GF	GRANT NAME:		EMS County Grant						GRANT#				
AN	MOUNT O	F GRANT:	\$19,731.00)									
DE	EPARTME	NT RECEIV	ING GRAN	T: Fire	Rescue								
CC	ONTACT I	PERSON: Ste	eve Greer				TELEF	PHONE	E: <u>772-2</u>	26-3864			
1.	How lon	How long is the grant for? 1 Year							TBD				
2.	Does the	grant require	this func		X	Yes		_No					
3.	Does the grant require a match? If yes, does the grant allow the match to be				In-Kind service	es?			Yes Yes	X	_No _No		
4.	4. Percentage of match to grant0												
5.	Grant ma	atch amount re	equired_\$	0		_							
6.	Where a	27/4	-	_	(i.e. In-Kind S	Services; Reserve	e for Con	tingeno	cy)?				
7.	If no, ho		u think wil			ts or start-up co	sts:	X \$	Yes		_No		
8.	(Attach a detail listing of costs) 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.)									_No			
ſ	Acct.	De	scription		Position Position Po		Posi	ition Position		tion	n Position		
	011.12	Regular Sala	aries										
	011.13	Other Salari	es & Wage	s (PT)									
	012.11	Social Secur	rity										
Г	012.12	Retirement	- Contribut	ions									
	012.13	Insurance -	Life & Hea	lth									
	012.14	12.14 Worker's Compensar		n									
	012.17	S/Sec. Medicare Matching											
			OTAL										
9.	What is t	he total cost of	of each posi	tion includ	ding benefits, c	apital, start-up,	auto expe	ense, tra	avel and o	perating?			
		Salary and B	enefits	Operating Costs Cap			oital		Total Costs				
				\$19,731.00					\$19,731.00				
10	What is	the estimated	cost of the	grant to th	e county over	five years? \$							
				to th									
		Grant Amount			Other Match Costs Not Covere			Match		Total			
	First	Year	\$ 19,731.	00	\$ 0.00			\$ 0.00		\$ 19,73	1.00		
			-					-					

second rear	3	3	2	3
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer: 55/2018 Date: 9/25/2018