

GRANT NAME: Transit Corridor Grant

GRANT #: NA

AMOUNT OF GRANT: \$150,000

DEPARTMENT RECEIVING GRANT: Community Development (pass through to Senior Resource Association)

CONTACT PERSON: Brian Freeman PHONE #: (772) 226-1990

1. How long is the grant for? Three Years Starting Date: October 1, 2023
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 grant to match: _____ %
5. Grant match amount required: \$ NA
6. Where are the matching funds coming from (i.e. In Kind Services, Reserve for Contingency)?
NA
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 detailed 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	Life and Health Insurance					
012.14	Worker's Compensation					
012.17	Soc. Sec. Medicare Matching					
	TOTAL					

9. What is the total cost of each position including benefits, capital, start-up, auto expense, travel, and operating?

Salaries and Benefits	Operating Costs	Capital	Total Costs

10. What is the estimated cost of the grant to the County over five years? \$0

	Grant Amount	Other Matching Costs	Match	Total
First Year	\$150,000	\$	\$	\$150,000
Second Year	\$	\$	\$	\$
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$