GRANT NAME: FDEP Indian River County Sector 3 Beach and Dune Nourishment Project (Wabasso) GRANT # 25IR1

AMOUNT OF GRANT: $3,774,503.51

DEPARTMENT RECEIVING GRANT: Natural Resources/Coastal Engineering

CONTACT PERSON: Eric Charest TELEPHONE: ext. 1569

1. How long is the grant for? December 31, 2027 Expected Starting Date: July 1, 2023

| | YES | NO |
|---|---|---|
| 2. Does the grant require you to fund this function after the grant is over? | | X |
| 3. Does the grant require a match? | X | |
| If yes, does the grant allow the match to be In-Kind services? | | X |

4. Percentage of match to grant 50.00 %

5. Grant match amount required $3,774,503.51

6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?
Local Funding was made available from the Sector 3 Beach Hurricanes Ian and Nicole Dune Restoration Project – Account Nos. 12814472-066514-22601 and 12814472-066514-23007 respectively.

| | | |
|---|---|---|
| 7. Does the grant cover capital costs or start-up costs? | | 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? If yes, please list. (If additional space is needed, please attach a schedule.) | | No |

| 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? $

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

Signature of Preparer: Date: 11/20/2024