Organization: Suncoast Center, Inc.
Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44 VOCA Personnel Budget: 1

Agency Name: Suncoast Center, 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:

Position: Sexual Assault

Total Actual Cost Total Amount Percent VOCA VOCA Funded (from chart below) VOCA Funded Funded FTE \$69,019.65 \$34,509.82 50% 0.5

Manager

Personnel Narrative: 94.120 (b) SA Manager is to meet the community needs for advocacy, forensic

medical exams, maint accreditation thru FCASV. Sal & Fringe budgeted @ minor increase. GI 4% increase, WC rate @ 0.99%, SUI rate @ 0.75% in 2018. Request

50% VOCA funding.

Sub-Total \$69,019.65 \$34,509.82 0.5

Agency Contribution for Personnel Expenses \$34,509.83

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

Bi-Weekly

Position Number: 1

Hours per week = 40 Hourly Rate = \$26.44

RATE Yearly Per Pay Period

Employer Approved Budget

Cost

Gross Salary \$54,995.20 \$54,995.20 \$2,115.20

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Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44 VOCA Personnel Budget: 1

FICA	7.5%	\$4,124.64	\$158.64
Retirement	3%	\$1,649.86	\$63.46
Health Ins.		\$7,080.00	\$272.31
Life Ins.		\$110.00	\$4.23
Dental Ins.		\$152.00	\$5.85
Workers Comp	0.99%	\$544.45	\$20.94
Unemployment	0.75%	\$52.50	\$2.02
(1st \$7K)			
Other:		\$311.00	\$11.96
	TOTAL	\$69.019.65	\$2,654.60

Explanation (if applicable):

Other: Long Term & AD&D Disability. FICA rate may differ due to agency offers tax deferred 125 cafeteria plan.

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

No

Organization: Suncoast Center, Inc.
Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44

VOCA Personnel Budget: 2

Agency Name:

Suncoast Center, 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 Total Amount Pe (from chart below) VOCA Funded \$44,195.22 \$33,146.42	Funded	A Funded FTE 0.75
--	--------	-------------------------

Specialist

Position: Sexual Assault

Personnel Narrative: 94.119(b) SA Specialist to advocate on behalf of victims of sexual violence crimes

thru crisis intervention and legal advocacy.Sal & Fringe budgeted @ minor

increase.GI 4% increase, WC rate @ 0.99%, SUI rate @ 0.75% in 2018. Request

75% VOCA funding.

Sub-Total \$44.195.22 \$33.146.42 0.75

Agency Contribution for Personnel Expenses

\$11,048.80

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

Position Number:

2

Hours per week = 40 Hourly Rate = \$16.25

RATE Yearly Per Pay Period
Employer Approved Budget
Cost
Gross Salary \$33,800.00 \$33,800.00 \$1,300.00
FICA 7.45% \$2,518.10 \$96.85

Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44 VOCA Personnel Budget: 2

Retirement	0%	\$ 0	\$0
Health Ins.		\$7,080.00	\$272.31
Life Ins.		\$67.00	\$2.58
Dental Ins.		\$152.00	\$5.85
Workers Comp	0.99%	\$334.62	\$12.87
Unemployment	0.75%	\$52.50	\$2.02
(1st \$7K)			
Other:		\$191.00	\$7.35
	TOTAL	\$44.195.22	\$1,699,82

Explanation (if applicable):

Other: Long Term & AD&D Disability. FICA rate may differ due to agency offers tax deferred 125 cafeteria plan.

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

Yes

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Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44 VOCA Personnel Budget: 3

Agency Name:

Suncoast Center, 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.

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l Cost Total Amount	Percent VOCA	VOCA Funded
below) VOCA Funded	Funded	FTE
.01 \$34,059.76	75%	0.75
1	below) VOCA Funded	below) VOCA Funded Funded

Specialist

Personnel Narrative: 94.119(b) SA Specialist to advocate on behalf of victims of sexual violence crimes

thru crisis intervention and legal advocacy. Sal & Fringe budgeted @ minor

increase.GI 4% increase, WC rate @ 0.99%, SUI rate @ 0.75% in 2018. Request

75% VOCA funding.

Sub-Total \$45.413.01 \$34.059.76 0.75

Agency Contribution for Personnel Expenses \$11,353.25

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

Position Number: 3

Hours per week = 40 Hourly Rate = \$16.35

RATE Yearly Per Pay Period
Employer Approved Budget
Cost
Gross Salary \$34,008.00 \$34,008.00 \$1,308.00
FICA 7.4% \$2.516.59 \$96.79

Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44 VOCA Personnel Budget: 3

Retirement	3%	\$1,020.24	\$39.24
Health Ins.		\$7,080.00	\$272.31
Life Ins.		\$69.00	\$2.65
Dental Ins.		\$137.00	\$5.27
Workers Comp	0.99%	\$336.68	\$12.95
Unemployment	0.75%	\$52.50	\$2.02
(1st \$7K)			
Other:		\$193.00	\$7.42
	TOTAL	\$45,413.01	\$1,746.65

Explanation (if applicable):

Other: Long Term & AD&D Disability. FICA rate may differ due to agency offers tax deferred 125 cafeteria plan.

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

Yes

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Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44 **VOCA Personnel Budget: 4**

Agency Name:

Suncoast Center, 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	Total Amount	Percent VOCA	VOCA Funded
	(from chart below)	VOCA Funded	Funded	FTE
Position: Child Advocate	\$47,948.43	\$35,961.32	75%	0.75

Personnel Narrative:

94.119(b) Child Advocate to provide advocacy services to primary and secondary victims of child abuse. Sal & Fringe budgeted @ minor increase.Gl 4% increase, WC rate @ 0.99%, SUI rate @ 0.75% in 2018. Request 75% VOCA funding.

Sub-Total \$35,961.32 0.75 \$47,948.43

Agency Contribution for Personnel Expenses

\$11,987.11

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

Position Number:

4

Hours per week = 40 Hourly Rate =

\$17.58

		RATE	Yearly	Per Pay Period
			Employer	Approved Budget
			Cost	
Gross Salary	\$36,566.40		\$36,566.40	\$1,406.40
FICA		7.45%	\$2,724.20	\$104.78
Retirement		2%	\$731.33	\$28.13
Health Ins.			\$7,080.00	\$272.31

Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44 VOCA Personnel Budget: 4

Life Ins.		\$73.00	\$2.81
Dental Ins.		\$152.00	\$5.85
Workers Comp	0.99%	\$362.01	\$13.92
Unemployment	0.75%	\$52.50	\$2.02
(1st \$7K)			
Other:		\$207.00	\$7.96
	TOTAL	\$47,948.43	\$1,844.17

Explanation (if applicable):

Other: Long Term & AD&D Disability. FICA rate may differ due to agency offers tax deferred 125 cafeteria plan.

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

Yes

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Organization: Suncoast Center, Inc.
Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44 VOCA Personnel Budget: 5

Agency Name: Suncoast Center, 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	Total Amount	Percent VOCA	VOCA Funded
	(from chart below)	VOCA Funded	Funded	FTE
Position: Child Advocate	\$45,411.24	\$34,058.43	75%	0.75

Personnel Narrative: 94.119(b) CAS at Suncoast Center assesses 115 children average each month.

Many of the children face the legal system process. Additional Advocate will help more children with crime victim compensation and emotional support. Request

75% VOCA funding.

Sub-Total \$45,411.24 \$34,058.43 0.75

Agency Contribution for Personnel Expenses \$11,352.81

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

Bi-Weekly

Position Number: 5

Hours per week = 40 Hourly Rate = \$17.58

		RATE	Yearly	Per Pay Period
			Employer	Approved Budget
			Cost	
Gross Salary	\$36,566.40		\$36,566.40	\$1,406.40
FICA		7.65%	\$2,797.33	\$107.59
Retirement		0%	\$ 0	\$ 0

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Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44 VOCA Personnel Budget: 5

Health Ins.		\$5,310.00	\$204.23
Life Ins.		\$54.00	\$2.08
Dental Ins.		\$114.00	\$4.38
Workers Comp	0.99%	\$362.01	\$13.92
Unemployment	0.75%	\$52.50	\$2.02
(1st \$7K)			
Other:		\$155.00	\$5.96
	TOTAL	\$45,411.24	\$1,746.59

Explanation (if applicable):

Other: Long Term & AD&D Disability. FICA rate may differ due to agency offers tax deferred 125 cafeteria plan.

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

Yes

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Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44

VOCA Personnel Budget: SAVE Lead Examiner 6

Agency Name: Suncoast Center, 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	Total Amount	Percent VOCA	VOCA Funded
	(from chart below)	VOCA Funded	Funded	FTE
Position: SAVE Lead	\$74,648.50	\$37,324.25	50%	0.4
Examiner				

Personnel Narrative:

94.119(b) Lead Examiner ensures victims have access to a quality medical examination. This position provides quality assurance, medical and clinical training and supervision. Salary increase due to hire @ market rate for R.N. Request 50% VOCA funds.

Sub-Total \$74,648.50 \$37,324.25 0.4

Agency Contribution for Personnel Expenses \$37,324.25

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

Bi-Weekly

Position Number: 6

Hours per week = 32 Hourly Rate = \$40.00

		RATE	Yearly	Per Pay Period
			Employer	Approved Budget
			Cost	
Gross Salary	\$66,560.00		\$66,560.00	\$2,560.00
FICA		7%	\$4,659.20	\$179.20

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Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44

VOCA Personnel Budget: SAVE Lead Examiner 6

Retirement	0%	\$0	\$0
Health Ins.		\$2,717.86	\$104.53
Life Ins.		\$ 0	\$0
Dental Ins.		\$ 0	\$0
Workers Comp	0.99%	\$658.94	\$25.34
Unemployment	0.75%	\$52.50	\$2.02
(1st \$7K)			
Other:		\$ 0	\$0
	TOTAL	\$74,648.50	\$2,871.10

Explanation (if applicable):

N/A

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

No

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Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44
VOCA Contractual/Fee for Service Budget

Agency name: Suncoast Center, 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:

94.119 (c)

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: Dr. James Lewis Budget Narrative:	\$650.00	10	\$6,500.00
94.120 (d) Contractual Agreement is secured with local psychologist who pre-approved by Children's Medical Services to provide psychological tes evaluations. Client number is used to track the expenditures .Request \$6 VOCA funds	st and		
Name of Business or Contractor: 211 Tampa Bay Cares Inc Budget Narrative:	\$592.41	12	\$7,108.92
94.120(d)Contractual Agreement with the 211 Tampa Bay Cares Inc.to pr 24/7 toll free referral information related to sexual violence. The contract \$1,184.75 per month, we request 50% to be funded by VOCA = 1184*.75 12 = \$7,109.	amount is		
Name of Business or Contractor: Suncoast Center Inc. Budget Narrative:	\$25.00	24,570	\$614,250.00

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Fee for service Individual therapy provided by agency personnel. We propose

Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44
VOCA Contractual/Fee for Service Budget

24,570 Individual Therapy reimbursed in 15 minute increments /units at \$25 per unit.

Name of Business or Contractor: \$10.00 996 \$9,960.00

Suncoast Center Inc.

Budget Narrative:

94.119 (b) (3) Fee for service Case Management provided by agency personnel.

We propose 996 Case Management reimbursed in 15 minute increments /units at

\$10 per unit.

Name of Business or Contractor: \$6.50 960 \$6,240.00

Suncoast Center Inc.

Budget Narrative:

94.119 (c) Fee for service Family Therapy provided by agency personnel. We propose 960 Family Therapy reimbursed in 15 minute increments /units at \$6.5 per ...

unit.

Contractual Subtotal \$644,058.92

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Organization: Suncoast Center, Inc.
Grant No.: VOCA-2018-Suncoast Center, Inc.-00006
Version Date: 11/28/2018 15:25:44

VOCA Operating Budget

Agency name: Suncoast Center, 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:	12	\$395.71	\$4,748.52
Rent- 2960 Roosevelt Blvd., Largo, FL 33760			
Budget Narrative:			
94.121(d) Agency rents office to provide Trauma Services. The annual rate	e in FY		
18-19 is \$29,450 and is allocated to programs based on the FTEs in the lo	ocation.		
Sexual Assault staff 4.25FTE / location FTE 24 = 17.70%. \$29,450 x 17.79	% =		
\$5,215 .			
Operating Subtotal			\$4,748.52

Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44

VOCA Training Budget: Victims Services Practitioner Designation Training

Agency Name: Suncoast Center, 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:

00.00
00.00
2,000.00

Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44 Victims Served and Types of Services

Agency Name: Suncoast Center, 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) \$859,866.00

# of Victims to be Served	Type of Victim \$859,866.00	\$ 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.
10	Adult Physical Assault (Includes Aggravated and Simple Assault)	\$7,643.25	0.89%	0	
225	Adult Sexual Assault	\$171,973.20	20.00%	0	
355	Adults Sexually Abused/Assaulted as Children	\$271,335.49	31.56%	0	
0	Arson	\$0	0.00%	0	
0	Bullying (Verbal, Cyber or Physical)	\$0	0.00%	0	
0	Burglary	\$ 0	0.00%	0	
75	Child Physical Abuse or Neglect	\$57,324.40	6.67%	0	
0	Child Pornography	\$ 0	0.00%	0	
400	Child Sexual Abuse/Assault	\$305,730.13	35.56%	0	
50	Domestic and/or Family Violence	\$38,216.27	4.44%	0	
0	DUI/DWI Incidents	\$0	0.00%	0	
0	Elder Abuse or Neglect	\$0	0.00%	0	
0	Hate Crime: Racial/Religious/Gender/S exual Orientation/Other	\$0	0.00%	0	

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Organization: Suncoast Center, Inc.

Grant No.: VOCA-2018-Suncoast Center, Inc.-00006

Version Date: 11/28/2018 15:25:44 Victims Served and Types of Services

Total Victims Served	1125	\$859,866.00	100.00%	0
	(Domestic/International)			
0	Terrorism	\$0	0.00%	0
0	Teen Dating Victimization	\$0	0.00%	0
10	Victims	Ψ1,040.20	0.0070	U
10	Survivors of Homicide	\$7,643.25	0.89%	0
0	Stalking/Harassment	\$0	0.00%	0
0	Victimization (e.g., Hit and Run) Robbery	\$0	0.00%	0
0	(Domestic/International) Other Vehicular	\$0	0.00%	0
0	Mass Violence	\$0	0.00%	0
0	Kidnapping	\$0	0.00%	0
	Theft/Fraud/Financial Crime			
0	Identity	\$ 0	0.00%	0
0	Human Trafficking: Sex	\$ 0	0.00%	0
0	Human Trafficking: Labor	\$0	0.00%	0
	(Explanation Required)			

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	Type of Service	# of Other Types of Services to be	For other types of services, identify and list
Served		Provided	each separately below.
80	Information and Referral	15	Psychological Evaluations
175	Personal Advocacy/Accompaniment	115	Crisis Counseling
750	Emotional Support or Safety Services	55	Support Groups
5	Shelter/Housing Services	125	Crisis Helpline Counseling
115	Criminal/Civil Justice System Assistance	650	Telephone Contacts
1125	Number of Victims Assisted with a Victim Compensation Application	0	
Total Services	3210	960	Subtotal of "Other" Services