

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
LOCAL AGENCY PROGRAM AGREEMENT

EXHIBIT B
SCHEDULE OF FINANCIAL ASSISTANCE

| | |
|---|---|
| RECIPIENT NAME & BILLING ADDRESS: Village of Wellington 12300 Forest Hill Blvd. Wellington, FL 33414 | FINANCIAL PROJECT NUMBER: 448299-1-58-01 |
|---|---|

| PHASE OF WORK By Fiscal Year | MAXIMUM PARTICIPATION | | | |
|--|-------------------------------|--------------------|--------------------|----------------------|
| | (1) TOTAL PROJECT FUNDS | (2) LOCAL FUNDS | (3) STATE FUNDS | (4) FEDERAL FUNDS |
| Design- Phase 38 | | | | |
| FY: (Insert Program Name) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| FY: (Insert Program Name) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| FY: (Insert Program Name) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Total Design Cost | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Right-of-Way- Phase 48 | | | | |
| FY: (Insert Program Name) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| FY: (Insert Program Name) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| FY: (Insert Program Name) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Total Right-of-Way Cost | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Construction- Phase 58 | | | | |
| FY: 25 (Surface Transportation Program) | \$ 3,556,567.00 | \$ 1,275,073.00 | \$ _____ | \$ 2,281,494.00 |
| FY: 26 (Surface Transportation Program) | \$ 528,702.00 | \$ 96,170.00 | \$ _____ | \$ 432,532.00 |
| FY: (Insert Program Name) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Total Construction Cost | \$ 4,085,269.00 | \$ 1,371,243.00 | \$ 0.00 | \$ 2,714,026.00 |
| Construction Engineering and Inspection (CEI)- Phase 68 | | | | |
| FY: (Insert Program Name) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| FY: (Insert Program Name) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| FY: (Insert Program Name) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Total CEI Cost | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| () | | | | |
| FY: (Insert Program Name) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| FY: (Insert Program Name) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| FY: (Insert Program Name) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Total Phase Costs | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| TOTAL COST OF THE PROJECT | \$ 4,085,269.00 | \$ 1,371,243.00 | \$ 0.00 | \$ 2,714,026.00 |

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.

Landy Ductan

District Grant Manager Name

Signature

Date