

GRANT NAME: E911 State Grant GRANT # TBD

AMOUNT OF GRANT: \$36,857.65

DEPARTMENT RECEIVING GRANT: 911 Emergency Services

CONTACT PERSON: Tina Smith TELEPHONE: 772-226-3854

1. How long is the grant for? 1 year Starting Date: One year from receipt of award notification letter

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 _____ 0%

5. Grant match amount required \$0

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? 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? \$0

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

Signature of Preparer:  Date: 4/23/19