G.	RAN'	T NAI	ME: Trans-Fl	orida Raily	way Trail f	rom Fellsmere to	West of I-95	Phase 1	& 2 GR.	ANT# -	44607	3-1-58-01	
A)	MOU	NT O	F GRANT:	\$865,885									
D	EPAF	RTME	NT RECEIVI	NG GRAN	NT: Publ	ic Works/Engine	ering						
C	TAC	ACT F	PERSON:	Kirstin Lei	endecker,	PE, Asst PW Dir	rector		TELE	EPH <u>ONE:</u>	Ext 1	327	
1.	Но	How long is the grant for? Until. 12/30/2025 Starting Date: Once FDOT issues NTP											
2.	Do	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 If yes, does the grant allow the match to be In-Kind services?YesYes								X	No No			
4.	Percentage of match to grant												
5.	Grant match amount required \$525,791												
6.	Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?												
7.	Ifr	Does the grant cover capital costs or start-up costs? If no, how much do you think will be needed in capital costs or start-up costs: (Attach a detail listing of costs)									No		
8.	Are	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.)											
		ect.		scription		Position	Position	Pos	ition	Posit	ion	Position	
		1.12 Regular Salaries											
	011.		Other Salari		es (PT)								
	_	2.11 Social Security											
	1000 10000000	2.12 Retirement – Contributions											
		2.13 Insurance – Life & Health											
		Worker's Compensation S/Sec. Medicare Match								-			
	012.	.17		OTAL	iing								
9.	Wł	What is the total cost of each position including benefits, capital, start-up, auto expense, travel and operating?										?	
		Salary and Benefits		enefits	Operating Costs		Capital			Total Costs			
		-											
10	. W	hat is t	the estimated	cost of the	grant to th	e county over fiv	ve years? \$						
		Grant Amoun			Amount	Other Match Costs Not Cover			d Match		Total		
		First Year		\$ 865,885		\$			\$525,791		\$1,391,676		
		Second Year \$				\$			\$		\$		
			Year	\$		\$			\$		\$		
	ŀ		h Year	\$			\$			\$		\$	
	L	Fifth	r ear	\$		\$			\$		\$		

Signature of Preparer: Date: 4-26-2023