

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2019-2020**

**Organization: Emerald Coast Children's Advocacy Center, Inc.**

**Grant No.: VOCA-2019-Emerald Coast Children's -00200**

**Version Date: 05/14/2019 11:55:49**

**VOCA Personnel Budget: 1**

**Agency Name:** Emerald Coast Children's Advocacy Center, 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<br>(from chart below) | Total Amount<br>VOCA Funded | Percent VOCA<br>Funded | VOCA Funded<br>FTE |
|------------------------------------|---|-----------------------------|------------------------|--------------------|
| Position: Mental Health Advocate 1 | \$51,678.89                             | \$51,678.89                 | 100%                   | 1                  |

Personnel Narrative: This expense includes costs anticipated over the next twelve months.

|           |             |             |  |   |
|-----------|-------------|-------------|--|---|
| Sub-Total | \$51,678.89 | \$51,678.89 |  | 1 |
|-----------|-------------|-------------|--|---|

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

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

Position Number:

Hours per week = 40  
Hourly Rate = \$23.08

|              |             | RATE  | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|-------|----------------------------|-----------------------------------|
| Gross Salary | \$48,006.40 |       | \$48,006.40                | \$4,000.53                        |
| FICA         |             | 7.65% | \$3,672.49                 | \$306.04                          |
| Retirement   |             | 0%    | \$0                        | \$0                               |
| Health Ins.  |             |       | \$0                        | \$0                               |
| Life Ins.    |             |       | \$0                        | \$0                               |

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2019-2020

Organization: Emerald Coast Children's Advocacy Center, Inc.

Grant No.: VOCA-2019-Emerald Coast Children's -00200

Version Date: 05/14/2019 11:55:49

VOCA Personnel Budget: 1

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Dental Ins.                |       | \$0         | \$0        |
| Workers Comp               | 0%    | \$0         | \$0        |
| Unemployment<br>(1st \$7K) | 0%    | \$0         | \$0        |
| Other:                     |       |             | \$0        |
|                            | TOTAL | \$51,678.89 | \$4,306.57 |

Explanation (if applicable):

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

No

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2019-2020**

**Organization: Emerald Coast Children's Advocacy Center, Inc.**

**Grant No.: VOCA-2019-Emerald Coast Children's -00200**

**Version Date: 05/14/2019 11:55:49**

**VOCA Personnel Budget: 2**

**Agency Name:** Emerald Coast Children's Advocacy Center, 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<br>(from chart below) | Total Amount<br>VOCA Funded | Percent VOCA<br>Funded | VOCA Funded<br>FTE |
|---------------------------------------|---|-----------------------------|------------------------|--------------------|
| Position: Mental Health<br>Advocate 2 | \$48,454.56                             | \$48,454.56                 | 100%                   | 1                  |

Personnel Narrative: Total expenses anticipated this year.

|           |             |             |  |   |
|-----------|-------------|-------------|--|---|
| Sub-Total | \$48,454.56 | \$48,454.56 |  | 1 |
|-----------|-------------|-------------|--|---|

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

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

Position Number:

Hours per week = 40  
Hourly Rate = \$21.64

|              |             | RATE  | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|-------|----------------------------|-----------------------------------|
| Gross Salary | \$45,011.20 |       | \$45,011.20                | \$3,750.93                        |
| FICA         |             | 7.65% | \$3,443.36                 | \$286.95                          |
| Retirement   |             | 0%    | \$0                        | \$0                               |
| Health Ins.  |             |       | \$0                        | \$0                               |
| Life Ins.    |             |       | \$0                        | \$0                               |

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2019-2020

Organization: Emerald Coast Children's Advocacy Center, Inc.

Grant No.: VOCA-2019-Emerald Coast Children's -00200

Version Date: 05/14/2019 11:55:49

VOCA Personnel Budget: 2

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Dental Ins.                |       | \$0         | \$0        |
| Workers Comp               | 0%    | \$0         | \$0        |
| Unemployment<br>(1st \$7K) | 0%    | \$0         | \$0        |
| Other:                     |       |             | \$0        |
|                            | TOTAL | \$48,454.56 | \$4,037.88 |

Explanation (if applicable):

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

No

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2019-2020**

**Organization: Emerald Coast Children's Advocacy Center, Inc.**

**Grant No.: VOCA-2019-Emerald Coast Children's -00200**

**Version Date: 05/14/2019 11:55:49**

**VOCA Personnel Budget: 3**

**Agency Name:** Emerald Coast Children's Advocacy Center, 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<br>(from chart below) | Total Amount<br>VOCA Funded | Percent VOCA<br>Funded | VOCA Funded<br>FTE |
|------------------------------------|---|-----------------------------|------------------------|--------------------|
| Position: Mental Health Advocate 3 | \$48,454.56                             | \$48,454.56                 | 100%                   | 1                  |
| Personnel Narrative:               | Total expenses anticipated this year.   |                             |                        |                    |
| Sub-Total                          | \$48,454.56                             | \$48,454.56                 |                        | 1                  |

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

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

Position Number:

Hours per week = 40  
Hourly Rate = \$21.64

|              |             | RATE  | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|-------|----------------------------|-----------------------------------|
| Gross Salary | \$45,011.20 |       | \$45,011.20                | \$3,750.93                        |
| FICA         |             | 7.65% | \$3,443.36                 | \$286.95                          |
| Retirement   |             | 0%    | \$0                        | \$0                               |
| Health Ins.  |             |       | \$0                        | \$0                               |
| Life Ins.    |             |       | \$0                        | \$0                               |

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2019-2020

Organization: Emerald Coast Children's Advocacy Center, Inc.

Grant No.: VOCA-2019-Emerald Coast Children's -00200

Version Date: 05/14/2019 11:55:49

VOCA Personnel Budget: 3

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Dental Ins.                |       | \$0         | \$0        |
| Workers Comp               | 0%    | \$0         | \$0        |
| Unemployment<br>(1st \$7K) | 0%    | \$0         | \$0        |
| Other:                     |       |             | \$0        |
|                            | TOTAL | \$48,454.56 | \$4,037.88 |

Explanation (if applicable):

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

No

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2019-2020**

**Organization: Emerald Coast Children's Advocacy Center, Inc.**

**Grant No.: VOCA-2019-Emerald Coast Children's -00200**

**Version Date: 05/14/2019 11:55:49**

**VOCA Personnel Budget: 4**

**Agency Name:** Emerald Coast Children's Advocacy Center, 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<br>(from chart below) | Total Amount<br>VOCA Funded | Percent VOCA<br>Funded | VOCA Funded<br>FTE |
|--|---|-----------------------------|------------------------|--------------------|
| Position: Community<br>Outreach Advocate | \$48,454.56                             | \$36,340.92                 | 75%                    | 0.75               |

Personnel Narrative: Anticipated expenses this year.

|           |             |             |  |      |
|-----------|-------------|-------------|--|------|
| Sub-Total | \$48,454.56 | \$36,340.92 |  | 0.75 |
|-----------|-------------|-------------|--|------|

**Agency Contribution for Personnel Expenses** \$12,113.64

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

Position Number:

Hours per week = 40  
Hourly Rate = \$21.64

|              |             | RATE  | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|-------|----------------------------|-----------------------------------|
| Gross Salary | \$45,011.20 |       | \$45,011.20                | \$3,750.93                        |
| FICA         |             | 7.65% | \$3,443.36                 | \$286.95                          |
| Retirement   |             | 0%    | \$0                        | \$0                               |
| Health Ins.  |             |       | \$0                        | \$0                               |
| Life Ins.    |             |       | \$0                        | \$0                               |

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2019-2020

Organization: Emerald Coast Children's Advocacy Center, Inc.

Grant No.: VOCA-2019-Emerald Coast Children's -00200

Version Date: 05/14/2019 11:55:49

VOCA Personnel Budget: 4

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Dental Ins.                |       | \$0         | \$0        |
| Workers Comp               | 0%    | \$0         | \$0        |
| Unemployment<br>(1st \$7K) | 0%    | \$0         | \$0        |
| Other:                     |       |             | \$0        |
|                            | TOTAL | \$48,454.56 | \$4,037.88 |

Explanation (if applicable):

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

No



**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2019-2020**

**Organization: Emerald Coast Children's Advocacy Center, Inc.**

**Grant No.: VOCA-2019-Emerald Coast Children's -00200**

**Version Date: 05/14/2019 11:55:49**

**VOCA Personnel Budget: 6**

**Agency Name:** Emerald Coast Children's Advocacy Center, 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<br>(from chart below) | Total Amount<br>VOCA Funded | Percent VOCA<br>Funded | VOCA Funded<br>FTE |
|-----------------------------------|---|-----------------------------|------------------------|--------------------|
| Position: Chief Operating Officer | \$64,598.61                             | \$16,149.65                 | 25%                    | 0.25               |
| Personnel Narrative:              | Expenses anticipated this year.         |                             |                        |                    |
| Sub-Total                         | \$64,598.61                             | \$16,149.65                 |                        | 0.25               |

**Agency Contribution for Personnel Expenses** \$48,448.96

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

Position Number:

Hours per week = 40  
Hourly Rate = \$28.85

|              |             | RATE  | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|-------|----------------------------|-----------------------------------|
| Gross Salary | \$60,008.00 |       | \$60,008.00                | \$5,000.67                        |
| FICA         |             | 7.65% | \$4,590.61                 | \$382.55                          |
| Retirement   |             | 0%    | \$0                        | \$0                               |
| Health Ins.  |             |       | \$0                        | \$0                               |
| Life Ins.    |             |       | \$0                        | \$0                               |

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2019-2020

Organization: Emerald Coast Children's Advocacy Center, Inc.

Grant No.: VOCA-2019-Emerald Coast Children's -00200

Version Date: 05/14/2019 11:55:49

VOCA Personnel Budget: 6

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Dental Ins.                |       | \$0         | \$0        |
| Workers Comp               | 0%    | \$0         | \$0        |
| Unemployment<br>(1st \$7K) | 0%    | \$0         | \$0        |
| Other:                     |       |             | \$0        |
|                            | TOTAL | \$64,598.61 | \$5,383.22 |

Explanation (if applicable):

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

No

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2019-2020**

**Organization: Emerald Coast Children's Advocacy Center, Inc.**

**Grant No.: VOCA-2019-Emerald Coast Children's -00200**

**Version Date: 05/14/2019 11:55:49**

**VOCA Personnel Budget: Community Outreach Advocate 1 5**

**Agency Name:** Emerald Coast Children's Advocacy Center, 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<br>(from chart below) | Total Amount<br>VOCA Funded | Percent VOCA<br>Funded | VOCA Funded<br>FTE |
|--|---|-----------------------------|------------------------|--------------------|
| Position: Community<br>Outreach Advocate 1 | \$48,454.56                             | \$36,340.92                 | 75%                    | 0.75               |

Personnel Narrative: Anticipated 75% cost associated with position

|           |             |             |  |      |
|-----------|-------------|-------------|--|------|
| Sub-Total | \$48,454.56 | \$36,340.92 |  | 0.75 |
|-----------|-------------|-------------|--|------|

**Agency Contribution for Personnel Expenses** \$12,113.64

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

Position Number:

Hours per week = 40  
Hourly Rate = \$21.64

|              |             | RATE  | Yearly<br>Employer<br>Cost | Per Pay Period<br>Approved Budget |
|--------------|-------------|-------|----------------------------|-----------------------------------|
| Gross Salary | \$45,011.20 |       | \$45,011.20                | \$3,750.93                        |
| FICA         |             | 7.65% | \$3,443.36                 | \$286.95                          |
| Retirement   |             | 0%    | \$0                        | \$0                               |
| Health Ins.  |             |       | \$0                        | \$0                               |
| Life Ins.    |             |       | \$0                        | \$0                               |

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2019-2020

Organization: Emerald Coast Children's Advocacy Center, Inc.

Grant No.: VOCA-2019-Emerald Coast Children's -00200

Version Date: 05/14/2019 11:55:49

VOCA Personnel Budget: Community Outreach Advocate 1 5

|                            |       |             |            |
|----------------------------|-------|-------------|------------|
| Dental Ins.                |       | \$0         | \$0        |
| Workers Comp               | 0%    | \$0         | \$0        |
| Unemployment<br>(1st \$7K) | 0%    | \$0         | \$0        |
| Other:                     |       |             | \$0        |
|                            | TOTAL | \$48,454.56 | \$4,037.88 |

Explanation (if applicable):

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

No

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2019-2020

Organization: Emerald Coast Children's Advocacy Center, Inc.

Grant No.: VOCA-2019-Emerald Coast Children's -00200

Version Date: 05/14/2019 11:55:49

VOCA Contractual/Fee for Service Budget

Agency name: Emerald Coast Children's Advocacy Center, 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:<br>Emerald Coast Children's Advocacy Center, Inc.<br>Budget Narrative:<br>Therapy will be provided to children who are victims of abuse and/or secondary victims. We anticipate on providing approximately 2000 units/500 sessions of individual therapy/intakes/treatment plans. | \$25.00                  | 2,000                      | \$50,000.00 |
| Contractual Subtotal  |                          |                            | \$50,000.00 |

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2019-2020**

**Organization: Emerald Coast Children's Advocacy Center, Inc.**

**Grant No.: VOCA-2019-Emerald Coast Children's -00200**

**Version Date: 05/14/2019 11:55:49**

**VOCA Operating Budget**

**Agency name:** Emerald Coast Children's Advocacy Center, 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:<br>Community Advocate positions travel  | 24     | \$193.75      | \$4,650.00  |
| Budget Narrative:<br>In order for advocate to provide training in schools/community with the purpose to identify new victims travel both in Okaloosa and Walton County. Estimated travel for two positions 10,449.618 mile @ .445 = \$4650.08                                |        |               |             |
| Description of Operating Cost:<br>Laptop computer  | 1      | \$800.00      | \$800.00    |
| Budget Narrative:<br>Computer will increase VOCA paid staff ability to serve victims along with tracking stats   |        |               |             |
| Description of Operating Cost:<br>Gulf Power utilities   | 12     | \$1,320.00    | \$15,840.00 |
| Budget Narrative:<br>55% of Gulf Power utilities for Niceville and Defuniak Centers. Percentage based on<br>10.5 VOCA allowable employees/19 total # of employees = 55% Average power bill per month inclusive of both Center \$2400 X 55% = \$1320 per month = \$15840/year |        |               |             |
| Operating Subtotal   |        |               | \$21,290.00 |

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2019-2020**

**Organization: Emerald Coast Children's Advocacy Center, Inc.**

**Grant No.: VOCA-2019-Emerald Coast Children's -00200**

**Version Date: 05/14/2019 11:55:49**

**VOCA Training Budget: FCPTI Krimes against Kids 36th Symposium on Child Abuse Huntsville, Alabama**

**Agency Name:** Emerald Coast Children's Advocacy Center, 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:<br>FCPTI<br>Budget Narrative:<br>6 staff members to attend 2 trainings each through the FCPTI in 2019/20 includes the cost of registration,hotel, and mileage/rental car reimbursement and/or airline flight reimbursement  | 6      | \$2,000.00    | \$12,000.00        |
| Description of Training Expenses:<br>Krimes against Kids<br>Budget Narrative:<br>3 staff members to attend training in Orlando Florida in August 2020 for 4 days. Includes presentations on enhancing services to victims. Registration \$350.00 4 nights @ \$150/night, rental car 5 days/\$90 day or mileage at rate of .445/per mile | 3      | \$1,100.00    | \$3,300.00         |
| Description of Training Expenses:<br>36th Symposium on Child Abuse Huntsville, Alabama<br>Budget Narrative:<br>3 staff to attend 5 day training in 2020 Training offers over 130 workshop to enhance victim services. Registration fee @ \$569, hotel \$150/5 night, and rental car for 6 days/\$90/day.                                | 3      | \$1,499.00    | \$4,497.00         |
| <b>Training Subtotal</b>  |        |               | <b>\$19,797.00</b> |

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2019-2020**

**Organization: Emerald Coast Children's Advocacy Center, Inc.**

**Grant No.: VOCA-2019-Emerald Coast Children's -00200**

**Version Date: 05/14/2019 11:55:49**

**Victims Served and Types of Services**

**Agency Name:** Emerald Coast Children's Advocacy Center, 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) \$368,883.52**

| <b># of Victims to be Served</b> | <b>Type of Victim</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> |
|----------------------------------|--|-------------------------------|--------------------------------|---|--|
|                                  | <b>\$368,883.52</b>  |                               |                                |   |  |
| 0                                | Adult Physical Assault<br>(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   |  |
| 420                              | Child Physical Abuse or Neglect                                    | \$204,394.56                  | 55.41%                         | 0   |  |
| 3                                | Child Pornography  | \$1,459.96                    | 0.40%                          | 0   |  |
| 210                              | Child Sexual Abuse/Assault   | \$102,197.28                  | 27.70%                         | 0   |  |
| 120                              | Domestic and/or Family Violence                                    | \$58,398.45                   | 15.83%                         | 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/Sexual Orientation/Other    | \$0                           | 0.00%                          | 0   |  |



**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2019-2020**

**Organization: Emerald Coast Children's Advocacy Center, Inc.**

**Grant No.: VOCA-2019-Emerald Coast Children's -00200**

**Version Date: 05/14/2019 11:55:49**

**Victims Served and Types of Services**

|                             |   |                     |                |          |
|-----------------------------|---|---------------------|----------------|----------|
|                             | (Explanation Required)                            |                     |                |          |
| 0                           | Human Trafficking: Labor                          | \$0                 | 0.00%          | 0        |
| 5                           | Human Trafficking: Sex                            | \$2,433.27          | 0.66%          | 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>758</b>  | <b>\$368,883.52</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> |
|----------------------------------|---|--|--|
| 540                              | Information and Referral  | 0  |  |
| 575                              | Personal Advocacy/Accompaniment                                   | 0  |  |
| 500                              | Emotional Support or Safety Services                              | 0  |  |
| 0                                | Shelter/Housing Services  | 0  |  |
| 260                              | Criminal/Civil Justice System Assistance                          | 0  |  |
| 650                              | Number of Victims Assisted with a Victim Compensation Application | 0  |  |
| <b>Total Services</b>            | <b>2525</b>   | <b>0</b>   | <b>Subtotal of "Other" Services</b>  |