

GRANT NAME: EMPG GrantAGREEMENT# G0558AMOUNT OF GRANT: \$ 67,882DEPARTMENT RECEIVING GRANT: Emergency Services-Emergency ManagementCONTACT PERSON: David JohnsonPHONE NUMBER: 772-226-3947

1. How long is the grant for? 18 Months Starting Date: October 1, 2024
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? Yes X No
4. Percentage of match 100%
5. Grant match amount required \$ 67,882.00
6. Where are the matching funds coming from (i.e. In Kind Services; Reserve for Contingency)? EMPA Grant
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 startup costs? (Attach a detail listing of costs) \$ N/A
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 | N/A | N/A | N/A | N/A |
| 011.13 | Other Salaries & Wages (PT) | N/A | N/A | N/A | N/A | N/A |
| 012.11 | Social Security | N/A | N/A | N/A | N/A | N/A |
| 012.12 | Retirement-Contributions | N/A | N/A | N/A | N/A | N/A |
| 012.13 | Insurance-Life & Health | N/A | N/A | N/A | N/A | N/A |
| 012.14 | Worker's Compensation | N/A | N/A | N/A | N/A | N/A |
| 012.17 | S/Sec. Medicare Matching | N/A | N/A | N/A | N/A | N/A |
| | TOTAL | N/A | N/A | N/A | N/A | 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 |
| N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A |
| 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 | Other Match Costs | | |
|-------------|--------|-------------------|--------|--------|
| First Year | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Second Year | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Third Year | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Fourth Year | \$ N/A | \$ N/A | \$ N/A | \$ N/A |
| Fifth Year | \$ N/A | \$ N/A | \$ N/A | \$ N/A |

Signature of Preparer: Erin ReyesDate: September 20, 2024