GRANT NAME: 49 USC, Ch. 53 Sec. 5307 FTA Grant (Cap
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GRANT #: 5630-2021-1

PHONE #: (772) 226-1990

## AMOUNT OF GRANT: \$2,171,981 (Federal Section 5307)

## DEPARTMENT RECEIVING GRANT: Community Development (pass through to Senior Resource Association)

CONTACT PERSON: Brian Freeman

How long is the grant for? <u>Until Funds Expended</u> Starting Date:	October 1, 2020	_	
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?	Yes	X X	_No _No
Percentage of grant to match: <u>NA</u>			
Grant match amount required: <u>NA</u>			
Where are the matching funds coming from (i.e. In Kind Services, Reserve for Conting <u>NA</u>	gency?		
Does the grant cover capital costs or start-up costs? If no, how much do you think will be needed in capital costs or start-up costs? (Attach a detailed listing of costs.) <u>NA</u>	Yes	<u>X</u>	_No
Are you adding any additional positions utilizing the grant funds? If yes, please list. (If additional space is needed, please attach a schedule.)	Yes	<u>X</u>	No
	Does the grant require a match?   If yes, does the grant allow the match to be In Kind Services?   Percentage of grant to match: <u>NA</u> Grant match amount required: <u>NA</u> Where are the matching funds coming from (i.e. In Kind Services, Reserve for Contin <u>NA</u> Does the grant cover capital costs or start-up costs?   If no, how much do you think will be needed in capital costs or start-up costs?   (Attach a detailed listing of costs.)   NA   Are you adding any additional positions utilizing the grant funds?	Does the grant require a match? Yes   If yes, does the grant allow the match to be In Kind Services? Yes   Percentage of grant to match: NA   Grant match amount required: NA   Where are the matching funds coming from (i.e. In Kind Services, Reserve for Contingency? NA   Does the grant cover capital costs or start-up costs? Yes   If no, how much do you think will be needed in capital costs or start-up costs? Yes   (Attach a detailed listing of costs.) NA   Are you adding any additional positions utilizing the grant funds? Yes	Does the grant require a match? Yes X   If yes, does the grant allow the match to be In Kind Services? Yes X   Percentage of grant to match: NA   Grant match amount required: NA   Where are the matching funds coming from (i.e. In Kind Services, Reserve for Contingency? NA   Does the grant cover capital costs or start-up costs? Yes X   If no, how much do you think will be needed in capital costs or start-up costs? Yes X   Are you adding any additional positions utilizing the grant funds? Yes X

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 five years? $\underline{\$0}$

	Grant Amount	Other Matching Costs	Match	Total
First Year	\$2,171,981	\$	\$	\$2,171,981
Second Year	\$	\$	\$	\$
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$