GRANT NAME:	Florida Public T	Fransp	ortation Block Grant	

GRANT #: NA

AMOUNT OF GRANT: <u>\$660,879</u>

DEPARTMENT RECEIVING GRANT: <u>Community Development (pass through to Senior Resource Association)</u>

## CONTACT PERSON: Jon Howard PHONE #: (772) 226-1672

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1.	Ноч	How long is the grant for? Three Years Starting Date: January 1, 2022						
2.	Doe	Does the grant require you to fund this function after the grant is over?YesYes					No	
3.	Does the grant require a match? If yes, does the grant allow the match to be In Kind Services?					YesX Yes	<u>          No         No         </u> No	
4.	Percentage of grant to match: 0 %							
5.	Grant match amount required: <u>\$0</u>							
6.	Where are the matching funds coming from (i.e. In Kind Services, Reserve for Contingency? N/A							
<ol> <li>Does the grant cover capital costs or start-up costs? Yes X No If no, how much do you think will be needed in capital costs or start-up costs? (Attach a detailed listing of costs.)</li> <li>Are you adding any additional positions utilizing the grant funds? Yes X No If yes, please list. (If additional space is needed, please attach a schedule.)</li> </ol>								
<b>A</b>			Position	Position	Position	Position	Position	
Acc		Description	Position	Position	Position	Position	Position	
011.12		Regular Salaries						
012.11		Other Salaries & Wages (PT) Social Security						
012.11		Retirement Contributions						
012.12		Life and Health Insurance						
012.14		Worker's Compensation						
012.17	7	Soc. Sec. Medicare Matching						
		TOTAL						

## 9. What is the total cost of each position including benefits, capital, start-up, auto expense, travel, and operating?

Salaries and Benefits	Operating Costs	Capital	Total Costs

10. What is the estimated cost of the grant to the County over three years?  $\underline{\$0}$ 

	Grant Amount	Other Matching Costs	Match	Total
First Year	\$660,879	\$	\$	\$660,879
Second Year	\$	\$	\$	\$
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$