

GRANT NAME: EMS County Awards Grant GRANT # _____
 AMOUNT OF GRANT: \$ 16,456.00
 DEPARTMENT RECEIVING GRANT: Emergency Services Fire Rescue
 CONTACT PERSON: Steve Greer PHONE NUMBER: 772-226-3864

1. How long is the grant for? 1 year Starting Date: TBD
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 N/A 0%
5. Grant match amount required \$ N/A
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? _____ 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
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

10. What is the estimated cost of the grant to the county over five years? \$ N/A

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

Signature of Preparer: _____

Date: _____