STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

PUBLIC TRANSPORTATION SUPPLEMENTAL JOINT PARTICIPATION AGREEMENT Number TWO

725-030-07 PUBLIC TRANSPORTATION 06/11 Page 1 of 4

| Financial Project No.: 42573218401 (item-segment-phase-sequence) Contract No.: ARB19 Catalog of Federal Domestic Assistan | Fund: DU Function: 632 Federal No.: FL-18-X033 DUNS No.: 80-939-7102 ce Number: 20.509 | Catalog of State Fina | FLAIR Category: 088774 Object Code: 790004 Org. Code: 55062020629 Vendor No.: F59600034 ancial Assistance Number: | 9 |
|--|--|-----------------------|---|-------|
| THIS AGREEMENT, made and entered into this day of,, by and between the STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION, an agency of the State of Florida, hereinafter referred to as the Department, and City of Key West - DOT P.O. Box 1078, 627 Palm Avenue, Key West, FL 33040 | | | | |
| hereinafter referred to as Agency. | | | | |
| WITNESSETH: | | | | |
| WHEREAS, the Department a | and the Agency heretofore | on the 5th | day of ^{March} | ,2014 |
| entered into a Joint Participation Ag | reement; and | | | |
| WHEREAS, the Agency desires to accomplish certain project items as outlined in the Attachment "A" appended hereto; and | | | | |
| WHEREAS, the Department desires to participate in all eligible items for this project as outlined in Attachment "A" for a total Department Share of \$542,452.00 | | | | |
| NOW, THEREFORE THIS INDENTURE WITNESSETH: that for and in consideration of the mutual benefits to flow from each to the other, the parties hereto agree that the above described Joint Participation Agreement is to be amended and supplemented as follows: | | | | |
| 1.00 Project Description: The pro | oject description is amend | ed | | |

- FTA Section 5311 Grant Program Funding provided for the City of Key West DOT Operating Expenses of the fixed route bus transit system in Key West. State Participation Rate is 50%.
- Supplemental is issued to return funds to the City of Key West DOT for State Fiscal Year 15 that were removed from the contract total amount in SFY 14. (\$109,046.00)
- No other stated terms, conditions and requirements of the original agreement are changed.

| Paragraph 3.00 of said Agreement is inc | | | | |
|--|--------------------|--|--|--|
| bringing the revised total cost of the project to | 3* | | | |
| Paragraph 4.00 of said Agreement is inc | | | | |
| bringing the Department's revised total cost of t | | | | |
| 3.00 Amended Exhibits: Exhibit(s) B of said Agreement is amended by Attachment "A". | | | | |
| 4.00 Contract Time: | | | | |
| Paragraph 18.00 of said Agreement De | ecember 31st ,2016 | | | |

5.00 E-Verify

2.00 Project Cost:

Vendors/Contractors:

- 1. shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Vendor/Contractor during the term of the contract; and
- 2. shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

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| | Financial Project No. 42573218401 | | | |
|--|---|--|--|--|
| | Contract No. ARB19 | | | |
| | Agreement Date | | | |
| Except as hereby modified, amended or changed, all other and any subsequent supplements shall remain in full force and experience. | | | | |
| and any subsequent supplements snall remain in full force and e | ileot. | | | |
| IN WITNESS WHEREOF, the parties hereto have cause | d these presents to be executed, the day and year first | | | |
| above written. | | | | |
| | | | | |
| | | | | |
| | | | | |
| AGENCY | FDOT | | | |
| City of Key West - DOT AGENCY NAME | See attached Encumbrance Form for date of Funding Approval by Comptroller | | | |
| Jim Scholl SIGNATORY (PRINTED OR TYPED) | LEGAL REVIEW DEPARTMENT OF TRANSPORTATION | | | |
| SIGNATURE | DEPARTMENT OF TRANSPORTATION | | | |
| City Manager | D6 - Director of Transportation Development TITLE | | | |

| Financial Project No. | | 42573218401 | |
|-----------------------|-------|-------------|--|
| Contract No. | ARB19 | | |
| Agreement Da | ite | * | |

ATTACHMENT "A" SUPPLEMENTAL JOINT PARTICIPATION AGREEMENT

This Attachment forms an integral part of that certain Supplemental Joint Participation Agreement between the State of Florida, Department of Transportation and City of Key West - DOT P.O. Box 1078, 627 Palm Avenue, Key West, FL 33040

| dated | | |
|-------|--|--|
| uateu | | |

DESCRIPTION OF SUPPLEMENT (Include justification for cost change):

- Supplemental is issued to return funds to the City of Key West - DOT for State Fiscal Year 15 that were removed from the contract total amount in SFY 14. (\$109,046.00)

| 1. | Project Cost: | As Approved | As Amended | Net Change |
|-----|---------------------|--------------|----------------|--------------|
| | | \$866,812.00 | \$1,084,904.00 | \$218,092.00 |
| | Total Project Cost | \$866,812.00 | \$1,084,904.00 | \$218,092.00 |
| II. | Fund Participation: | As Approved | As Amended | Net Change |
| | Department: | \$433,406.00 | \$542,452.00 | \$109,046.00 |
| | Agency: | \$433,406.00 | \$542,452.00 | \$109,046.00 |
| | | | | \$0.00 |
| | Total Project Cost | \$866,812.00 | \$1,084,904.00 | \$218,092.00 |

Comments:

TO: PT629RF@dot.state.fl.us 15084260

SUBJECT: FUNDS APPROVAL/REVIEWED FOR CONTRACT ARB19

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION FUNDS APPROVAL

Contract #ARB19 Contract Type: AH

Method of Procurement: G

Vendor Name: KEY WEST, CITY O Vendor ID: VF596000346014

Beginning date of this Agmt: 03/05/14

Ending date of this Agmt: 12/31/18 12/31/16

Contract Total/Budgetary Ceiling: ct = \$542,452.00

Description:

Key West DOT - FTA Section 5311 Operating Assistance to supp

ort fixed routes transit services. 50% SPR

ORG-CODE *EO *OBJECT *AMOUNT *FIN PROJECT *FCT *CFDA

(FISCAL YEAR) *BUDGET ENTITY *CATEGORY/CAT YEAR

AMENDMENT ID *SEQ. *USER ASSIGNED ID *ENC LINE(6S)/STATUS

Action: SUPPLEMENTAL Funds have been: APPROVED

55 062020629 *PT *790004 * 109046.00 *42573218401 *632 *20.509

2015 *55100100 *088774/15

S002 *00 * TWO *0002/04

TOTAL AMOUNT: *\$ 109,046.00 *

FUNDS APPROVED/REVIEWED FOR ROBIN M. NAITOVE, CPA, COMPTROLLER

DATE: 07/25/2014