|  |  |  |
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**EXHIBIT B**

**SCHEDULE OF FINANCIAL ASSISTANCE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RECIPIENT NAME & BILLING ADDRESS:** | | | | | | **FINANCIAL PROJECT NUMBER:** | | |
|  | | | | | |  | | |
|  | | | | | |  | | |
|  | | | | | |  | | |
| **PHASE OF WORK by Fiscal Year:** | | | MAXIMUM PARTICIPATION | | | | | |
| (1)  TOTAL PROJECT FUNDS | (2)  LOCAL FUNDS | | (3)  STATE FUNDS | Indicate source of Local funds | |
| **Design- Phase 34**  FY: | | Maximum Department Participation (Insert Program Name) | $ | $ | | $ | In-Kind  Cash | |
| FY: | | Maximum Department Participation (Insert Program Name) | $ | $ | | $ | In-Kind  Cash | |
|  | | Total Design Cost | $ 0.00 | $ 0.00 | | $ 0.00 |  | |
|  | |  | % | % | | % |  | |
|  | | |  |  | |  |  | |
| **Right-of-Way- Phase 44**  FY: | | Maximum Department Participation (Insert Program Name) | $ | $ | | $ | In-Kind  Cash | |
| FY: | | Maximum Department Participation (Insert Program Name) | $ | $ | | $ | In-Kind  Cash | |
|  | | Total Right-of-Way Cost | $ 0.00 | $ 0.00 | | $ 0.00 |  | |
|  | |  | % | % | | % |  | |
|  | |  |  |  | |  |  | |
| **Construction- Phase 54**  FY: | | Maximum Department Participation (Insert Program Name | $ | $ | | $ | In-Kind  Cash | |
| FY: | | Maximum Department Participation (Insert Program Name) | $ | $ | | $ | In-Kind  Cash | |
|  | | Total Construction Cost | $ 0.00 | $ 0.00 | | $ 0.00 |  | |
|  | |  | % | % | | % |  | |
|  | |  |  |  | |  |  | |
| **Construction Engineering and Inspection - Phase 64**  FY: | | Maximum Department Participation (Insert Program Name) | $ | $ | | $ | In-Kind  Cash | |
| FY: | | Maximum Department Participation (Insert Program Name) | $ | $ | | $ | In-Kind  Cash | |
|  | Total Construction Engineering and Inspection Cost | | $ 0.00 | $ 0.00 | | $ 0.00 |  | |
|  | |  | % | % | | % |  | |
|  | |  |  |  | |  |  | |
| **(Phase :** **)**  FY: | | Maximum Department Participation (Insert Program Name) | $ | $ | | $ | In-Kind  Cash | |
| FY: | | Maximum Department Participation (Insert Program Name) | $ | $ | | $ | In-Kind  Cash | |
|  | | Total Cost | $ 0.00 | $ 0.00 | | $ 0.00 |  | |
|  | |  | % | % | | % |  | |
|  | |  |  |  | |  |  | |
|  | | **TOTAL COST OF THE PROJECT** | $ 0.00 | $ 0.00 | | $ 0.00 |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| RECIPIENT NAME & BILLING ADDRESS: | | | | | FINANCIAL PROJECT NUMBER: | | |
|
|  | | |  | | | | |
| **PHASE OF WORK By Fiscal Year** | | | MAXIMUM PARTICIPATION | | | | |
| (1)  TOTAL  PROJECT FUNDS | (2)  LOCAL FUNDS | | (3)  STATE FUNDS | (4)  FEDERAL FUNDS |
| **Design- Phase 38**  FY:       (Insert Program Name)  FY:       (Insert Program Name)  FY:       (Insert Program Name) | | | $  $  $ | $  $  $ | | $  $  $ | $  $  $ |
|  | Total Design Cost | | $  0.00 | $  0.00 | | $  0.00 | $  0.00 |
| **Right-of-Way- Phase 48**  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 |
| **Construction- Phase 58**  FY:       (Insert Program Name)  FY:       (Insert Program Name)  FY:       (Insert Program Name) | | | $  $  $ | $  $  $ | | $  $  $ | $  $  $ |
|  | Total Construction Cost | | $  0.00 | $  0.00 | | $  0.00 | $  0.00 |
| **Construction Engineering and Inspection (CEI)- Phase 68**  FY:       (Insert Program Name)  FY:       (Insert Program Name)  FY:       (Insert Program Name) | | | $  $  $ | $  $  $ | | $  $  $ | $  $  $ |
|  | Total CEI Cost | | $  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 |
| **TOTAL COST OF THE PROJECT** | | | $ 0.00 | $ 0.00 | | $ 0.00 | $ 0.00 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| RECIPIENT NAME & BILLING ADDRESS: | | | | FINANCIAL PROJECT NUMBER: | |
|
| 1. **Estimate of Project Costs by Grant Phase:** | | | | | |
| **PHASE OF WORK By Fiscal Year** | | | (1)  TOTAL  PROJECT FUNDS | (2)  LOCAL FUNDS | (3)  FEDERAL FUNDS |
| **Planning- Phase 14**  FY:       (Insert Program Name)  FY:       (Insert Program Name)  FY:       (Insert Program Name) | | | $  $  $ | $  $  $ | $  $  $ |
|  | Total Planning Cost | | $ 0.00 | $ 0.00 | $ 0.00 |
| **Operations- Phase 84\***  FY:       (Insert Program Name)  FY:       (Insert Program Name)  FY:       (Insert Program Name) | | | $  $  $ | $  $  $ | $  $  $ |
|  | Total Operations Cost | | $ 0.00 | $ 0.00 | $ 0.00 |
| **Capital Equipment- Phase 94**  FY:       (Insert Program Name)  FY:       (Insert Program Name)  FY:       (Insert Program Name) | | | $  $  $ | $  $  $ | $  $  $ |
|  | Total Capital Equipment Cost | | $ 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 |
| **TOTAL COST OF THE PROJECT** | | | $ 0.00 | $ 0.00 | $ 0.00 |

1. **Operations Phase 84\* - Estimate of Project Costs by Budget Category (if applicable):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Categories\*\*** | **Total** | **Local** | **Federal** |
|  |
| Salaries | $0.00 | $ | $ |
| Fringe Benefits | $0.00 | $ | $ |
| Contractual Services | $0.00 | $ | $ |
| Travel | $0.00 | $ | $ |
| Other Direct Costs | $0.00 | $ | $ |
| Indirect Costs | $0.00 | $ | $ |
| ***Totals*** | ***$ 0.00*** | ***$ 0.00*** | ***$ 0.00*** |

\*\* Budget category amounts in the Operations Phase are estimates and can be shifted between items without amendment to the Agreement.

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