

GRANT NAME: FDEP Wabasso (Indian River Sector 3) Beach Restoration – Post Const. Monitoring

GRANT # 171R2

AMOUNT OF GRANT: \$250,000

DEPARTMENT RECEIVING GRANT: Public Works/Coastal Engineering

CONTACT PERSON: James D. Gray, Jr.

TELEPHONE: ext. 1344

1. How long is the grant for? April 30, 2021 Expected Starting Date: Feb 13, 2018
- | | | |
|---|------------|-----------|
| | <u>YES</u> | <u>NO</u> |
| 2. Does the grant require you to fund this function after the grant is over? | _____ | X |
| 3. Does the grant require a match? | X | _____ |
| If yes, does the grant allow the match to be In-Kind services? | _____ | X |
| 4. Percentage of match to grant <u>50.00</u> % | | |
| 5. Grant match amount required <u>\$125,000</u> | | |
| 6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?
<u>Local Funding is available from Sector 3 Post Construction Monitoring– Account No. 12814472-033490-05054.</u> | | |
| 7. Does the grant cover capital costs or start-up costs? | _____ | 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?
If yes, please list. (If additional space is needed, please attach a schedule.) | _____ | No |

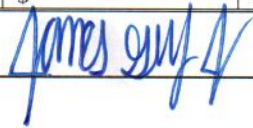
Acct.	Description	Position	Position	Position	Position	Position
011.12	Regular Salaries					
011.13	Other Salaries & Wages (PT)					
012.11	Social Security					
012.12	Retirement – Contributions					
012.13	Insurance – Life & Health					
012.14	Worker’s Compensation					
012.17	S/Sec. Medicare Matching					
	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? \$ _____

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$ _____	\$ _____	\$ _____	\$ _____
Second Year	\$ _____	\$ _____	\$ _____	\$ _____
Third Year	\$ _____	\$ _____	\$ _____	\$ _____
Fourth Year	\$ _____	\$ _____	\$ _____	\$ _____
Fifth Year	\$ _____	\$ _____	\$ _____	\$ _____

Signature of Preparer: 

Date: 2/1/18