



**Local Agency Amendment # 1 for Federal Participation**

Local Agency MACOUPIN COUNTY	State Contract <input type="checkbox"/>	Day Labor <input type="checkbox"/>	Local Contract <input checked="" type="checkbox"/>	RR Force Account <input type="checkbox"/>
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Section: 02-00082-00-FP	Fund Type:	ITEP and/or SRTS Number
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Construction		Engineering		Right-of-Way	
Job Number	Project Number	Job Number	Project Number	Job Number	Project Number
		P-96-212-07	HSIP-0731(110)		

This Amendment is made and entered into between the above local agency hereinafter referred to as the "LA" and the state of Illinois, acting by and through its Department of Transportation, hereinafter referred to as "STATE". The STATE and LA jointly propose to improve the designated location as described below. The improvement shall be constructed in accordance with plans approved by the STATE and the STATE's policies and procedures approved and/or required by the Federal Highway Administration hereinafter referred to as "FHWA".

BE IT MUTUALLY AGREED that all remaining provisions of the original agreement not altered by this Amendment shall remain in full force and effect and the Amendment shall be binding upon and inure to the benefit of the parties hereto, their successors and assigns.

Type of Work	Amended Division of Cost						Total
	HSIP	%	STATE	%	LA	%	
Participating Construction	( )	( )	( )	( )	( )	( )	
Non-Participating Construction	( )	( )	( )	( )	( )	( )	
Preliminary Engineering	136,530	( * )	( )	( )	15,170	( BAL )	151,700
Construction Engineering	( )	( )	( )	( )	( )	( )	
Right of Way	( )	( )	( )	( )	( )	( )	
Railroads	( )	( )	( )	( )	( )	( )	
Utilities	( )	( )	( )	( )	( )	( )	
Materials	( )	( )	( )	( )	( )	( )	
<b>TOTAL</b>	<b>\$ 136,530</b>		<b>\$</b>		<b>\$ 15,170</b>		<b>\$ 151,700</b>
	90% HSIP Funds, NTE \$136,530						

**NOTE:** The costs shown in the Division of Cost table are approximate and subject to change. The final LA share is dependent on the final Federal and State participation. The actual costs will be used in the final division of cost for billing and reimbursement.  
If funding is not a percentage of the total, place an asterisk in the space provided for the percentage and explain above.

The LA further agrees, as a condition of payment, that it accepts and will comply with the applicable provisions set forth in this Agreement and all exhibits indicated above.

**APPROVED**

Local Agency

**APPROVED**

State of Illinois  
Department of Transportation

\_\_\_\_\_  
Name of Official (Print or Type Name)

\_\_\_\_\_  
Ann L. Schneider, Secretary of Transportation Date

\_\_\_\_\_  
Title (County Board Chairperson/Mayor/Village President/etc.)

By: \_\_\_\_\_  
Aaron A. Weatherholt, Deputy Director of Highways Date

\_\_\_\_\_  
(Signature) Date

\_\_\_\_\_  
Omer Osman, Director of Highways/Chief Engineer Date

The above signature certifies the agency's TIN number is  
37-6001347 conducting business as a Governmental  
Entity.

\_\_\_\_\_  
Michael A. Forti, Chief Counsel Date

DUNS Number 014425289

\_\_\_\_\_  
Matthew R. Hughes, Director of Finance and Administration Date

**NOTE:** If signature is by an APPOINTED official, a resolution authorizing said appointed official to execute this agreement is required.