

Supplement	: - Local Programs	5
State Fu	unding Agreement	

Agency		Supplement Number
Project Number	Agreement Number	
All provisions in the ACREEMENT identifie	A above remain in effect except as expressly mee	lified by this supplement

All provisions in the AGREEMENT identified above remain in effect except as expressly modified by this supplement. The changes to the agreement are described as follows:

Project Title	
Termini	
Description of Work	No Change

Reason for Supplement

Advertisen	ment Date:			Indirect (	Cost Rate Yes	No
		Estimate of Funding				
	Type of Work	(1) Previous Agmt. / Suppl. Funds	(2) Supplement Funds	(3) Estimated Total Funds	(4) Estimated Agency Funds	(5) Estimated State Funds
	a. Agency					
PE or Planning	b. Other					
	c. Other					
	d. State Services					
	e. Total PE Cost Estimate					
RW	f. Agency					
	g. Other					
	h. Other					
	i. State Services					
	j. Total R/W Cost Estimate					
CN	k. Contract					
	I. Other					
	m. Other					
	n. Other					
	o. Agency					
	p. State Services					
	q. Total CN Cost Estimate					
	r. Total Project Cost Estimate					
AGENC	Υ	· ·	STATE			
BY:			BY:	<b>D</b> '		
Title:		Director, Local Programs				

DOT Form 140-087ALP Revised 12/2024 • Previous Versions Obsolete •

## Instructions – Supplement Local Programs State Funding Agreement

- 1. Agency Enter the agency name as entered on the original agreement.
- **2. Supplement Number** Enter the number of the supplement. Supplement numbers will be assigned in sequence beginning with Number 1 for the first supplement to the original agreement.
- 3. Project Number Enter the project number assigned by WSDOT on the original agreement.
- 4. Agreement Number Enter the agreement number assigned by WSDOT on the original agreement.
- 5. Project Title Enter the project's title.
- 6. Termini Enter the begin and end points of the project.
- 7. Description of Work Clearly describe if there is a change in work such as the addition or deletion of work elements and/or changes to the termini. If the work has not changed since the previous supplement, or original agreement if Supplement Number 1, put a check mark in the "No Change" box.
- **8. Reason for Supplement** Enter the reason for this supplement. Examples: Increase PE to current estimate; authorize construction phase; adjust construction to award amount.
- **9.** Advertisement Date At construction phase authorization only, enter the proposed construction contract advertisement date.

## 10. Indirect Cost Rate

- a. Check the Yes box if the agency will be claiming indirect costs on the project. For those projects claiming indirect costs, supporting documentation that clearly shows the indirect cost rate being utilized by the agency must be provided with the Local Programs State Funding Agreement. Indirect cost rate approval by your cognizant agency or through your agency's self-certification and supporting documentation is required to be available for review by WSDOT and/or State Auditor.
- b. Check the No box if the agency will not be claiming indirect costs on the project.
- 11. Type of Work and Funding (Round all amounts to the nearest whole dollar).
  - a. Column 1 Enter the amounts by type of work from column 1 of the original Local Programs State Funding Agreement. If the agreement has already been supplemented, enter the amounts by type of work from column 3 of the last Supplement – Local Programs State Funding Agreement.
  - b. Column 2 Enter increase/decrease to total amounts requested by type of work.
  - c. Column 3 Add the amounts in columns 1 and 2.
  - d. Column 4 Enter the amount of agency funds by type of work. Note: Column 4 amounts plus column 5 amounts must equal amounts in column 3 by type of work.
  - e. Column 5 Enter the amount of state funds by type of work. Note: Column 4 amounts plus column 5 amounts must equal amounts in column 3 by type of work.
  - f. State Services All authorized phases must have funding for state services. Enter the estimated amounts in columns 1 through 5 as described above.
- **12. Signatures** An authorized official of the local agency signs the Supplemental Agreement and enters their title and date of signature (include month, day, and year). Note: Do NOT enter a date on the Date Executed line.