GRANT NA	ME: Floric	la Publ	ic Transportation	Block Grant		GRANT #:_	NA		
AMOUNT (OF GRANT:	<u>\$7</u>	<u>27,055</u>						
DEPARTMI	ENT RECE	VING	GRANT: Plan	ning and Dev	velopment S	Services (pas	s through to	Senior Resource	Association)
CONTACT	PERSON: M	ark Vie	etze	PHON	NE #: <u>(772) 2</u>	226-1222			
1. Ho	ow long is the	grant	for? Three Years			Starting Date	e: <u>August 30, 20</u>	<u>)2</u> 5	
2. Do	oes the grant i	equire	you to fund this f	unction after the	e grant is ove	er?	Yes _	XNo	
	Does the grant require a match? If yes, does the grant allow the match to			be In Kind Serv	vices?	_	X Yes	No	
4. Pe	Percentage of grant to match: 50 %								
5. Gr	Grant match amount required: \$\\$727,055								
	Where are the matching funds coming from (i.e. In Kind Services, Reserve for Contingency? $\underline{N/A}$								
If	Does the grant cover capital costs or start-up costs? If no, how much do you think will be needed in capital costs or start-up costs? (Attach a detailed listing of costs.)								
			lditional positions additional space is			edule.)	Yes	XNo	
Acct.	Acct. Descr		iption	Position	Position	Position	Position	Position	
011.12	2 Regular Salaries								
011.13			Wages (PT)						
012.11	Social Security							4	
012.12	Retirement Contributions								4
012.13	Life and Health Insurance								-
012.14	· ·								-
012.17	7 Soc. Sec. Medicare Matching TOTAL								
9. W	hat is the tota		of each position in	cluding benefits	s, capital, sta	rt-up, auto exp	ense, travel, and	d operating?	_
Salaries and Benefits		Operating Costs		Capital			Total Costs		
10. W	hat is the esti	mated	cost of the grant to	the County ov	er three year	s? <u>\$727,055</u>			_
			Grant Amount	Other Matching Costs		Match		Total	_
First Year	First Year		,055	\$		\$727,055 (County Match)		\$1,454,110	_
Second Vear		\$		\$		\$		\$	

\$

\$

\$

Third Year

Fourth Year

Fifth Year

\$

\$

\$

\$

\$

\$

\$

\$

\$