STATE-FUNDED GRANT

STATE-FUNDED GRANT SUPPLEMENTAL AGREEMENT

SUPPLEMENTAL NO. 1	
CONTRACT NO. G2879	
FPN 448503 1 54 01	
	July 18, 2023 arises from the desire to supplement the State- nd executed on June 24, 2022 as identified above. All provisions fect except as expressly modified by this Supplemental.
The parties agree that the Agreement is to be amende	d and supplemented as follows:
This Supplemental Agreement increases the state fund Exhibits "B" Schedule of Financial Assistance and "J" shereto, are modified, and superseded the Exhibits of the	ding participation by \$36,000. Section 6. Project Cost, and State Financial Assistance (Florida Single Audit Act), attached ne original agreement.
Reason for this Supplemental and supporting engineer	ring and/or cost analysis:
Due to a clerical error, an incorrect version of the origin was presented to the Board for local execution. This suparticipation to the amount approved by the Small Cou	nal agreement which reflected an inaccurate amount of state funds upplement corrects the error by increasing the state funding unty Outreach Program application.
IN WITNESS WHEREOF, the parties have caused thes	se presents to be executed the day and year first above written.
RECIPIENT: Hernando County BOCC	STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
By:Name: John Allocco Title: Chairman	By: Name: Justin Hall Title: Director of Transportation Development
	Legal Review:

Alt Form 525-010-60eB

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION STATE-FUNDED GRANT AGREEMENT

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EXHIBIT B SCHEDULE OF FINANCIAL ASSISTANCE

Hernando County 1525 E. Jefferson St Brooksville, FL 3460				448503 1 54 01	NOWIDER.	
		MAXIMUM PARTICIPATION				
PHASE OF WORK by Fiscal Year:		(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		
FY:	44 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 FY: 2022	54 Maximum Department Participation (Small County Outreach Program	\$630,716.00	\$157,679.00	\$473,037.00	☐ In-Kind ☐ Cash	
FY:	Maximum Department Participation (Insert Program Name)	\$	\$	\$	In-Kind Cash	
	Total Construction Cost	\$630,716.00 %	\$157,679.00 %	\$473,037.00 %		
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 Cor	struction 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	\$630,716.00	\$157,679.00	\$473,037.00		

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.

Sara Clark					
District Grant Manager Name					
DocuSigned by:					
Sara Clark	07/18/2023	1	4:02	PM	EDT
Signature	Date		-		

STATE-FUNDED GRANT AGREEMENT

EXHIBIT J

STATE FINANCIAL ASSISTANCE (FLORIDA SINGLE AUDIT ACT)

THE STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING: Awarding Agency: Florida Department of Transportation State Project Title County Incentive Grant Program (CIGP), (CSFA 55.008) and CSFA Small County Outreach Program (SCOP), (CSFA 55.009) ☐ Small County Road Assistance Program (SCRAP), (CSFA 55.016) Number: ☐ Transportation Regional Incentive Program (TRIP), (CSFA 55.026) ☐ Insert Program Name, Insert CSFA Number *Award Amount: \$473,037.00 *The state award amount may change with supplemental agreements Specific project information for CSFA Number is provided at: https://apps.fldfs.com/fsaa/searchCatalog.aspx COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT:

CSFA provided State Project Compliance Requirements for Number are at: https://apps.fldfs.com/fsaa/searchCompliance.aspx

The State Projects Compliance Supplement is provided at: https://apps.fldfs.com/fsaa/compliance.aspx