



ST. CLAIR COUNTY ROAD COMMISSION WORK ORDER AGREEMENT

70/30 Cost Sharing Using Local Limestone Program Funds

THIS AGREEMENT, made and entered into this _____ day of _____, by and between:

THE BOARD OF COUNTY ROAD COMMISSIONERS OF ST. CLAIR COUNTY, MICHIGAN, hereinafter referred to as the "Board", and _____ hereinafter referred to as the "Township".

The "Township" agrees to pay 30% of the estimated cost of the project. The Board will contribute 70% of the estimated cost of the project from it's Local Limestone Program funds.

Activity: 522 Limestone Township: _____ Work Type: _____ Year: _____

Road: _____ Project Name: _____

Description of Project:

Quantities:

Total Project \$ Amount _____

\$ Amount due from "Township" _____

\$ Amount due from Local Limestone Program _____

Estimated by:

District Foreman (Road Commission)

Township Signature

Date

Date: _____

ESTIMATE GOOD FOR CALENDAR YEAR ONLY.

This is a cost estimate and is not a guaranteed price.

Township will be invoiced for their share of Actual costs incurred to complete above described project



ST. CLAIR COUNTY ROAD COMMISSION WORK ORDER AGREEMENT

70/30 Cost Sharing Using Local Limestone Program Funds

IT IS FURTHER HEREBY AGREED THAT:

- 1) The amount to be contributed to this project by the Township through the Local Limestone Program shall be \$ _____

- 2) Invoices will be sent to the Township Clerk with a copy to the Township Supervisor at the end of each month for project costs incurred in that month. Invoices are due within 30 days after receipt.

- 3) All local road improvements under this agreement and all expenditures from the fund shall be made at the direction and under the control of the Board of County Road Commissioners upon approval of the Township Board. Any changes in the scope of work as listed above shall be executed by the Supervisor and Clerk, designated representatives of the Township.

IN WITNESS WHEREOF, the parties hereto have executed this instrument the day and year first above written.

TOWNSHIP OF _____

BOARD OF COUNTY ROAD COMMISSIONERS
COUNTY OF ST. CLAIR

BY: _____
Supervisor

BY: _____

and _____
Clerk

Date: _____

Date: _____

Township received a copy of the Agreement?: Yes _____ No _____

For Office Use Only

Work Order No: _____

Completion Date: _____