



Contractor's Name

Samron Midwest Contracting

Contractor's Address

P.O. Box 1555

City

Murphysboro

State

IL

Zip Code

62966

STATE OF ILLINOIS

Local Public Agency

Franklin County

County

Franklin

Section Number

24-00196-00-RS

Street Name/Road Name

FAS 1873 Freeman Spur Blacktop

Type of Funds

RBI

CONTRACT BOND (when required)

For a County and Road District Project

Submitted/Approved

Highway Commissioner Signature & Date

[Signature]

Submitted/Approved

County Engineer/Superintendent of Highways Signature & Date

[Signature] 6/24/25

For a Municipal Project

Submitted/Approved/Passed

Signature & Date

[Signature]

Official Title

[Title]

Department of Transportation

Concurrence in approval of award

Regional Engineer Signature & Date

[Signature]

Local Public Agency Franklin County	Local Street/Road Name FAS 1873 Freeman Spur Blacktop	County Franklin	Section Number 24-00196-00-RS
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1. THIS AGREEMENT, made and concluded the 21ST day of July 2025 between the County of Franklin, known as the party of the first part, and Samron Midwest Contracting, its successor, and assigns, known as the party of the second part.

2. For and in consideration of the payments and agreements mentioned in the Proposal hereto attached, to be made and performed by the party of the first part, and according to the terms expressed in the Bond referring this contract, the party of the second part agrees with said party of the first part, at its own proper cost and expense, to do all the work, furnish all materials and all labor necessary to complete the work in accordance with the plans and specifications hereinafter described, and in full compliance with all of the terms of this contract.

3. It is also understood and agreed that the LPA Formal Contract Proposal, Special Provisions, Affidavit of Illinois Business Office, Apprenticeship or Training Program Certification, and Contract Bond hereto attached, and the Plans for Section 24-00196-00-RS in Franklin County, approved by the Illinois Department of Transportation on 01/14/25, are essential documents of this contract and are a part hereof.

4. IN WITNESS WHEREOF, the said parties have executed this contract on the date above mentioned.

Attest: The County of Franklin
Local Public Agency Type Name of Local Public Agency

Clerk Signature & Date



(SEAL, if required by the LPA)

Party of the First Part Signature & Date

By: 

(If a Corporation)

Corporate Name

Samron Midwest Contracting/Inc.

President, Party of the Second Part Signature & Date

By:  6.4.2025

(If a Limited Liability Corporation)

LLC Name



Manager or Authorized Member, Party of the Second Part

By: 

(If a Partnership)

Partner Signature & Date



Partner Signature & Date



Partners doing Business under the firm name of
Party of the Second Part



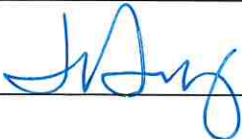
(If an individual)

Party of the Second Part Signature & Date



Attest:

Secretary Signature & Date

 6.4.2025

(SEAL, if required by the LPA)