STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

LOCAL AGENCY PROGRAM
SUPPLEMENTAL AGREEMENT

SUPPLEMENTAL NO.
1

FEDERAL ID NO. (FAIN)
D125-003-B

CONTRACT NO.
G3B29

FEDERAL AWARD DATE

FPN
446294-1-58-01 / 446294-1-68-01

RECIPIENT UNIQUE ENTITY ID SAM NO.
F596000809027

Recipient, Polk County, desires to supplement the original Agreement entered into and executed on 6/26/2025 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 Maine Avenue from Combee Rd to Park St & Iowa Rd to Wanda Way Length 0.12 Miles/0-0.12 Post Limits

Termini The construction and CEI services for Maine Avenue from Combee Rd to Park St &Iowa Rd to Wanda Way

Description of Work:
The construction and CEI services of 5-foot wide ADA compliant concrete sidewalk and crosswalks along the south side of Maine Avenue from Combee Rd to Park St and Iowa Rd to Wanda Way. The project also includes installation of a curb and gutter system between the roadway and sidewalk along the eastern portion of the project and minor improvements to the existing drainage system.

Reason for Supplement and supporting engineering and/or cost analysis:
The purpose of this Supplemental #1 is to increase funds to provide additional funding to compensate for the project shortfall in CEI services funding due to inflation, resulting in an additional $268,854 (Two Hundred Sixty-Eight Thousand, Eight Hundred Fifty-Four Dollars). The new CEI costs will be $397,003 (Three Hundred Ninety-Seven Thousand, and Three Dollars).
The total Department participation is $3,497,296 (Three Million, Four-Hundred, Ninety-Seven Thousand, Two Hundred Ninety-Six Dollars). The total cost of the entire project is $3,497,296 (Three Million, Four-Hundred, Ninety-Seven Thousand, Two Hundred Ninety-Six Dollars).

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

LOCAL AGENCY PROGRAM
SUPPLEMENTAL AGREEMENT
ADJUSTED EXHIBIT "B" SCHEDULE OF FINANCIAL ASSISTANCE

RECIPIENT NAME & BILLING ADDRESS: Polk County
330 W Church Street
Bartow, FL 33830

FINANCIAL PROJECT NUMBER: 446294-1-58-01
446294-1-68-01

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: 2025 (ACSU/TALU)	$771,296.00		$771,296.00			$771,296.00
FY: 2025 (SU)	$2,328,997.00		$2,328,997.00			$2,328,997.00
FY: (____)						
Total Construction Cost	$3,100,293.00	$ 0.00	$3,100,293.00	$ 0.00	$ 0.00	$3,100,293.00
Construction Engineering and Inspection (CEI)						
FY: 2025 (TALU)	$128,149.00		$128,149.00			$128,149.00
FY: 2027 (ACSU/TALU)		$268,854.00	$268,854.00			$268,854.00
FY: (Insert Program Name)						
Total CEI Cost	$128,149.00	$268,854.00	$397,003.00	$ 0.00	$ 0.00	$397,003.00
(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	$3,228,442.00	$268,854.00	$3,497,296.00	$ 0.00	$ 0.00	$3,497,296.00

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.

Kelly Kautz
District Grant Manager Name

Kelly L. Kautz
Digitally signed by: Kelly L. Kautz
DN: CN = Kelly L. Kautz email = kelly.kautz@dot.state.fl.us C = US O = Local Programs OU = Program Management
Date: 2026.08.05 12:00:57 -04'00'

Signature Date

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

RECIPIENT Polk COunty

By:_____
Name:
Title:

STATE OF FLORIDA
DEPARTMENT OF TRANSPORTATION

By:_____
Name:
Title:

Date:_____

Legal Review:

DS
DC

_____