

GRANT NAME: FDEP Wabasso (Indian River Sector 3) Beach Restoration –

GRANT # 17IR2 – Change Order No. 1

AMOUNT OF GRANT: \$893,102.60

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 26, 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 50.00 %
5. Grant match amount required \$446,551.30
6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?
Local Funding is available from Sector 3 2018 Post Construction Monitoring– Account No. 12814472-033490-05054.
Local Funding is available from Other Professional Services – Hurricane Matthew – Sector 3 – Account No. 12814472-066514-17001
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? _____ 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? \$ _____

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

Signature of Preparer: _____ Date: _____