


CITY OF MARYSVILLE AGENDA BILL

EXECUTIVE SUMMARY FOR ACTION

CITY COUNCIL MEETING DATE: November 9, 2020

AGENDA ITEM:	
Local Agency Agreement Supplement No. 1 with WSDOT for Centennial Trail Connector	
PREPARED BY:	DIRECTOR APPROVAL:
Kyle Woods, Project Engineer	
DEPARTMENT:	
Public Works, Engineering	
ATTACHMENTS:	
Local Agency Agreement Supplement No. 1 Local Agency State Aid Project Prospectus	
BUDGET CODE:	AMOUNT:
31000076.563000, P1601	N/A
SUMMARY:	

The City was awarded \$500,000 in state transportation funds towards the Centennial Trail Connector project. To date, the City has been reimbursed by WSDOT for design associated with the project. This supplemental agreement will obligate the remaining \$462,500 to be used towards construction.

Since this is a State funded project, the funds are administered through WSDOT and a supplement to the Local Agency Agreement (agreement) and Project Prospectus (prospectus) is required in order to obligate construction funds. The agreement ensures that state funds in the agreed upon amount are spent in accordance with all applicable laws and regulations. The prospectus serves as the support document for authorization of project funding.

<p>RECOMMENDED ACTION: Staff recommends that Council authorize the Mayor to sign the attached Local Agency Agreement Supplement No. 1 and Local Agency State Aid Project Prospectus, thereby laying the groundwork for authorization of \$462,500 in State funds for construction.</p> <p>PROPOSED MOTION: I move to authorize the Mayor to sign the Local Agency Agreement Supplement No. 1 and Local Agency State Aid Project Prospectus.</p>



**Local Agency Federal Aid
Project Prospectus**

	Prefix	Route	()	Date	
Federal Aid Project Number				DUNS Number	
Local Agency Project Number		(WSDOT Use Only)		Federal Employer Tax ID Number	

Agency		CA Agency Yes No		Federal Program Title 20.205 Other	
Project Title			Start Latitude N		Start Longitude W
			End Latitude N		End Longitude W
Project Termini From-To			Nearest City Name		Project Zip Code (+4)
Begin Mile Post	End Mile Post	Length of Project		Award Type Local Local Forces State Railroad	
Route ID	Begin Mile Point	End Mile Point	City Number	County Number	County Name
WSDOT Region	Legislative District(s)		Congressional District(s)		Urban Area Number

Phase	Total Estimated Cost (Nearest Hundred Dollar)	Local Agency Funding (Nearest Hundred Dollar)	Federal Funds (Nearest Hundred Dollar)	Phase Start Date	
				Month	Year
P.E.					
R/W					
Const.					
Total					

Description of Existing Facility (Existing Design and Present Condition)

Roadway Width	Number of Lanes

Description of Proposed Work

Description of Proposed Work (Attach additional sheet(s) if necessary)

Local Agency Contact Person		Title		Phone	
Mailing Address			City	State	Zip Code
Project Prospectus	By _____ Approving Authority				
	Title				Date

Agency	Project Title	Date
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Type of Proposed Work		
Project Type (Check all that Apply)	Roadway Width	Number of Lanes
New Construction	Path / Trail	3-R
Reconstruction	Pedestrian / Facilities	2-R
Railroad	Parking	Other
Bridge		

Geometric Design Data		
Description	Through Route	Crossroad
Federal Functional Classification	Principal Arterial	Principal Arterial
	Minor Arterial	Minor Arterial
	Urban Collector	Urban Collector
	Rural Major Collector	Rural Major Collector
	NHS Minor Collector	NHS Minor Collector
	Local Access	Local Access
Terrain	Flat Roll Mountain	Flat Roll Mountain
Posted Speed		
Design Speed		
Existing ADT		
Design Year ADT		
Design Year		
Design Hourly Volume (DHV)		

Performance of Work		
Preliminary Engineering Will Be Performed By	Others	Agency
	%	%
Construction Will Be Performed By	Contract	Agency
	%	%

Environmental Classification	
Class I - Environmental Impact Statement (EIS) Project Involves NEPA/SEPA Section 404 Interagency Agreement Class III - Environmental Assessment (EA) Project Involves NEPA/SEPA Section 404 Interagency Agreements	Class II - Categorically Excluded (CE) Projects Requiring Documentation (Documented CE)

Environmental Considerations

Agency	Project Title	Date
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Right of Way

No Right of Way Needed * All construction required by the contract can be accomplished within the exiting right of way.	Right of Way Needed	
	No Relocation	Relocation Required

Utilities

Railroad

No utility work required All utility work will be completed prior to the start of the construction contract All utility work will be completed in coordination with the construction contract	No railroad work required All railroad work will be completed prior to the start of the construction contract All the railroad work will be completed in coordination with the construction contract
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Description of Utility Relocation or Adjustments and Existing Major Structures Involved in the Project

FAA Involvement

Is any airport located within 3.2 kilometers (2 miles) of the proposed project? Yes No

Remarks

This project has been reviewed by the legislative body of the administration agency or agencies, or it's designee, and is not inconsistent with the agency's comprehensive plan for community development.

Agency

Date

By _____

Mayor/Chairperson



Agency		Supplement Number
Project Number	Agreement Number	

This supplemental agreement is made and entered into
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 Description No Change

Name _____

Location _____

Description of Work No Change

Reason for Supplement

Type of Work	Estimate of Funding				
	(1) Previous Agreement/Suppl.	(2) Supplement	(3) Estimated Total Project Funds	(4) Estimated Agency Funds	(5) Estimated State Funds
PE a. Agency					
b. Other					
c. Other					
d. State					
e. Total PE Cost Estimate (a+b+c+d)					
RW f. Agency					
g. Other					
h. Other					
i. State					
j. Total R/W Cost Estimate (f+g+h+i)					
CN k. Contract					
l. Other					
m. Other					
n. Other					
o. Agency					
p. State					
q. Total CN Cost Estimate (k+l+m+n+o+p)					
r. Total Project Cost Estimate (e+j+q)					

AGENCY

BY: _____

Title:

Date: _____

STATE

BY: _____
Director, Local Programs

Date: _____