

**STATE-FUNDED GRANT  
SUPPLEMENTAL AGREEMENT**

SUPPLEMENTAL NO.

1

CONTRACT NO.

G2F85

FPN

450918-1-34-01Recipient: Marion County

This Supplemental Agreement ("Supplemental"), dated \_\_\_\_\_ arises from the desire to supplement the State-Funded Grant Agreement ("Agreement") entered into and executed on January 03, 2023 as identified above. All provisions in the Agreement and supplements, if any, remain in effect except as expressly modified by this Supplemental.

---

---

The parties agree that the Agreement is to be amended and supplemented as follows:

1. The attached "Exhibit A - Project Description and Responsibilities" replaces "Exhibit A - Project Description and Responsibilities" included in the "State-Funded Grant Agreement" executed January 3, 2023.
2. The Recipient Resolution authorizing entry into this Supplemental Agreement is attached and incorporated into this Supplemental Agreement as Exhibit D – Recipient Resolution.
3. Exhibit H, Alternative Advance Payment Financial Provisions, is attached and incorporated herein.

Reason for this Supplemental and supporting engineering and/or cost analysis:

1. Revisions to the scope are as follows: The re-design of a multi-use buffered lane for pedestrians and bicyclists on the south side of County Road 484 / Pennsylvania Avenue.
2. Exhibit B - Schedule of Financial Assistance, and in Exhibit J - State Financial Assistance (Florida Single Audit Act), attached hereto and incorporated herein.

The remainder of this page intentionally left blank.

**STATE-FUNDED GRANT  
SUPPLEMENTAL AGREEMENT**

IN WITNESS WHEREOF, the parties have caused these presents to be executed the day and year first above written.

RECIPIENT:  
MARION COUNTY

STATE OF FLORIDA  
DEPARTMENT OF TRANSPORTATION

By: \_\_\_\_\_  
Name: Kathy Bryant  
Title: Chairman

By: \_\_\_\_\_  
Name: James S. Stroz, Jr. P.E.  
Title: Director of Transportation Development

Legal Review:

\_\_\_\_\_

**EXHIBIT A****PROJECT DESCRIPTION AND RESPONSIBILITIES**FPN: 450918-1-34-01

This exhibit forms an integral part of the Agreement between the State of Florida, Department of Transportation and  
Marion County (the Recipient)

**PROJECT LOCATION:**

- ☐ The project is on the National Highway System.
- ☐ The project is on the State Highway System.

**PROJECT LENGTH AND MILE POST LIMITS:** See Project Description Below

**PROJECT DESCRIPTION:**

The Dunnellon trail project is with Marion County (Recipient). This type of project is a bike path/trail involving the re-design of a multi-use buffered lane for pedestrians and bicyclists on the south side of County Road 484 / Pennsylvania Avenue. The limits will be 50 feet west of Adams Street to the Blue Run of Dunnellon Park. The total project length is approximately 0.12 miles.

The project design improvements will include surface roadway improvements like milling, resurfacing, the removal and replacement of guardrail. There will be curb ramp improvements at the beginning of the project, and the design of a pedestrian/bicycle bullet railing. There will be design improvements to the variable width sidewalk. Additional design improvements will include a midblock crosswalk Rectangular Rapid Flashing Beacons (RRFBs) including a complete sign assembly, a 36-inch traffic railing for the existing bridge, a gravity wall, and a pipe rail for the guardrail.

All pedestrian facilities and amenities shall adhere to the current Americans with Disabilities Act (ADA) standards. The design services shall include survey, subsurface utility exploration, and geotechnical work. Permitting, utility coordination, and transit coordination are anticipated. Right-of-way acquisition is not anticipated. Marion County (Recipient) shall design the project within the limits of the right-of-way or easements.

**SPECIAL CONSIDERATIONS BY RECIPIENT:**

Exhibit O – Terms and Conditions of Construction in Department Right-of-Way is included in all agreements. This exhibit is only applicable if the Project involves construction on, under, or over the Department's right-of-way.

The Recipient is required to provide a copy of the design plans for the Department's review and approval to coordinate permitting with the Department and notify the Department prior to commencement of any right-of-way activities.

If and when real property rights are to be acquired for a transportation facility, a scaled drawing must be prepared to clearly show the right-of-way to be acquired. It must show sufficient technical data, including land ties, to permit the preparation of legal descriptions for use in acquisition documents, and serve as an aid in appraisal and acquisition. It is supported by a Control Survey Map (certified survey) and does not purport to be a survey. This map provides the certified survey support for the preparation of right-of-way related maps and is a depiction of the right-of-way survey field work performed for a specific transportation project.

The initial invoice, progress report and other supporting documentation will be submitted within 180 days of the Department's Notice to Proceed and no more often than monthly and no less than quarterly thereafter. Required documents should be submitted via email to D5-LocalPrograms@dot.state.fl.us.

The Recipient shall commence the project's activities subsequent to the execution of this Agreement and shall perform in accordance with the following schedule:

- a) 30% Plans Submittal was completed on April 10, 2023.
- b) 60% Plans Submittal was completed on September 05, 2023.
- c) 90% Plans Submittal was completed on October 19, 2023.
- d) 100% Plans Submittal was completed on July 26, 2024.
- e) Final Signed & Sealed Plans Submittal was completed on November 14, 2024.
- f) Final Signed & Sealed Plans Acceptance was January 20, 2025.

If this schedule cannot be met, the Recipient will notify the Department in writing with a revised schedule or the project is subject to the withdrawal of funding.

#### SPECIAL CONSIDERATIONS BY DEPARTMENT:

Invoice payments will be made on a pro-rata basis as a percentage of the state funding amount compared to the actual award amount. In the event the Project costs exceed the cost included in Exhibit "B", Schedule of Financial Assistance, the Recipient will be solely responsible for providing the additional funds that are necessary to complete the Project.

The project funding may be reduced to an amount equal to the award amount and/or the actual contract costs.

The remainder of this page intentionally left blank.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**STATE-FUNDED GRANT AGREEMENT**

**EXHIBIT B**  
**SCHEDULE OF FINANCIAL ASSISTANCE**

| <b>RECIPIENT NAME &amp; BILLING ADDRESS:</b><br>Marion County<br>412 Southeast 25th Avenue<br>Ocala, Florida 34471 |   | <b>FINANCIAL PROJECT NUMBER:</b><br>450918-1-34-01 |                    |                    |   |
|--|---|--|--------------------|--------------------|---|
| PHASE OF WORK by Fiscal Year:  |   | MAXIMUM PARTICIPATION                              |                    |                    |   |
|  |   | (1)<br>TOTAL PROJECT FUNDS                         | (2)<br>LOCAL FUNDS | (3)<br>STATE FUNDS | Indicate source of<br>Local funds                                 |
| <b>Design- Phase 34</b><br>FY: 2022-2023   | Maximum Department Participation<br>(Local Transportation Projects) | \$375,000.00                                       | \$0.00             | \$375,000.00       | <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Cash |
| FY:  | Maximum Department Participation<br>( )                             | \$   | \$0.00             | \$                 | <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Cash |
| Total Design Cost  |   | \$375,000.00<br>%                                  | \$ 0.00<br>%       | \$375,000.00<br>%  |   |
| <b>Right-of-Way- Phase 44</b>  |   |  |                    |                    |   |
| FY:  | Maximum Department Participation<br>(Insert Program Name)           | \$   | \$                 | \$                 | <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Cash |
| FY:  | Maximum Department Participation<br>(Insert Program Name)           | \$   | \$                 | \$                 | <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Cash |
| Total Right-of-Way Cost  |   | \$ 0.00<br>%                                       | \$ 0.00<br>%       | \$ 0.00<br>%       |   |
| <b>Construction- Phase 54</b>  |   |  |                    |                    |   |
| FY:  | Maximum Department Participation<br>(Insert Program Name)           | \$   | \$                 | \$                 | <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Cash |
| FY:  | Maximum Department Participation<br>(Insert Program Name)           | \$   | \$                 | \$                 | <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Cash |
| Total Construction Cost  |   | \$ 0.00<br>%                                       | \$ 0.00<br>%       | \$ 0.00<br>%       |   |
| <b>Construction Engineering and Inspection - Phase 64</b>  |   |  |                    |                    |   |
| FY:  | Maximum Department Participation<br>(Insert Program Name)           | \$   | \$                 | \$                 | <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Cash |
| FY:  | Maximum Department Participation<br>(Insert Program Name)           | \$   | \$                 | \$                 | <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Cash |
| Total Construction Engineering and Inspection Cost   |   | \$ 0.00<br>%                                       | \$ 0.00<br>%       | \$ 0.00<br>%       |   |
| <b>(Phase : )</b>  |   |  |                    |                    |   |
| FY:  | Maximum Department Participation<br>(Insert Program Name)           | \$   | \$                 | \$                 | <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Cash |
| FY:  | Maximum Department Participation<br>(Insert Program Name)           | \$   | \$                 | \$                 | <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Cash |
| Total Cost   |   | \$ 0.00<br>%                                       | \$ 0.00<br>%       | \$ 0.00<br>%       |   |
| <b>TOTAL COST OF THE PROJECT</b>   |   | \$375,000.00                                       | \$ 0.00            | \$375,000.00       |   |

## 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.

Precious L. Lewis

District Grant Manager Name

Signature

Date

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**STATE-FUNDED GRANT AGREEMENT**

**EXHIBIT D**

**RECIPIENT RESOLUTION**

The Recipient's Resolution authorizing entry into this Agreement is attached and incorporated into this Agreement.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**STATE-FUNDED GRANT AGREEMENT****EXHIBIT H****ALTERNATIVE ADVANCE PAYMENT FINANCIAL PROVISIONS**

*Note: When Recipient meets the definition of a rural community or Rural Area of Opportunity, as these terms are defined by **Section 288.0656(2), F.S.**, or is considered a “governmental entity” authorized by the Department’s Comptroller under **Section 334.044(29), F.S.**, as eligible for Alternative Advance Payment. The agreement for these entities must include the following language or exhibit.*

*The process for requesting and obtaining approval for an alternative advance payment for “other governmental entities” is included in the **Disbursement Handbook for Employees and Managers**. The Department’s Comptroller or designee must approve any modifications to the provisions. Please see **Financial Provisions for All Department Funded Agreements Procedure (FDOT Topic No. 350-020-301) Section 1.1 and 4** for alternative advance pay guidelines.*

-----

1. The amount of the invoice submitted to the Department for verified and eligible costs incurred by the Recipient or invoiced by the Recipient’s contractor(s) and/or consultant(s) does not exceed the total amount of the costs incurred by the Recipient or invoice(s) received from the Recipient’s contractor(s) or consultant(s).
2. All invoices received from the Recipient clearly separate any cost(s) incurred by the Recipient or the Recipient’s contractor(s) or consultant(s) for eligible costs and performance under the terms and conditions of this Agreement.
3. All invoices submitted to the Department provide complete documentation, including copies of all contractor or consultant invoices when applicable and the date(s) the authorized work was performed and accepted by the Recipient, in sufficient detail to substantiate the eligibility of the cost(s) and performance covered by the Recipient’s Invoice.
4. The Recipient has certified, on each invoice, that the costs incurred by the Recipient or invoiced by the Recipient’s contractor(s) and/or consultant(s) are valid and have been incurred in performance of eligible work under the terms and conditions of this Agreement.
5. Each invoice subsequent to the first invoice submitted by the Recipient includes the Recipient’s certification that all previously invoiced costs have been paid by the Recipient.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**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  
and CSFA  
Number:**

- ☐ County Incentive Grant Program (CIGP), (CSFA 55.008)
- ☐ Small County Outreach Program (SCOP), (CSFA 55.009)
- ☐ Small County Road Assistance Program (SCRAP), (CSFA 55.016)
- ☐ Transportation Regional Incentive Program (TRIP), (CSFA 55.026)
- ☒ Specific Appropriation 1988A of Chapter 2022-156, Laws of Florida,  
Local Transportation Projects, (CFSA 55.039)

**\*Award Amount:** \$375,000.00

\*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:**State Project Compliance Requirements for CSFA Number are provided at:  
<https://apps.fldfs.com/fsaa/searchCompliance.aspx>The State Projects Compliance Supplement is provided at: <https://apps.fldfs.com/fsaa/compliance.aspx>