

GRANT NAME: FDEP-Vero Beach Restoration – Sector 5

GRANT # 19IR3

AMOUNT OF GRANT: \$2,779,289.04

DEPARTMENT RECEIVING GRANT: Public Works/Coastal Engineering

CONTACT PERSON: Kendra Cope

TELEPHONE: 772-226-1569

1. How long is the grant for? November 30, 2023 Expected Starting Date: November 1, 2019
YES **NO**
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 53.0 % after Federal contribution
5. Grant match amount required \$927,299.91 after Federal contribution
6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?
Local Funding is available in the Restoration Fund, Hurricane Matthew Account - Sector 5, No. 12814472-066510-17001. An estimated 1,030,156.13 Federal contribution includes both FEMA and DEM funding and is included in the total grant amount. Federal contribution will be made through FEMA Project Worksheets (Hurricane Matthew PW #808 and the Hurricane Irma PW #3025).
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: _____