

GRANT NAME: Tour Through Time - Gifford Community GRANT # N/A

AMOUNT OF GRANT: \$11,250

DEPARTMENT RECEIVING GRANT: General Services/Parks and Recreation

CONTACT PERSON: Wendy Swindell TELEPHONE: X1781

1. How long is the grant for? 1 year Starting Date: 07/01/2024
2. Does the grant require you to fund this function after the grant is over? Yes No
3. Does the grant require a match? Yes No
 If yes, does the grant allow the match to be In-Kind services? Yes No
4. Percentage of match to grant 50 %
5. Grant match amount required \$ 11,250
6. Where are the matching funds coming from (i.e. In-Kind Services; Reserve for Contingency)?
00121072-033190-23812 (project account set up for this grant)
7. Does the grant cover capital costs or start-up costs? Yes No
X - none required
 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 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? \$ no addl funding required

	Grant Amount	Other Match Costs Not Covered	Match	Total
First Year	\$ 11,250.00	\$	\$ 11,250.00	\$ 22,500.00
Second Year	\$	\$	\$	\$
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$

Signature of Preparer: Wendy Swindell Date: 2023.06.22 14:42:36 -0400