INT O	GRANT NAME: Ixora Park Sewer Rehabilitation								LPA0306	
111 0	F GRANT:	\$3,000,0	00							
RTME	NT RECEIVI	NG GRAN	T: _ Ut	ility Services						
ACT P	ERSON:	Howard Ri	chards			TELE	PHON	IE: 772-2	26-1821	
	EROOTT.	IIO WUIG IXI	onar as			. TEEE	THOT	. <u>112 2</u>	20 1021	
How long is the grant for? <u>At the time of execution date until April 30, 2027</u>							Star	rting Date:	<u>Upon e</u>	xecution
Does the grant require you to fund this function after the grant is over?								Yes	<u>X</u>	_No
Does the grant require a match? If yes, does the grant allow the match to be In-Kind services?								Yes Yes		
rcentag	ge of match to	grant	0.0	00 %	<u>⁄o</u>					
ant ma	tch amount re	equired \$0.0)0		_					
here ar N/a	e the matchin	g funds cor	ning fron	n (i.e. In-Kind Se	ervices; Reserv	e for Cor	ntinger	ncy)?		
Does the grant cover capital costs or start-up costs? X Yes No If no, how much do you think will be needed in capital costs or start-up costs:									_No	
e you a	adding any ad	ditional pos)		Yes	X	_No
cct.		•		Position Position		Position		Position		Position
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hat is t	he total cost o	of each posi	tion inclu	iding benefits, ca	ipital, start-up,	auto exp	ense, t	travel and op	perating?	
	Salary and Benefits		Operating Costs		Capital			Total Costs		
ll l					<u> </u>					
				ha aquetu ayar f	ive vears? \$					
hat is	the estimated	cost of the	grant to t		ive years: —					
That is	the estimated	ı	grant to the desired the desir	-	h Costs Not Co	vered		Match	То	tal
First	Year	ı	Amount	Other Mate		vered	\$0.0		To \$3,000.	
First Seco	Year nd Year	Grant A \$3.000.00 \$	Amount	Other Mate		vered	\$0.0		\$3,000. \$	
First Seco Third	Year	Grant 2 \$3.000.00	Amount	Other Mate		vered	\$0.0		\$3,000.	
	ow long pes the pes the yes, do reentage ant mathere are N/a pes the no, how ttach a e you a yes, placet. .12 .13 .11 .12 .13 .14	ow long is the grant require the set the grant require tyes, does the grant at reentage of match to ant match amount rethere are the matchin N/a. The set the grant cover cano, how much do you tach a detail listing the eyou adding any ad yes, please list. (If a listing	ow long is the grant for? At the sess the grant require you to functions the grant require a match? The sess the grant require a match? 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(If additional positions utilizing the grant funds? yes, please list. (If additional space is needed, please attach a schedule.) The social Security 12 Regular Salaries 13 Other Salaries & Wages (PT) 15 Social Security 16 Refirement — Contributions 17 Social Security 18 Insurance — Life & Health 19 Worker's Compensation 19 Social Security TOTAL The start-up, auto expense, travel and of the start-up and on the start-up, auto expense, travel and of the start-up and on the start-up, auto expense, travel and of the start-up and on the start-up, auto expense, travel and of the start-up and on the start-up, auto expense, travel and on the start-up and on the start-up, auto expense, travel and on the start-up and on the start-up, auto expense, travel and on the start-up and on the star	ow long is the grant for? At the time of execution date until April 30, 2027 Starting Date: Upon expess the grant require you to fund this function after the grant is over? 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Signature of Preparer: _____ Date: _____