

GRANT NAME: Community Development Block Grant GRANT # \_\_\_\_\_

AMOUNT OF GRANT: \$750,000 (\$615,500 towards project, \$112,500 towards grant administration)

DEPARTMENT RECEIVING GRANT: Community Development Department

CONTACT PERSON: Bill Schutt TELEPHONE: 226 - 1243

1. How long is the grant for? 2 years Starting Date: October 2018 (estimated)
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? X Yes \_\_\_\_\_ No  
 If yes, does the grant allow the match to be In-Kind services? \_\_\_\_\_ Yes X No
4. Percentage of match to grant 0% required (6.66% for max. points in competitive grant)
5. Grant match amount required \$50,000 (max. required for max. points in competitive grant)
6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?  
State Housing Initiatives Partnership program
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    |          |          |          |          |          |
|        | <b>TOTAL</b>                |          |          |          |          |          |

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? \$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: \_\_\_\_\_