

GRANT NAME: DEO Community Planning Technical Assistance Grant for: Indian River Lagoon Management Plan in Indian River County GRANT No. PO359

AMOUNT OF GRANT: \$30,000

DEPARTMENT RECEIVING GRANT: Public Works/Coastal Engineering

CONTACT PERSON: Molly Klinepeter

TELEPHONE: ext. 1651

1. How long is the grant for? June 30, 2020 Starting Date: Upon grant execution

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? _____

4. Percentage of match to grant 0.00%

5. Grant match amount required _____

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? _____ X

If no, how much do you think will be needed in capital costs or start-up costs:
(Attach a detail listing of costs) \$0.00

8. Are you adding any additional positions utilizing the grant funds? _____ 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

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$ 30,000	\$ 0	\$ 0	\$ 30,000
Second Year	\$ 0	\$ 0	\$ 0	\$ 0
Third Year	\$ 0	\$ 0	\$ 0	\$ 0
Fourth Year	\$ 0	\$ 0	\$ 0	\$ 0
Fifth Year	\$ 0	\$ 0	\$ 0	\$ 0

Signature of Preparer: _____ Date: _____