GRANT NAME: Jones' Pier residence Stabilization and Museum Planning GRANT # N/A

AMOUNT OF GRANT: $10,725.00

DEPARTMENT RECEIVING GRANT: Parks and Conservation Resources

CONTACT PERSON: Beth Powell TELEPHONE: X1873

---

1. How long is the grant for? 1 Year Starting Date: July 1, 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? X Yes ____ No
4. Percentage of match to grant 50% %
5. Grant match amount required $ $10,725.00
6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?
   Improvements are alloocated in the CIE for Fiscal year 2021; Optional Sales Tax & Environmental Land Bond Proceeds
7. Does the grant cover capital costs or start-up costs? ____ Yes X 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 will help fund Project Planning only)

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

Signature of Preparer: Elizabeth Powell Digitally signed by Elizabeth Powell DN: cn=Elizabeth Powell, o=Indian River County, ou=Indian River County Parks & Recreation, email=bpowell@ircgov.com, c=US Date: 2020.07.30 16:15:09 -04'00' Date: 07/30/20