| GRANT NAME: FRDAP | | | | | | | | | GRANT # P5101 | | | | |
|-------------------|---|---|-----------------|-------------|--|------------------|--|----------|----------------------|------------|-----------------------|----------|--|
| ΑN | MOU | NT O | F GRANT: | \$50,0 | 00 | | | | | | | | |
| DI | EPAF | RTME | NT RECEIVI | NG GRAN | _{IT:} Pa | rks & Re | creation | | | | | | |
| | | | PERSON: BE | | | | | TELE | PHONE: | 772 | 2-226 | 5-1873 | |
| 1. | Но | How long is the grant for? 3 years | | | | | Startir | ng Date: | July | 2024 | 1 | | |
| 2. | Do | Does the grant require you to fund this function after the grant is over? | | | | | | | | _Yes | X | No | |
| 3. | . Does the grant require a match? If yes, does the grant allow the match to be | | | | | In-Kind services | | | _Yes _Yes | <u>X</u> | No No | | |
| 4. | | | | | | | | | | | | | |
| 5. | 50 000 | | | | | | | | | | | | |
| 6. | Wł | here ar | | g funds coi | | (i.e. In-Kind Se | rvices; Reserve | e for Co | ntingency |)? | | | |
| 7. | 7. 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 detail listing of costs) | | | | | | | | | | | | |
| 8. | 8. Are you adding any additional positions utilizing the grant funds? | | | | | | | | | | | No | |
| | A | cct. | Des | scription | | Position | Position | Pos | ition | Posit | ion | Position | |
| | 011 | | Regular Sala | | | | | | | | | | |
| | 011 | | Other Salari | | s (PT) | | | | | | | | |
| | 012 | .11 | Social Secur | | | | | | | | | | |
| | 012 | .12 Retirement – Contributions | | ions | | | | | | | | | |
| | 012 | .13 | Insurance – | Life & Hea | ılth | | | | | | | | |
| | 012 | .14 | Worker's Co | mpensatio | n | | | | | | | | |
| | 012 | .17 | S/Sec. Medi | care Match | ing | | | | | | | | |
| | | | Т | OTAL | | | | | | | | | |
| 9. | Wl | hat is t | he total cost o | | Sition including benefits, capital, start-up, a Operating Costs Cap | | | | ense, trav | | perating? al Costs | , | |
| | | | Salary and D | CHCIIIS | Орег | ating Costs | Caj | рнаг | | 100 | ai Cosis | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 10 | . W | hat is | the estimated | cost of the | grant to th | e county over fi | ve years? \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | N/A | | | | | |
| | ſ | Grant Amount Other Match Costs Not Co | | | | | | vered | Ma | tch Total | | otal | |
| | | First Year \$ | | | \$ | | | \$ | | | \$ | | |
| | | Second Year \$50,000 | | | | \$0 | \$50,000 | | | \$ 200,000 | | | |
| | | Third Year \$ | | | | \$ | | \$ | | \$ | | | |
| | | | th Year | \$ | | \$ | | | \$ | | \$ | | |
| | | Fifth | Year | \$ | · | \$ | | | \$ | | \$ | | |

| Signature of Preparer: | Elizabeth Powell | Digitally signed by: Elizabeth Powell DN: CN = Elizabeth Powell email = bpowell@indianriver.gov C = US O = Indian River County OU = Parks, Recreation & Conservation Date: 2024.10.23 14:02:16-04'00' | Date: | |
|------------------------|------------------|--|-------|--|
| | | | | |