

GRANT# T0363

DEPARTMENT RECEIVING GRANT: Emergency Services-Emergency Management

1.	How long is the grant for? <u>1 year</u>	Starting Date: <u>July 1, 2024</u>
2.	Does the grant require you to fund this function after the grant is over?	<u> </u> Yes <u>x</u> No
3.	Does the grant require a match?	<u> </u> Yes <u>x</u> No
	If yes, does the grant allow the match to be In Kind Services?	<u> </u> Yes <u>x</u> No
4.	Percentage of match <u>N/A</u> <u>0%</u>	
5.	Grant match amount required \$ <u> </u>	
6.	Where are the matching funds coming from (i.e. In Kind Services; Reserve for Contingency)? <u>N/A</u>	
7.	Does the grant cover capital costs or start-up costs? <u>N/A</u>	<u> </u> Yes <u> </u> No
	If no, how much do you think will be needed in capital costs or startup costs? (Attach a detail listing of costs)	\$ <u>N/A</u>
8.	Are you adding any additional positions utilizing the grant funds? If yes, please list. (If additional space is needed, please attach a schedule.)	<u> </u> Yes <u>x</u> No

Acct.	Description	Position	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	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

Salary and Benefits	Operating Costs	Capital	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	N/A	N/A
N/A	N/A	N/A	N/A

	Grant	Other Match Costs		
First Year	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Second Year	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Third Year	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Fourth Year	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Fifth Year	\$ N/A	\$ N/A	\$ N/A	\$ N/A

Signature of Preparer: _____ Date: _____