GRANT NAME: Florida Artificial Reef Program

GRANT No. FWC-18101

CC	NTACT P	PERSON: James D. Gray, Jr				TELEPHO	ONE: ext. 1344
1.	How long	g is the grant for? August 3	1, 2019		Expected Starti	ng Date: 1	November 20, 2018 NO
2.	Does the	grant require you to fund this fu	unction after the g	rant is over?			X
3.	Does the	grant require a match?			X		
	If yes, do	es the grant allow the match to	be In-Kind servic	es?	X		
4.	Percentag	ge of match to grant	-	%			
5.	Grant ma	tch amount required\$9	,750				
6.	Funding 1	re the matching funds coming fr for Artificial Reef construction i 2-066510-14013.					ef Account No.
7.	Does the	grant cover capital costs or star	t-up costs?				No
		w much do you think will be need detail listing of costs)	eded in capital cos	sts or start-up cos	ts: \$		
8.		adding any additional positions lease list. (If additional space is					No
Ī	Acct.	Description	Position	Position	Position	Position	Position

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:	Date:
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