GRANT NAME: <u>Indian River County Hurricane Irma Recovery Project</u>								GRANT No. 19IR2						
AMOUNT OF GRANT: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\														
DE	EPARTME	NT RECEIVI	NG GRAN	T: <u>Pub</u> l	lic Works/Coas	stal Engineering	<u> </u>							
CO	CONTACT PERSON: Kendra Cope.								TELEPHONE: ext. 1569					
1.	1. How long is the grant for? 11/30/2021							Starting Date: Upon grant execution						
								YES		NO				
								<u>IES</u>		<u>NO</u>				
2.	Does the grant require you to fund this function after the grant is over?								_	X	_			
3.	Does the grant require a match?							X						
	If yes, does the grant allow the match to be In-Kind services?							X			_			
4.	4. Percentage of match to grant 0%													
_														
5.														
6.	Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)? No matching funds needed. However, local funding is available for the Sector 7 Renourishment Project in Acct. No. 12814472-													
	066512-1	-		,										
7.	Does the grant cover capital costs or start-up costs?													
If no, how much do you think will be needed in capital costs or start-up costs: (Attach a detail listing of costs)														
8.	· · · · · · · · · · · · · · · · · · ·										_			
0.	If yes, please list. (If additional space is needed, please attach a schedule.)													
F	Acct.	et. Description			Position	Position	Pos	ition	Positi	tion Position				
F	011.12													
Ī	011.13	- U		PT)										
	012.11													
	012.12			ıs										
	012.13	Insurance – Life & Health												
	012.14	Worker's Cor	npensation											
	012.17	S/Sec. Medica	are Matching	5										
		Т	OTAL											
9.	What is t	the total cost o	of each posi	tion includ	ing benefits, ca	npital, start-up,	auto exp	ense, trav	el and op	erating?				
		Salary and Benefits Ope			ating Costs	Caj	Capital		Tot					
10.	. What is	the estimated	cost of the	grant to the	e county over f	ive years? $\sqrt{90}$)							
		Grant Amount Other Match Costs Not Cove						Match		Total				
	First Year \$ 0				\$ 0			\$ 0		\$ 0				
	Second Year \$ 0				\$ 0					\$ 0				
	Third Year \$ 0 Fourth Year \$ 0				\$ 0 \$ 0			\$0 \$0 \$0		\$ 0				
		Fifth Year \$0 \$0						\$0 \$0						

Signature of Preparer: ______ Date: _____