

GRANT NAME: IRC/SJRWMD Countywide Well-Plugging Cost-Share Agreement

GRANT # Contract # 35837

AMOUNT OF GRANT: \$20,000

DEPARTMENT RECEIVING GRANT: Community Development

CONTACT PERSON: Andrew Sobczak

TELEPHONE: ext. 1258

1. How long is the grant for? Three years (to September 30, 2022) Starting Date: October 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 to grant 50%
5. Grant match amount required \$20,000
6. Where are the matching funds coming from?
Planning/Code Enforcement Budget Account# 00420724-033190, under "Professional Services" (FY 2020/21, 2021/2022, 2022/2023).
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 start-up costs: N/A
 (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? \$60,000

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$20,000	\$	\$20,000	\$40,000
Second Year	\$20,000	\$	\$20,000	\$40,000
Third Year	\$20,000	\$	\$20,000	\$40,000
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer: _____ Date: _____