

RESOLUTION NO. 2022- _____

A RESOLUTION AUTHORIZING THE EXECUTION OF THE SUPPLEMENTAL AGREEMENT #1 BETWEEN THE STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION AND THE BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA

WHEREAS, the County Engineer has recommended that the Board of County Commissioners of Nassau County, Florida, execute Supplemental Agreement #1 between the State of Florida Department of Transportation and Nassau County, Florida regarding construction of safety improvements on CR 108 from Bay to Middle Roads in Nassau County, Florida (Financial Project ID No. 441214-1-68-40).

NOW, THEREFORE, BE IT RESOLVED, this _____ day of _____, 2022, by the Board of County Commissioners of Nassau County, Florida as follows:

1. The Local Agency Program Supplemental Agreement #1 between the State of Florida Department of Transportation and Nassau County is hereby approved and the Chairman is authorized to execute said agreement.

**BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA**

Aaron C. Bell, Chairman

Attest as to Chairman's signature:

Approved as to form by the
Nassau County Attorney:

John A. Crawford
Its: Ex-Officio Clerk

Denise C. May, Esq., B.C.S.

**LOCAL AGENCY PROGRAM
SUPPLEMENTAL AGREEMENT**

CM3118-A1

525-010-32
PROGRAM MANAGEMENT
03/22

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SUPPLEMENTAL NO.

1

FEDERAL ID NO. (FAIN)

D220-096-B

CONTRACT NO.

G2819

FEDERAL AWARD DATE

4-22-2022

FPN

441214-1-68-40

RECIPIENT UNIQUE ENTITY ID SAM NO.

Z1QNT7ZY7272

Recipient, Nassau County, desires to supplement the original Agreement entered into and executed on 4/25/2022 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 Construction for safety improvements on CR 108 Length approx. 7.8 miles

Termini from CR 115 to CR 121A

Description of Work:

Post Design

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

Add post design services in the amount of \$50,000

ADJUSTED EXHIBIT "B" SCHEDULE OF FINANCIAL ASSISTANCE

RECIPIENT NAME & BILLING ADDRESS:

FINANCIAL PROJECT NUMBER:

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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: 2021-2022 (ACSS-Construction) FY: 2021-2022 (ACSS- CEI) FY: 2021-2022 (ACSS- Post Design)	\$3,001,037.00 \$45,016.00 _____	_____ \$50,000.00 _____	\$3,001,037.00 \$45,016.00 _____	_____ _____ _____	_____ _____ _____	\$3,001,037.00 \$45,016.00 \$50,000.00
Total Design Cost	\$3,046,053.00	\$50,000.00	\$3,046,053.00	\$ 0.00	\$ 0.00	\$3,096,053.00
Right-of-Way FY: (Insert Program Name) FY: (Insert Program Name) FY: (Insert Program Name)	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Construction 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 Engineering and Inspection (CEI) 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
(Insert Phase) 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
Total Phase Costs	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL COST OF THE PROJECT	\$3,046,053.00	\$50,000.00	\$3,046,053.00	\$ 0.00	\$ 0.00	\$3,096,053.00

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.

Kim Evans
District Grant Manager Name

Signature

Date

**LOCAL AGENCY PROGRAM
SUPPLEMENTAL AGREEMENT**

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

RECIPIENT Nassau County

STATE OF FLORIDA
DEPARTMENT OF TRANSPORTATION

By: _____

Name: Aaron C. Bell

Title: Chair

By: _____

Name: Greg Evans

Title: District Secretary

Date: _____

Legal Review:
