

GRANT NAME: FDEP Indian River County Hurricane Repair Project

GRANT # S0839
(Change Order No. 1)

AMOUNT OF GRANT: \$50,000

DEPARTMENT RECEIVING GRANT: Public Works/Coastal Engineering

CONTACT PERSON: James D. Gray, Jr.

TELEPHONE: ext. 1344

1. How long is the grant for? September 30, 2021 Starting Date: March 8, 2016 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 100 %
5. Grant match amount required N/A
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? _____ 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? _____ 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 | \$ | \$ | \$ | \$ |
| Second Year | \$ | \$ | \$ | \$ |
| Third Year | \$ | \$ | \$ | \$ |
| Fourth Year | \$ | \$ | \$ | \$ |
| Fifth Year | \$ | \$ | \$ | \$ |

Signature of Preparer: _____ Date: _____