GRANT NA	AME: EMS Cou	nty Grant			GR.	ANT#	C60	
AMOUNT	OF GRANT: \$24,659.0	0						_
DEPARTM	ENT RECEIVING GRA	NT: Fir	e Rescue					
CONTACT	PERSON: Brian Burkee	en			TELEPHON	E: <u>772-2</u>	26-3864	
1. How lo	ong is the grant for?1	Year			Starting Date	Decem	ber 16, 20	17
2. Does th	ne grant require you to fur	nd this fur	nction after the g	rant is over?		Yes	<u>X</u>	_No
	ne grant require a match? does the grant allow the n	natch to b	e In-Kind service	es?		Yes Yes	<u>X</u>	No No
4. Percent	age of match to grant	0		<u>%</u>				
Grant n	natch amount required \$	0		_				
	are the matching funds co	oming fro	m (i.e. In-Kind S	Services; Reserv	e for Continger	ncy)?		
If no, he (Attach	ow much do you think with a detail listing of costs) a adding any additional pupilease list. (If additional	ll be need	ded in capital cos	funds?		Yes	<u>X</u>	
Acct.	Description		Position	Position	Position	Posi	tion	Position
011.12	Regular Salaries							
011.13	Other Salaries & Wag	es (PT)						
012.11	Social Security							
012.12	Retirement – Contribution Insurance – Life & He	SECOND A						
012.13	Worker's Compensation	200000						
012.17	S/Sec. Medicare Matc							
012.17	TOTAL	iiiig						
9. What is	s the total cost of each pos	sition incl	uding benefits, c	apital, start-up,	auto expense, t	ravel and o	perating?	
	Salary and Benefits				pital	Total Costs		
_		\$24,65	9.00			\$24659.00)	
-								
10. What is	s the estimated cost of the	grant to	the county over	five years? \$				
						N f - + -1	1 (22)	
	Grant \$ 24.650	Amount	Other Mat	ch Costs Not Co	overed	Match	To	otal

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$ 24,659.00	\$ 0.00	\$ 0.00	\$ 24,659.00
Second Year	\$	\$	\$	\$
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer: Date: November 3, 2017