

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2018-2019**  
**Organization: University of Florida Board of Trustees, Gainesville**  
**Grant No.: VOCA-2018-University of Florida Boa-00448**  
**VOCA Personnel Budget: #1 Clinical Case Manager 1**

**Agency Name:** University of Florida Board of Trustees for the benefit of the Department of Pediatrics ,  
Gainesville 3rd Circuit

Complete the table below and provide information about each position requested. In the Budget Narrative section indicate if the salary/benefit expenses listed include costs that are anticipated during the 12 month period. For example, raises and increases in benefit costs, as well as any other information needed to support the request.

Provide a job description for all proposed VOCA-funded staff and indicate the percentage of time by each job duty. Failure to provide VOCA allowable job descriptions may result in a reduction to your request. The job description must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is VOCA funded.

RATE: A percentage should be indicated for those benefits that are calculated by using a percentage of the gross salary, e.g., retirement is often calculated in this manner.

**Personnel:**

|                                       | Total Actual Cost<br>(from chart below)  | Total Amount<br>VOCA Funded | Percent VOCA<br>Funded | VOCA Funded<br>FTE |
|---------------------------------------|--|-----------------------------|------------------------|--------------------|
| Position: #1 Clinical Case<br>Manager | \$64,486.53  | \$16,121.63                 | 25%                    | 0.25               |
| Personnel Narrative:                  | Performs forensic interviews and trauma assessments for VOCA clients and makes recommendations for treatment |                             |                        |                    |
| Sub-Total                             | \$64,486.53  | \$16,121.63                 |                        | 0.25               |

**Agency Contribution for Personnel Expenses** \$48,364.90

**Pay Schedule: (choose one from the drop-down menu)** Bi-Weekly

Position Number: 1  
Hours per week = 40  
Hourly Rate = \$22.83

|              | RATE | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|------|----------------------------|-----------------------------------|
| Gross Salary |      | \$47,486.40                | \$1,826.40                        |
| FICA         | 7.3% | \$3,466.51                 | \$133.33                          |
| Retirement   | 8.1% | \$3,846.40                 | \$147.94                          |
| Health Ins.  |      | \$8,262.63                 | \$317.79                          |

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2018-2019**  
**Organization: University of Florida Board of Trustees, Gainesville**  
**Grant No.: VOCA-2018-University of Florida Boa-00448**  
**VOCA Personnel Budget: #1 Clinical Case Manager 1**

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Life Ins.                  |       | \$47.49     | \$1.83     |
| Dental Ins.                |       | \$0         | \$0        |
| Workers Comp               | 0.5%  | \$237.43    | \$9.13     |
| Unemployment<br>(1st \$7K) | 0%    | \$0         | \$0        |
| Other:                     |       | \$1,139.67  | \$43.83    |
|                            | TOTAL | \$64,486.53 | \$2,480.25 |

Explanation (if applicable):

Other: Disability 0.2%; Leave Cash outs 1.5%; Shortfall/Overage 0.7%

Total Fringe Rate Pool charged totally every payperiod: 35.8%

Is this position used as a matching expense Y/N?

No

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2018-2019**  
**Organization: University of Florida Board of Trustees, Gainesville**  
**Grant No.: VOCA-2018-University of Florida Boa-00448**  
**VOCA Personnel Budget: 2**

**Agency Name:** University of Florida Board of Trustees for the benefit of the Department of Pediatrics ,  
Gainesville 3rd Circuit

Complete the table below and provide information about each position requested. In the Budget Narrative section indicate if the salary/benefit expenses listed include costs that are anticipated during the 12 month period. For example, raises and increases in benefit costs, as well as any other information needed to support the request.

Provide a job description for all proposed VOCA-funded staff and indicate the percentage of time by each job duty. Failure to provide VOCA allowable job descriptions may result in a reduction to your request. The job description must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is VOCA funded.

**RATE:** A percentage should be indicated for those benefits that are calculated by using a percentage of the gross salary, e.g., retirement is often calculated in this manner.

**Personnel:**

|  | Total Actual Cost<br>(from chart below) | Total Amount<br>VOCA Funded | Percent VOCA<br>Funded | VOCA Funded<br>FTE |
|--|---|-----------------------------|------------------------|--------------------|
| Position: #2 VOCA<br>Clinical Case Manager | \$54,318.15                             | \$54,318.15                 | 100%                   | 1                  |

**Personnel Narrative:** Provides case management, accompanies victims during medical exams, crisis counseling and advocacy to VOCA clients.

**Sub-Total** \$54,318.15 \$54,318.15 1

**Agency Contribution for Personnel Expenses** \$0.00

**Pay Schedule: (choose one from the drop-down menu)** Bi-Weekly

**Position Number:** 2

Hours per week = 40  
Hourly Rate = \$19.23

|              |             | RATE | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|------|----------------------------|-----------------------------------|
| Gross Salary | \$39,998.40 |      | \$39,998.40                | \$1,538.40                        |
| FICA         |             | 7.3% | \$2,919.88                 | \$112.30                          |
| Retirement   |             | 8.1% | \$3,239.87                 | \$124.61                          |
| Health Ins.  |             |      | \$6,960.00                 | \$267.69                          |

OFFICE OF THE FLORIDA ATTORNEY GENERAL  
VOCA 2018-2019  
Organization: University of Florida Board of Trustees, Gainesville  
Grant No.: VOCA-2018-University of Florida Boa-00448  
VOCA Personnel Budget: 2

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Life Ins.                  |       | \$40.00     | \$1.54     |
| Dental Ins.                |       | \$0         | \$0        |
| Workers Comp               | 0.5%  | \$199.99    | \$7.69     |
| Unemployment<br>(1st \$7K) | 0%    | \$0         | \$0        |
| Other:                     |       | \$960.00    | \$36.92    |
|                            | TOTAL | \$54,318.15 | \$2,089.16 |

Explanation (if applicable):

Other: Disability 0.2%; Leave Cash outs 1.5%; Shortfall/Overage 0.7%

Total Fringe Rate Pool charged totally every payperiod: 35.8%

Is this position used as a matching expense Y/N?

No

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2018-2019**

**Organization: University of Florida Board of Trustees, Gainesville**

**Grant No.: VOCA-2018-University of Florida Boa-00448**

**VOCA Personnel Budget: 3**

**Agency Name:** University of Florida Board of Trustees for the benefit of the Department of Pediatrics, Gainesville 3rd Circuit

Complete the table below and provide information about each position requested. In the Budget Narrative section indicate if the salary/benefit expenses listed include costs that are anticipated during the 12 month period. For example, raises and increases in benefit costs, as well as any other information needed to support the request.

Provide a job description for all proposed VOCA-funded staff and indicate the percentage of time by each job duty. Failure to provide VOCA allowable job descriptions may result in a reduction to your request. The job description must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is VOCA funded.

**RATE:** A percentage should be indicated for those benefits that are calculated by using a percentage of the gross salary, e.g., retirement is often calculated in this manner.

**Personnel:**

|                                       | Total Actual Cost<br>(from chart below)  | Total Amount<br>VOCA Funded | Percent VOCA<br>Funded | VOCA Funded<br>FTE |
|---------------------------------------|--|-----------------------------|------------------------|--------------------|
| Position: #3 Clinical Case<br>Manager | \$66,407.29  | \$16,601.82                 | 25%                    | 0.25               |
| Personnel Narrative:                  | Performs forensic interviews and trauma assessments for VOCA clients and makes recommendations for treatment |                             |                        |                    |
| Sub-Total                             | \$66,407.29  | \$16,601.82                 |                        | 0.25               |

**Agency Contribution for Personnel Expenses** \$49,805.47

**Pay Schedule: (choose one from the drop-down menu)** Bi-Weekly

Position Number:

Hours per week = 40  
Hourly Rate = \$23.51

|              |             | RATE | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|------|----------------------------|-----------------------------------|
| Gross Salary | \$48,900.80 |      | \$48,900.80                | \$1,880.80                        |
| FICA         |             | 7.3% | \$3,569.76                 | \$137.30                          |
| Retirement   |             | 8.1% | \$3,960.96                 | \$152.34                          |
| Health Ins.  |             |      | \$8,508.74                 | \$327.26                          |

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2018-2019

Organization: University of Florida Board of Trustees, Gainesville

Grant No.: VOCA-2018-University of Florida Boa-00448

VOCA Personnel Budget: 3

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Life Ins.                  |       | \$48.90     | \$1.88     |
| Dental Ins.                |       | \$0         | \$0        |
| Workers Comp               | 0.5%  | \$244.50    | \$9.40     |
| Unemployment<br>(1st \$7K) | 0%    | \$0         | \$0        |
| Other:                     |       | \$1,173.62  | \$45.14    |
|                            | TOTAL | \$66,407.29 | \$2,554.13 |

Explanation (if applicable):

Other: Disability 0.2%; Leave Cash outs 1.5%; Shortfall/Overage 0.7%

Total Fringe Rate Pool charged totally every payperiod: 35.8%

Is this position used as a matching expense Y/N?

No

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2018-2019

Organization: University of Florida Board of Trustees, Gainesville

Grant No.: VOCA-2018-University of Florida Boa-00448

Victims Served and Types of Services

**Agency Name:** University of Florida Board of Trustees for the benefit of the Department of Pediatrics ,  
Gainesville 3rd Circuit

The number of victims indicated should include the number of new victims provided services by VOCA funded and matching staff during the grant period. The figures indicated should be based on historical data and/or the anticipated need of the population served through the VOCA project. If awarded funding, the applicant agency will be expected to fulfill these performance measures.

Recipients of VOCA funding are required to provide services to victims of Federal crimes and to provide assistance with the VOCA Crime Victim Compensation program.

**VOCA Grant Request**

(from the Budget Summary Page) \$87,041.60

| # of Victims to be Served | Type of Victim<br>\$87,041.60                                      | \$ Amount per Category | % of Total Grant Amount | # of Other Types of Victims to be Served | For other types of crimes, identify and list each separately below. |
|---------------------------|--|------------------------|-------------------------|--|---|
| 0                         | Adult Physical Assault<br>(Includes Aggravated and Simple Assault) | \$0                    | 0.00%                   | 0  |   |
| 0                         | Adult Sexual Assault   | \$0                    | 0.00%                   | 0  |   |
| 0                         | Adults Sexually Abused/Assaulted as Children                       | \$0                    | 0.00%                   | 0  |   |
| 0                         | Arson  | \$0                    | 0.00%                   | 0  |   |
| 0                         | Bullying (Verbal, Cyber or Physical)                               | \$0                    | 0.00%                   | 0  |   |
| 0                         | Burglary   | \$0                    | 0.00%                   | 0  |   |
| 0                         | Child Physical Abuse or Neglect                                    | \$0                    | 0.00%                   | 0  |   |
| 0                         | Child Pornography  | \$0                    | 0.00%                   | 0  |   |
| 75                        | Child Sexual Abuse/Assault   | \$87,041.60            | 100.00%                 | 0  |   |
| 0                         | Domestic and/or Family Violence                                    | \$0                    | 0.00%                   | 0  |   |
| 0                         | DUI/DWI Incidents  | \$0                    | 0.00%                   | 0  |   |
| 0                         | Elder Abuse or Neglect   | \$0                    | 0.00%                   | 0  |   |
| 0                         | Hate Crime:<br>Racial/Religious/Gender/Sexual Orientation/Other    | \$0                    | 0.00%                   | 0  |   |

OFFICE OF THE FLORIDA ATTORNEY GENERAL  
 VOCA 2018-2019  
 Organization: University of Florida Board of Trustees, Gainesville  
 Grant No.: VOCA-2018-University of Florida Boa-00448  
 Victims Served and Types of Services

| (Explanation Required)      |   |                    |                |          |
|-----------------------------|---|--------------------|----------------|----------|
| 0                           | Human Trafficking: Labor                          | \$0                | 0.00%          | 0        |
| 0                           | Human Trafficking: Sex                            | \$0                | 0.00%          | 0        |
| 0                           | Identity Theft/Fraud/Financial Crime              | \$0                | 0.00%          | 0        |
| 0                           | Kidnapping  | \$0                | 0.00%          | 0        |
| 0                           | Mass Violence (Domestic/International)            | \$0                | 0.00%          | 0        |
| 0                           | Other Vehicular Victimization (e.g., Hit and Run) | \$0                | 0.00%          | 0        |
| 0                           | Robbery   | \$0                | 0.00%          | 0        |
| 0                           | Stalking/Harassment                               | \$0                | 0.00%          | 0        |
| 0                           | Survivors of Homicide Victims                     | \$0                | 0.00%          | 0        |
| 0                           | Teen Dating Victimization                         | \$0                | 0.00%          | 0        |
| 0                           | Terrorism (Domestic/International)                | \$0                | 0.00%          | 0        |
| <b>Total Victims Served</b> | <b>75</b>   | <b>\$87,041.60</b> | <b>100.00%</b> | <b>0</b> |

Indicate the number of victims projected to receive the following services. In this section, only count a victim once, regardless of how many times the victim received a particular service. The total amount for any one service may not exceed the total number of victims projected to be served. See the VOCA Definitions for a description of each service.

| # of Victims to be Served | Type of Service   | # of Other Types of Services to be Provided | For other types of services, identify and list each separately below. |
|---------------------------|---|---|---|
| 75                        | Information and Referral  | 0   |   |
| 75                        | Personal Advocacy/Accompaniment                                   | 0   |   |
| 75                        | Emotional Support or Safety Services                              | 0   |   |
| 0                         | Shelter/Housing Services  | 0   |   |
| 75                        | Criminal/Civil Justice System Assistance                          | 0   |   |
| 75                        | Number of Victims Assisted with a Victim Compensation Application | 0   |   |
| <b>Total Services</b>     | <b>375</b>  | <b>0</b>                                    | <b>Subtotal of "Other" Services</b>                                   |