

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

SUPPLEMENTAL NO.

8

CONTRACT NO.

G1703

FPN

438170-1-54-01

Recipient: Levy County

This Supplemental Agreement ("Supplemental"), dated _____ arises from the desire to supplement the State-Funded Grant Agreement ("Agreement") entered into and executed on 03/26/2019 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:

Additional funding in the amount of \$200,000.00. Exhibit B attached

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

Additional funding to complete construction.

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

RECIPIENT:

STATE OF FLORIDA
DEPARTMENT OF TRANSPORTATION

By: _____

Name: Tim Hodge

Title: Chair

By: _____

Name: Greg Evans

Title: District Two Secretary

Legal Review:

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
STATE-FUNDED GRANT AGREEMENT

EXHIBIT B
SCHEDULE OF FINANCIAL ASSISTANCE

PHASE OF WORK by Fiscal Year:		MAXIMUM PARTICIPATION			
		(1) TOTAL PROJECT FUNDS	(2) LOCAL FUNDS	(3) STATE FUNDS	Indicate source of Local funds
RECIPIENT NAME & BILLING ADDRESS: Levy County 355 S. Court Street Bronson, FL 32621		FINANCIAL PROJECT NUMBER: 438170-1-54-01			
Design- Phase 34	Maximum Department Participation (Insert Program Name)	\$	\$	\$	<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
FY:	Maximum Department Participation (Insert Program Name)	\$	\$	\$	<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
Total Design Cost		\$ 0.00 %	\$ 0.00 %	\$ 0.00 %	
Right-of-Way- Phase 44	Maximum Department Participation (Insert Program Name)	\$	\$	\$	<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
FY:	Maximum Department Participation (Insert Program Name)	\$	\$	\$	<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
Total Right-of-Way Cost		\$ 0.00 %	\$ 0.00 %	\$ 0.00 %	
Construction- Phase 54	Maximum Department Participation (SCOP)	\$4,500,000.00	\$	\$4,500,000.00	<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
FY: 2026	Maximum Department Participation (SCOP)	\$738,354.00	\$	\$738,354.00	<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
Total Construction Cost		\$5,238,354.00 %	\$ 0.00 %	\$5,238,354.00 %	
Construction Engineering and Inspection - Phase 64	Maximum Department Participation (Insert Program Name)	\$	\$	\$	<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
FY:	Maximum Department Participation (Insert Program Name)	\$	\$	\$	<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
Total Construction Engineering and Inspection Cost		\$ 0.00 %	\$ 0.00 %	\$ 0.00 %	
(Phase :)	Maximum Department Participation (Insert Program Name)	\$	\$	\$	<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
FY:	Maximum Department Participation (Insert Program Name)	\$	\$	\$	<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
Total Cost		\$ 0.00 %	\$ 0.00 %	\$ 0.00 %	
TOTAL COST OF THE PROJECT		\$5,238,354.00	\$ 0.00	\$5,238,354.00	

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.

Cassandra Lamey, FCCM, CPM
 District Grant Manager Name

 Signature Date

District Two Local Agency Change Order Request

Change Order Number

Financial Project Number: 4 3 8 1 7 0 - 1 - 5 4 - 0 1 **Contract Number:** G1703

Project Description: CR 330 Widening and Resurfacing

Local Agency: Levy County

Original Contract Amount: \$4,299,833.40 **Change in Contract Amount:** \$200,000.00

Original Contract Days: 220 **Change in Contract Days:** 0

Change due to Design Error or Omission Yes No

Description of Changes: Add Pay Item 120 2 2 Borrow Excavation, Truck Measure with a quantity of 10,000 Cubic Yards.

Justification for Changes: The Estimated Quantities provided by the EOR were insufficient to complete the intent of the project. The original Plans called for an amount of excavation in excess of the embankment; The revised Quantities call for an amount of embankment in excess of the excavation. The contractor will be required to import embankment material onto the project site. This is necessary to meet the Manual of Uniform Minimum Standards for Design, Construction and Maintenance for Streets and Highways (Florida Greenbook).

Resources/ Materials

Item No.	Item Description	Quantity	Unit Price	Total Additional Cost
120 2 2	Borrow Excavation, Truck Measure	10,000 CY	\$20.00	\$ 200,000.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
Estimated Total Change Cost				\$ 200,000.00

N/A

Local Agency Representative _____

Date _____

District Two Program Programs Administrator _____

Date _____

Dylan C Reed

Digitally signed by Dylan C Reed
DN: cn=Dylan C Reed,
serial=1410000001899C5D59FD000905C, o=ANDERSON
COLUMBIA COMPANY, c=US
Reason: I am approving this document
Date: 2026.05.11 13:32:09-0400'

Contractor _____

Date _____