GRANT NAME: FDEM Hazard Mitigation Agreement (Indian River Sector 4) Dune Restoration GRANT # D1495

AMOUNT OF GRANT: \$2,000,000.00

S/Sec. Medicare Matching

TOTAL

012.17

CONTACT PERSON: <u>Eric Charest</u>				TELEPHONE: ext. 1569				
1.	How long is the grant for? August 31, 2026			Expected Starting Date:		November 1, 2024		
		- <u> </u>			YES		NO	
2.	Does the	grant require you to fund this fu	nction after the g	grant is over?			X	_
3.	Does the	grant require a match?					X	-
	If yes, do	pes the grant allow the match to b	e In-Kind servic	es?			X	_
4.	Percenta	ge of match to grant()	%				
5.	Grant ma	atch amount required\$0.	00					
6.	Where an	re the matching funds coming fro	om (i.e. In-Kind S	Services; Reserve f	for Contingency	y)? N/A		
7.	Does the	grant cover capital costs or start	-up costs?		YES			
	If no, how much do you think will be needed in capital costs or start-up co			sts or start-up costs	s: \$			-
8.	Are you	detail listing of costs) adding any additional positions τ lease list. (If additional space is					NO	-
	ii yes, p	lease list. (If additional space is	needed, piease a	nacii a schedule.)			NO	
Ī	Acct.	Description	Position	Position	Position	Position	1	Position
	011.12	Regular Salaries						
	011.13	Other Salaries & Wages (PT)						
	012.11	Social Security						
	012.12	Retirement – Contributions						
ſ	012.13	Insurance – Life & Health						
ŀ	012.14	Worker's Compensation						

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? \$ 0.00

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$ 2,000,000	\$ 0.00	\$ 0.00	\$ 2,000,000
Second Year	\$	\$	\$	\$
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer:	Eric Charest	Date: 12/01/2023