

SUPPLEMENTAL NO. 2 DUNS NO. 80-939-7102	STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION <b>LOCAL AGENCY PROGRAM          SUPPLEMENTAL          AGREEMENT</b>	FPN 428537-1-58-01 CONTRACT NO. APY50
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**PROJECT DESCRIPTION**

Name Belle Terre Multi-Use Path – Phase III Length 4.8 miles

Termini from Pine Grove/Belle Parkway Intersection to US 1/Belle Terre Boulevard Intersection (see scope for path details)

The Department and the Local Agency desire to supplement the Agreement referenced hereinabove. All provisions of the Agreement and any prior Supplements or Amendments thereto, if any, shall remain in effect except as may expressly modified by this Supplement.

The changes to the Agreement and Supplements, if any, are described as follows:

To extend the Local Agency Program Agreement until July 31, 2012.

The following paragraph is hereby added to the Agreement:

**1. E – VERIFY**

**a. Local Agency**

1. Shall utilize the U.S. Department of Homeland Security’s E-Verify system to verify the employment eligibility of all new employees hired by the Agency during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the State contract to likewise utilize the U.S. Department of Homeland Security’s E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

**b.** Local Agency shall assure that the Local Agency’s construction agreement with the Local Agency’s contractor is amended to include Specification SP 0072800 concerning “Legal Requirements and Responsibility to the Public – E-Verify”.

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

CITY OF PALM COAST

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

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

By: \_\_\_\_\_  
Name: Frank J. O’Dea, P.E.  
Title: Director of Transportation Development

Attest: \_\_\_\_\_  
Name:  
Title:

Attest: \_\_\_\_\_  
Name:  
Title:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

As to form:

Legal Review:

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Office of the General Counsel