

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2019-2020

Organization: SMA Behavioral Health Services

Grant No.: VOCA-2019-SMA Behavioral Health Ser-00323

Version Date: 08/15/2019 13:31:16

VOCA Personnel Budget: 1

Agency Name: SMA Healthcare, Inc.

Complete the table below and provide information about each position requested. In the Budget Narrative section indicate if the salary/benefit expenses listed include costs that are anticipated during the 12 month period. For example, raises and increases in benefit costs, as well as any other information needed to support the request.

Provide a job description for all proposed VOCA-funded staff and indicate the percentage of time by each job duty. Failure to provide VOCA allowable job descriptions may result in a reduction to your request. The job description must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is VOCA funded.

RATE: A percentage should be indicated for those benefits that are calculated by using a percentage of the gross salary, e.g., retirement is often calculated in this manner.

Personnel:

	Total Actual Cost (from chart below)	Total Amount VOCA Funded	Percent VOCA Funded	VOCA Funded FTE
Position: Victim Advocate 1	\$43,086.10	\$32,314.57	75%	0.75

Personnel Narrative: The Victim Advocate position reflects current salary and benefits.

Sub-Total	\$43,086.10	\$32,314.57		0.75
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Agency Contribution for Personnel Expenses	\$10,771.53
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Pay Schedule: (choose one from the drop-down menu)	Bi-Weekly
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Position Number:

Hours per week = 40
Hourly Rate = \$13.93

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary		\$28,974.40	\$1,114.40
FICA	7.65%	\$2,216.54	\$85.25
Retirement	3%	\$869.23	\$33.43
Health Ins.		\$6,804.00	\$261.69
Life Ins.		\$57.00	\$2.19

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Dental Ins.		\$0	\$0
Workers Comp	2.64%	\$764.92	\$29.42
Unemployment (1st \$7K)	0%	\$0	\$0
Other:		\$3,400.00	\$130.77
	TOTAL	\$43,086.10	\$1,657.16

Explanation (if applicable):

On-call 24hrs/day in order to fulfill the requirements of the programs. \$1.05/hrx24hrsx5 wk days= \$126/wk.
\$1.54/hrx24hrsx2 wknd days= \$74/wknd. 17wks

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

No

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VOCA Personnel Budget: 2

Agency Name: SMA Healthcare, 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.

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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: Victim Advocate 2	\$44,171.66	\$33,128.74	75%	0.75

Personnel Narrative: The Victim Advocate position reflects current salary and benefits

Sub-Total	\$44,171.66	\$33,128.74		0.75
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Agency Contribution for Personnel Expenses \$11,042.92

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

Position Number:

Hours per week = 40
Hourly Rate = \$14.40

		RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$29,952.00		\$29,952.00	\$1,152.00
FICA		7.65%	\$2,291.33	\$88.13
Retirement		3%	\$898.56	\$34.56
Health Ins.			\$6,804.00	\$261.69
Life Ins.			\$59.00	\$2.27

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VOCA Personnel Budget: 2

Dental Ins.		\$0	\$0
Workers Comp	2.56%	\$766.77	\$29.49
Unemployment	0%	\$0	\$0
(1st \$7K)			
Other:		\$3,400.00	\$130.77
TOTAL		\$44,171.66	\$1,698.91

Explanation (if applicable):

On-call 24hrs/day in order to fulfill the requirements of the programs. $\$1.05/\text{hr} \times 24\text{hrs} \times 5\text{ wk days} = \$126/\text{wk}$.
 $\$1.54/\text{hr} \times 24\text{hrs} \times 2\text{ wknd days} = \$74/\text{wknd}$. 17wks

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

No

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VOCA Personnel Budget: 3

Agency Name: SMA Healthcare, Inc.

Complete the table below and provide information about each position requested. In the Budget Narrative section indicate if the salary/benefit expenses listed include costs that are anticipated during the 12 month period. For example, raises and increases in benefit costs, as well as any other information needed to support the request.

Provide a job description for all proposed VOCA-funded staff and indicate the percentage of time by each job duty. Failure to provide VOCA allowable job descriptions may result in a reduction to your request. The job description must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is VOCA funded.

RATE: A percentage should be indicated for those benefits that are calculated by using a percentage of the gross salary, e.g., retirement is often calculated in this manner.

Personnel:

	Total Actual Cost (from chart below)	Total Amount VOCA Funded	Percent VOCA Funded	VOCA Funded FTE
Position: Victim Advocate 3	\$43,611.15	\$32,708.36	75%	0.75

Personnel Narrative: The Victim Advocate position reflects current salary and benefits.

Sub-Total	\$43,611.15	\$32,708.36		0.75
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Agency Contribution for Personnel Expenses \$10,902.79

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

Position Number:

Hours per week = 40
 Hourly Rate = \$14.07

		RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$29,265.60		\$29,265.60	\$1,125.60
FICA		7.65%	\$2,238.82	\$86.11
Retirement		3%	\$877.97	\$33.77
Health Ins.			\$6,804.00	\$261.69
Life Ins.			\$58.00	\$2.23

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VOCA Personnel Budget: 3

Dental Ins.		\$0	\$0
Workers Comp	2.62%	\$766.76	\$29.49
Unemployment (1st \$7K)	0%	\$0	\$0
Other:		\$3,600.00	\$138.46
	TOTAL	\$43,611.15	\$1,677.35

Explanation (if applicable):

On-call 24hrs/day in order to fulfill the requirements of the programs. $\$1.05/\text{hr} \times 24\text{hrs} \times 5\text{ wk days} = \$126/\text{wk}$.
 $\$1.54/\text{hr} \times 24\text{hrs} \times 2\text{ wknd days} = \$74/\text{wknd}$. 18wks

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

No

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VOCA Personnel Budget: Project Director 4

Agency Name: SMA Healthcare, Inc.

Complete the table below and provide information about each position requested. In the Budget Narrative section indicate if the salary/benefit expenses listed include costs that are anticipated during the 12 month period. For example, raises and increases in benefit costs, as well as any other information needed to support the request.

Provide a job description for all proposed VOCA-funded staff and indicate the percentage of time by each job duty. Failure to provide VOCA allowable job descriptions may result in a reduction to your request. The job description must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is VOCA funded.

RATE: A percentage should be indicated for those benefits that are calculated by using a percentage of the gross salary, e.g., retirement is often calculated in this manner.

Personnel:

	Total Actual Cost (from chart below)	Total Amount VOCA Funded	Percent VOCA Funded	VOCA Funded FTE
Position: Project Director	\$62,673.16	\$15,668.29	25%	0.25
Personnel Narrative:	The Program Director position reflects current salary and benefits.			
Sub-Total	\$62,673.16	\$15,668.29		0.25

Agency Contribution for Personnel Expenses \$47,004.87

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

Position Number:

Hours per week = 40
Hourly Rate = \$23.27

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary		\$48,401.60	\$1,861.60
FICA	7.65%	\$3,702.72	\$142.41
Retirement	6%	\$2,904.10	\$111.70
Health Ins.		\$6,804.00	\$261.69
Life Ins.		\$96.00	\$3.69
Dental Ins.		\$0	\$0

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VOCA Personnel Budget: Project Director 4

Workers Comp	1.58%	\$764.75	\$29.41
Unemployment	0%	\$0	\$0
(1st \$7K)			
Other:		\$0	\$0
	TOTAL	\$62,673.16	\$2,410.51

Explanation (if applicable):

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

Yes

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VOCA Contractual/Fee for Service Budget

Agency name: SMA Healthcare, Inc.

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

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

Individual Therapy- \$25 per unit

Family Therapy- \$12.25 per unit/per person

Group Therapy- \$8 per unit/per person

EXAMPLE - Budget Narrative:

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

Contractual Services - Contracts for specialized services:

Name of Business or Contractor / Budget Narrative	Cost Per Unit of Service	Estimated Units of Service	Total
Name of Business or Contractor: SMA Healthcare, Inc. Budget Narrative: Individual therapy is reimbursed at a per unit cost of \$25. Services will provide counseling to victims (approx. 3,902 units per year). SMA Healthcare, Inc. will provide services. A unit is 15 min.	\$25.00	3,902	\$97,550.00
Name of Business or Contractor: SMA Healthcare, Inc. Budget Narrative: Family therapy is reimbursed at a per unit/per person cost of \$12.25. Services will provide counseling to victims (approx. 200 units per year). SMA Healthcare, Inc. will provide services. A unit is 15 min.	\$12.25	200	\$2,450.00
Contractual Subtotal			\$100,000.00

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VOCA Operating Budget

Agency name: SMA Healthcare, 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: Rape Crisis Hotline Cell Phones Budget Narrative: 2 Rape Crisis hotline cell phones used exclusively for this program to provide direct communication to victims. 2 lines @ \$33.18/month each. Also, cell service for 3 Advocates @ \$23/mo each. All calculations are based on current TMobile billing.	12	\$135.36	\$1,624.32
Description of Operating Cost: Utilities - 311 N. Orange Street Budget Narrative: Includes water (\$38.39/mo), electricity (\$380.46/mo), sewer (\$75.81), and trash (\$65.79). Building is exclusively occupied by 3 Victim Adv, 1 Proj Dir and victims. Costs based on historical billing from Utilities Commission and Waste Management.	12	\$560.45	\$6,725.40
Description of Operating Cost: Office Supplies Budget Narrative: Standard office supplies used exclusively for this program are estimated at a historical ~\$25.35/mo.	1	\$304.26	\$304.26
Description of Operating Cost: Other Indirect Cost Rate Budget Narrative: The Federal Indirect Cost Rate for SMA Healthcare is 31.62% of salaries. Indirect costs include executive and contract management, HR, MIS, quality improvement, purchasing, and facilities. The Nonprofit Rate Agreement is included herein.	12	\$2,267.27	\$27,207.24
Description of Operating Cost: Transitional Housing	8	\$999.56	\$7,996.48

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VOCA Operating Budget

Budget Narrative:

8 Victims @ \$999.56 each to secure safe short-term housing options. Victim's will have adequate time to access resources, gain stability, and have allowable processing time to access programs that offer long-term/permanent housing options.

Description of Operating Cost:	4	\$550.00	\$2,200.00
Relocation Expenses			

Budget Narrative:

Having the ability to assist these Victim's with rental and utility deposits to safely relocate would be. 4 Victims @ \$550.00 ea (\$400 rental deposit + \$150 Utility deposit).

Operating Subtotal			\$46,057.70
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VOCA Training Budget: FCPTI Training Victims Services Practitioners Designation International
Conference on Sexual Assault

Agency Name: SMA Healthcare, Inc.

Training requested must be to enhance delivery of victim services.

Travel associated with training must adhere to the State of Florida Travel Rules.

If awarded funds in this category, additional information will be required prior to incurring costs associated with training.

The narrative should include the name and detailed information on the training and a justification for how it will enhance

direct services to crime victims. VOCA funds will only reimburse registration, lodging and travel.

Florida Administrative Rules related to travel expenses:

[Click Here](#)

Section 112.061, Florida Statutes- Travel Expenses:

[Click Here](#)

Reference Guide for State Expenditures:

[Click Here](#)

Training Expenses:

Description of Training Expenses and a Budget Narrative	Number	Cost Per Item	Total
Description of Training Expenses: FCPTI Training	3	\$160.00	\$480.00
Budget Narrative: FCPTI Trainings for 2 @ \$160 each.			
Description of Training Expenses: Victims Services Practitioners Designation	1	\$921.00	\$921.00
Budget Narrative: Victims Services Practitioners Designation 1 @ \$399 and lodging \$522.			
Description of Training Expenses: International Conference on Sexual Assault	1	\$1,520.00	\$1,520.00
Budget Narrative: International Conference on Sexual Assault 1 @ \$545, lodging \$625 & travel \$350.			
Training Subtotal			\$2,921.00

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Victims Served and Types of Services

Agency Name: SMA Healthcare, 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) \$262,798.66

# of Victims to be Served	Type of Victim \$262,798.66	\$ 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.
0	Adult Physical Assault (Includes Aggravated and Simple Assault)	\$0	0.00%	0	
150	Adult Sexual Assault	\$175,199.11	66.67%	0	
65	Adults Sexually Abused/Assaulted as Children	\$75,919.61	28.89%	0	
0	Arson	\$0	0.00%	0	
0	Bullying (Verbal, Cyber or Physical)	\$0	0.00%	0	
0	Burglary	\$0	0.00%	0	
0	Child Physical Abuse or Neglect	\$0	0.00%	0	
0	Child Pornography	\$0	0.00%	0	
10	Child Sexual Abuse/Assault	\$11,679.94	4.44%	0	
0	Domestic and/or Family 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: Racial/Religious/Gender/S exual 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
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
Total Victims Served	225	\$262,798.66	100.00%	0

Indicate the number of victims projected to receive the following services. In this section, only count a victim once, regardless of how many times the victim received a particular service. The total amount for any one service may not exceed the total number of victims projected to be served. See the VOCA Definitions for a description of each service.

# of Victims to be Served	Type of Service	# of Other Types of Services to be Provided	For other types of services, identify and list each separately below.
225	Information and Referral	0	
225	Personal Advocacy/Accompaniment	0	
225	Emotional Support or Safety Services	0	
12	Shelter/Housing Services	0	
0	Criminal/Civil Justice System Assistance	0	
112	Number of Victims Assisted with a Victim Compensation Application	0	
Total Services	799	0	Subtotal of "Other" Services