	AME: Adult Drug C	all a constant and a constant	ary Grant	GRAM	NT # BJA	-2019-15084
		\$500,000				
DEPARTM	ENT RECEIVING GRANT	Indian Rive	r County D	rug Court/C	ourt Admii	nistration
CONTACT	PERSON: Wendy P	arent, Drug Co	urt Manag	ertelephone:	772-807	-4388
1. How lo	ng is the grant for? 36	months	· · · · ·	Starting Date:	October	1, 2019
2. Does th	e grant require you to fund	this function after the	grant is over?	× + n	_Yes _>	K No
	e grant require a match? loes the grant allow the mat	ch to be In-Kind servio	ces?	<u> </u>	Yes	No No
4. Percent	age of match to grant	25	%			
	natch amount required _\$	166,667		i.		
6. Where	are the matching funds com					
If no, ho (Attach 8. Are you	e grant cover capital costs of ow much do you think will l a detail listing of costs) adding any additional posi- please list. (If additional sp	be needed in capital co	t funds?	osts: <u>\$</u>	_Yes -O _Yes>	No
Acct.	Description	Position	Position	Position	Position	Position
011.12	Regular Salaries					
011.13	Other Salaries & Wages	(PT)				
012.11	Social Security					
012.12	Retirement - Contributio	ns	ж.			
012.13	Insurance – Life & Healt	h			P	
012.14	Worker's Compensation					
012.17	S/Sec. Medicare Matchin	g				
	TOTAL		I <u></u>	е — ж.		
9. What is	the total cost of each position	on including benefits, o	capital, start-up,	auto expense, trav	el and operating	g?
	Salary and Benefits	Operating Costs	Ca	Capital		S
		and the second				
10. What is	the estimated cost of the g	ant to the county over	five years? _\$	-0-		

First Year \$   Second Year \$	\$	\$	\$	
	S	Ø		
	Ψ	3	\$	
Third Year \$	\$	\$	\$	
Fourth Year \$	\$	\$	\$	
Fifth Year \$	15	\$	\$	
Fifth Year (\$	fth Year \$ \$ \$			

Signature of Preparer: