

**LOCAL AGENCY PROGRAM
SUPPLEMENTAL AGREEMENT**

SUPPLEMENTAL NO.

1

FEDERAL ID NO. (FAIN)

D620-045-B

CONTRACT NO.

G2722

FEDERAL AWARD DATE

3/14/2022

FPN

446126-1-58-01 & 446126-1-68-01

RECIPIENT UNIQUE ENTITY ID SAM NO.

WU3HVNKJNKX1

Recipient, City of Key West Final Mile Mode Shift Bike Facilities for Bus RTS, desires to supplement the original Agreement entered into and executed on 3/16/2022 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 City of Key West Length 101 miles

Termini Along US-1: Mile Marker 1.1 (Harvey Government Center) to 102.1 (Murray Nelson Government Center)

Description of Work:

Construction of bicycle infrastructure including concrete pads, bike racks, bicycle fix-it stations and bike lockers at various locations within the City of Key, FDOT right of way and Monroe County.

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

This supplemental will increase construction funds from the LAP Agreement dated 3/16/2022, in the amount of \$437,268. The attached Adjusted Exhibit "B" Schedule of Financial Assistance replaces Exhibit "B" Schedule of Financial of the above LAP Agreement.

LOCAL AGENCY PROGRAM

SUPPLEMENTAL AGREEMENT

ADJUSTED EXHIBIT "B" SCHEDULE OF FINANCIAL ASSISTANCE

RECIPIENT NAME & BILLING ADDRESS: City of Key West
1300 White Street
Key West, FL 33040

FINANCIAL PROJECT NUMBER: 446126-1-58-01 & 446126-1-68-01

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: 2022 (Local Agency Program) FY: 2023 (Local Agency Program) FY: (Insert Program Name) Total Construction Cost	_____ \$555,000.00 _____ _____ _____	_____ _____ \$437,268.00 _____ _____	_____ _____ \$555,000.00 437,268.00 _____ _____	_____ _____ \$45,000.00 _____ _____	_____ _____ _____ _____ _____	_____ _____ \$510,000.00 \$437,268.00 _____ _____
	\$555,000.00	\$437,268.00	\$992,268.00	\$45,000.00	\$ 0.00	\$947,268.00
Construction Engineering and Inspection (CEI) FY: 2023 (Local Agency Program) FY: (Insert Program Name) FY: (Insert Program Name) Total CEI Cost	_____ _____ _____	_____ _____ \$198,143.00 _____ _____	_____ _____ \$198,143.00 _____ _____	_____ _____ \$198,143.00 _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
	\$ 0.00	\$198,143.00	\$198,143.00	\$198,143.00	\$ 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	\$555,000.00	\$635,411.00	\$1,190,411.00	\$243,143.00	\$ 0.00	\$947,268.00

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

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
LOCAL AGENCY PROGRAM
SUPPLEMENTAL AGREEMENT

525-010-32
PROGRAM MANAGEMENT
08/19

Page 3 of 3

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

RECIPIENT City of Key West

STATE OF FLORIDA
DEPARTMENT OF TRANSPORTATION

By: _____

Name:

Title:

By: _____

Name: Daniel Iglesias, P.E

Title: Director of Transportation Development

Date: _____

Legal Review:
