

GRANT NAME: EMS County Awards Grant GRANT # TBD
 AMOUNT OF GRANT: \$ 18,951.00
 DEPARTMENT RECEIVING GRANT: Emergency Services-Fire Rescue
 CONTACT PERSON: Tad Stone PHONE NUMBER: 772-226-3947

1. How long is the grant for? 1 year Starting Date: TBD
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? Yes X No
 If yes, does the grant allow the match to be In Kind Services? Yes X No
4. Percentage of match N/A 0%
5. Grant match amount required \$ N/A
6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)? N/A
7. Does the grant cover capital costs or start-up costs? N/A 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) \$N/A
8. Are you adding any additional positions utilizing the grant funds?
 If yes, please list. (If additional space is needed, please attach a schedule.) Yes X No

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? \$ N/A

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$18,951.00	\$ N/A	\$ N/A	\$18,951.00
Second Year	\$N/A	\$	\$	\$N/A
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$
	↓	↓	↓	↓

Signature of Preparer: _____ Date: November 17, 2020