

GRANT NAME: Florida Inland Navigation District – Waterways Assistance Program GRANT # \_\_\_\_\_

AMOUNT OF GRANT: TBD – no more than \$150,000

DEPARTMENT RECEIVING GRANT: Conservation Lands

CONTACT PERSON: Beth Powell TELEPHONE: 226-1873

1. How long is the grant for? 3 Years Starting Date: October 1, 2018

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 TBD - 50%-75%

5. Grant match amount required TBD - no less than \$150,000

6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?  
Conservation Lands Capital Improvements

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? TBD

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$ 150,000.00	\$	\$ +150,000.00	\$TBD
Second Year	\$	\$	\$	\$
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer: Beth Powell Date: 3/13/18