Legal Review:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_