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| **Attach this completed form to the agreement and forward to the**  **LFA Section in the OOC, General Accounting Office, M.S. 42B.**  **If you have have any questions, please call**  **850-414-4867 or 850-414-4889.** |

1.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participants Name: | Town of Longboat Key | | | |
| Participants Address: | 501 Bay Isles Rd. | | | |
| City, State, Zip: | Longboat Key, FL 34228-3102 | | | |
| Contact: | Sue Smith | | Phone Number: | 941-316-6882 |
| E-Mail Address: | ssmith@longboatkey.org | | Fax Number: | 941-316-1656 |
| Federal Employer ID # and address sequence: | | 596017152-001 | | |

FEID# has a verified W-9 registered with the Department of Financial Services: Yes No In Process

8.

|  |  |  |  |
| --- | --- | --- | --- |
| Refund Address:  2. | 501 Bay Isles Rd.  Longboat Key, FL 34228-3102 | | |
| District Contact Person: | Mike Clark | Phone Number: | 863-834-2729 |
| District Number:  3. | 1 - Bartow | Fax Number: | 863) 519-2331 |
| Agreement Date: | October 2, 2025 | 5. Date Form Modified: | October 9, 2025 |
| Agreement Amount:  4. | $989,184.00 | 7. Escrow Deposit Due Date: | June 22, 2026 |
| Amount Due: $  6. |  | Additional Deposit Due Date: |  |
| Amount Due: $ |  | Additional Deposit Due Date: |  |
| Amount Due: $ |  |  | |
| County Name: | Choose an item. | 9. FDOT County Number: |  |

If fund type is LFR/LFRF (Yes No), what is the anticipated start date of the payback:

10.

Is payback to be made in: Scheduled Payments Quarterly Lump Sum

11.

Participant is responsible for (check one): 100% Other Percentage (      %)

Bid Items Lump Sum

If participant is responsible for bid items, please complete the attached spreadsheet.

12.

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| UWHCA 453530-1-56-01 with the Town of Longboat Key (TOLK) relocations required for roadway reconstruction on FPID 430185-3-52-01. |

Description of work:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **13. Financial Project # Including 6x Phases** | **14. Amount** | **15. Work Program Fund Code** | **16. Federal Part or Non-Federal Part.** | **17. Contract #** | **18. % to Bill** |
| 56-01 Construct. | $860,160.00 | LF | 1 | TBD | 100 |
| 56-91 10% Conting. | $86,016.00 | LF | 1 | TBD | 100 |
| 62-01 5% CEI/CEA | $43,008.00 | LF | 1 | TBD | 100 |
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19. Has WP been updated to reflect the changes on this form? Yes No

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| TOLK UWHCA 453730-1-56-01 LF $989,184 to be placed in escrow June 22,2026 56-01, 56-91 & 62-01 will be reconciled and Change Order No. 1 created when final bid tabs are received. |

20. Comments:

**These are the items the participant is responsible for.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pay Item #** | **Description** | **Participating or**  **Non-participating (For**  **Projects with Federal**  **Participation Only)** | **Estimated Quantity** | **Estimated Price** | **Estimated Total** |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
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|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
| **Subtotal** |  |  |  |  | $0.00 |
|  | **MOB (List as a percentage)** |  | (.5=50%) |  | 0 |
|  | **MOT (List as a percentage)** |  | (.5=50%) |  | $0.00 |
|  | **CEA/CEI (list as a percentage)** |  | (.5=50%) |  | $0.00 |
| **Grand Total** |  |  |  |  | $0.00 |

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|  |

**Comments**:

**INSTRUCTIONS FOR COMPLETING THE AGREEMENT SUMMARY SHEET**

The attached Agreement Summary Sheet has numbered sections. Please refer to the number below that corresponds to the number on the summary sheet.

1. Enter verified participant's information on designated lines. Please note that the registered federal employer ID number and address sequence is required and must match participant's name and address recorded on the Agreement Summary Sheet. Participants can register at <http://flvendor.myfloridacfo.com>.
2. Enter the refund address.
3. Place the district’s contact on the designated line. Please note that the district contact person is the individual in the district we can contact for general information concerning the project.
4. Enter the agreement date listed on the agreement.
5. Enter the date the form was last modified.
6. Agreement Amount.
7. Enter the date that the initial escrow deposit is due and amount due. Enter all additional escrow deposits with their due dates and amount due.
8. Place the name of the county in which the project is located.
9. List the FDOT assigned county number where the project is located.
10. If LFR/LFRF equals YES provide anticipated start date of payback.

If FDOT will be reimbursing the county in scheduled portions, place an X on the line by Scheduled Payments and put the number of payments next to Quarterly (Example: If it is the Department’s intention to reimburse the participant in 10 quarterly payments then place an X next to Scheduled Payments and insert a 10 next to Quarterly). If, however, it is the Department’s intention to reimburse the participant in one lump sum, please place an X on the line next to Lump Sum.

1. If the participant is responsible for 100% of the project cost, place an X on the line next to 100%. If the participant is responsible for 50% of the project, place an X on the line marked “Other Percentage” and write 50 in the specified area. If the participant is only responsible for bid items, also known as pay items, place an X on the line next to “Bid Items” (note: be sure to complete the Attached Bid Item spreadsheet). If the participant is responsible for contributing a lump sum amount towards the construction project, place an X on the line next to Lump Sum.
2. Write a brief description of the location and the type of work being performed. Example: Turning lane on Hwy 90 in Leon County.
3. List all financial project numbers including phases and sequences that the Local is responsible for in this agreement. For example 198065-1-56-01.
4. Provide dollar amount for each financial project number listed. Total amount of all the financial project numbers listed should the total agreement amount.
5. Provide the work program fund code programmed for each financial project number listed.
6. Provide federal billing indicator, (0) for federal participating or (1) for non-federal participating.
7. List the FDOT contract number for the project listed in section #13 (if known at the time you are submitting the form).
8. Place the % of the project cost to be paid by the participant, if applicable. For example if your participant is responsible for 5% CEA cost (as per the agreement), you should have listed the financial project number on line 13 next to CEA/CEI, the contract number on line 14 and 5% on line 15.
9. Make sure to update work program to reflect the changes on the Agreement Summary Sheet.
10. This section is for any comments the district contact might have about the agreement that might assist the accountants in recording the revenue on the project.