

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2018-2019**  
**Organization: Public Health Trust, dba Jackson Health System**  
**Grant No.: VOCA-2018-Public Health Trust, dba -00011**  
**VOCA Personnel Budget: Victim Advocate 1**

**Agency Name:** Public Health Trust of Miami-Dade County, FL dba Jackson Health System

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: Victim Advocate | \$55,830.38                             | \$55,830.38                 | 100%                   | 1                  |

**Personnel Narrative:** FT Victim Advocate provides crisis intervention, counseling, emotional support, advocacy, and case management. Helps survivors with criminal/administrative proceedings and filing victim's compensation. Staffs 24-hour hotline on a rotational basis.

|           |             |             |  |   |
|-----------|-------------|-------------|--|---|
| Sub-Total | \$55,830.38 | \$55,830.38 |  | 1 |
|-----------|-------------|-------------|--|---|

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

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

**Position Number:**

Hours per week = 40  
Hourly Rate = \$16.25

|              |             | RATE  | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|-------|----------------------------|-----------------------------------|
| Gross Salary | \$33,800.00 |       | \$33,800.00                | \$1,300.00                        |
| FICA         |             | 7.65% | \$2,585.70                 | \$99.45                           |
| Retirement   |             | 3.38% | \$1,142.44                 | \$43.94                           |
| Health Ins.  |             |       | \$8,999.90                 | \$346.15                          |

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VOCA Personnel Budget: Victim Advocate 1

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Life Ins.                  |       | \$55.08     | \$2.12     |
| Dental Ins.                |       | \$355.16    | \$13.66    |
| Workers Comp               | 0.58% | \$196.04    | \$7.54     |
| Unemployment<br>(1st \$7K) | 0%    | \$0         | \$0        |
| Other:                     |       | \$8,696.06  | \$334.46   |
| TOTAL                      |       | \$55,830.38 | \$2,147.32 |

Explanation (if applicable):

Other = overtime, shift differentials, and special pay for 24-hour rotation schedule (FICA and retirement must be calculated for these pay codes).

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

No

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**VOCA 2018-2019**  
**Organization: Public Health Trust, dba Jackson Health System**  
**Grant No.: VOCA-2018-Public Health Trust, dba -00011**  
**VOCA Personnel Budget: 2**

**Agency Name:** Public Health Trust of Miami-Dade County, FL dba Jackson Health System

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: Victim Advocate | \$54,150.32                             | \$54,150.32                 | 100%                   | 1                  |

**Personnel Narrative:** FT Victim Advocate provides crisis intervention, counseling, emotional support, advocacy, and case management. Helps survivors with criminal/administrative proceedings and filing victim's compensation. Staffs 24-hour hotline on a rotational basis.

|           |             |             |  |   |
|-----------|-------------|-------------|--|---|
| Sub-Total | \$54,150.32 | \$54,150.32 |  | 1 |
|-----------|-------------|-------------|--|---|

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

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

**Position Number:**

Hours per week = 40  
Hourly Rate = \$15.60

|              |             | RATE  | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|-------|----------------------------|-----------------------------------|
| Gross Salary | \$32,448.00 |       | \$32,448.00                | \$1,248.00                        |
| FICA         |             | 7.65% | \$2,482.27                 | \$95.47                           |
| Retirement   |             | 3.38% | \$1,096.74                 | \$42.18                           |
| Health Ins.  |             |       | \$8,999.90                 | \$346.15                          |

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VOCA Personnel Budget: 2

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Life Ins.                  |       | \$53.09     | \$2.04     |
| Dental Ins.                |       | \$355.16    | \$13.66    |
| Workers Comp               | 0.58% | \$188.20    | \$7.24     |
| Unemployment<br>(1st \$7K) | 0%    | \$0         | \$0        |
| Other:                     |       | \$8,526.96  | \$327.96   |
|                            | TOTAL | \$54,150.32 | \$2,082.70 |

Explanation (if applicable):

Other = overtime, shift differentials, and special pay for 24-hour rotation schedule (FICA and retirement must be calculated for these pay codes).

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

No

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**VOCA 2018-2019**  
**Organization: Public Health Trust, dba Jackson Health System**  
**Grant No.: VOCA-2018-Public Health Trust, dba -00011**  
**VOCA Personnel Budget: 3**

**Agency Name:** Public Health Trust of Miami-Dade County, FL dba Jackson Health System

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: Victim Advocate | \$52,523.80                             | \$52,523.80                 | 100%                   | 1                  |

**Personnel Narrative:** FT Victim Advocate provides crisis intervention, counseling, emotional support, advocacy, and case management. Helps survivors with criminal/administrative proceedings and filing victim's compensation. Staffs 24-hour hotline on a rotational basis.

|           |             |             |  |   |
|-----------|-------------|-------------|--|---|
| Sub-Total | \$52,523.80 | \$52,523.80 |  | 1 |
|-----------|-------------|-------------|--|---|

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

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

**Position Number:**

Hours per week = 40  
Hourly Rate = \$14.97

|              |             | RATE  | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|-------|----------------------------|-----------------------------------|
| Gross Salary | \$31,137.60 |       | \$31,137.60                | \$1,197.60                        |
| FICA         |             | 7.65% | \$2,382.03                 | \$91.62                           |
| Retirement   |             | 3.38% | \$1,052.45                 | \$40.48                           |
| Health Ins.  |             |       | \$8,999.90                 | \$346.15                          |

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Grant No.: VOCA-2018-Public Health Trust, dba -00011

VOCA Personnel Budget: 3

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Life Ins.                  |       | \$51.18     | \$1.97     |
| Dental Ins.                |       | \$355.16    | \$13.66    |
| Workers Comp               | 0.58% | \$180.60    | \$6.95     |
| Unemployment<br>(1st \$7K) | 0%    | \$0         | \$0        |
| Other:                     |       | \$8,364.88  | \$321.73   |
|                            | TOTAL | \$52,523.80 | \$2,020.15 |

Explanation (if applicable):

Other = overtime, shift differentials, and special pay for 24-hour rotation schedule (FICA and retirement must be calculated for these pay codes).

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

No

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VOCA Contractual/Fee for Service Budget

**Agency name:** Public Health Trust of Miami-Dade County, FL dba Jackson Health System

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<br>Unit of<br>Service | Estimated<br>Units of<br>Service | Total |
|---|--------------------------------|----------------------------------|-------|
|---|--------------------------------|----------------------------------|-------|

Name of Business or Contractor:

Budget Narrative:

|                      |  |  |     |
|----------------------|--|--|-----|
| Contractual Subtotal |  |  | \$0 |
|----------------------|--|--|-----|

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**VOCA Equipment Budget**

**Agency Name:** Public Health Trust of Miami-Dade County, FL dba Jackson Health System

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:** Public Health Trust of Miami-Dade County, FL dba Jackson Health System

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>N/A                | 0      | \$0           | \$0   |
| Budget Narrative:<br>N/A                             |        |               |       |
| Operating Subtotal                                   |        |               | \$0   |

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VOCA Training Budget: Florida Crime Prevention Training Institute

**Agency Name:** Public Health Trust of Miami-Dade County, FL dba Jackson Health System

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>Florida Crime Prevention Training Institute<br>Budget Narrative:<br>Three Victim Advocates to participate in Victim Services Practitioner Designation training @ \$2,000. This training ensures that RTC's Victim Advocates are prepared to provide appropriate advocacy for survivors. | 3      | \$2,000.00    | \$6,000.00 |
| Training Subtotal  |        |               | \$6,000.00 |

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**Victims Served and Types of Services**

**Agency Name:** Public Health Trust of Miami-Dade County, FL dba Jackson Health System

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) \$168,504.50**

| <b># of Victims<br/>to be<br/>Served</b> | <b>Type of Victim<br/>\$168,504.50</b>  | <b>\$ Amount<br/>per<br/>Category</b> | <b>% of Total<br/>Grant<br/>Amount</b> | <b># of Other<br/>Types<br/>of Victims<br/>to be<br/>Served</b> | <b>For other<br/>types of crimes,<br/>identify and list each<br/>separately below.</b> |
|--|---|---------------------------------------|--|---|--|
| 0  | Adult Physical Assault<br>(Includes Aggravated and<br>Simple Assault)                         | \$0                                   | 0.00%                                  | 0   |  |
| 1565                                     | Adult Sexual Assault  | \$142,545.70                          | 84.59%                                 | 0   |  |
| 0  | Adults Sexually<br>Abused/Assaulted as<br>Children  | \$0                                   | 0.00%                                  | 0   |  |
| 0  | Arson   | \$0                                   | 0.00%                                  | 0   |  |
| 0  | Bullying (Verbal, Cyber or<br>Physical)   | \$0                                   | 0.00%                                  | 0   |  |
| 0  | Burglary  | \$0                                   | 0.00%                                  | 0   |  |
| 0  | Child Physical Abuse or<br>Neglect  | \$0                                   | 0.00%                                  | 0   |  |
| 0  | Child Pornography   | \$0                                   | 0.00%                                  | 0   |  |
| 285                                      | Child Sexual<br>Abuse/Assault   | \$25,958.80                           | 15.38%                                 | 0   |  |
| 0  | Domestic and/or Family<br>Violence  | \$0                                   | 0.00%                                  | 0   |  |
| 0  | DUI/DWI Incidents   | \$0                                   | 0.00%                                  | 0   |  |
| 0  | Elder Abuse or Neglect  | \$0                                   | 0.00%                                  | 0   |  |
| 0  | Hate Crime:<br>Racial/Religious/Gender/S<br>exual Orientation/Other<br>(Explanation Required) | \$0                                   | 0.00%                                  | 0   |  |

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**VOCA 2018-2019**

**Organization: Public Health Trust, dba Jackson Health System**

**Grant No.: VOCA-2018-Public Health Trust, dba -00011**

**Victims Served and Types of Services**

|                             |   |                     |               |          |
|-----------------------------|---|---------------------|---------------|----------|
| 0                           | Human Trafficking: Labor                          | \$0                 | 0.00%         | 0        |
| 0                           | Human Trafficking: Sex                            | \$0                 | 0.00%         | 0        |
| 0                           | Identity Theft/Fraud/Financial Crime              | \$0                 | 0.00%         | 0        |
| 0                           | Kidnapping  | \$0                 | 0.00%         | 0        |
| 0                           | Mass Violence (Domestic/International)            | \$0                 | 0.00%         | 0        |
| 0                           | Other Vehicular Victimization (e.g., Hit and Run) | \$0                 | 0.00%         | 0        |
| 0                           | Robbery   | \$0                 | 0.00%         | 0        |
| 0                           | Stalking/Harassment                               | \$0                 | 0.00%         | 0        |
| 0                           | Survivors of Homicide Victims                     | \$0                 | 0.00%         | 0        |
| 0                           | Teen Dating Victimization                         | \$0                 | 0.00%         | 0        |
| 0                           | Terrorism (Domestic/International)                | \$0                 | 0.00%         | 0        |
| <b>Total Victims Served</b> | <b>1850</b>                                       | <b>\$168,504.50</b> | <b>99.98%</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> |
|----------------------------------|---|--|--|
| 1200                             | Information and Referral  | 0  |  |
| 250                              | Personal Advocacy/Accompaniment                                   | 0  |  |
| 180                              | Emotional Support or Safety Services                              | 0  |  |
| 0                                | Shelter/Housing Services  | 0  |  |
| 20                               | Criminal/Civil Justice System Assistance                          | 0  |  |
| 200                              | Number of Victims Assisted with a Victim Compensation Application | 0  |  |
| <b>Total Services</b>            | <b>1850</b>   | <b>0</b>   | <b>Subtotal of "Other" Services</b>  |