GR	RAN	ΓNA	ме: Indian	River L	agoon I	NEP Small (Grants Pro	ogram G	RANT#	2023	SG-09	
AN	ИOU	NT O	F GRANT:	\$4,923	.00							
DE	EPAR	RTME	NT RECEIV	ING GRAN	_{IT:} Par	ks, Recrea	tion, & Co	onservati	on - U	F/IFAS	Extension	
CONTACT PERSON: Andrea Lazzari TELEPHONE:									ONE: <u>7</u>	772-226-4330		
1.	How long is the grant for? 1 Year						Starting D	_{ate:} Ju	_{e:} June 2023			
2.	Does the grant require you to fund this fu					ion after the gran		Y	es X	No		
3.			grant require ses the grant a		atch to be I	h to be In-Kind services?			Yo	es	No No	
4.	Percentage of match to grant 50 %											
5.	Gra	Grant match amount required \$2,462										
6.		Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)? In-Kind services and material donations										
7.	Ifn	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.		Are you adding any additional positions utilizing the grant funds?Yes										
	Ac	ct.	De	scription		Position	Position	Position	ı I	Position	Position	
Ī	011.	12	Regular Sala	aries								
	011.	13	Other Salari	es & Wage	s (PT)							
	012.	11	Social Secur	rity								
	012.	12.12 Retirement – C		Contributions								
	012.	2.13 Insurance – Life & Health		lth								
	012.	2.14 Worker's Compensati		ompensatio	n							
	012.	12.17 S/Sec. Medicare Matching		ing								
			Т	TOTAL								
9. What is the total cost of each position including benefits, capital, start-up, auto expense, travel and operating?												
	Salary a		Salary and B	Benefits	Oper	Operating Costs		pital		Total Costs		
10.	. W	hat is	the estimated	cost of the	grant to the	e county over fiv	e years? \$\frac{\mathbb{N}}{\pi}	lo additional	funding i	required		
		Grant Am			Amount	Other Match	Costs Not Co	overed Matcl		ch Total		
			Year	\$4923		\$			\$ 8430		\$ 13353	
	Second Year			\$		\$		\$			\$	
	Third Year			\$		\$			\$			
		Fourth Year \$ Fifth Year \$				\$			\$			
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Signature of Preparer: ______ Date: _____