

OFFICE OF THE FLORIDA ATTORNEY GENERAL
VOCA 2018-2019
Organization: Florida Department of Health in Putnam County
Grant No.: VOCA-2018-Florida Department of Hea-00576
Version Date: 12/18/2018 09:11:19
VOCA Personnel Budget: 1

Agency Name: Florida Department of Health - Putnam County Health Department

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: Human Services Counselor III	\$45,811.70	\$45,811.70	100%	1

Personnel Narrative: One FTE to include on call, OT, FICA, Hlth Insur, Life & Retirement

Sub-Total	\$45,811.70	\$45,811.70		1
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Agency Contribution for Personnel Expenses \$0.00

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

Position Number: 1

Hours per week = 40
 Hourly Rate = \$14.48

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary		\$30,118.40	\$1,158.40
FICA	7.65%	\$2,304.06	\$88.62
Retirement	7.77%	\$2,340.20	\$90.01
Health Ins.		\$8,214.00	\$315.92
Life Ins.		\$65.04	\$2.50

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VOCA Personnel Budget: 1

Dental Ins.		\$0	\$0
Workers Comp	0%	\$0	\$0
Unemployment (1st \$7K)	0%	\$0	\$0
Other:		\$2,770.00	\$106.54
	TOTAL	\$45,811.70	\$1,761.99

Explanation (if applicable):

Other is \$237 on call. On call is calculated at 110 hrs @ \$2/hr plus FICA. Hlth/Life and ST disability are paid out in 24 pp.

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

No

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VOCA 2018-2019
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Version Date: 12/18/2018 09:11:19
VOCA Personnel Budget: 3

Agency Name: Florida Department of Health - Putnam County Health Department

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.

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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: Human Svcs Counselor III	\$39,251.22	\$39,251.22	100%	1
Personnel Narrative:	One FTE to include on call, OT, FICA, Hlth Insur, Life & Retirement			
Sub-Total	\$39,251.22	\$39,251.22		1

Agency Contribution for Personnel Expenses \$0.00

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

Position Number: 3
 Hours per week = 40
 Hourly Rate = \$14.48

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary		\$30,118.40	\$1,158.40
FICA	7.65%	\$2,304.06	\$88.62
Retirement	7.77%	\$2,340.20	\$90.01
Health Ins.		\$1,655.20	\$63.66
Life Ins.		\$63.36	\$2.44

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VOCA Personnel Budget: 3

Dental Ins.		\$0	\$0
Workers Comp	0%	\$0	\$0
Unemployment (1st \$7K)	0%	\$0	\$0
Other:		\$2,770.00	\$106.54
	TOTAL	\$39,251.22	\$1,509.66

Explanation (if applicable):

Other is \$237 on call. On call is calculated at 110 hrs @ \$2/hr plus FICA. Hlth/Life and ST disability are paid out in 24 pp.

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

No

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Version Date: 12/18/2018 09:11:19
VOCA Personnel Budget: Human Srvcs Counselor III 2

Agency Name: Florida Department of Health - Putnam County Health Department

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.

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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: Human Srvcs Counselor III	\$54,134.40	\$54,134.40	100%	1

Personnel Narrative: One FTE to include on call, OT, FICA Hlth Insur. Life & Retirement

Sub-Total	\$54,134.40	\$54,134.40		1
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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 = \$14.48

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary		\$30,118.40	\$1,158.40
FICA	7.65%	\$2,304.06	\$88.62
Retirement	7.77%	\$2,340.20	\$90.01
Health Ins.		\$16,555.20	\$636.74
Life Ins.		\$46.54	\$1.79

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VOCA Personnel Budget: Human Srvcs Counselor III 2

Dental Ins.		\$0	\$0
Workers Comp	0%	\$0	\$0
Unemployment (1st \$7K)	0%	\$0	\$0
Other:		\$2,770.00	\$106.54
	TOTAL	\$54,134.40	\$2,082.09

Explanation (if applicable):

Other is \$237 on call. On acll is calculated at 110 hrs @ \$2 plus FICA. Hlth/Life and ST disability are paid out in 24 pp.

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

No

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VOCA Contractual/Fee for Service Budget

Agency name: Florida Department of Health - Putnam County Health Department

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: Therapeutic Services - O'Neil Budget Narrative: Therapy Srvc provided by Human Srvc Program Mgr. Therapy is reimbursed in 15 min/units @ \$25/unit of individual therapy.	\$25.00	2,462	\$61,550.00
Name of Business or Contractor: Therapeutic Services - Hope Budget Narrative: Therapy Srvc provided by Senior Human Program Specialist (SHPS). Therapy is reimbursed in 15 min/units @ 25/unit of Individual Therapy.	\$25.00	2,347	\$58,675.00
Name of Business or Contractor: Therapeutic Services Budget Narrative: Therapy services provided by SHPS. Therapy is reimbursed in 15min increments/unit at \$8.00/unit of group and/or family	\$8.00	1,128	\$9,024.00
Contractual Subtotal			\$129,249.00

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VOCA Equipment Budget

Agency Name: Florida Department of Health - Putnam County Health Department

Items included in this section must be furniture and/or equipment costing \$2,500 or more. If awarded funds in this category, prior approval is required before purchasing items. Provide a justification for the equipment purchase requests.

EXAMPLE - Narrative Response:

The computer will increase the advocate's ability to reach and better serve crime victims. The cost listed above is for a complete computer package which includes the computer, monitor, software and printer.

ALL EQUIPMENT PURCHASES MUST BE PRE-APPROVED PRIOR TO THE ACTUAL PURCHASE

Equipment:

Description of Equipment and a Budget Narrative	Number	Cost Per Item	Total
Description of Equipment:			
Budget Narrative:			
Equipment Subtotal			\$0

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VOCA Operating Budget

Agency name: Florida Department of Health - Putnam County Health Department

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:			
Budget Narrative:			
Operating Subtotal			\$0

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VOCA Training Budget: VSP Training

Agency Name: Florida Department of Health - Putnam County Health Department

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: VSP Training	3	\$2,000.00	\$6,000.00
Budget Narrative: VSP training x 2 advocates. Registration \$399 x 3 = \$1197, lodging for 5 nights x 3 advocates 2 \$150/night = \$225. Mileage @ 500 miles x 3 advocates x .445 = \$667.50 other travel ex \$1312.50			
Training Subtotal			\$6,000.00

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VOCA Match Budget: Human Srvcs Program Mgr

Agency Name: Florida Department of Health - Putnam County Health Department

Program Match: The VOCA Rules require that all proposals provide a 20% match of the total VOCA project. Total VOCA Project is defined as the VOCA Budget Request plus the Program Match. Match funds are subject to the same restrictions that govern VOCA grant funds, i.e., the source of program match must be a VOCA-allowable expenditure. Training is not approved as a matching contribution.

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\$30,000
+ \$7,500
\$37,500

Allowable match funds may include, but are not limited to, volunteers, staff salaries, rent, equipment, operating costs, etc. Federal funds from other sources cannot be used for VOCA match. Match used for the VOCA project cannot be used as match for any other grant. Do not over report match, i.e., do not provide match in excess of 20% of the total VOCA project. Match may be provided as either cash or in-kind or a combination of cash and in-kind as follows:

Cash Match: A cash match is any cost component that is included in the agency's overall budget as it applies to the provision of direct services for victims of crime, i.e., staff providing direct victim services, travel related to the delivery of direct victim services, rent paid by the agency for the portion of the program providing direct victim services, etc. If the agency pays for the expense, then it may be used as a cash match.

In-Kind Match: An in-kind match includes donated items or services that benefit the program but which do not have a dollar value assigned for budgeted purposes. For example, programs may use volunteer hours as match. The value placed on donated services must be consistent with the rate of compensation paid for similar work in the applicant agency. If the required skills are not found in the applicant agency, the rate of compensation must be consistent with the labor market. Programs may use items donated by other programs or individuals as in-kind match, i.e., rent and utilities used for the provision of direct services to victims and donated by another source outside the agency.

The Program match section is an itemized description by budget category of proposed matching contributions. The budget categories are personnel, contractual services, equipment and operating expenses. Provide a detailed (itemized) list and a budget narrative for each budgeted category. Indicate the funding source and indicate if it is a cash or in-kind match. Do not over report required match. Unless otherwise approved by the

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VOCA Match Budget: Human Srvcs Program Mgr

OAG, reported match must be consistent with the monthly reimbursement request.

Match Narrative: Describe in detail the type of Match, whether cash or in-kind, the budget category, etc. Submit the same detailed information for match as provided for VOCA funded items. If match is in the personnel category for paid staff complete the table below (attach additional page(s) if needed) and provide the total salary and benefits and percentage. Attach job descriptions for all paid staff and/or volunteers reported as Match. Job descriptions must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is reported as Match. Failure to provide VOCA allowable job descriptions may result in a reduction to your request.

EXAMPLES- Match Narrative:

Our agency utilizes volunteers who provide direct services to victims of crime, such as intake clerks, clerical (types reports and calls victims) and victim advocates. The agency anticipates using volunteers at the equivalent of 20 - 23 hours per week x 52 weeks x \$5.15 for a match of \$5,698.

* Only those agencies with an established volunteer component are eligible to utilize volunteers as match.

The agency rents office space from the Global Company at \$14,400 annually and the agency's pro-rated portion for office space for volunteers and supervisor of the victim advocate would be approximately 19% (or \$234 per month) x 12 months = \$2,807.

Approximately 5% of the Victim Advocate Supervisor position will be utilized to provide supervision for the victim advocate position. The supervisor's total salary and benefits equal \$32,000.

Program Match Description	Funding Source May not be derived from Federal Dollars	Cash or In-Kind	Budget Category	Match Amount
Human Srvcs Program Mgr	State	Cash	Personnel	\$34,114.97
Match Sub-Total				\$34,114.97

Budget Narrative: PCHD will utilize 44.3% of HSPM total salary w/benefits @ 77,008.95 x 44.3% = \$34,114.97

VOCA FTE %	0.443%			
Hours per week =	40	RATE	Employer Cost	Reported Match =
Hourly Rate =	\$28.56			44.3%
Annual Gross Salary	\$59,404.80		\$59,404.80	\$26,316.33
FICA		7.65%	\$4,544.47	\$2,013.20
Retirement		7.77%	\$4,615.75	\$2,044.78
Health Ins.			\$8,400.00	\$3,721.20
Life Ins.			\$43.93	\$19.46
Dental Ins.			\$0	\$0
Workers Comp		0%	\$0	\$0

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VOCA Match Budget: Human Srvcs Program Mgr

Unemployment	0%	\$0	\$0
Other		\$0	\$0
TOTAL		\$77,008.95	\$34,114.97

Explanation (if applicable):

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VOCA Match Budget: On Call Advocate

Agency Name: Florida Department of Health - Putnam County Health Department

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$$\begin{array}{r} \$30,000 \\ + \$7,500 \\ \hline \$37,500 \end{array}$$

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VOCA Match Budget: On Call Advocate

OAG, reported match must be consistent with the monthly reimbursement request.

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EXAMPLES- Match Narrative:

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Program Match Description	Funding Source May not be derived from Federal Dollars	Cash or In-Kind	Budget Category	Match Amount
On Call Advocate	Donated	In-Kind	Personnel	\$4,160.00
Match Sub-Total				\$4,160.00

Budget Narrative:

Volunteers/Advocates provide 24/7 on call services. VIPP provided training, case consultation, and backup to volunteers. A min of 20/days per month will be provided by volunteers 114/hrs x \$2/hr x 52 wks.

VOCA FTE %	1%			
Hours per week =	40	RATE	Employer Cost	Reported Match =
Hourly Rate =	\$2.00			100%
Annual Gross Salary	\$4,160.00		\$4,160.00	\$4,160.00
FICA		0%	\$0	\$0
Retirement		0%	\$0	\$0
Health Ins.			\$0	\$0
Life Ins.			\$0	\$0

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VOCA Match Budget: On Call Advocate

Dental Ins.		\$0	\$0
Workers Comp	0%	\$0	\$0
Unemployment	0%	\$0	\$0
Other		\$0	\$0
TOTAL		\$4,160.00	\$4,160.00

Explanation (if applicable):

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Match Narrative: Describe in detail the type of Match, whether cash or in-kind, the budget category, etc. Submit the same detailed information for match as provided for VOCA funded items. If match is in the personnel category for paid staff complete the table below (attach additional page(s) if needed) and provide the total salary and benefits and percentage. Attach job descriptions for all paid staff and/or volunteers reported as Match. Job descriptions must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is reported as Match. Failure to provide VOCA allowable job descriptions may result in a reduction to your request.

EXAMPLES- Match Narrative:

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The agency rents office space from the Global Company at \$14,400 annually and the agency's pro-rated portion for office space for volunteers and supervisor of the victim advocate would be approximately 19% (or \$234 per month) x 12 months = \$2,807.

Approximately 5% of the Victim Advocate Supervisor position will be utilized to provide supervision for the victim advocate position. The supervisor's total salary and benefits equal \$32,000.

Program Match Description	Funding Source	Cash or In-Kind	Budget Category	Match Amount
On Call Advocate	May not be derived from Federal Dollars	In-Kind	Personnel	\$3,120.00
Match Sub-Total	Donated	In-Kind	Personnel	\$3,120.00

Budget Narrative: Volunteers/Advocates provide 24/7 on call srvc. VIPP provides training, case consultation and back up to volunteers. A min of 20/days per month provided by volunteers. 116 x \$2/hr x 52 wks.

VOCA FTE %	0.75%			
Hours per week =	30	RATE	Employer Cost	Reported Match =
Hourly Rate =	\$2.00			100%
Annual Gross Salary	\$3,120.00		\$3,120.00	\$3,120.00
FICA		0%	\$0	\$0
Retirement		0%	\$0	\$0
Health Ins.			\$0	\$0
Life Ins.			\$0	\$0
Dental Ins.			\$0	\$0

OFFICE OF THE FLORIDA ATTORNEY GENERAL
VOCA 2018-2019
Organization: Florida Department of Health in Putnam County
Grant No.: VOCA-2018-Florida Department of Hea-00576
Version Date: 12/18/2018 09:11:19
VOCA Match Budget: On Call Advocate

Workers Comp	0%	\$0	\$0
Unemployment	0%	\$0	\$0
Other		\$0	\$0
TOTAL		\$3,120.00	\$3,120.00

Explanation (if applicable):

OFFICE OF THE FLORIDA ATTORNEY GENERAL
VOCA 2018-2019

Organization: Florida Department of Health in Putnam County

Grant No.: VOCA-2018-Florida Department of Hea-00576

Version Date: 12/18/2018 09:11:19

VOCA Match Budget: On Call Advocate

Agency Name: Florida Department of Health - Putnam County Health Department

Program Match: The VOCA Rules require that all proposals provide a 20% match of the total VOCA project. Total VOCA Project is defined as the VOCA Budget Request plus the Program Match. Match funds are subject to the same restrictions that govern VOCA grant funds, i.e., the source of program match must be a VOCA-allowable expenditure. Training is not approved as a matching contribution.

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$$\begin{array}{r} \$30,000 \\ + \$7,500 \\ \hline \$37,500 \end{array}$$

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Cash Match: A cash match is any cost component that is included in the agency's overall budget as it applies to the provision of direct services for victims of crime, i.e., staff providing direct victim services, travel related to the delivery of direct victim services, rent paid by the agency for the portion of the program providing direct victim services, etc. If the agency pays for the expense, then it may be used as a cash match.

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The Program match section is an itemized description by budget category of proposed matching contributions. The budget categories are personnel, contractual services, equipment and operating expenses. Provide a detailed (itemized) list and a budget narrative for each budgeted category. Indicate the funding source and indicate if it is a cash or in-kind match. Do not over report required match. Unless otherwise approved by the

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VOCA 2018-2019

Organization: Florida Department of Health in Putnam County

Grant No.: VOCA-2018-Florida Department of Hea-00576

Version Date: 12/18/2018 09:11:19

VOCA Match Budget: On Call Advocate

OAG, reported match must be consistent with the monthly reimbursement request.

Match Narrative: Describe in detail the type of Match, whether cash or in-kind, the budget category, etc. Submit the same detailed information for match as provided for VOCA funded items. If match is in the personnel category for paid staff complete the table below (attach additional page(s) if needed) and provide the total salary and benefits and percentage. Attach job descriptions for all paid staff and/or volunteers reported as Match. Job descriptions must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is reported as Match. Failure to provide VOCA allowable job descriptions may result in a reduction to your request.

EXAMPLES- Match Narrative:

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Approximately 5% of the Victim Advocate Supervisor position will be utilized to provide supervision for the victim advocate position. The supervisor's total salary and benefits equal \$32,000.

Program Match Description	Funding Source May not be derived from Federal Dollars	Cash or In-Kind	Budget Category	Match Amount
On Call Advocate	Donated	In-Kind	Personnel	\$6,136.00
Match Sub-Total				\$6,136.00

Budget Narrative: Volunteers/Advocates provide 24/7 on call srvc. VIPP provides training, case consultation and back up to volunteers. A min of 20/days per month provided by volunteers. 121 hrs x \$2/hr x 52 wks.

VOCA FTE %	1.475%			
Hours per week =	59	RATE	Employer Cost	Reported Match =
Hourly Rate =	\$2.00			100%
Annual Gross Salary	\$6,136.00		\$6,136.00	\$6,136.00
FICA		0%	\$0	\$0
Retirement		0%	\$0	\$0
Health Ins.			\$0	\$0
Life Ins.			\$0	\$0
Dental Ins.			\$0	\$0

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VOCA 2018-2019
Organization: Florida Department of Health in Putnam County
Grant No.: VOCA-2018-Florida Department of Hea-00576
Version Date: 12/18/2018 09:11:19
VOCA Match Budget: On Call Advocate

Workers Comp	0%	\$0	\$0
Unemployment	0%	\$0	\$0
Other		\$0	\$0
TOTAL		\$6,136.00	\$6,136.00

Explanation (if applicable):

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VOCA 2018-2019

Organization: Florida Department of Health in Putnam County

Grant No.: VOCA-2018-Florida Department of Hea-00576

Version Date: 12/18/2018 09:11:19

VOCA Match Budget: On Call Advocates

Agency Name: Florida Department of Health - Putnam County Health Department

Program Match: The VOCA Rules require that all proposals provide a 20% match of the total VOCA project. Total VOCA Project is defined as the VOCA Budget Request plus the Program Match. Match funds are subject to the same restrictions that govern VOCA grant funds, i.e., the source of program match must be a VOCA-allowable expenditure. Training is not approved as a matching contribution.

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The Program match section is an itemized description by budget category of proposed matching contributions. The budget categories are personnel, contractual services, equipment and operating expenses. Provide a detailed (itemized) list and a budget narrative for each budgeted category. Indicate the funding source and indicate if it is a cash or in-kind match. Do not over report required match. Unless otherwise approved by the

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2018-2019

Organization: Florida Department of Health in Putnam County

Grant No.: VOCA-2018-Florida Department of Hea-00576

Version Date: 12/18/2018 09:11:19

VOCA Match Budget: On Call Advocates

OAG, reported match must be consistent with the monthly reimbursement request.

Match Narrative: Describe in detail the type of Match, whether cash or in-kind, the budget category, etc. Submit the same detailed information for match as provided for VOCA funded items. If match is in the personnel category for paid staff complete the table below (attach additional page(s) if needed) and provide the total salary and benefits and percentage. Attach job descriptions for all paid staff and/or volunteers reported as Match. Job descriptions must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is reported as Match. Failure to provide VOCA allowable job descriptions may result in a reduction to your request.

EXAMPLES- Match Narrative:

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Program Match Description	Funding Source May not be derived from Federal Dollars	Cash or In-Kind	Budget Category	Match Amount
On Call Advocates	Donated	In-Kind	Personnel	\$6,136.00
Match Sub-Total				\$6,136.00

Budget Narrative:

Volunteers/Advocates provide 24/7 on call srvc. VIPP provides training, case consultation and back up to volunteers. A min of 20/days per month provided by volunteers. 123 hrs x \$2/hr x 52 wks.

VOCA FTE %	1.475%			
Hours per week =	59	RATE	Employer Cost	Reported Match =
Hourly Rate =	\$2.00			100%
Annual Gross Salary	\$6,136.00		\$6,136.00	\$6,136.00
FICA		0%	\$0	\$0
Retirement		0%	\$0	\$0
Health Ins.			\$0	\$0
Life Ins.			\$0	\$0
Dental Ins.			\$0	\$0

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2018-2019

Organization: Florida Department of Health in Putnam County

Grant No.: VOCA-2018-Florida Department of Hea-00576

Version Date: 12/18/2018 09:11:19

VOCA Match Budget: On Call Advocates

Workers Comp	0%	\$0	\$0
Unemployment	0%	\$0	\$0
Other		\$0	\$0
TOTAL		\$6,136.00	\$6,136.00

Explanation (if applicable):

OFFICE OF THE FLORIDA ATTORNEY GENERAL
VOCA 2018-2019

Organization: Florida Department of Health in Putnam County
Grant No.: VOCA-2018-Florida Department of Hea-00576
Version Date: 12/18/2018 09:11:19
VOCA Match Budget: Sr Com Health Nursing Dir

Agency Name: Florida Department of Health - Putnam County Health Department

Program Match: The VOCA Rules require that all proposals provide a 20% match of the total VOCA project. Total VOCA Project is defined as the VOCA Budget Request plus the Program Match. Match funds are subject to the same restrictions that govern VOCA grant funds, i.e., the source of program match must be a VOCA-allowable expenditure. Training is not approved as a matching contribution.

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**OFFICE OF THE FLORIDA ATTORNEY GENERAL
VOCA 2018-2019**

**Organization: Florida Department of Health in Putnam County
Grant No.: VOCA-2018-Florida Department of Hea-00576
Version Date: 12/18/2018 09:11:19
VOCA Match Budget: Sr Com Health Nursing Dir**

OAG, reported match must be consistent with the monthly reimbursement request.

Match Narrative: Describe in detail the type of Match, whether cash or in-kind, the budget category, etc. Submit the same detailed information for match as provided for VOCA funded items. If match is in the personnel category for paid staff complete the table below (attach additional page(s) if needed) and provide the total salary and benefits and percentage. Attach job descriptions for all paid staff and/or volunteers reported as Match. Job descriptions must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is reported as Match. Failure to provide VOCA allowable job descriptions may result in a reduction to your request.

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Program Match Description	Funding Source May not be derived from Federal Dollars	Cash or In-Kind	Budget Category	Match Amount
Sr Com Health Nursing Dir	State	Cash	Personnel	\$7,795.09
Match Sub-Total				\$7,795.09

Budget Narrative: PCHD will use 5% of the DON salary as match. As the SART Nurse/DON provides Admin and Programmatic oversight to VIPP Advocates. Oversight provided at 100% of time committed.

VOCA FTE %	0.1041%			
Hours per week =	40	RATE	Employer Cost	Reported Match =
Hourly Rate =	\$23.36			10.4133537%
Annual Gross Salary	\$48,588.80		\$48,588.80	\$5,059.75
FICA		7.65%	\$3,717.04	\$387.07
Retirement		7.52%	\$3,653.88	\$380.49
Health Ins.			\$18,355.00	\$1,911.38
Life Ins.			\$62.55	\$6.51
Dental Ins.			\$0	\$0

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Organization: Florida Department of Health in Putnam County

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VOCA Match Budget: Sr Com Health Nursing Dir

Workers Comp	0%	\$0	\$0
Unemployment	0%	\$0	\$0
Other		\$0	\$0
TOTAL		\$74,377.27	\$7,745.20

Explanation (if applicable):

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Organization: Florida Department of Health in Putnam County

Grant No.: VOCA-2018-Florida Department of Hea-00576

Version Date: 12/18/2018 09:11:19

VOCA Match Budget: Use of Space

Agency Name: Florida Department of Health - Putnam County Health Department

Program Match: The VOCA Rules require that all proposals provide a 20% match of the total VOCA project. Total VOCA Project is defined as the VOCA Budget Request plus the Program Match. Match funds are subject to the same restrictions that govern VOCA grant funds, i.e., the source of program match must be a VOCA-allowable expenditure. Training is not approved as a matching contribution.

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VOCA 2018-2019

Organization: Florida Department of Health in Putnam County

Grant No.: VOCA-2018-Florida Department of Hea-00576

Version Date: 12/18/2018 09:11:19

VOCA Match Budget: Use of Space

OAG, reported match must be consistent with the monthly reimbursement request.

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Program Match Description	Funding Source May not be derived from Federal Dollars	Cash or In-Kind	Budget Category	Match Amount
Use of Space	Local, Public or Private	In-Kind	Operating	\$7,149.52
Match Sub-Total				\$7,149.52
Budget Narrative:	Advocates offices, client waiting areas and conference areas 420.56 sq ft at \$17 per sq ft = \$7,149.52			

VOCA FTE %	0%			
Hours per week =	0	RATE	Employer Cost	Reported Match =
Hourly Rate =	\$0			0%
Annual 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
Workers Comp		0%	\$0	\$0

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VOCA 2018-2019

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VOCA Match Budget: Use of Space

Unemployment	0%	\$0	\$0
Other		\$0	\$0
TOTAL		\$0	\$0

Explanation (if applicable):

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VOCA 2018-2019

Organization: Florida Department of Health in Putnam County

Grant No.: VOCA-2018-Florida Department of Hea-00576

Version Date: 12/18/2018 09:11:19

VOCA Budget Request

Budget Summary By Category	Total VOCA Budget Request	Total VOCA Approved Budget
Personnel (10A)	\$139,197.32	\$139,197.00
Contractual Services (10B)	\$129,249.00	\$129,249.00
Equipment (10C)	\$0	
Operating Expenses (10D)	\$0	
Training Expenses (10E)	\$6,000.00	\$6,000.00
Total	\$274,446.32	\$274,446.00

Required Match Part 11 \$68,611.58

Total paid staff for agency's victim services program (total number of full-time equivalent staff (FTE) for the current fiscal year): 3

Number of staff requested from VOCA, expressed in FTE's: 3
 Number of staff requested as matching expenses, expressed in FTE's: 5.25
 Total staff requested, expressed in FTE's: 8.2471

Child Abuse \$76,971.15
 (Include services for child physical abuse/neglect and child sexual assault/abuse)
Domestic and Family Violence \$138,800.44
Adult Sexual Assault \$22,081.89
Underserved \$30,283.73
 (includes DUI/DWI crashes, survivors of homicide victims, assault, adults molested as children, elder abuse, victims with disabilities, robbery, other violent crimes)

MATCH (financial support from other sources)

Value of in-kind match	\$26,701.52
Cash match	\$41,910.06
Total match	\$68,611.58

Match waiver No

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Organization: Florida Department of Health in Putnam County
Grant No.: VOCA-2018-Florida Department of Hea-00576
Version Date: 12/18/2018 09:11:19
Use of VOCA and Match Funds

INSTRUCTION: For this request, check the category of service and subcategory that best identifies the types of services or activities that will be provided by the VOCA-funded project as described below.

Note: Report only those program activities that will be implemented with VOCA and Match funds.

Check all that apply

INFORMATION & REFERRAL

- | | |
|---|---|
| ✓ Information about the criminal justice process | ✓ Referral to other victim service programs |
| ✓ Information about victim rights, how to obtain notification, etc. | ✓ Referral to other services, supports and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.) |

PERSONAL ADVOCACY/ACCOMPANIMENT

- | | |
|---|--|
| ✓ Victim advocacy/accompaniment to emergency medical care | Performance of medical forensic exam or interview, or medical evidence collection |
| ✓ Victim advocacy/accompaniment to medical forensic exam | ✓ Immigration assistance (e.g. special visa, continued presence application, and other immigration relief) |
| ✓ Law enforcement interview advocacy/accompaniment | ✓ Intervention with employer, creditor, landlord, or academic institution |
| ✓ Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness) | Child and/or dependent care assistance (provided by agency) |
| ✓ Criminal advocacy/accompaniment | ✓ Transportation assistance (provided by agency) |
| ✓ Civil advocacy/accompaniment (includes victim advocate assisting with protection orders) | ✓ Interpreter services |
| ✓ Individual advocacy (assistance in applying for public benefits, return of personal property or effects) | ✓ Assistance with victim compensation |

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Version Date: 12/18/2018 09:11:19

Use of VOCA and Match Funds

EMOTIONAL SUPPORT OR SAFETY SERVICES

- ✓ Crisis intervention (in-person, includes safety planning, etc.)
- ✓ Hotline/crisis line counseling
- ✓ Individual counseling
- ✓ On-scene crisis response (e.g., community crisis response)
- ✓ Therapy (traditional, cultural, or alternative healing: art, writing, or play therapy; etc.)
- ✓ Support groups (facilitated or peer)
- Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and non prophylactic meds, durable medical equipment, etc.)

SHELTER/HOUSING SERVICES

- Emergency shelter or safe house
- Transitional housing
- ✓ Relocation assistance

CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE

- ✓ Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)
- ✓ Victim impact statement assistance
- ✓ Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)
- ✓ Emergency justice-related assistance
- Civil legal attorney assistance in obtaining protection or restraining order
- Immigration attorney assistance (e.g., special visas, continued presence application, and other immigration relief)
- Other civil legal attorney assistance (e.g., landlord/tenant, employment, etc.)
- ✓ Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)
- ✓ Criminal advocacy/accompaniment
- ✓ Civil advocacy/accompaniment (includes victim advocate assisting with protection orders)

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2018-2019

Organization: Florida Department of Health in Putnam County

Grant No.: VOCA-2018-Florida Department of Hea-00576

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Use of VOCA and Match Funds

Civil legal attorney assistance with family law
issues (e.g., custody, visitation, or support)