

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2018-2019**  
**Organization: Turn About Inc. of Tallahassee**  
**Grant No.: VOCA-2018-Turn About Inc. of Tallah-00381**  
**Version Date: 12/19/2018 15:18:37**  
**VOCA Personnel Budget: 1**

**Agency Name:** Turn About Inc. of Tallahassee

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: CVRR Program<br>Manager | \$55,737.00   | \$55,737.00                 | 100%                   | 1                  |
| Personnel Narrative:              | 40 hours includes paid sick leave/vacation/holidays/administrative leave. Includes FICA, Health, Worker's Compensation and Unemployment Tax. Medical and workers compensation rates are estimates, adjustments will be made as they are incurred. |                             |                        |                    |
| Sub-Total                         | \$55,737.00   | \$55,737.00                 |                        | 1                  |

**Agency Contribution for Personnel Expenses** \$0

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

Position Number:

Hours per week = 40  
 Hourly Rate = \$23.00

|              |             | RATE  | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|-------|----------------------------|-----------------------------------|
| Gross Salary | \$47,840.00 |       | \$47,840.00                | \$1,993.33                        |
| FICA         |             | 7.65% | \$3,659.76                 | \$152.49                          |

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|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Retirement                 | 0%    | \$0         | \$0        |
| Health Ins.                |       | \$3,095.00  | \$128.96   |
| Life Ins.                  |       | \$0         | \$0        |
| Dental Ins.                |       | \$360.00    | \$15.00    |
| Workers Comp               | 1.6%  | \$765.44    | \$31.89    |
| Unemployment<br>(1st \$7K) | 0.24% | \$16.80     | \$0.70     |
| Other:                     |       | \$0         | \$0        |
|                            | TOTAL | \$55,737.00 | \$2,322.37 |

Explanation (if applicable):

Medical, dental, and workers compensation rates are estimates, adjustments will be made as they are incurred.

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

No

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**Version Date: 12/19/2018 15:18:37**  
**VOCA Personnel Budget: 3**

**Agency Name:** Turn About Inc. of Tallahassee

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: CVRR Counselor<br>2 (JH) | \$42,620.60  | \$42,620.60                 | 100%                   | 1                  |
| Personnel Narrative:               | 40 hours includes paid sick leave/vacation/holidays/administrative leave. Includes FICA, Health, Dental, Worker's Compensation and Unemployment Tax. Rates are estimates, adjustments will be made as they are incurred. |                             |                        |                    |
| Sub-Total                          | \$42,620.60  | \$42,620.60                 |                        | 1                  |

**Agency Contribution for Personnel Expenses** \$0

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

Position Number:

Hours per week = 40  
 Hourly Rate = \$17.00

|              |             | RATE  | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|-------|----------------------------|-----------------------------------|
| Gross Salary | \$35,360.00 |       | \$35,360.00                | \$1,473.33                        |
| FICA         |             | 7.65% | \$2,705.04                 | \$112.71                          |
| Retirement   |             | 0%    | \$0                        | \$0                               |

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VOCA Personnel Budget: 3

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Health Ins.                |       | \$3,613.00  | \$150.54   |
| Life Ins.                  |       | \$0         | \$0        |
| Dental Ins.                |       | \$360.00    | \$15.00    |
| Workers Comp               | 1.6%  | \$565.76    | \$23.57    |
| Unemployment<br>(1st \$7K) | 0.24% | \$16.80     | \$0.70     |
| Other:                     |       | \$0         | \$0        |
|                            | TOTAL | \$42,620.60 | \$1,775.86 |

Explanation (if applicable):

Medical, Dental and workers compensation rates are estimates, adjustments will be made as they are incurred.

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

No

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**Version Date: 12/19/2018 15:18:37**  
**VOCA Personnel Budget: CVRR Counselor 1 (AP) 2**

**Agency Name:** Turn About Inc. of Tallahassee

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: CVRR Counselor<br>1 (AP) | \$44,893.00  | \$44,893.00                 | 100%                   | 1                  |
| Personnel Narrative:               | 40 hours includes paid sick leave/vacation/holidays/administrative leave. Includes FICA, Health, Dental, Worker's Compensation and Unemployment Tax. Rates are estimates, adjustments will be made as they are incurred. |                             |                        |                    |
| Sub-Total                          | \$44,893.00  | \$44,893.00                 |                        | 1                  |

**Agency Contribution for Personnel Expenses** \$0

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

Position Number:

Hours per week = 40  
 Hourly Rate = \$18.00

|              |             | RATE  | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|-------|----------------------------|-----------------------------------|
| Gross Salary | \$37,440.00 |       | \$37,440.00                | \$1,560.00                        |
| FICA         |             | 7.65% | \$2,864.16                 | \$119.34                          |
| Retirement   |             | 0%    | \$0                        | \$0                               |

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VOCA Personnel Budget: CVRR Counselor 1 (AP) 2

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Health Ins.                |       | \$3,613.00  | \$150.54   |
| Life Ins.                  |       | \$0         | \$0        |
| Dental Ins.                |       | \$360.00    | \$15.00    |
| Workers Comp               | 1.6%  | \$599.04    | \$24.96    |
| Unemployment<br>(1st \$7K) | 0.24% | \$16.80     | \$0.70     |
| Other:                     |       | \$0         | \$0        |
|                            | TOTAL | \$44,893.00 | \$1,870.54 |

Explanation (if applicable):

Medical, Dental and workers compensation rates are estimates, adjustments will be made as they are incurred.

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

No

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VOCA Operating Budget**

**Agency name:** Turn About Inc. of Tallahassee

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:<br>Liability Insurance<br>Budget Narrative:<br>158.88 per month for 3 employees. Rate based on grant year 2013-2014 documentation and agreement between AGO and Turn About Inc. of Tallahassee. Requesting 12 months of reimbursement Rounded down to produce whole number 158.75 per month                    | 12     | \$158.75      | \$1,905.00 |
| Description of Operating Cost:<br>Travel<br>Budget Narrative:<br>Avg Monthly Cost \$400 for \$0.445 per mile for 2 counselors (and program director) to travel to 25+ schools to provide counseling to victims. Approx 900 miles/month. Mileage will vary due to caseloads. Reduced to approved 2,500 allowable                               | 12     | \$208.00      | \$2,496.00 |
| Description of Operating Cost:<br>Office Supplies<br>Budget Narrative:<br>White/colored paper Pens Pencils Folders Planners/calendars Post-its Dividers Ink Label tape Lock boxes Filing supplies/cabinet Encrypted USB Postage etc. 500 printing cost: business cards\$200 Letterhead\$278 Envelopes\$250 for VOCA Personnel only            | 12     | \$75.00       | \$900.00   |
| Description of Operating Cost:<br>Counseling/Therapy Supplies<br>Budget Narrative:<br>Play and Art Therapy kits for counselors to provide age appropriate therapeutic interventions. Journals/sketchbooks for clients to complete therapy assignments. Small toys, workbooks, art supplies specialty paper, sand trays etc. for 2 counselors. | 2      | \$125.00      | \$250.00   |

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VOCA Operating Budget

|  |    |          |             |
|--|----|----------|-------------|
| Description of Operating Cost:   | 12 | \$192.00 | \$2,304.00  |
| Internet Email Telephone,HIPPA compliant Security  |    |          |             |
| Budget Narrative:  |    |          |             |
| Provided by two vendor at estimated cost of \$664.40 per month. VOCA program 29% of cost =\$192.89 VOCA Program FTE is 29% of Total agency employed FTE.                           |    |          |             |
| Description of Operating Cost:   | 12 | \$200.00 | \$2,400.00  |
| Utilities excluding trash  |    |          |             |
| Budget Narrative:  |    |          |             |
| City of Tallahassee service excluding trash. Average cost \$800/month. VOCA billed 29% of cost 29% cost averages \$175/month VOCA Program FTE is 29% of Total agency employed FTE. |    |          |             |
| Operating Subtotal   |    |          | \$10,255.00 |



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VOCA Training Budget: Victim Services Training offered by FCPTI

Agency Name: Turn About Inc. of Tallahassee

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:<br>Victim Services Training offered by FCPTI  | 3      | \$2,000.00    | \$6,000.00 |
| Budget Narrative:<br>Approved training provided by FCPTI and associated travel costs in order to maintain or pursue Victim Services Practitioner Designations of employees. Four Personnel positions requested. |        |               |            |
| Training Subtotal   |        |               | \$6,000.00 |

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**Victims Served and Types of Services**

**Agency Name:** Turn About Inc. of Tallahassee

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) \$159,755.60**

| <b># of Victims to be Served</b> | <b>Type of Victim</b><br><b>\$159,755.60</b>                       | <b>\$ Amount per Category</b> | <b>% of Total Grant Amount</b> | <b># of Other Types of Victims to be Served</b> | <b>For other types of crimes, identify and list each separately below.</b> |
|----------------------------------|--|-------------------------------|--------------------------------|---|--|
| 1                                | Adult Physical Assault<br>(Includes Aggravated and Simple Assault) | \$1,597.56                    | 1.00%                          | 0   |  |
| 1                                | Adult Sexual Assault   | \$1,597.56                    | 1.00%                          | 0   |  |
| 2                                | Adults Sexually Abused/Assaulted as Children                       | \$3,195.11                    | 2.00%                          | 0   |  |
| 0                                | Arson  | \$0                           | 0.00%                          | 0   |  |
| 30                               | Bullying (Verbal, Cyber or Physical)                               | \$47,926.68                   | 30.00%                         | 0   |  |
| 0                                | Burglary   | \$0                           | 0.00%                          | 0   |  |
| 20                               | Child Physical Abuse or Neglect                                    | \$31,951.12                   | 20.00%                         | 0   |  |
| 0                                | Child Pornography  | \$0                           | 0.00%                          | 0   |  |
| 14                               | Child Sexual Abuse/Assault   | \$22,365.78                   | 14.00%                         | 0   |  |
| 25                               | Domestic and/or Family Violence                                    | \$39,938.90                   | 25.00%                         | 0   |  |
| 1                                | DUI/DWI Incidents  | \$1,597.56                    | 1.00%                          | 0   |  |
| 0                                | Elder Abuse or Neglect   | \$0                           | 0.00%                          | 0   |  |
| 0                                | Hate Crime:<br>Racial/Religious/Gender/Sexual Orientation/Other    | \$0                           | 0.00%                          | 0   |  |

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**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        |
| 1                           | Kidnapping  | \$1,597.56          | 1.00%          | 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        |
| 1                           | Stalking/Harassment                               | \$1,597.56          | 1.00%          | 0        |
| 2                           | Survivors of Homicide Victims                     | \$3,195.11          | 2.00%          | 0        |
| 2                           | Teen Dating Victimization                         | \$3,195.11          | 2.00%          | 0        |
| 0                           | Terrorism (Domestic/International)                | \$0                 | 0.00%          | 0        |
| <b>Total Victims Served</b> | <b>100</b>  | <b>\$159,755.60</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.

| <b># of Victims to be Served</b> | <b>Type of Service</b>  | <b># of Other Types of Services to be Provided</b> | <b>For other types of services, identify and list each separately below.</b> |
|----------------------------------|---|--|--|
| 100                              | Information and Referral  | 0  |  |
| 60                               | Personal Advocacy/Accompaniment                                   | 0  |  |
| 90                               | Emotional Support or Safety Services                              | 0  |  |
| 0                                | Shelter/Housing Services  | 0  |  |
| 2                                | Criminal/Civil Justice System Assistance                          | 0  |  |
| 100                              | Number of Victims Assisted with a Victim Compensation Application | 0  |  |
| <b>Total Services</b>            | <b>352</b>  | <b>0</b>   | <b>Subtotal of "Other" Services</b>  |