	<u>RANT NAI</u> RANT #	ME: FDOT Transportation Regio 436379-1-54-01 & 436379-1-54	onal Incentive Pr 4-02	rogram (TRIP)					
		F GRANT: \$13,247,018.00		NDED 4/7/2020					
DE	EPARTME	NT RECEIVING GRANT: Pu	blic Works						
СС	ONTACT H	PERSON: <u>James W. Ennis P.E.</u>	PMP Asst Public	c Works Director	TELEPHONE	: <u>(772) 226-12</u>	21		
1.	How lon	g is the grant for? <u>Until June 30</u> ,	2021	Starting	Date: Agreem	ent commences u	pon full execution		
2.	Does the	grant require you to fund this fur	nction after the g	grant is over?		YesX	No		
3.		Does the grant require a match? X Yes No If yes, does the grant allow the match to be In-Kind services? Yes X No							
4.	Percenta	ge of match to grant3	6.09 %						
5.	Grant match amount required <u>\$23,453,674.00</u>								
6.		here are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?							
7.	If no, ho	bes the grant cover capital costs or start-up costs?YesNo no, how much do you think will be needed in capital costs or start-up costs:YesNo .ttach a detail listing of costs)							
8.		adding any additional positions u lease list. (If additional space is i				YesX	No		
Γ	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? <u>\$ 23,453,674.00</u>

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$ 3,246,464.00	\$	\$16,953,674.00	\$20,200,138.00
Second Year	\$10,000,554.00	\$	\$6,500,000.00	\$16,500,554.00
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer: _____ Date: ____