GRANT NAME: Florida Job Growth Grant Fund					GRANT #: <u>NA</u>					
AMOUNT OF GI	RANT <u>: \$750,</u>	000								
DEPARTMENT 1	RECEIVING	GRANT:	Public W	<u>orks</u>						
CONTACT PERS	SON: <u>Phil Ma</u>	son		P	HONE	#: <u>(772</u>	2) 226-1455			
1. How los	How long is the grant for? One Year				Starting Date:			July 1, 2019		
2. Does th	Does the grant require you to fund this function after the grant is over?								s <u>X</u> No	
	Does the grant require a match? If yes, does the grant allow the match to be In Kind Services?								sNo sNo	
4. Percent	age of grant to	match: Varies								
5. Grant m	natch amount i	required: <u>\$100,000</u>								
6. Where a	are the matchi	ng funds coming fr	rom (i.e.	In Kind Serv	rices, R	eserve	for Continge	ency?		
Local m	natch consists	of \$100,000 In-Kii	nd from l	Indian River	County	<u> </u>				
	Does the grant cover capital costs or start-up costs?							Ye	s <u>X</u> No	
	If no, how much do you think will be needed in capital costs or start-up costs? (Attach a detailed listing of costs.) \$\sqrt{0}\$ (Capital portion also being applied for)									
		dditional positions additional space is				edule.)		Ye	s <u>X</u> No	
Acct.	Acct. Descr			Position	Pos	sition	Position	Position	Position	
011.12 Regular S										
011.13	Other Salaries & Wages (PT)									
012.11 012.12	Social Security Retirement Contributions				1					
012.12		ealth Insurance			 					
012.14										
012.17		. Medicare Matching								
		TOTAL								
		of each position in		benefits, cap			uto expense,			
Salaries and	Benefits	Operating Costs		Capital				Total Costs		
10. What is	the estimated	cost of the grant to	o the Cou	unty over five	e years'	? \$100,	000			
		Grant Amount Oth		er Matching (Costs	Match			Total	
First Year		\$750,000		\$			\$100,000 In-Kind		\$850,000	
Second Year	\$	\$ 5		5			\$		\$	
Third Year	\$	\$		\$			\$		\$	

\$

\$

Fourth Year

Fifth Year

\$

\$

\$

\$

\$