GRANT NA	AME:	FDOT Transit Corric	dor Grant		_	(GRANT #: ARE86
AMOUNT	OF GRANT:	<u>\$99,750</u>					
DEPARTM	IENT RECEIV	'ING GRANT: <u>Commun</u>	ity Developme	nt (pass throu	gh to Senior Res	ource Associat	ion)
CONTACT	PERSON: <u>Ph</u>	illip J. Matson		_ PHONE	#: <u>(772) 226-145</u>	<u>55</u>	
1. H	low long is the	grant for? Five Years					
2. D	Does the grant require you to fund this function after the			e grant is ove	r?	Yes	<u>X</u> No
	Does the grant require a match? If yes, does the grant allow the match to be In Kind Servi					Yes	<u>X</u> No No
4. P	ercentage of gr	rant to match: N/z	A	%			
5. G	Grant match amount required: \$ 0						
6. W	Where are the matching funds coming from (i.e. In Kind Services, Reserve for Contingency?						
N	J/A						
If (A	Does the grant cover capital costs or start-up costs? If no, how much do you think will be needed in capital costs or start-up costs? (Attach a detailed listing of costs.) Are you adding any additional positions utilizing the grant funds? Yes X No						
		st. (If additional space is			dule.)		
Acct.		Description	Position	Position	Position	Position	Position
011.12	Regular Sa	alaries					
011.13		ries & Wages (PT)					
012.11	Social Sec						
012.12	Retirement Contributions						
012.13	Life and Health Insurance						
012.14	Worker's Compensation Soc. Sec. Medicare Matching						
012.17	500. 500. 1	TOTAL					
9. W	What is the tota	l cost of each position ind	cluding benefit	s, capital, sta	t-up, auto expen	se, travel, and o	operating?
Salaries and Benefits		s Operating	Operating Costs		Capital		tal Costs
10. W	What is the esting	mated cost of the grant to	the County ov	er five years?	<u>\$0</u>		
		Grant Amount	Other Matching Cos		Mat	·ch	Total
First Year		\$99,750			\$		\$99,750
Second Year		\$	\$		\$		\$
Third Year		\$	\$		\$		\$

Fourth Year

Fifth Year

\$

\$

\$

\$

\$

\$

\$

\$