

OFFICE OF THE FLORIDA ATTORNEY GENERAL
VOCA 2019-2020
Organization: Children's Home Society of Florida
Grant No.: VOCA-2019-Children's Home Society o-00318
Version Date: 09/11/2019 13:52:34
VOCA Personnel Budget: 1

Agency Name: The Children's Home Society of Florida

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: Case Coordinator	\$53,048.26	\$26,524.13	50%	0.5

Personnel Narrative: The Case Coordinator position provides VOCA direct services to the children and families we serve.

Sub-Total	\$53,048.26	\$26,524.13		0.5
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Agency Contribution for Personnel Expenses \$26,524.13

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

Position Number: 1
 Hours per week = 40
 Hourly Rate = \$19.39

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary		\$40,331.20	\$1,551.20
FICA	7.65%	\$3,085.34	\$118.67
Retirement	3.5%	\$1,411.59	\$54.29
Health Ins.		\$6,207.00	\$238.73

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VOCA Personnel Budget: 1

Life Ins.		\$56.00	\$2.15
Dental Ins.		\$0	\$0
Workers Comp	1.79%	\$721.93	\$27.77
Unemployment (1st \$7K)	0.31%	\$21.70	\$0.83
Other:		\$1,213.50	\$46.67
	TOTAL	\$53,048.26	\$2,040.32

Explanation (if applicable):

"Other"=Thrift Match at 2.84% representing CHS match of eligible employee contributions and Disability Ins. at 0.17%

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

Yes

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VOCA Personnel Budget: 2

Agency Name: The Children's Home Society of Florida

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: Case Coordinator 2	\$52,611.59	\$52,611.59	100%	1

Personnel Narrative: The Case Coordinator position provides VOCA direct services to the children and families we serve.

Sub-Total	\$52,611.59	\$52,611.59		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 = \$19.23

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary		\$39,998.40	\$1,538.40
FICA	7.65%	\$3,059.88	\$117.69
Retirement	3.5%	\$1,399.94	\$53.84
Health Ins.		\$6,156.00	\$236.77

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VOCA Personnel Budget: 2

Life Ins.		\$56.00	\$2.15
Dental Ins.		\$0	\$0
Workers Comp	1.79%	\$715.97	\$27.54
Unemployment (1st \$7K)	0.31%	\$21.70	\$0.83
Other:		\$1,203.70	\$46.30
	TOTAL	\$52,611.59	\$2,023.52

Explanation (if applicable):

"Other"=Thrift Match at 2.84% representing CHS match of eligible employee contributions and Disability Ins. at 0.17%

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

No

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VOCA Personnel Budget: Case Coordinator 3 3

Agency Name: The Children's Home Society of Florida

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: Case Coordinator 3	\$56,522.84	\$42,392.13	75%	0.75

Personnel Narrative: The Case Coordinator Position provides VOCA direct services to the children and families we serve

Sub-Total	\$56,522.84	\$42,392.13		0.75
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Agency Contribution for Personnel Expenses **\$14,130.71**

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

Position Number: 3
Hours per week = 40
Hourly Rate = \$20.66

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary		\$42,972.80	\$1,652.80
FICA	7.65%	\$3,287.42	\$126.44
Retirement	3.5%	\$1,504.05	\$57.85
Health Ins.		\$6,614.00	\$254.38

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VOCA Personnel Budget: Case Coordinator 3 3

Life Ins.		\$60.00	\$2.31
Dental Ins.		\$0	\$0
Workers Comp	1.79%	\$769.21	\$29.59
Unemployment (1st \$7K)	0.31%	\$21.70	\$0.83
Other:		\$1,293.66	\$49.76
	TOTAL	\$56,522.84	\$2,173.96

Explanation (if applicable):

"Other"= Thrift Match at 2.84% representing CHS match of eligible employee contributions and Disability Ins. at 0.17%

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

Yes

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VOCA Contractual/Fee for Service Budget**

Agency name: The Children's Home Society of Florida

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: Advanced Registered Nurse Practitioner (ARNP) Budget Narrative: Contractual agreements with private ARNP's to provide on-call pediatric sexual assault exams 24-hours per day, 7 days per week for total of 8,760 units	\$2.00	8,760	\$17,520.00
Name of Business or Contractor: Counselor-Individual Therapy Budget Narrative: A one-on-one counseling session with the victim, a sibling, or a non-offending caregiver. Services are billed in 15-minute increments at a rate of \$18.75 per increment	\$18.75	1,000	\$18,750.00
Name of Business or Contractor: Counselor-Family Therapy Budget Narrative: A counseling session that includes two or more family members with the same primary victim in common. Led by a trained clinical counselor. Services are billed in 15-minute increments at \$6.50 per increment per person	\$6.50	1,000	\$6,500.00
Name of Business or Contractor: Counselor-Group Therapy	\$6.50	1,200	\$7,800.00

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VOCA Contractual/Fee for Service Budget

Budget Narrative:

A counseling session with 3 or more individuals who have similar therapeutic needs. Led by a trained therapist. Services are billed in 15-minute increments at \$6.50 per increment per person

Name of Business or Contractor:	\$650.00	18	\$11,700.00
Psychological Evaluations			

Budget Narrative:

Psychological testing and evaluations provided by 1 of 2 approved, licensed psychologists. There is a limit of \$650.00 per evaluation (individual) and a maximum of \$1,800.00 per case

Contractual Subtotal			\$62,270.00
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VOCA Operating Budget**

Agency name: The Children's Home Society of Florida

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: Rent for VOCA program Budget Narrative: Office space. Agency charges by % of total building occupants / % of VOCA staff. Rent = \$19,712/month. 2.79% is the VOCA share = \$549.96. 600 sq feet used by VOCA at a cost of .60 per sq foot.	12	\$360.00	\$4,320.00
Description of Operating Cost: Supplies Budget Narrative: The cost of supplies is based on the average monthly expense multiplied by 12 months. This is for pens, pencils, paper, staples, etc..Does not include furniture, equipment, etc..	12	\$75.00	\$900.00
Description of Operating Cost: Utilities Budget Narrative: The cost of utilities is based on the average monthly expense divided by the number of staff utilizing the utilities	12	\$55.00	\$660.00
Operating Subtotal			\$5,880.00

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Victims Served and Types of Services

Agency Name: The Children's Home Society of Florida

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) \$189,677.85

# of Victims to be Served	Type of Victim \$189,677.85	\$ 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	
0	Adult Sexual Assault	\$0	0.00%	0	
0	Adults Sexually Abused/Assaulted as Children	\$0	0.00%	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	
465	Child Sexual Abuse/Assault	\$189,677.85	100.00%	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/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
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	465	\$189,677.85	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.
465	Information and Referral		
465	Personal Advocacy/Accompaniment		
465	Emotional Support or Safety Services		
0	Shelter/Housing Services		
465	Criminal/Civil Justice System Assistance	0	
465	Number of Victims Assisted with a Victim Compensation Application	0	
Total Services	2325	0	Subtotal of "Other" Services