

GRANT NAME: SJRWMD COST-SHARE AGREEMENT

GRANT # 36528

AMOUNT OF GRANT: \$1,250,000

DEPARTMENT RECEIVING GRANT: PUBLIC WORKS

CONTACT PERSON: Keith McCully

TELEPHONE: 226-1562

1. How long is the grant for? Until September 30, 2022 Starting Date: Estimated June 2021
2. Does the grant require you to fund this function after the grant is over? Yes No
3. Does the grant require a match? Yes No
If yes, does the grant allow the match to be In-Kind services? Yes No
4. Percentage of match to grant 77 %
5. Grant match amount required \$5,434,782.61
6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?
\$650,000 Legislative Grant #LPA0018 and Optional Sales Tax/Public Works/Construction in Progress/PC North Account
7. Does the grant cover capital costs or start-up costs? Yes No
If no, how much do you think will be needed in capital costs or start-up costs: \$Unknown at this time
(Attach a detail listing of costs)
8. Are you adding any additional positions utilizing the grant funds? Yes No
If yes, please list. (If additional space is needed, please attach a schedule.)

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? \$Unknown at this time

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$	\$	\$	\$
Second Year	\$	\$	\$	\$
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer: _____ Date: _____