| GF | RANT NA | ME: West Wabasso Phase II | GRAN | NT # IRL2 | 2018-01 | | | | | |
|----|--|--|-------------------|--------------------|--------------------|-------------------|-------------|--|--|--|
| AN | MOUNT O | DF GRANT: \$200,000.00 | | | | | | | | |
| DE | EPARTME | ENT RECEIVING GRANT: De | partment of Util | ity Services | | | | | | |
| CC | ONTACT I | PERSON: <u>Chris Williams (FDE</u> | P) /Arjuna Werz | agoda (IRC) | TELEPHONE: | 850-245-2948 | 3 | | | |
| 1. | How lon | g is the grant for? Expiration 9/30 | 0/2019 | Startin | g Date: Upon ez | xecution | | | | |
| 2. | | | | | | | <u>X No</u> | | | |
| 3. | . Does the grant require a match? | | | | | | | | | |
| 4. | Percentage of match to grant <u>IRC Pledged up to 59%</u> | | | | | | | | | |
| 5. | . Grant match amount required <u>\$ IRC Pledged up to \$1,475,000.00</u> | | | | | | | | | |
| 6. | Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)? <u>SJRWMD Cost Share (33%). FDEP (18%)</u> | | | | | | | | | |
| 7. | Does the grant cover capital costs or start-up costs? A portion of the Capital Cost 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. | | bu adding any additional positions utilizing the grant funds?YesYesNo , 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 | | | | | | | | |
| L | | TOTAL | | | | | | | | |
| 9. | What is t | the total cost of each position incl | uding benefits, o | capital, start-up, | auto expense, trav | vel 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? <u>\$0.00</u>

| | Grant Amount | Other Match Costs Not Covered | Match | Total |
|-------------|--------------|-------------------------------|-------|-------|
| First Year | \$ | \$ | \$ | \$ |
| Second Year | \$ | \$ | \$ | \$ |
| Third Year | \$ | \$ | \$ | \$ |
| Fourth Year | \$ | \$ | \$ | \$ |
| Fifth Year | \$ | \$ | \$ | \$ |

Signature of Preparer: Arjuna Weragoda

Date: 9/21/18