GRANT NAME:	Florida Public T	Fransp	ortation Block Grant	

GRANT #: NA

AMOUNT OF GRANT: <u>\$597,199</u>

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

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

1. H	How long is the grant for? Three Years Starting Date: January 1, 2021							
2. D	Does the grant require you to fund this function after the grant is over				Yes X	No		
	Does the grant require a match? If yes, does the grant allow the match to be In Kind Services?			X	_Yes Yes	No No		
4. Po	Percentage of grant to match: 50 %							
5. G	Grant match amount required: <u>\$ 597,199</u>							
	There are the matching funds coming to 597,199 County match already budget			erve for Contin	gency?			
If	oes the grant cover capital costs or sta no, how much do you think will be n Attach a detailed listing of costs.)		costs or start-up	o costs?	YesX	No		
	re you adding any additional position yes, please list. (If additional space i			ıle.)	_Yes <u>></u>	<u>K</u> No		
Acct.	Description	Position	Position	Position	Position	Position		
011.12	Regular Salaries							
011.13	Other Salaries & Wages (PT)							
012.11	Social Security							
012.12	Retirement Contributions							
012.13	Life and Health Insurance							
012.14	Worker's Compensation							
012.17	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? <u>\$597,199</u>

	Grant Amount	Other Matching Costs	Match	Total
First Year	\$597,199	\$	\$597,199 (County Match)	\$1,194,398
Second Year	\$	\$	\$	\$
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$