

GRANT NAME: FPL Grant GRANT # N/A

AMOUNT OF GRANT: \$211,106.00

DEPARTMENT RECEIVING GRANT: Emergency Services/REP

CONTACT PERSON: Tad Stone TELEPHONE: 772-226-3859

1. How long is the grant for? 2 Years Starting Date: October 1, 2018

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

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

4. Percentage of match to grant 0 %

5. Grant match amount required \$ 0

6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?  
N/A

7. Does the grant cover capital costs or start-up costs? \_\_\_\_\_ Yes X 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 X 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? \$0.00

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$	\$ 0.00	\$ 0.00	\$
Second Year	\$	\$	\$	\$
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer:  Date: September 12, 2018