

**Florida Department of Environmental Protection  
DEP BUDGET-COST ANALYSIS FORM**



**Required Signatures:** \_\_\_\_\_ **Original Ink**

**PROJECT TITLE:** Franklin County Small County Consolidated Waste Grant 2020-21

BUDGET DETAIL		COST ANALYSIS				
Budget items below to be provided by the Contractor. See attached instructions.		Cost Analysis to be completed by the Department Contract Manager. See attached instructions.				
		% Allocation	Allowable	Reasonable	Necessary	COMMENTS (Basis for Decision)
<b>1. PERSONNEL EXPENSES</b>						
A. Salaries - (Name/Title/Position)	Hourly Cost (\$)	Hours	Totals (\$)			
_____	*	_____	= _____			
_____	*	_____	= _____			
_____	*	_____	= _____			
_____	*	_____	= _____			
_____	*	_____	= _____			
_____	*	_____	= _____			
<b>Total Salaries</b>						
B. Fringe Benefits (Rate% * Total salaries applicable)	Rate %	Total Sal. App.	Total \$			
_____	0.00%	*	_____			
_____		*	_____			
<b>Total Personnel Expenses (A+B)</b>						
<b>2. Contractual Services</b>						
Description	Fee/Rate \$	Quantity	Totals \$			
Waste tire collection and disposal	*	_____	= \$ 13,104.00			
Household haz waste collection and disposal	*	_____	= \$ 2,500.00			
Semi-annual landfill compliance testing	*	_____	= \$ 23,000.00			
Scale inspection	*	_____	= \$ 3,330.40			
<b>Total Supplies</b>			\$ 41,934.40			
<b>3. Travel</b>						
Purpose/Destination	Fare/Rate \$	Per Diem \$	Mileage	Totals \$		
_____	*	_____	*	_____		
_____	*	_____	*	_____		
_____	*	_____	*	_____		
<b>Total Travel</b>				_____		
<b>4. Equipment</b>						
Description	Unit Cost \$	Quantity	Totals \$			
_____	*	_____	= _____			
_____	*	_____	= _____			
_____	*	_____	= _____			
<b>Total Equipment</b>			_____			

		Fee/Rate \$	Quantity	Totals \$	% Allocation	Allowable	Reasonable	Necessary	COMMENTS (Basis for Decision)
5. Rental/Lease of Equipment									
Description		*		=					
		*		=					
		*		=					
			<b>Total Contractual</b>						
6. Miscellaneous/Other Expenses									
Description		Unit Cost \$	Quantity	Totals \$					
Fuel expense		*		= \$ 28,974.60	31	X	X	X	Comparable to other local governments Comparable to other local governments
Equipment repairs		*		= \$ 22,841.00	24	X	X	X	
		*		=					
		*		=					
		*		=					
			<b>Total Miscellaneous</b>	\$ 51,815.60					
<b>8. Total Budget</b>					100				
			<b>SUBTOTAL (1 thru 6)</b>	\$ 93,750.00					
7. Overhead/Indirect - Base:		Rate %	Base \$	Total \$					
		0.00%	0	=					
				\$ 93,750.00					

**CERTIFICATION**

I certify that the cost for each line item budget category has been evaluated and determined to be allowable, reasonable, and necessary as required by Section 216.3475, Florida Statutes. Documentation is on file evidencing the methodology used and the conclusions reached.

Name: Lindsey Bradley-Brown

Signature: \_\_\_\_\_

Title: Government Analyst I

Date:

BGS DEP 55-229 Effective 8-30-2016

Florida Department of Environmental Protection

DEP BUDGET-COST ANALYSIS FORM INSTRUCTIONS

BUDGET INSTRUCTIONS

However, this form shall also be used for determining the maximum amount needed under cost-reimbursement and fee-schedule contracts and to complete the required cost category II threshold. For fixed price contracts, this budget form is intended to provide the minimum information needed for budget approval. The DEP reserves the right to the fixed price, and also to require that any part of the project be compensated on a cost-reimbursement basis. Attach a separate sheet to provide an explanation of travel, supporting information, and when needed for extra space (use same format and show totals on this form). This form should list the total fixed price to be funded by DEP, or the of the project total. Breakdowns by task or phase, or other division of work, should be shown on the separate attachment. The use of this particular form is not a format used should provide, at a minimum, the same information and level of detail. This form is required for completion of the cost analysis.

ansated for work on this project by name (if known), position, and title. Show the hourly cost and total hours to be charged for each person or position. If more space is salaries, and show here the total hours for each title or position. Divide annual salaries by 2080 hours, and nine month academic salaries by 1560 hours, to find the hourly es to which fringe benefits apply. If the rate is variable, explain and show calculations on an attachment.

the same information required by this budget form, with the following exceptions: (a) when professional services are provided at a pre-existing approved rate or fee shown ipetitively. For either (a) or (b), show an estimated maximum amount and provide an attached explanation as to how it was or will be determined. Contractual services other eimbursement basis.

ess travel details are included in the Scope of Services, a separate narrative should be attached. Indicate the number of days for each trip and the per diem. **Keep in mind e rate (Section 112.061, Florida Statutes).** Use "Fare/Rate" for mileage rate and multiply by "Mileage", or for travel fare and leave "Mileage" blank.

ment valued at \$1,000 or more that will be directly purchased by description, unit cost, and quantity. Computers and data-processing equipment should be described in

i, unit costs and quantity.

nd/or expenses not included in any of the above categories, by category description, unit costs and quantity. Examples may include materials, supplies, printing, copying, ctional materials, etc. Non-expendable equipment valued at less than \$1,000 may be listed also. Include only expenses directly related to the project, not expenses of a

direct cost rate, the dollar amount of the base to which it is applied, and the resulting total. Identify the base (cost categories) to which the rate is applied on the line

## **COST ANALYSIS INSTRUCTIONS**

any procurement agreement in excess of Category II, as well as any amendments that affect the amount of compensation and/or the level of services provided.

cost allocation and whether the cost is allowable, reasonable and necessary. Each miscellaneous cost must be specifically identified.

services provided. If the cost benefits more than one program, a determination must be made that the cost is distributed in a reasonable and consistent manner across all

and federal expenditure laws, rules and regulations and authorized by the agreement between the state and the contractor/grantee.

that the amount does not exceed what a prudent person would incur given the specific circumstances.

completion of the project.

that the rate is reasonable.

Identify the percent allocated to this agreement and indicate (by Yes or No) in the boxes to the right if the cost is allowable, reasonable and necessary. Use the comment

manager's files to support the conclusions reached as shown on this form.

this completed, signed form must be submitted with the Contract or Grant Initiation Form. For those grant agreements prepared from approved templates, this completed, program Area.

**STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Standard Grant Agreement**

This Agreement is entered into between the Parties named below, pursuant to Section 215.971, Florida Statutes:

1. Project Title (Project): Franklin County Small County Consolidated Solid Waste Management Grant Agreement Number: SC107

2. Parties State of Florida Department of Environmental Protection,  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000 (Department)

Grantee Name: Franklin County Board of County Commissioners Entity Type: Local Government  
Grantee Address: 33 Market Street, Suite 203  
Apalachicola, Florida 32320 FEID: 59-6000612 (Grantee)

3. Agreement Begin Date: October 1, 2020 Date of Expiration: September 30, 2021

4. Project Number: SC107 Project Location(s): Franklin County  
(If different from Agreement Number)

Project Description: Small County Consolidated Solid Waste Management

5. Total Amount of Funding:	Funding Source?	Award #s or Line Item Appropriations:	Amount per Source(s):
<b>\$93,750.00</b>	<input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<b>2020-21 GAA Line Item #1704</b>	<b>\$93,750.00</b>
	<input type="checkbox"/> State <input type="checkbox"/> Federal		
	<input type="checkbox"/> Grantee Match		
Total Amount of Funding + Grantee Match, if any:			<b>\$93,750.00</b>

<p>6. Department's Grant Manager Name: <u>Lindsey Bradley-Brown</u> or successor Address: <u>2600 Blair Stone Road Tallahassee, Florida 32399-2400</u> Phone: <u>(850)245-8977</u> Email: <u>lindsey.bradleybrown@floridadep.gov</u></p>	<p>Grantee's Grant Manager Name: <u>Fonda Davis</u> or successor Address: <u>210 State Rd. 65 Eastpoint, Florida 32328</u> Phone: <u>(850)670-8167 ex.207</u> Email: <u>Fcsh@fairpoint.net</u></p>
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7. The Parties agree to comply with the terms and conditions of the following attachments and exhibits which are hereby incorporated by reference:

- Attachment 1: Standard Terms and Conditions Applicable to All Grants Agreements
- Attachment 2: Special Terms and Conditions
- Attachment 3: Grant Work Plan
- Attachment 4: Public Records Requirements
- Attachment 5: Special Audit Requirements
- Attachment 6: Program-Specific Requirements
- Attachment 7: Grant Award Terms (Federal) \*Copy available at <https://facts.fldfs.com>, in accordance with §215.985, F.S.
- Attachment 8: Federal Regulations and Terms (Federal)
- Additional Attachments (if necessary):
- Exhibit A: Progress Report Form
- Exhibit B: Property Reporting Form
- Exhibit C: Payment Request Summary Form
- Exhibit D: Quality Assurance Requirements for Grants
- Exhibit E: Advance Payment Terms and Interest Earned Memo
- Additional Exhibits (if necessary): Exhibit 1 Tonnage Summary Report  
Exhibit 2 Recycling Summary Report

8. The following information applies to Federal Grants only and is identified in accordance with 2 CFR 200.331(a)(1):

Federal Award Identification Number(s) (FAIN):	
Federal Award Date to Department:	
Total Federal Funds Obligated by this Agreement:	
Federal Awarding Agency:	
Award R&D?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

**IN WITNESS WHEREOF, this Agreement shall be effective on the date indicated by the Agreement Begin Date above or the last date signed below, whichever is later.**

**Franklin County Board of County Commissioners**

**GRANTEE**

Grantee Name

By

*(Authorized Signature)*

Date Signed

Print Name and Title of Person Signing

**State of Florida Department of Environmental Protection**

**DEPARTMENT**

By

Secretary or Designee

Date Signed

Print Name and Title of Person Signing

Additional signatures attached on separate page.