| GRANT NAME: EMPA Grant GRANT#A0209   |   |                          |                       |                     |                             |                |                  |  |
|--|---|--------------------------|-----------------------|---------------------|-----------------------------|----------------|------------------|--|
| AMOUN  | Γ OF GRANT: \$ <u>105,8</u> 6                       | 06.00                    |                       |                     |                             |                |                  |  |
| DEPART   | MENT RECEIVING GR                                   | ANT: <u>E</u>            | Emergency Services    |                     |                             |                |                  |  |
| CONTAC   | T PERSON: Tad Stone                                 |                          |                       | PHONE NUMBER:       |                             |                | 772-226-3947     |  |
| 1. How long is the grant for? 1 year   |   |                          |                       |                     | Starting Date: July 1, 2021 |                |                  |  |
| 2. Does the grant require you to fund this   |   |                          |                       |                     | Yes X No                    |                |                  |  |
| 3. I   | Does the grant require a                            | match?                   | -                     |                     | Yes X No                    |                | No               |  |
| If yes, does the grant allow the match to be In Kind Services?   |   |                          |                       |                     |                             | Yes X N        | No.              |  |
| 4. I   |   |                          |                       |                     |                             |                |                  |  |
|  | Grant match amount requ                             |                          |                       |                     |                             |                |                  |  |
| 6. V   | Where are the matching                              | funds coming             | from (i.e. In Kind S  | ervices; Reserve 1  | for Contingency)? <u>N</u>  | J/A            |                  |  |
| 7. Does the grant cover capital costs or start-up costs? N/A  If no, how much do you think will be needed in capital costs or startup costs?  (Attach a detail listing of costs)  \$\text{N/A}\$ |   |                          |                       |                     |                             | esN            |                  |  |
|  | Are you adding any adding yes, please list. (If add |                          |                       |                     | Yes                         | X No           |                  |  |
| ,  |   |                          |                       |                     |                             |                | Ī                |  |
| Acct.  | Description   | n                        | Position              | Position            | Position                    | Position       | Position         |  |
| 011.12   | Regular Salaries                                    |                          | N/A                   | N/A                 | N/A                         | N/A            | N/A              |  |
| 011.13   | Other Salaries & Wages (PT)                         |                          | N/A                   | N/A                 | N/A                         | N/A            | N/A              |  |
| 012.11   | Social Security                                     |                          | N/A                   | N/A                 | N/A                         | N/A            | N/A              |  |
| 012.12   | Retirement-Contributions                            |                          | N/A                   | N/A                 | N/A                         | N/A            | N/A              |  |
| 012.13   | 3 Insurance-Life & Health                           |                          | N/A                   | N/A                 | N/A                         | N/A            | N/A              |  |
| 012.14   | Worker's Compensation                               |                          | N/A                   | N/A                 | N/A                         | N/A            | N/A              |  |
| 012.17   | S/Sec. Medicare Matc                                | hing                     | N/A                   | N/A                 | N/A                         | N/A            | N/A              |  |
|  | TOTAL   |                          | N/A                   | N/A                 | N/A                         | N/A            | N/A              |  |
| 9.   | What is the total cost of                           | each position i          | including benefits, c | apital, start-up, a | uto expense, travel a       | and operating? |                  |  |
| Salary and Benefits Op   |   |                          | erating Costs         |                     | Capital                     | Total Costs    |                  |  |
| N/A  |   |                          | N/A                   |                     | N/A                         | N/A            |                  |  |
| N/A  |   |                          | N/A                   |                     | N/A                         | N/A            |                  |  |
| N/A  |   |                          | N/A                   |                     | N/A                         | N              | N/A              |  |
| N/A  |   |                          | N/A                   |                     | N/A                         | N              | N/A              |  |
| N/A  |   |                          | N/A                   |                     | N/A                         |                | N/A              |  |
| 10.  | What is the estimated cos                           | st of the grant          |                       | ive years? \$       | N/A                         |                |                  |  |
|  |   | Grant                    | Othor                 | Matah Casts         |                             |                |                  |  |
| First Year \$ N/A  |   | Other Match Costs \$ N/A |                       | ¢ NI/A              | ¢ NI/A                      | \$ N/A         |                  |  |
|  |   |                          |                       |                     | \$ N/A                      |                |                  |  |
| Second Year         \$ N/A           Third Year         \$ N/A   |   |                          | \$ N/A<br>\$ N/A      |                     | \$ N/A<br>\$ N/A            |                | \$ N/A<br>\$ N/A |  |
| Fourth Year \$ N/A   |   |                          | \$ N/A                |                     |                             |                |                  |  |
|  |   |                          |                       |                     | \$ N/A                      |                | \$ N/A           |  |
| Fifth Year \$ N/A \$ N/A \$ N/A \$ N/A Signature of Preparer:  Date: July 20, 2021   |   |                          |                       |                     |                             |                |                  |  |