



Agency County Of Pacific		Supplement Number <b>1</b>
Federal Aid Project Number STPR-M250(003)	Agreement Number LA-7275	CFDA No. <b>20.205</b> (Catalog of Federal Domestic Assistance)

The Local Agency requests to supplement the agreement entered into and executed on 10/4/2010

All provisions in the basic agreement remain in effect except as modified by this supplement.

The changes to the agreement are as follows:

**Project Description**

Name Willapa Road Improvement Project Length 1.04 miles

Termini MP 4.00 (BridgeEnd) to MP 5.04 (Camp One road)

**Description of Work**  No Change

**Reason for Supplement**

Request Construction Funds

Does this change require additional Right of Way or Easements?  Yes  No

Type of Work	Estimate of Funding				
	(1) Previous Agreement/Suppl.	(2) Supplement	(3) Estimated Total Project Funds	(4) Estimated Agency Funds	(5) Estimated Federal Funds
<b>PE</b>					
86.5 % a. Agency	48,000.00		48,000.00	6,480.00	41,520.00
b. Other					
c. Other					
Federal Aid Participation Ratio for PE d. State	2,000.00		2,000.00	270.00	1,730.00
e. Total PE Cost Estimate (a+b+c+d)	<b>50,000.00</b>		<b>50,000.00</b>	<b>6,750.00</b>	<b>43,250.00</b>
<b>Right of Way</b>					
% f. Agency					
g. Other					
Federal Aid Participation Ratio for RW h. Other					
i. State					
j. Total R/W Cost Estimate (f+g+h+i)					
<b>Construction</b>					
86.5 % k. Contract		855,000.00	855,000.00	115,425.00	739,575.00
l. Other					
m. Other					
n. Other					
Federal Aid Participation Ratio for CN o. Agency		25,000.00	25,000.00	3,375.00	21,625.00
p. State		5,000.00	5,000.00	675.00	4,325.00
q. Total CN Cost Estimate (k+l+m+n+o+p)		<b>885,000.00</b>	<b>885,000.00</b>	<b>119,475.00</b>	<b>765,525.00</b>
r. Total Project Cost Estimate (e+j+q)	<b>50,000.00</b>	<b>885,000.00</b>	<b>935,000.00</b>	<b>126,225.00</b>	<b>808,775.00</b>

The Local Agency further stipulates that pursuant to said Title 23, regulations and policies and procedures, and as a condition to payment of the Federal funds obligated, it accepts and will comply with the applicable provisions.

**Agency Official**

**Washington State Department of Transportation**

By \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Director of Highways and Local Programs

Date Executed \_\_\_\_\_