

GRANT NAME: Operation Stonegarden GRANT # _____

AMOUNT OF GRANT: \$380,000

DEPARTMENT RECEIVING GRANT: Indian River County Sheriff's Office

CONTACT PERSON: Annette M. Russell, Planner TELEPHONE: 772-978-6214

1. How long is the grant for? Three (3) Years Starting Date: October 1, 2017

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? _____ Yes X No
If yes, does the grant allow the match to be In-Kind services? _____ Yes _____ No

4. Percentage of match to grant _____

5. Grant match amount required _____

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

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? \$0

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$ 310,000.00	\$	\$0	\$ NO MATCH
Second Year	\$ 30,000.00	\$	\$0	\$ NO MATCH
Third Year	\$ 30,000.00	\$	\$0	\$ NO MATCH
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer: Annette M. Russell Date: July 12, 2017