GRANT NAME: Community Emergency Response Team (CERT) Grant GRANT # not assigned

AMOUNT OF GRANT: $ 7,000.00

DEPARTMENT RECEIVING GRANT: Emergency Services

CONTACT PERSON: John King PHONE NUMBER: 226-3859

1. How long is the grant for? 12 months Starting Date: July 01, 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? X Yes ____ No
   If yes, does the grant allow the match to be In Kind Services? X Yes ____ No
4. Percentage of match 100 %
5. Grant match amount required $ N/A
6. Where are the matching funds coming from (i.e. In Kind Services; Reserve for Contingency)? In Kind Services
7. Does the grant cover capital costs or start-up costs? ____ 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	N/A				
011.13	Other Salaries & Wages (PT)	N/A				
012.11	Social Security	N/A				
012.12	Retirement-Contributions	N/A				
012.13	Insurance-Life & Health	N/A				
012.14	Worker=s Compensation	N/A				
012.17	S/Sec. Medicare Matching	N/A				
	TOTAL	N/A				

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
N/A	N/A	N/A	N/A

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	$ 3,392.00	$ N/A	$ N/A	$ 3,392.00
Second Year	$ N/A	$	$	$ N/A
Third Year	$	$	$	$
Fourth Year	$	$	$	$
Fifth Year	$	$	$	$

Signature of Preparer: John King Date: October 20, 2017