

GRANT NAME: Indian River Lagoon National Estuary Program Small Grants Program GRANT # _____

AMOUNT OF GRANT: \$3,816.49

DEPARTMENT RECEIVING GRANT: Parks & Recreation - Conservation Lands

CONTACT PERSON: Beth Powell TELEPHONE: 772-226-1873

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1. How long is the grant for? 12 months Starting Date: July 6, 2021

2. Does the grant require you to fund this function after the grant is over? _____ Yes No

3. Does the grant require a match? Yes _____ No
 If yes, does the grant allow the match to be In-Kind services? _____ Yes No

4. Percentage of match to grant 43 %

5. Grant match amount required \$ 2938.15 (IRSC committed to \$200)

6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?
IRSC \$200; \$2,238.15 pre-purchased equipment; \$500 31521072-066510-18010

7. Does the grant cover capital costs or start-up costs? Yes _____ No
 If no, how much do you think will be needed in capital costs or start-up costs: _____ \$
 (Attach a detail listing of costs)

8. Are you adding any additional positions utilizing the grant funds? _____ Yes No
 If yes, please list. (If additional space is needed, please attach a schedule.)

| 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 | Insurance – Life & Health | | | | | |
| 012.14 | Worker’s Compensation | | | | | |
| 012.17 | S/Sec. Medicare Matching | | | | | |
| | TOTAL | | | | | |

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

| Salary and Benefits | Operating Costs | Capital | Total Costs |
|---------------------|-----------------|---------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

10. What is the estimated cost of the grant to the county over five years? \$ N/A

| | Grant Amount | Other Match Costs Not Covered | Match | Total |
|-------------|--------------|-------------------------------|-------|-------|
| First Year | \$ | \$ | \$ | \$ |
| Second Year | \$ | \$ | \$ | \$ |
| Third Year | \$ | \$ | \$ | \$ |
| Fourth Year | \$ | \$ | \$ | \$ |
| Fifth Year | \$ | \$ | \$ | \$ |

Signature of Preparer: Elizabeth Powell Date: _____

Digitally signed by Elizabeth Powell
 DN: cn=Elizabeth Powell, o=Indian River County, ou=Indian River County
 Parks & Recreation, email=bpowell@ircgov.com, c=US
 Date: 2021.06.10 12:02:28 -0400