

GRANT NAME: Orchid Island Estates Septic to Sewer GRANT # LG011

AMOUNT OF GRANT: \$7,425,000.00

DEPARTMENT RECEIVING GRANT: Department of Utility Services

CONTACT PERSON: Robert Tobar TELEPHONE: 772-226-1801

1. How long is the grant for? At the time of execution date until April 30, 2028 Starting Date: TBD
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 0 %
5. Grant match amount required \$ 0
6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?
Local pledge contributions
7. Does the grant cover capital costs or start-up costs? Yes X 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? \$ 7,425,000.00

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$ 900,000.00	\$	\$	\$
Second Year	\$ 2,800,000.00	\$	\$	\$
Third Year	\$ 2,800,000.00	\$	\$	\$
Fourth Year	\$ 925,000.00	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer: _____ Date: _____