GRANT NAME:	FDEP	Wabasso	(Indian	River	Sector 3	Beach	Restoration -	Reef Mitigation
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GRANT # 171R1

AMOUNT OF GRANT: \$1,800,000

DEPARTMENT RECEIVING GRANT: Public Works/Coastal Engineering

CC	DNTACT PERSON: James D. Gray, Jr.	TELEPHONE: ext. 1344				
1.	How long is the grant for? December 31, 2021	Expected S	Starting Date: Feb 13, 2	2018		
		YES	NO			
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.	Percentage of match to grant 50.00 %					
5.	Grant match amount required \$900,000					

 Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)? Local Funding for this project is available from Sector 3 Mitigation Reef Project – Account No. 12814472-066510-14007.

7. Does the grant cover capital costs or start-up costs?

 No	
\$	

No

If no, how much do you think will be needed in capital costs or start-up costs: (Attach a detail listing of costs)

 Are you adding any additional positions utilizing the grant funds? If yes, please list. (If additional space is needed, please attach a schedule.)

Acct.	Description	Position	Position	Position	Position	Position
011.12	Regular Salaries		1			
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
\$	\$	\$	\$
\$	\$	S	S
\$	\$	S	\$
\$	\$	\$	\$
\$	\$	S	S
	Grant Amount S S S S S S S S S S S S S S S S S S S	Grant Amount Other Match Costs Not Covered \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Grant Amount Other Match Costs Not Covered Match \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Signature of Preparer:

Date: 2118

Date: _____