

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2018-2019

Organization: Center for Family Services of Palm Beach County

Grant No.: VOCA-2018-Center for Family Service-00327

Version Date: 11/20/2018 13:46:43

VOCA Personnel Budget: error 1

Agency Name: Center for Family Services of Palm Beach County, Inc.

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 (from chart below)	Total Amount VOCA Funded	Percent VOCA Funded	VOCA Funded FTE
Position: error	\$0	\$0	25%	0
Personnel Narrative: error				
Sub-Total	\$0	\$0		0

Agency Contribution for Personnel Expenses \$0

Pay Schedule: (choose one from the drop-down menu) Semi-Monthly

Position Number: 1
 Hours per week = 0
 Hourly Rate = \$0

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$0	\$0	\$0
FICA	0%	\$0	\$0
Retirement	0%	\$0	\$0
Health Ins.		\$0	\$0
Life Ins.		\$0	\$0
Dental Ins.		\$0	\$0

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Workers Comp	0%	\$0	\$0
Unemployment (1st \$7K)	0%	\$0	\$0
Other:		\$0	\$0
	TOTAL	\$0	\$0

Explanation (if applicable):

0

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

No

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VOCA Contractual/Fee for Service Budget

Agency name: Center for Family Services of Palm Beach County, Inc.

For each contractual service listed, include a description of the service to be provided, the business name of the contractor, the cost per unit of service, and the estimated units of service to be used. Indicate in the narrative section how the number of services requested was determined. Also, give a description of a unit of service, e.g., a 60 minute unit of legal services, a 60 minute individual therapy session, and a 90 minute group therapy session.

Therapy must be requested at a maximum of the following rates, per 15 minute increment/unit:

Individual Therapy- \$25 per unit

Family Therapy- \$12.25 per unit/per person

Group Therapy- \$8 per unit/per person

EXAMPLE - Budget Narrative:

Therapy, Inc., will provide therapy for adult survivors of incest. It is anticipated that this service will be used approximately 10 times during the year.

Contractual Services - Contracts for specialized services:

Name of Business or Contractor / Budget Narrative	Cost Per Unit of Service	Estimated Units of Service	Total
Name of Business or Contractor: Individual Therapy Budget Narrative: One on one client therapy which may inc clinical assessments, indi and/or family therapy; can be rec'd by child victim, the non-offending parent(s)/caregiver(s), and/or sibling(s). One unit billed in 15 min increments @\$25.00/unit, 15 min minimum	\$25.00	6,000	\$150,000.00
Name of Business or Contractor: Case Management Budget Narrative: Services to inc arrangement & access to services for sexually abused children and other victims of crimes. Inc but not ltd to advocacy, referral, assistance with applications' process. One unit billed in 15 min increments @\$10/unit, 15 min minimum	\$10.00	289	\$2,890.00
Name of Business or Contractor: Family Therapy Budget Narrative: Family therapy services may be billed in 15 minute increments for \$12.25 per increment per person. One 15-minute increment may include no more than 10	\$12.25	1,887	\$23,115.75

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VOCA Contractual/Fee for Service Budget

minutes allotted toward clinical documentation of session content.

Name of Business or Contractor:	\$125.00	320	\$40,000.00
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In-Depth Assessment

Budget Narrative:

Biopsychosocial assessments are updated annually if the client remains in treatment. The clinical assessment will be billed on the date it is completed and signed by the therapist. Clinical Assessment may be billed at \$125.00 per client.

Name of Business or Contractor:	\$25.00	200	\$5,000.00
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Standardized Assessment Tools

Budget Narrative:

Standardized assessment tools are measures used to assess the type and severity of clinical symptoms and problems, and help guide treatment focus and assessment of client progress. To be billed at \$25.

Name of Business or Contractor:	\$97.00	320	\$31,040.00
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Treatment Plan

Budget Narrative:

The treatment plan outlines the trauma-specific goals, objectives, and interventions needed to assist a client with symptom reduction and improved functioning. Treatment plans may be billed at \$97.00.

Name of Business or Contractor:	\$48.50	320	\$15,520.00
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Treatment Plan Review

Budget Narrative:

The treatment plan review provides detailed information about the client's progress toward measurable objectives and may include modifications if new treatment goals must be added. Treatment plan reviews will be billed at \$48.50

Contractual Subtotal			\$267,565.75
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VOCA Operating Budget

Agency name: Center for Family Services of Palm Beach County, Inc.

Office supplies such as paper, pencils, toner, printing, books, postage, transportation for victims; monthly service costs for telephone or utilities; staff travel (for direct service to crime victims only), etc. Furniture and equipment costing less than \$2,500 should be requested from this budget category. In the narrative section, provide a brief description of the operating expenses and note if the cost is pro-rated. Indicate how the number and cost of services requested were determined (by FTE? by % use? by sq/ft?).

EXAMPLE- Narrative Response:

The Victim Advocate will need monthly telephone service calculated at \$20 per month, which is the standard rate budgeted for new positions in this agency.

Operating:

Description of Operating Cost and a Budget Narrative	Number	Cost Per Item	Total
Description of Operating Cost: Electronic Medical Records Management System (EMR)	4	\$500.00	\$2,000.00
Budget Narrative: EMR is a computerized software system that allows medical records to be created, stored, and queried by health care organization.			
Annualized cost for SAFE Kids' users only = 4,000 (\$20,020 agency cost X .20)			
Operating Subtotal			\$2,000.00

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VOCA Training Budget: Krimes Against Kids Conference, Orlando, FL Turn on The Lights Conference, West Palm Beach, FL Victims Services Practitioner Designation Training Online Play Therapy Course

Agency Name: Center for Family Services of Palm Beach County, Inc.

Training requested must be to enhance delivery of victim services. Travel associated with training must adhere to the State of Florida Travel Rules. If awarded funds in this category, additional information will be required prior to incurring costs associated with training. The narrative should include the name and detailed information on the training and a justification for how it will enhance direct services to crime victims. VOCA funds will only reimburse registration, lodging and travel.

Florida Administrative Rules related to travel expenses:

[Click Here](#)

Section 112.061, Florida Statutes- Travel Expenses:

[Click Here](#)

Reference Guide for State Expenditures:

[Click Here](#)

Training Expenses:

Description of Training Expenses and a Budget Narrative	Number	Cost Per Item	Total
Description of Training Expenses: Krimes Against Kids Conference, Orlando, FL Budget Narrative: Learn new research ,innovative trauma-informed methods , & network. Registration - \$ 375 ea. (\$750) ; Lodging \$900 (Two single rooms, ea @\$150/nt for 3 nights); Mileage - \$356 (400 RT X 2 cars X .445/mi) = \$750+\$900+\$356 = \$2,006	2	\$975.00	\$1,950.00
Description of Training Expenses: Turn on The Lights Conference, West Palm Beach, FL Budget Narrative: Learn new strategies, practices and therapeutic approaches as well as networking Registration - \$99 each (\$198) ; Parking - \$5 each (\$10)	2	\$104.00	\$208.00
Description of Training Expenses: Victims Services Practitioner Designation Training Budget Narrative: Learn about laws pertaining to victims and available resources , as well as hear of other agencies services for victims Two attendees (direct service providers) at \$399 registration each = \$798.	2	\$399.00	\$798.00
Description of Training Expenses: Online Play Therapy Course	3	\$160.00	\$480.00

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**VOCA Training Budget: Krimes Against Kids Conference, Orlando, FL Turn on The Lights
Conference, West Palm Beach, FL Victims Services Practitioner Designation Training Online Play
Therapy Course**

Budget Narrative:

Three attendees at \$160 registration each = 480

Training Subtotal

\$3,436.00

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Victims Served and Types of Services

Agency Name: Center for Family Services of Palm Beach County, Inc.

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) \$273,001.75

# of Victims to be Served	Type of Victim \$273,001.75	\$ 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.
2	Adult Physical Assault (Includes Aggravated and Simple Assault)	\$2,551.42	0.93%	0	
3	Adult Sexual Assault	\$3,827.13	1.40%	0	
15	Adults Sexually Abused/Assaulted as Children	\$19,135.64	7.01%	0	
0	Arson	\$0	0.00%	0	
2	Bullying (Verbal, Cyber or Physical)	\$2,551.42	0.93%	0	
0	Burglary	\$0	0.00%	0	
8	Child Physical Abuse or Neglect	\$10,205.67	3.74%	0	
0	Child Pornography	\$0	0.00%	0	
90	Child Sexual Abuse/Assault	\$114,813.82	42.06%	0	
86	Domestic and/or Family Violence	\$109,710.98	40.19%	0	
0	DUI/DWI Incidents	\$0	0.00%	0	
0	Elder Abuse or Neglect	\$0	0.00%	0	
0	Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other	\$0	0.00%	0	

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Victims Served and Types of Services

	(Explanation Required)			
1	Human Trafficking: Labor	\$1,275.71	0.47%	0
2	Human Trafficking: Sex	\$2,551.42	0.93%	0
0	Identity Theft/Fraud/Financial Crime	\$0	0.00%	0
1	Kidnapping	\$1,275.71	0.47%	0
0	Mass Violence (Domestic/International)	\$0	0.00%	0
0	Other Vehicular Victimization (e.g., Hit and Run)	\$0	0.00%	0
1	Robbery	\$1,275.71	0.47%	0
0	Stalking/Harassment	\$0	0.00%	0
3	Survivors of Homicide Victims	\$3,827.13	1.40%	0
0	Teen Dating Victimization	\$0	0.00%	0
0	Terrorism (Domestic/International)	\$0	0.00%	0
Total Victims Served	214	\$273,001.75	100.00%	0

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.
20	Information and Referral	0	
214	Personal Advocacy/Accompaniment	0	
214	Emotional Support or Safety Services	0	
0	Shelter/Housing Services	0	
2	Criminal/Civil Justice System Assistance	0	
20	Number of Victims Assisted with a Victim Compensation Application	0	
Total Services	470	0	Subtotal of "Other" Services