GRANT NAME: FRDAP				GRANT #			
AMOUNT OF GRANT: \$50,0	00						
DEPARTMENT RECEIVING GRAM		arks & Re	ecreation				
CONTACT PERSON: Beth Powell				TELEPHONE:	772-226-1873		
1 How long is the grant for? 3 V	ow long is the grant for? 3 years				July	2024	1
						X	
2. Does the grant require you to fund this function after the grant is over?					_Yes	$\frac{\Lambda}{\lambda}$	No
3. Does the grant require a match? If yes, does the grant allow the match to be In-Kind services?					_Yes Yes	<u>×</u>	No No
4. Percentage of match to grant $\underline{0}$			%				
4. Percentage of match to grant			_				
5. Grant match amount required	required;						
6. Where are the matching funds co	mina fra	m (i.a. In Vind S	antioog Dogom	a for Contingonau	19		
	ning no	III (I.C. III-KIIIG C	iervices, Reserv	e for contingency):		
7. 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 cost (Attach a detail listing of costs)				osts: \$	YesNo		No
(Attach a detail listing of costs)8. Are you adding any additional po	sitions u	tilizing the grant	funds?		_Yes	x	No
If yes, please list. (If additional	space is 1	needed, please at	tach a schedule.	.)			
Acct. Description	Description		Position	Position	Position		Position
011.12 Regular Salaries							
011.13 Other Salaries & Wage	es (PT)						
012.11 Social Security							
012.12 Retirement – Contribu	tions						
012.13 Insurance – Life & He	alth						
012.14 Worker's Compensation	n						
012.17 S/Sec. Medicare Match	S/Sec. Medicare Matching						
TOTAL							
9. What is the total cost of each pos	ition incl	uding benefits, c	apital, start-up,	auto expense, trav	el and op	erating?	,
Salary and Benefits	alary and Benefits O		perating Costs Ca		Total Costs		

10. What is the estimated cost of the grant to the county over five years? $\frac{N/A}{S}$

Match Grant Amount Other Match Costs Not Covered Total First Year \$ \$ \$ 0 required; \$150,000 proposed \$ \$ 150,000 \$ 200,000 Second Year \$ 0 required \$ 50,000 Third Year \$ \$ \$ \$ Fourth Year \$ \$ \$ \$ \$ Fifth Year \$ \$ \$

Digitally signed by: S-1-5-21-b86941e7534a.login.windows DN: CN = S-1-5-21-1295930 b96941e7534a.login.windows Signature of Preparer: 5-1-5-21-1286930627-2038111902-620655208-32423/abi 10973-743c-4fid+a662-b80941e7534al/ogin.windows.net/29b3cc91-1972-4091-b885-b1e358177fd7/gvergara@indianriver.gov 95930627-2038111902-620655208-32423/ et/29b3cc91-1972-4091-b885-b1e358177fd

Date: 8/7/2023