

GRANT NAME: Housing Rehabilitation Community Development Block Grant GRANT # 19DB-ON-10-40-01-H03

AMOUNT OF GRANT: \$750,000

DEPARTMENT RECEIVING GRANT: Community Development Dept.

CONTACT PERSON: Bill Schutt

TELEPHONE: 226 - 1243

1. How long is the grant for? 2 1/2 years Starting Date: December 10, 2018
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 to grant 6.67%
5. Grant match amount required \$50,000
6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?
State Housing Initiative Partnership program funds.
7. Does the grant cover capital costs or start-up costs? X 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 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					
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? \$20,000 (grant funds to be used)

	Grant Amount	Other Match Costs Not Covered	Match	Total	
First Year	\$750,000 Funds to be disbursed to County as needed over +/-2 years.	\$	\$ 25,000	\$1,500,428	
Second Year		\$	\$ 25,000		
Third Year		\$	\$ N/A		
Fourth Year		\$	\$	\$ N/A	\$
Fifth Year		\$	\$	\$ N/A	\$

Signature of Preparer: Bill Schutt Date: 2/20/19