

GRANT NAME: Florida Blue Foundation - Mental Well-being GRANT # _____

AMOUNT OF GRANT: \$200,000

DEPARTMENT RECEIVING GRANT: Parks, Recreation & Conservation

CONTACT PERSON: Beth Powell TELEPHONE: 226-1785

1. How long is the grant for? 3 years Starting Date: October 1, 2023

2. Does the grant require you to fund this function after the grant is over? _____ Yes No

3. Does the grant require a match? _____ Yes No
 If yes, does the grant allow the match to be In-Kind services? _____ Yes _____ No

4. Percentage of match to grant 0 %

5. Grant match amount required \$ 0.00

6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?
N/A

7. Does the grant cover capital costs or start-up costs? _____ 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 _____ 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	\$24,389.24	\$12,844.82			
011.13	Other Salaries & Wages (PT)					
012.11	Social Security	\$1,512.75	\$796.38			
012.12	Retirement – Contributions	\$3,309.75	\$1,743.04			
012.13	Insurance – Life & Health	\$349.50				
012.14	Worker’s Compensation	\$603.00	\$413.33			
012.17	S/Sec. Medicare Matching	\$648.00	\$186.25			
	TOTAL	\$30,812.24	\$15,983.82			

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
\$30,812.24	\$3,467.00	\$0.00	\$34,279.24
\$15,983.82	\$550.00	\$0.00	\$16,533.82

10. What is the estimated cost of the grant to the county over five years? \$ 0.00

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$ 50,813.06	\$0	\$0	\$ 50,813.06
Second Year	\$ 71,716.66	\$0	\$0	\$ 71,716.66
Third Year	\$ 77,471.13	\$0	\$0	\$ 77,471.13
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer: Elizabeth Powell

Digitally signed by: Elizabeth Powell
 DN: CN = Elizabeth Powell email = bpowell@rogov.com C = US O = Indian River
 County OU = Parks and Recreation Director
 Date: 2023.09.28 11:02:47 -0400

Date: _____