

**CITY OF MARIANNA  
SPECIAL CITY COMMISSION MEETING**

**April 13, 2021**

**4:30 PM**

**CITY HALL**

**2898 GREEN STREET, MARIANNA, FL**

**Join By Zoom:**

**Dial 929-205-6099**

**Meeting ID: 779 055 7205**

**1. Call To Order**

**2. Roll Call**

Mayor and Commissioners

Travis Ephriam - Mayor/Commissioner District 1

Allen Ward II - Mayor Pro Tem/Commissioner District 3

Kenneth Hamilton - Commissioner District 5

John E. Roberts - Commissioner District 2

Rico Williams - Commissioner District 4

**3. Invocation And Pledge To The Flag**

**4. Approval Of Agenda (Additions Or Deletions)**

**5. Other Policy Matters**

**5.A. Resolution 2021-014 FDOT State Funded Grant Supplemental Agreement**

Documents:

[AGENDA FDOT SUPPLEMENTAL AGREEMENT.PDF](#)

[RESOLUTION 2021-014.PDF](#)

[FDOT SUPPLEMENTAL GRANT AGREEMENT.PDF](#)

**6. Adjourn**

The City of Marianna is an Equal Opportunity Employer and a Drug-Free Workplace. In accordance with the adopted Section 504 Policy, the City will take affirmative steps to reasonably accommodate the disabled and ensure their needs are equitably represented in City programs and activities. Pursuant to Title VI and the Civil Rights Act of 1964, the City will not exclude from participation in, deny the benefits of, or subject to discrimination anyone on the grounds of race, color, national origin, sex, age,

disability, religion, language, income or family status. For assistance with EEO, Title VI or Section 504 matters contact Julie Chance at 850-482-4353. The City also has a Fair Housing Ordinance. For assistance with Fair Housing matters contact Kay Dennis at 850-482-2786. In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in this meeting should contact the City Clerk's Office at 850-482-4353 no later than 3 days prior to the meeting. City Hall is located at 2898 Green Street, Marianna, FL.

**CITY OF MARIANNA**  
**COMMISSION AGENDO MEMO**  
**April 13, 2021**

<b>ADMINISTRATIVE STAFF REPORT</b>
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**Subject:** Florida Department of Transportation (FDOT)  
State-Funded Grant Supplemental Agreement  
Resolution 2021-014

**Subject Background:** Funds are being added to cover a portion of the Construction Costs of the project. The department will now be participating in an additional \$84,297.

**Recommendation:** City staff has reviewed the Agreement and find it to be acceptable in form. It is recommended the City execute the Supplemental Agreement as required by FDOT.

**Potential Motion:** I move to authorize the City to execute the Supplemental Agreement and Resolution 2021-014.

Prepared by AC

RESOLUTION 2021-014  
STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

**WHEREAS**, the State of Florida Department of Transportation, hereinafter referred to as the “FDOT” find it necessary for the City of Marianna, hereinafter referred to as the **THE CITY**, to execute and deliver to the FDOT the agreement identified as Public Participation Joint Participation Agreement, Project Financial Project Number(s) 444094-1-54-01 hereinafter referred to as the **Agreement**.

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY:**

That, James R. Dean, City Manager, be hereby authorized and directed to execute and deliver the Agreement to the FDOT.

A certified copy of this Resolution be forwarded to the FDOT along with the executed agreement.

**ON MOTION** of \_\_\_\_\_, seconded by \_\_\_\_\_  
the above Resolution was introduced and passed by the MAINTAINING AGENCY on the 5<sup>th</sup> day of May 2015.

APPROVED AS TO FORM AND LEGALITY

\_\_\_\_\_  
Travis H. Ephraim, Mayor - Commissioner

ATTEST:

\_\_\_\_\_  
Kimberly Applewhite, City Clerk

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

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SUPPLEMENTAL NO.  
SA#2

CONTRACT NO.  
G1B87

FPN  
444094-1-54-01

Recipient: City of Marianna

This Supplemental Agreement ("Supplemental"), dated \_\_\_\_\_ arises from the desire to supplement the State-Funded Grant Agreement ("Agreement") entered into and executed on August 7, 2019 as identified above. All provisions in the Agreement and supplements, if any, remain in effect except as expressly modified by this Supplemental.

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

Exhibit B

Exhibit D

Exhibit E

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

Funds are being added to cover the Construction Costs of the project. The original amount programmed for this project was \$582,234. The Department will now be participating in an additional \$84,297 and the City will providing \$207,360 of their funds to complete the project. The new total agreement will be \$873,891.

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

RECIPIENT:  
City of Marianna

STATE OF FLORIDA  
DEPARTMENT OF TRANSPORTATION

By: \_\_\_\_\_  
Name:  
Title:

By: \_\_\_\_\_  
Name: Tim Smith, P.E.  
Title: Director of Transportation Development

Legal Review:  
  
\_\_\_\_\_

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**STATE-FUNDED GRANT AGREEMENT**  
**EXHIBIT "B"**  
**SCHEDULE OF FINANCIAL ASSISTANCE**

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<b>RECIPIENT NAME &amp; BILLING ADDRESS:</b> <u>City of Marianna</u> <u>P.O. Box 936</u> <u>Marianna, FL. 32447</u>	<b>FINANCIAL PROJECT NUMBER:</b> <u>444094-1-54-01</u>
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I. PHASE OF WORK by Fiscal Year:	FY 2020	FY2021	FY2022	TOTAL
<b>Design- Phase 34</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$0.00
Maximum Department Participation - <u>(Insert Program Name)</u>	or % \$	or % \$	or % \$	or % \$ 0.00
Maximum Department Participation - <u>(Insert Program Name)</u>	or % \$	or % \$	or % \$	or % \$ 0.00
Maximum Department Participation - <u>(Insert Program Name)</u>	or % \$	or % \$	or % \$	or % \$ 0.00
Local Participation (Any applicable waiver noted in Exhibit "A")	or % \$ 0.00	or % \$ 0.00	or % \$ 0.00	or % \$0.00
In-Kind Contribution	\$	\$	\$	\$ 0.00
Cash	\$	\$	\$	\$ 0.00
Combination In-Kind/Cash	\$	\$	\$	\$ 0.00
<b>Right of Way- Phase 44</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$0.00
Maximum Department Participation - <u>(Insert Program Name)</u>	or % \$	or % \$	or % \$	or % \$ 0.00
Maximum Department Participation - <u>(Insert Program Name)</u>	or % \$	or % \$	or % \$	or % \$ 0.00
Maximum Department Participation - <u>(Insert Program Name)</u>	or % \$	or % \$	or % \$	or % \$ 0.00
Local Participation (Any applicable waiver noted in Exhibit "A")	or % \$ 0.00	or % \$ 0.00	or % \$ 0.00	or % \$0.00
In-Kind Contribution	\$	\$	\$	\$ 0.00
Cash	\$	\$ 0.00	\$	\$ 0.00
Combination In-Kind/Cash	\$	\$	\$	\$ 0.00
<b>Construction/CEI - Phase 54</b>	\$ 582,234.00	\$ 291,657.00	\$ 0.00	\$873,891.00
Maximum Department Participation - <u>(Small County Outreach Program)</u>	100% or \$ 582,234.00	100% or \$ 84,297.00	or % \$	or % \$ 666,531.00
Maximum Department Participation - (Local Funds)	or % \$	100% or \$ 207,360.00	or % \$	or % \$ 207,360.00
Maximum Department Participation - <u>(Insert Program Name)</u>	or % \$	or % \$	or % \$	or % \$ 0.00
Local Participation (Any applicable waiver noted in Exhibit "A")	or % \$ 0.00	or % \$ 0.00	or % \$ 0.00	or % \$0.00
In-Kind Contribution	\$	\$	\$	\$ 0.00
Cash	\$	\$	\$	\$ 0.00
Combination In-Kind/Cash	\$	\$	\$	\$ 0.00

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**STATE-FUNDED GRANT AGREEMENT**  
**EXHIBIT "B"**  
**SCHEDULE OF FINANCIAL ASSISTANCE**

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Insert Phase and Number (if applicable)	\$ 0.00	\$ 0.00	\$ 0.00	\$0.00
Maximum Department Participation - (____)	% or \$	% or \$	% or \$	% or \$ 0.00
Maximum Department Participation - (Insert Program Name)	% or \$	% or \$	% or \$	% or \$ 0.00
Maximum Department Participation - (Insert Program Name)	% or \$	% or \$	% or \$	% or \$ 0.00
Local Participation (Any applicable waiver noted in Exhibit "A")	% or \$ 0.00	% or \$ 0.00	% or \$ 0.00	% or \$ 0.00
In-Kind Contribution	\$	\$	\$	\$ 0.00
Cash	\$	\$	\$	\$ 0.00
Combination In-Kind/Cash	\$	\$	\$	\$ 0.00
<b>II. TOTAL PROJECT COST:</b>				
	\$582,234.00	\$291,657.00	\$0.00	\$873,891.00

**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.

Dustin Castells  
District Grant Manager Name

\_\_\_\_\_  
Signature Date

**EXHIBIT D**

**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)
- Insert Program Name, Insert CSFA Number

**\*Award Amount:** \$666,531.00

\*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>



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

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**EXHIBIT "E"**

**RECIPIENT RESOLUTION**

The Recipient Resolution, or other official authorization, authorizing entry into this Agreement is attached and incorporated into this Agreement.