

**APPENDIX H - COMMITMENT OF MATCH DONATION FORMS
 (FOR THE ENTIRE GRANT PERIOD)**

TO: (name of county) N/A
 FROM: (donor name) Pinellas County Human Services
 ADDRESS: 440 Court Street, 2nd Floor
Clearwater, FL 33756

The following X space, equipment, X goods or supplies, and services, are donated to the County permanently (title passes to the County) temporarily (title is retained by the donor), for the period 07/01/2024 to 06/30/2027 .

Description and Basis for Valuation (See next page)

<u>Description</u>	<u>Value</u>
(1) <u>Building (County Owned)</u>	<u>\$ \$5,737.50</u>
(2) <u>Lift Rental Deposit</u>	<u>\$ \$36,000.00</u>
(3) <u>Health Program Costs/Client</u>	<u>\$ \$139,740.00</u>
(4) <u>Project Director 15% FTE including fringe</u>	<u>\$ \$57,929.04</u>
(5) <u>Grant Admin (25% FTE)</u>	<u>\$ \$69,716.10</u>
	TOTAL VALUE \$ <u>\$309,122.64</u>

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

 (Donor Signature) (Date) (County Designee Signature) (Date)

Appendix H (cont.)
BASIS OF VALUATION

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ \$159.375
 (2) Number of months donated during the contract 36
 Value to the project [b.(1) X b.(2)] \$ \$5,737.50

2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ N/A
- b. Estimated useful life at date of acquisition N/A yrs.
- c. Annual depreciation (a./b.) \$ N/A
- d. Total square footage N/A sq. ft.
- e. Number of square feet to be used on the grant program N/A sq. ft.
- f. Percentage of time during contract period the project will occupy the building or space N/A %
 Value to project (e./d. X f. X c.) \$ N/A

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:
 - a. FMV at time of donation \$ N/A
or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ N/A

Goods or Supplies

FMV at time of donation Goods or Supplies:
 Lift Rental Deposit (10% of 50 annual - 4 @ \$2,000 for PSH/Boley and 1 @ \$4,000 for community) \$12,000*3yrs=\$36,000.00
 Health Program Costs/Client (\$2329 total cost per patient 2022)x 20 patients \$46,580*3yrs=\$139,740.00

Personnel Services

1. Staff of another agency or organization:

Annual Salary	Number of hours 2080	X	to be provided	=	\$ _____
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2. Volunteer -- Comparable annual salary \$ _____

Annual Salary	Number of hours 2080	X	to be provided	=	\$ _____
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Personnel Services:

Project Director FTE (15% DR +Fringe - \$19.48/hr*.15)	\$19,309.68*3yrs=\$57,929.04
Grant Admin (25% FTE = \$15.61/hr x .25)	\$23,238.70*3yrs=\$69,176.10