Hourly Rate =

VOCA Personnel Budget

VOCA Personnel Budget Report

Agency Name: Brevard County Legal Aid

Complete the summary table and salary grid below and provide information about each position requested. The position title included in each summary table must be exactly as it appears on the job description. In the Budget Narrative section indicate if the salary/benefit expenses listed include 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 (do not lump duties under one header, unless each sub-duty also includes percentages). Failure to provide VOCA allowable job descriptions may result in a reduction to the request. The job description must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is requested as VOCA funded and/or utilized as Match.

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: Staff Paraleg	gal 1 *	\$42,993.60	\$42,993.60	100%*	1.00
Personnel Narrative:	Salary increase is not include hire. FICA and benefits are no			ch is evaluated annually on the a red funds. *	anniversary of the date of
	Sub-Tota	\$42,993.60	\$42,993.60		1.00
Agency Contribution for	Personnel Expenses			\$0.00	
Pay Schedule: (choose	one from the drop-down menu)				
			Bi-Wee	kly *	
Position Number:	Hours per week =	1	40.000*		

		RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$42,993.60		\$42,993.60	\$1,653.60
FICA		0.0000% *	\$0.00	\$0.00
Retirement		0.0000% *	\$0.00	\$0.00

\$20.67*

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	TOTAL	\$42,993.60	\$1,653.60
Other:		\$	\$0.00
Unemployment (1st \$7K)	0.0000% *	\$0.00	\$0.00
Workers Comp	0.0000% *	\$0.00	\$0.00
Dental Ins.		\$0.00 *	\$0.00
Life Ins.		\$0.00*	\$0.00
Health Ins.		\$0.00*	\$0.00

Explanation (if applicable): FICA and benefits covered by other funding sources and are not VOCA-related expenses.

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

VOCA Personnel Budget Report

Agency Name: Brevard County Legal Aid

Complete the summary table and salary grid below and provide information about each position requested. The position title included in each summary table must be exactly as it appears on the job description. In the Budget Narrative section indicate if the salary/benefit expenses listed include 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.

		Total Actual Cost (from chart below)	Total Amount VOCA Funded	Percent VOCA Funded	VOCA Funded FTE
Position: Staff Paraleg	ral 2*	\$39,000.00	\$9,750.00	25%*	.25
Personnel Narrative:	Salary increase is not included anniversary of the date of hire. funds.*		•	ch is evaluated annually on the ses are not VOCA-requested	
	Sub-Total	\$39,000.00	\$9,750.00		.25
Agency Contribution for	·		[\$29,250.00	
Pay Schedule: (choose of	one from the drop-down menu)		Bi-Weel	kly*	
Position Number:	Hours per week =	2	40.000*		
	Hourly Rate =		\$18.75*		

		RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$39,000.00		\$39,000.00	\$1,500.00
FICA		0.0000% *	\$0.00	\$0.00

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	TOTAL	\$39,000.00	\$1,500.00
Other:		\$	\$0.00
Unemployment (1st \$7K)	0.0000% *	\$0.00	\$0.00
Workers Comp	0.0000% *	\$0.00	\$0.00
Dental Ins.		\$0.00*	\$0.00
Life Ins.		\$0.00*	\$0.00
Health Ins.		\$0.00*	\$0.00
Retirement	0.0000% *	\$0.00	\$0.00

Explanation (if applicable): FICA and benefits covered by other funding sources and are not VOCA-related expenses.

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

VOCA Personnel Budget Report

Agency Name: Brevard County Legal Aid

Complete the summary table and salary grid below and provide information about each position requested. The position title included in each summary table must be exactly as it appears on the job description. In the Budget Narrative section indicate if the salary/benefit expenses listed include 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.

		Total Actual Cost (from chart below)	Total Amount VOCA Funded	Percent VOCA Funded	VOCA Funded FTE
Position: Staff Paraleg	ral 3*	\$39,998.40	\$29,998.80	75%*	.75
Personnel Narrative:	Salary increase is not included anniversary of the date of hire. funds.*			ch is evaluated annually on the ses are not VOCA-requested	
	Sub-Total	\$39,998.40	\$29,998.80		.75
Agency Contribution for	Personnel Expenses		[\$9,999.60	
Pay Schedule: (choose of	one from the drop-down menu)				
			Bi-Wee	kly*	
Position Number:		3			
	Hours per week =		40.000*		
	Hourly Rate =		\$19.23 *		

		RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$39,998.40		\$39,998.40	\$1,538.40
FICA		0.0000% *	\$0.00	\$0.00

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Retirement	0.0000% *	\$0.00	\$0.00
Health Ins.		\$0.00 *	\$0.00
Life Ins.		\$0.00 *	\$0.00
Dental Ins.		\$0.00 *	\$0.00
Workers Comp	0.0000% *	\$0.00	\$0.00
Unemployment (1st \$7K)	0.0000% *	\$0.00	\$0.00
Other:		\$	\$0.00
	TOTAL	\$39,998.40	\$1,538.40

Explanation (if applicable): FICA and benefits covered by other funding sources and are not VOCA-related expenses.

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

VOCA Personnel Budget Report

Agency Name: Brevard County Legal Aid

Complete the summary table and salary grid below and provide information about each position requested. The position title included in each summary table must be exactly as it appears on the job description. In the Budget Narrative section indicate if the salary/benefit expenses listed include 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 (do not lump duties under one header, unless each sub-duty also includes percentages). Failure to provide VOCA allowable job descriptions may result in a reduction to the request. The job description must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is requested as VOCA funded and/or utilized as Match.

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: Pro Bono / Fi	ront Office Coordinator*	\$39,000.00	\$19,500.00	50% *	.50
Personnel Narrative: Salary is estimated for a newposition. An increase during the first year would not be expected. FICA and benefits are not included as texpenses are not VOCA-requested funds.*					re not included as these
	Sub-Total	\$39,000.00	\$19,500.00		.50
Agency Contribution for	Personnel Expenses			\$19,500.00	
Pay Schedule: (choose of	one from the drop-down menu)				
			Bi-Wee	kly*	

Position Number:

4

Hours per week =

40.000 *

Hourly Rate =

\$18.75*

		RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$39,000.00		\$39,000.00	\$1,500.00
FICA		0.0000% *	\$0.00	\$0.00
Retirement		0.0000% *	\$0.00	\$0.00

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	TOTAL	\$39,000.00	\$1,500.00
Other:		\$	\$0.00
Unemployment (1st \$7K)	0.0000% *	\$0.00	\$0.00
Workers Comp	0.0000% *	\$0.00	\$0.00
Dental Ins.		\$0.00 *	\$0.00
Life Ins.		\$0.00 *	\$0.00
Health Ins.		\$0.00*	\$0.00

Explanation (if applicable): FICA and benefits covered by other funding sources and are not VOCA-related expenses.

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

VOCA Personnel Budget Report

Agency Name: Brevard County Legal Aid

Complete the summary table and salary grid below and provide information about each position requested. The position title included in each summary table must be exactly as it appears on the job description. In the Budget Narrative section indicate if the salary/benefit expenses listed include 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.

		Total Actual Cost (from chart below)	Total Amount VOCA Funded	Percent VOCA Funded	VOCA Funded FTE
Position: Staff Attorney	/1*	\$63,003.20	\$63,003.20	100%*	1.00
Personnel Narrative:	Salary increase is not included anniversary of the date of hire. funds.*			ch is evaluated annually on the ses are not VOCA-requested	
	Sub-Total	\$63,003.20	\$63,003.20		1.00
Agency Contribution for	•		[\$0.00	
Pay Schedule: (choose of	one from the drop-down menu)		Bi-Weel	kly*	
Position Number:	Hours per week =	5	40.000*		
	Hourly Rate =		\$30.29 *		

		RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$63,003.20		\$63,003.20	\$2,423.20
FICA		0.0000% *	\$0.00	\$0.00

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	TOTAL	\$63,003.20	\$2,423.20
Other:		\$	\$0.00
Unemployment (1st \$7K)	0.0000% *	\$0.00	\$0.00
Workers Comp	0.0000% *	\$0.00	\$0.00
Dental Ins.		\$0.00*	\$0.00
Life Ins.		\$0.00*	\$0.00
Health Ins.		\$0.00*	\$0.00
Retirement	0.0000% *	\$0.00	\$0.00

Explanation (if applicable): FICA and benefits covered by other funding sources and are not VOCA-related expenses.

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

VOCA Personnel Budget Report

Agency Name: Brevard County Legal Aid

Complete the summary table and salary grid below and provide information about each position requested. The position title included in each summary table must be exactly as it appears on the job description. In the Budget Narrative section indicate if the salary/benefit expenses listed include 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.

		Total Actual Cost (from chart below)	Total Amount VOCA Funded	Percent VOCA Funded	VOCA Funded FTE
Position: Staff Attorney	/2*	\$65,998.40	\$49,498.80	75%*	.75
Personnel Narrative:			aries by staff person based on performance, which is evaluated annually on the CA and benefits are not included as these expenses are not VOCA-requested		
	Sub-Total	\$65,998.40	\$49,498.80		.75
Agency Contribution for	Personnel Expenses			\$16,499.60	
Pay Schedule: (choose of	one from the drop-down menu)				
			Bi-Wee	kly*	
Position Number:		6			
	Hours per week =		40.000*		
	Hourly Rate =		\$31.73*		

		RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$65,998.40		\$65,998.40	<i>\$2,538.40</i>
FICA		0.0000% *	\$0.00	\$0.00

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	TOTAL	\$65,998.40	\$2,538.40
Other:		\$	\$0.00
Unemployment (1st \$7K)	0.0000% *	\$0.00	\$0.00
Workers Comp	0.0000% *	\$0.00	\$0.00
Dental Ins.		\$0.00*	\$0.00
Life Ins.		\$0.00*	\$0.00
Health Ins.		\$0.00*	\$0.00
Retirement	0.0000% *	\$0.00	\$0.00

Explanation (if applicable): FICA and benefits covered by other funding sources and are not VOCA-related expenses.

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

VOCA Personnel Budget Report

Agency Name: Brevard County Legal Aid

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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.

		Total Actual Cost (from chart below)	Total Amount VOCA Funded	Percent VOCA Funded	VOCA Funded FTE
Position: Staff Attorne	/ 3 *	\$78,499.20	\$19,624.80	25%*	.25
Personnel Narrative:	Salary increase is not included anniversary of the date of hire. funds.*		•	ch is evaluated annually on the ses are not VOCA-requested	
	Sub-Total	\$78,499.20	\$19,624.80		.25
Agency Contribution for	•		[\$58,874.40	
Pay Schedule: (choose of	one from the drop-down menu)		Bi-Weel	kly*	
Position Number:	Hours per week =	7	40.000 *		
	Hourly Rate =		\$37.74*		

		RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$78,499.20		\$78,499.20	\$3,019.20
FICA		0.0000% *	\$0.00	\$0.00

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		TOTAL	\$78,499.20	\$3,019.20
Other:			\$	\$0.00
Unemployment (1st \$7K)		0.0000% *	\$0.00	\$0.00
Workers Comp		0.0000% *	\$0.00	\$0.00
Dental Ins.			\$0.00*	\$0.00
Life Ins.			\$0.00*	\$0.00
Health Ins.	_		\$0.00 *	\$0.00
Retirement		0.0000% *	\$0.00	\$0.00

Explanation (if applicable): FICA and benefits covered by other funding sources and are not VOCA-related expenses.

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

Victims Served and Types of Services

Agency Name:

Brevard County Legal Aid

Stalking/Harassment

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)						\$234,369.20	
# of Victims to be Served	Type of Victim	\$ Amount per Category	% of Total Grant Amount	of Vi	Other Types ctims to be Served	For other types of crimes, each separately t	
0	Adult Physical Assault (Includes Aggravated and Simple Assault)	\$0.00	0.00 %		0		
5	Adult Sexual Assault	\$5,580.22	2.38 %		0		
0	Adults Sexually Abused/Assaulted as Children	\$0.00	0.00 %		0		
0	Arson	\$0.00	0.00 %		0		
0	Bullying (Verbal, Cyber or Physical)	\$0.00	0.00 %		0		
0	Burglary	\$0.00	0.00 %		0		
72	Child Physical Abuse or Neglect	\$80,355.15	34.29 %		0		
0	Child Pornography	\$0.00	0.00 %		0		
0	Child Sexual Abuse/Assault	\$0.00	0.00 %		0		
123	Domestic and/or Family Violence	\$137,273.39	58.57 %		0		
0	DUI/DWI Incidents	\$0.00	0.00 %		0		
5	Elder Abuse or Neglect	\$5,580.22	2.38 %		0		
0	Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other (Explanation Required)	\$0.00	0.00 %		0		
0	Human Trafficking: Labor	\$0.00	0.00 %		0		
0	Human Trafficking: Sex	\$0.00	0.00 %		0		
0	Identity Theft/Fraud/Financial Crime	\$0.00	0.00 %		0		
0	Kidnapping	\$0.00	0.00 %		0		
0	Mass Violence (Domestic/International)	\$0.00	0.00 %		0		
0	Other Vehicular Victimization (e.g., Hit and Run)	\$0.00	0.00 %		0		
0	Robbery	\$0.00	0.00%		0		

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0	Survivors of Homicide Victims	\$0.00	0.00 %	0			
0	Teen Dating Victimization	\$0.00	0.00 %	0			
0	Terrorism (Domestic/International)	\$0.00	0.00 %	0			
Total Victims Served	210	\$234,369.20	100.00 %	o	SubTotal	\$0.00	\$0.00

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.
210	Information and Referral		
0	Personal Advocacy/Accompaniment		
0	Emotional Support or Safety Services		
0	Shelter/Housing Services		
210	Criminal/Civil Justice System Assistance		
133	Number of Victims Assisted with a Victim Compensation Application		
Total Services	553	o	Subtotal of "Other" Services