

GRANT NAME: Library Services and Technology Grant

GRANT # _____

AMOUNT OF GRANT: \$9,646

DEPARTMENT RECEIVING GRANT: General Services/Library Services

CONTACT PERSON: Tracey L. Wehking

TELEPHONE: 772-400-6304

1. How long is the grant for? 15 months Starting Date: July 1, 2020

2. Does the grant require you to fund this function after the grant is over? _____ Yes No

3. Does the grant require a match? _____ Yes No
 If yes, does the grant allow the match to be In-Kind services? _____ Yes _____ No

4. Percentage of match to grant _____ %

5. Grant match amount required \$ _____

6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?

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 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 | | | | | |
| 011.13 | Other Salaries & Wages (PT) | | | | | |
| 012.11 | Social Security | | | | | |
| 012.12 | Retirement – Contributions | | | | | |
| 012.13 | Insurance – Life & Health | | | | | |
| 012.14 | Worker’s Compensation | | | | | |
| 012.17 | S/Sec. Medicare Matching | | | | | |
| | TOTAL | | | | | |

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 |
|---------------------|-----------------|---------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

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 | \$ | \$ | \$ | \$ |
| Second Year | \$ | \$ | \$ | \$ |
| Third Year | \$ | \$ | \$ | \$ |
| Fourth Year | \$ | \$ | \$ | \$ |
| Fifth Year | \$ | \$ | \$ | \$ |

Signature of Preparer: Tracey L. Wehking Date: 11/25/2020