| | NAME: <u>FPL Grant</u> | | (0107.772.0 | | | | GRANT#: N/A | | |
|-------------------|--|----------------------------------|-----------------------------------|---------------------------------|----------------------------------|--------------------------------|----------------------|-----------------|--|
| | T OF GRANT: \$\(\frac{2}{2}\) | | | | | FY 23-24) | | | |
| | MENT RECEIVINO T PERSON: <u>Ryan</u> | | | cy Services | | PHONE NUMBER | . 772-226-3944 | | |
| CONTINC | 71 1 EKOOTT. <u>ICyan</u> | Lioyu | | | | THORE WOWIDER | <u>112-220-37-4-</u> | | |
| 1.] | How long is the grant for? 2 years | | | | | Starting Date: October 1, 2022 | | | |
| 2.] | Does the grant requi | d this function | n after the g | rant is over? | | Yes X | No | | |
| 3. | . Does the grant require a match? | | | | | | Yes X | No | |
|] | If yes, does the gran | t allow the m | atch to be In | Kind Service | es? | YesXNo | | No | |
| 4.] | Percentage of match N/A 0% | | | | | | | | |
| 5. (| Grant match amoun | t required \$_ | | | | | | | |
| | | • | ` | | | for Contingency)? 1 | N/A | | |
| 7.] | Does the grant cove If no, how much do | r capital costs | s or start-up coll be needed in | osts? <u>N</u> n capital cos | <u>/A</u> sts or startup cost | s?Y | | No | |
| | Does the grant cover capital costs or start-up costs? N/A if no, how much do you think will be needed in capital costs or startup costs (Attach a detail listing of costs) | | | | | | | | |
| 8. | Are you adding any If yes, please list. (I | additional po If additional s | sitions utilizi space is neede | ng the grant d, please att | funds? each a schedule.) | Yes | X No | | |
| Acct. | Description | | Po | sition | Position | Position | Position | Position | |
| 011.12 | Regular Salaries | | | N/A | N/A | N/A | N/A | N/A | |
| 011.13 | Other Salaries & Wages (PT) | | | N/A | N/A | N/A | N/A | N/A | |
| 012.11 | Social Security | | | N/A | N/A | N/A | N/A | N/A | |
| 012.12 | Retirement-Contributions | | | N/A | N/A | N/A | N/A | N/A | |
| 012.13 | Insurance-Life & Health | | | N/A | N/A | N/A | N/A | N/A | |
| 012.14 | Worker's Compensation | | | N/A | N/A | N/A | N/A | N/A | |
| 012.17 | 7 S/Sec. Medicare Matching | | | N/A | N/A | N/A | N/A | N/A | |
| | TOTAL | | N/A | N/A | N/A | N/A | N/A | | |
| 9. | What is the total cos | st of each pos | ition includin | g benefits, c | capital, start-up, a | uto expense, travel | and operating? | | |
| Se | alary and Benefits | | Operating (| Costs | | Capital | Total | Costs | |
| N/A | | | N/A | | | N/A | | Total Costs N/A | |
| N/A | | | | N/A | | N/A | N/A | | |
| | | | | N/A | | N/A | N/A | | |
| N/A N/A | | | | N/A | | N/A | N/A | | |
| | | | | | | | N/A | | |
| 10 | N/A | 1 (0.1 | N/A | | · 0.0 | N/A | IN IN | <u>/A</u> | |
| 10. | What is the estimate | ed cost of the | grant to the c | ounty over I | ive years? \$ | N/A | | | |
| Grant | | | ant | Other Match Costs | | | | | |
| First Year \$ N/A | | \$ N/A | \$ N/A | | | \$ N/A | | \$ N/A | |
| Second Year | | \$ N/A | | \$ N/A | | \$ N/A | \$ N/A | \$ N/A | |
| Third Year | | \$ N/A | | \$ N/A | | \$ N/A | \$ N/A | \$ N/A | |
| | | \$ N/A | | | | \$ N/A | \$ N/A | | |
| Fifth Year \$ N/A | | | | \$ N/A | | \$ N/A \$ N/A | | | |
| | of Preparer: Ryan | | | | Date: | 9-2-2022 | | | |