

GRANT NAME: Ixora Park Sewer Rehabilitation GRANT # LPA0306

AMOUNT OF GRANT: \$3,000,000

DEPARTMENT RECEIVING GRANT: Utility Services

CONTACT PERSON: Howard Richards TELEPHONE: 772-226-1821

1. How long is the grant for? At the time of execution date until April 30, 2027 Starting Date: Upon execution
2. Does the grant require you to fund this function after the grant is over?            Yes   X   No
3. Does the grant require a match?            Yes   X   No  
 If yes, does the grant allow the match to be In-Kind services?            Yes            No
4. Percentage of match to grant           0.00           %
5. Grant match amount required \$0.00
6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?  
  N/a
7. 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:   \$            
 (Attach a detail listing of costs)
8. Are you adding any additional positions utilizing the grant funds?            Yes   X   No  
 If yes, please list. (If additional space is needed, please attach a schedule.)

Acct.	Description	Position	Position	Position	Position	Position
011.12	Regular Salaries					
011.13	Other Salaries & Wages (PT)					
012.11	Social Security					
012.12	Retirement – Contributions					
012.13	Insurance – Life & Health					
012.14	Worker’s Compensation					
012.17	S/Sec. Medicare Matching					
	TOTAL					

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?   \$

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$3,000,000	\$ 0	\$0.00	\$3,000,000.00
Second Year	\$	\$	\$	\$
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer: \_\_\_\_\_ Date: \_\_\_\_\_