

GRANT NAME: EMPG Grant

AGREEMENT# G0080

AMOUNT OF GRANT: \$ 13,506.54

DEPARTMENT RECEIVING GRANT: Emergency Services

CONTACT PERSON: Tad Stone

PHONE NUMBER: 772-226-3859

1. How long is the grant for? 14 months Starting Date: April 27, 2020
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 100%
5. Grant match amount required \$ 13,506.54
6. Where are the matching funds coming from (i.e. In Kind Services; Reserve for Contingency)? EMPA Grant
7. Does the grant cover capital costs or start-up costs? N/A Yes No
 If no, how much do you think will be needed in capital costs or startup costs?
 (Attach a detail listing of costs) \$ N/A
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	N/A	N/A	N/A	N/A	N/A
011.13	Other Salaries & Wages (PT)	N/A	N/A	N/A	N/A	N/A
012.11	Social Security	N/A	N/A	N/A	N/A	N/A
012.12	Retirement-Contributions	N/A	N/A	N/A	N/A	N/A
012.13	Insurance-Life & Health	N/A	N/A	N/A	N/A	N/A
012.14	Worker's Compensation	N/A	N/A	N/A	N/A	N/A
012.17	S/Sec. Medicare Matching	N/A	N/A	N/A	N/A	N/A
	TOTAL	N/A	N/A	N/A	N/A	N/A

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	Other Match Costs		
First Year	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Second Year	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Third Year	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Fourth Year	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Fifth Year	\$ N/A	\$ N/A	\$ N/A	\$ N/A

Signature of Preparer: _____

Date: June 1, 2020