

GRANT # N/A

DEPARTMENT RECEIVING GRANT: Parks Recreation & Conservation

TELEPHONE: 226-1777

Starting Date: 3/11/2025 (chairs)

1. How long is the grant for? N/A
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 _____ %
5. Grant match amount required \$ _____
6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?

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

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$8487 Value	\$	\$	\$8487
Second Year	\$TBD	\$	\$	\$TBD
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer: _____ Date: 2/11/2025