

STATE AID FOR LOCAL TRANSPORTATION
 SUPPLEMENTAL AGREEMENT

June 2008

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City/County of _____ Supplemental Agreement No. _____

FEDERAL PROJECT NO.	STATE AID PROJECT NO.	LOCAL PROJECT NO.	CONTRACT NO.	
CONTRACTOR NAME	ADDRESS	CITY	STATE	ZIP
LOCATION OF WORK:		TOTAL SUPPLEMENTAL AGREEMENT AMOUNT \$		

This Contract is between the Local Government Entity and Contractor as follows:

WHEREAS:

(Describe work and justification for Supplemental Agreement.)

NOW, THEREFORE, IT IS HEREBY MUTUALLY AGREED AND UNDERSTOOD THAT:

(See examples at: <http://www.dot.state.mn.us/const/tools/sasamples.html>)

COST BREAKDOWN

<u>Group/ *Fund Cat.</u>	<u>Item No.</u>	<u>Description</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Quantity</u>	<u>Amount</u>
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(List items)

*Group/Funding category is required for federal projects.

Approved by Project Engineer: _____ Print Name: _____ Date: _____ Phone: _____	Approved by Contractor: _____ Print Name: _____ Date: _____ Phone: _____
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Original to Project Engineer; Copy to Contractor

<p>Once contract has been fully executed, forward a copy to DSAE for funding review:</p> <p>The State of Minnesota is not a participant in this contract; signing by the District State Aid Engineer is for FUNDING PURPOSES ONLY. Reviewed for compliance with State and Federal Aid Rules/Policy. Eligibility does not guarantee funds will be available.</p> <p>This project is eligible for: ___ Federal Funding ___ State Aid Funding ___ Local funds</p> <p>District State Aid Engineer: _____ Date: _____</p>
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