

GRANT NAME: Waterway Assistance Program GRANT # _____

AMOUNT OF GRANT: \$92,500

DEPARTMENT RECEIVING GRANT: Fire Rescue

CONTACT PERSON: David Kiernan TELEPHONE: 772-226-3953

1. How long is the grant for? 1 year Starting Date: 10/01/2024
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 _____ 50%
5. Grant match amount required \$ 92,500
6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)? Budgeted Funds
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: \$185,000
(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? \$185,000

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$92,500	\$	\$92,500	\$185,000
Second Year	\$	\$	\$	\$
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer: David Kiernan

Date: 02/23/2024