

VOCA Personnel Budget

[VOCA Personnel Budget Report](#)

Agency Name: Coalition for Independent Living Options, Inc.

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: <i>Not required*</i> | \$0.00 | \$0.00 | 100%* | 0.00 |
| Personnel Narrative: | INCLUDED IN REQUIRED DOCUMENTATION, SHARED WITH 19TH DISTRICT, IS HOUSED AT THE BOTH 15TH DISTRICT OFFICE AND THE 19TH DISTRICT OFFICE, SPLITS HER TIME BETWEEN BOTH LOCATIONS* | | | |
| Sub-Total | \$0.00 | \$0.00 | | 0.00 |

Agency Contribution for Personnel Expenses

\$0.00

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

*Bi-Weekly**

Position Number:

1

Hours per week =

0.000*

Hourly Rate =

\$0.00*

| | RATE | Yearly Employer Cost | Per Pay Period Approved Budget |
|---------------------|----------|----------------------------|-----------------------------------|
| Gross Salary | \$0.00 | \$0.00 | \$0.00 |
| FICA | 0.0000%* | \$0.00 | \$0.00 |
| 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 | | | \$0.00 | \$0.00 |

Explanation (if applicable):

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

No *

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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: SENIOR CRIME VICTIM ADVOCATE * | \$65,873.88 | \$65,873.88 | 100% * | 1.00 |
| Personnel Narrative: In required documenetation* | | | | |
| Sub-Total | \$65,873.88 | \$65,873.88 | | 1.00 |

Agency Contribution for Personnel Expenses

\$0.00

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

*Bi-Weekly **

Position Number:

2

Hours per week =

40.000 *

Hourly Rate =

\$23.88 *

| | RATE | Yearly Employer Cost | Per Pay Period Approved Budget |
|---------------------|-------------|----------------------------|-----------------------------------|
| Gross Salary | \$49,670.40 | \$49,670.40 | \$1,910.40 |
| FICA | 7.6500% * | \$3,799.79 | \$146.15 |
| Retirement | 9.0000% * | \$4,470.34 | \$171.94 |

| | | | | |
|----------------------------|--|-----------|--------------------|-------------------|
| Health Ins. | | | \$6,208.79 * | \$238.80 |
| Life Ins. | | | \$0.00 * | \$0.00 |
| Dental Ins. | | | \$468.36 * | \$18.01 |
| Workers Comp | | 1.5900% * | \$789.76 | \$30.38 |
| Unemployment (1st \$7K) | | 5.4000% * | \$378.00 | \$14.54 |
| Other: | | | \$88.44 | \$3.40 |
| TOTAL | | | \$65,873.88 | \$2,533.62 |

Explanation (if applicable):

Other= Vision insurance 7.37 per month

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

No *

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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: CRIME VICTIM ADVOCATE * | \$53,158.54 | \$53,158.54 | 100% * | 1.00 |
| Personnel Narrative: IN REQUIRED DOCUMENTATION* | | | | |
| Sub-Total | \$53,158.54 | \$53,158.54 | | 1.00 |

Agency Contribution for Personnel Expenses

\$0.00

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

Bi-Weekly *

Position Number:

3

Hours per week =

40.000 *

Hourly Rate =

\$19.68 *

| | RATE | Yearly Employer Cost | Per Pay Period Approved Budget |
|---------------------|-------------|----------------------------|-----------------------------------|
| Gross Salary | \$40,934.40 | \$40,934.40 | \$1,574.40 |
| FICA | 7.6500% * | \$3,131.48 | \$120.44 |
| Retirement | 0.0000% * | \$0.00 | \$0.00 |

| | | | | |
|----------------------------|--|-----------|--------------------|-------------------|
| Health Ins. | | | \$7,507.00 * | \$288.73 |
| Life Ins. | | | \$0.00 * | \$0.00 |
| Dental Ins. | | | \$468.36 * | \$18.01 |
| Workers Comp | | 1.5900% * | \$650.86 | \$25.03 |
| Unemployment (1st \$7K) | | 5.4000% * | \$378.00 | \$14.54 |
| Other: | | | \$88.44 | \$3.40 |
| TOTAL | | | \$53,158.54 | \$2,044.55 |

Explanation (if applicable):

OTHER = VISION INSURANCE 7.37

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

No *

VOCA Personnel Budget

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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: CRIME VICTIM ADVOCATE * | \$56,843.36 | \$56,843.36 | 100% * | 1.00 |
| Personnel Narrative: IN REQUIRED DOCUMENTATION* | | | | |
| Sub-Total | \$56,843.36 | \$56,843.36 | | 1.00 |

Agency Contribution for Personnel Expenses

\$0.00

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

*Bi-Weekly **

Position Number:

4

Hours per week =

40.000 *

Hourly Rate =

\$19.68 *

| | RATE | Yearly Employer Cost | Per Pay Period Approved Budget |
|---------------------|-------------|----------------------------|-----------------------------------|
| Gross Salary | \$40,934.40 | \$40,934.40 | \$1,574.40 |
| FICA | 7.6500% * | \$3,131.48 | \$120.44 |
| Retirement | 9.0000% * | \$3,684.10 | \$141.70 |

| | | | | |
|----------------------------|--|-----------|--------------------|-------------------|
| Health Ins. | | | \$7,507.00 * | \$288.73 |
| Life Ins. | | | \$0.00 * | \$0.00 |
| Dental Ins. | | | \$469.08 * | \$18.04 |
| Workers Comp | | 1.5900% * | \$650.86 | \$25.03 |
| Unemployment (1st \$7K) | | 5.4000% * | \$378.00 | \$14.54 |
| Other: | | | \$88.44 | \$3.40 |
| TOTAL | | | \$56,843.36 | \$2,186.28 |

Explanation (if applicable):

OTHER:VISION INSURANCE 7.73 PER MONTH

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

*No **

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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: CRIME VICTIM ADVOCATE * | \$53,158.54 | \$53,158.54 | 100% * | 1.00 |
| Personnel Narrative: IN REQUIRED DOCUMENTATION* | | | | |
| Sub-Total | \$53,158.54 | \$53,158.54 | | 1.00 |

Agency Contribution for Personnel Expenses

\$0.00

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

*Bi-Weekly **

Position Number:

5

Hours per week =

40.000 *

Hourly Rate =

\$19.68 *

| | RATE | Yearly Employer Cost | Per Pay Period Approved Budget |
|---------------------|-------------|----------------------------|-----------------------------------|
| Gross Salary | \$40,934.40 | \$40,934.40 | \$1,574.40 |
| FICA | 7.6500% * | \$3,131.48 | \$120.44 |
| Retirement | 0.0000% * | \$0.00 | \$0.00 |

| | | | | |
|----------------------------|--|-----------|--------------------|-------------------|
| Health Ins. | | | \$7,507.00 * | \$288.73 |
| Life Ins. | | | \$0.00 * | \$0.00 |
| Dental Ins. | | | \$468.36 * | \$18.01 |
| Workers Comp | | 1.5900% * | \$650.86 | \$25.03 |
| Unemployment (1st \$7K) | | 5.4000% * | \$378.00 | \$14.54 |
| Other: | | | \$88.44 | \$3.40 |
| TOTAL | | | \$53,158.54 | \$2,044.55 |

Explanation (if applicable):

OTHER=VISION INSURANCE 7.37 PER MONTH

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

*No **

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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: Not required* | \$0.00 | \$0.00 | 100%* | 0.00 |
| Personnel Narrative: | Additional funding request from the 2020-2021 VOCA Grant application for approved VOCA allowable costs, due to increased budget authority* | | | |
| Sub-Total | \$0.00 | \$0.00 | | 0.00 |

Agency Contribution for Personnel Expenses

\$0.00

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

Bi-Weekly*

Position Number:

6

Hours per week =

0.000*

Hourly Rate =

\$0.00*

| | RATE | Yearly Employer Cost | Per Pay Period Approved Budget |
|---------------------|----------|----------------------------|-----------------------------------|
| Gross Salary | \$0.00 | \$0.00 | \$0.00 |
| FICA | 0.0000%* | \$0.00 | \$0.00 |
| 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 | \$0.00 |
| TOTAL | | | \$0.00 | \$0.00 |

Explanation (if applicable):

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

No *

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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: Chief Programming Officer* | \$105,874.81 | \$26,468.70 | 25%* | .25 |
| Personnel Narrative: | INCLUDED IN REQUIRED DOCUMENTATION, SHARED WITH 19TH DISTRICT, IS HOUSED AT THE BOTH 15TH DISTRICT OFFICE AND THE 19TH DISTRICT OFFICE, SPLITS HER TIME BETWEEN BOTH LOCATIONS* | | | |
| Sub-Total | \$105,874.81 | \$26,468.70 | | .25 |

Agency Contribution for Personnel Expenses

\$79,406.11

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

*Bi-Weekly**

Position Number:

7

Hours per week =

40.000*

Hourly Rate =

\$34.91*

| | RATE | Yearly Employer Cost | Per Pay Period Approved Budget |
|---------------------|-------------|----------------------------|-----------------------------------|
| Gross Salary | \$72,612.80 | \$72,612.80 | \$2,792.80 |
| FICA | 7.6500%* | \$5,554.88 | \$213.65 |
| Retirement | 9.0000%* | \$6,535.15 | \$251.35 |

| | | | | |
|-------------------------|--|-----------|---------------------|-------------------|
| Health Ins. | | | \$18,277.08 * | \$702.96 |
| Life Ins. | | | \$0.00 * | \$0.00 |
| Dental Ins. | | | \$1,194.24 * | \$45.93 |
| Workers Comp | | 1.5900% * | \$1,154.54 | \$44.41 |
| Unemployment (1st \$7K) | | 5.4000% * | \$378.00 | \$14.54 |
| Other: | | | \$168.12 | \$6.47 |
| TOTAL | | | \$105,874.81 | \$4,072.11 |

Explanation (if applicable):

OTHER: VISION INSURANCE 14.01 per month

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

No *

VOCA Contractual/Fee for Service Budget

Agency name: *Coalition for Independent Living Options, 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 the contracted therapist’s per unit rate. The OAG will reimburse 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: STETSON COUNSELING & WELLNESS, LLC DBA THE THERAPY | | \$100.00 | 10 | \$1,000.00 |
| Budget Narrative: To provide crime victims and their families with comprehensive therapeutic counseling that relate directly to the crime incident for individual therapy at \$25 per 15-minute increment for a maximum of \$100 per day limit 4X15 MIN=1HR PER DAY = \$100 | | | | |
| Name of Business or Contractor: Purple Communications | | \$0.00 | 600 | \$0.00 |
| Budget Narrative: Victims require specialty services such as interpreters, alternative formatting, adaptive technology, and disability-specific services such as therapists that speak American Sign Language or communication facilitators for non-verbal victims.\$3 PER MIN | | | | |

| | | | | |
|--|--|----------|----|-------------------|
| Name of Business or Contractor: <i>IU LLC Dba ACD</i> | Budget Narrative: <i>Victims require specialty services interpreters, alternative formatting, adaptive technology, and disability-specific services therapists that speak American Sign Language or communication facilitators for non-verbal victims.\$ 45 per hr min 2 hrs</i> | \$0.00 | 48 | \$0.00 |
| Name of Business or Contractor: <i>Mariuxi Mejia</i> | Budget Narrative: <i>To provide crime victims and their families with comprehensive therapeutic counseling that relate directly to the crime incident for individual therapy at \$25 per 15-minute increment for a maximum of \$100 per day limit 4X15 MIN=1HR PER DAY = \$100</i> | \$100.00 | 60 | \$6,000.00 |
| Name of Business or Contractor: <i>Randee Kogan-Spectrum Counseling Services</i> | Budget Narrative: <i>To provide crime victims and their families with comprehensive therapeutic counseling that relate directly to the crime incident for individual therapy at \$25 per 15-minute increment for a maximum of \$100 per day limit 4X15 MIN=1HR PER DAY = \$100</i> | \$100.00 | 10 | \$1,000.00 |
| Contractual Subtotal | | | | \$8,000.00 |

VOCA Operating Budget

Agency name: *Coalition for Independent Living Options, 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 or meeting attendance to coordinate victim services), etc. Furniture and equipment costing less than \$2,500 should be requested from this budget category. Items requested should not be grouped and each item must be requested as a separate line item, with the exception of general office supplies. 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; etc.). If the agency is requesting funds to purchase computer hardware or software, this constitutes maintaining or establishing a computer network system. Complete the Special Conditions Certification form accordingly.

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: | | Number | Cost Per Item | Total |
|---|---|--------|---------------|-------------|
| Description of Operating Cost and a Budget Narrative | | | | |
| Description of Operating Cost: OFFICE SUPPLIES | Budget Narrative: <i>4 CVP's will utilize OFFICE SUPPLIES SUCH AS PAPER, TONER, BUSINESS CARD PAPER, FOLDERS, PENCILS, PENS, BOOKS, HANGING FOLDERS, BINDERS, STORAGE BOXES= ESTIMATED @ \$41.67*12/ CPO'S SUPPLIES ARE COVERED UNDER ANOTHER FUNDING SOURCE</i> | 12 | \$83.33 | \$999.96 |
| Description of Operating Cost: TRANSPORTATION FOR VICTIMS | Budget Narrative: <i>Transportation services, public transportation tickets, or taxi services are required for our victims that have challenges with transportation to court, followup appointments, interviews, meetings, and legal appointments. Application is processed.</i> | 0 | \$0.00 | \$0.00 |
| Description of Operating Cost: RENT/UTILITIES | Budget Narrative: <i>The 4 CVA's and interns occupy 684 square feet of office space at main office in West Palm Beach. The rent proposal is 3,320 total sq ft \$ (684 sq ft VOCA =\$12,312) CPO'S office is covered under another funding source</i> | 12 | \$856.25 | \$10,275.00 |

| | | | | |
|---|---|----|------------|------------|
| Description of Operating Cost: TRAVEL | Budget Narrative: <i>The staff and volunteers serve all of Palm Beach County, which is a large geographic area. It is estimated that the staff will travel various amounts of miles at a rate of .445 * approximately 4813 miles.</i> | 1 | \$1,000.12 | \$1,000.12 |
| Description of Operating Cost: BACKGROUND CHECKS/FINGERPRINTS | Budget Narrative: <i>Level 2 background screening is required of all CVP's and interns for VOCA. \$250.00</i> | 12 | \$250.00 | \$3,000.00 |
| Description of Operating Cost: Communication | Budget Narrative: <i>internet and phone systems for employees to contact victims, Comcast bill average \$463 a month, VOCA allocated 33%</i> | 12 | \$151.75 | \$1,821.00 |
| Description of Operating Cost: Computer and Equipment Support | Budget Narrative: <i>support for contracted IT, FINE Networking, provides computer and software support, server security services, offsite backup to eligible employees prorated to 4.25 FTE, monthly bill est. at \$285, VOCA allocated 36%, 64% allocated to other programs.</i> | 12 | \$104.66 | \$1,255.92 |
| Description of Operating Cost: General Liability | Budget Narrative: <i>Bonding needed, general liability insurance for company Philadelphia Insurance Company, annual cost \$13,766.44 VOCA allocated 23% monthly cost \$229</i> | 12 | \$229.42 | \$2,753.04 |
| Description of Operating Cost: Leased Equipment | Budget Narrative: <i>Monthly cost of printer/scanner/copier. Konica annual cost \$7600, VOCA allocated 38%</i> | 12 | \$238.67 | \$2,864.04 |
| Description of Operating Cost: Subscriptions/Publications/Memberships | Budget Narrative: <i>Membership to Non-Profits groups, professional licensing fees, supervision fees for therapists Adage 2200 SSL Certificate 548 sunbiz 61 Licensed Therapist-\$70 bi weekly/ License for Therapy-\$2080</i> | 12 | \$256.91 | \$3,082.92 |

| | | | | |
|--|---|---|------------|--------------------|
| Description of Operating Cost: <i>Annual audit expense</i> | Budget Narrative: <i>Accounting firm who completes annual single audit</i> | 1 | \$2,400.00 | \$2,400.00 |
| Operating Subtotal | | | | \$29,452.00 |

VOCA Training Budget

- 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 may be required prior to incurring costs associated with training.
- The narrative must include the name of the training, detailed information on the training, how attendance at the requested training will benefit crime victims and specific costs requested. VOCA funds will reimburse registration, lodging, travel and meals.

Agency Name: *Coalition for Independent Living Options, Inc.*

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: <i>Notary Stamp Training Newor Renewal</i> | Budget Narrative: <i>Notaries are a necessity when serving medically-bound or homebound victims that need restraining orders filed on their behalf. \$7,500 Bond of Notary Public-\$40, Application & Filing Fee-\$39, Online Notary Course-\$20, Rectangular Self-Inking Stamp-\$18</i> | 0 | \$0.00 | \$0.00 |
| Description of Training Expenses: <i>FCPTI Victim Practitioner Designation</i> | Budget Narrative: <i>Mileage @ 368 miles* 0.445 cents/mile = \$163.76 Hotel @ \$129/night*6 days = \$645.00 Provides statutory information and practical skills to serve crime victims</i> | 2 | \$808.76 | \$1,617.52 |
| Description of Training Expenses: <i>FCPTI Continuing Education Training</i> | Budget Narrative: <i>Mileage @ 236.49 miles* 0.445 cents/mile = \$105.24 Registration = \$160.00 Hotel @ \$129/night = \$387 To improve and enhance advocate's skills to better serve crime victims of various crimes</i> | 4 | \$652.24 | \$2,608.96 |

| | | | | |
|--|--|---|------------|-------------------|
| Description of Training Expenses: <i>State Conferences on Crime-Specific Topics</i> | Budget Narrative: <i>Example: Child Abuse or DV Conference to enhance/improve identification/direct services to victims. Registration \$350/indv, Lodging @ \$169 *4 nights = \$676/indv, Mileage 170 Miles*0.445 cents/mile *2 = 151.30/indv</i> | 1 | \$1,107.30 | \$1,107.30 |
| Description of Training Expenses: <i>Local/Virtual Training</i> | Budget Narrative: <i>\$100 for registration and \$39.11 for mileage to attend local conference. To improve and enhance advocate's skills to better serve crime victims of various crimes</i> | 2 | \$139.11 | \$278.22 |
| Training Subtotal | | | | \$5,612.00 |

Victims Served and Types of Services

Agency Name: *Coalition for Independent Living Options, 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) | | | | \$298,567.02 | |
|--|--|------------------------|-------------------------|--|---|
| # of Victims to be Served | Type of Victim | \$ 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. |
| 145 | Adult Physical Assault (Includes Aggravated and Simple Assault) | \$37,909.12 | 12.70 % | 0 | |
| 82 | Adult Sexual Assault | \$21,438.26 | 7.18 % | 0 | |
| 40 | Adults Sexually Abused/Assaulted as Children | \$10,457.69 | 3.50 % | 0 | |
| 1 | Arson | \$261.44 | .09 % | 0 | |
| 150 | Bullying (Verbal, Cyber or Physical) | \$39,216.33 | 13.13 % | 0 | |
| 55 | Burglary | \$14,379.32 | 4.82 % | 0 | |
| 30 | Child Physical Abuse or Neglect | \$7,843.27 | 2.63 % | 0 | |
| 2 | Child Pornography | \$522.88 | .18 % | 0 | |
| 35 | Child Sexual Abuse/Assault | \$9,150.48 | 3.06 % | 0 | |
| 300 | Domestic and/or Family Violence | \$78,432.67 | 26.27 % | 0 | |
| 20 | DUI/DWI Incidents | \$5,228.84 | 1.75 % | 0 | |
| 25 | Elder Abuse or Neglect | \$6,536.06 | 2.19 % | 0 | |
| 10 | Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other (Explanation Required) | \$2,614.42 | .88 % | 0 | |
| 12 | Human Trafficking: Labor | \$3,137.31 | 1.05 % | 0 | |
| 35 | Human Trafficking: Sex | \$9,150.48 | 3.06 % | 0 | |
| 85 | Identity Theft/Fraud/Financial Crime | \$22,222.59 | 7.44 % | 0 | |
| 4 | Kidnapping | \$1,045.77 | .35 % | 0 | |
| 1 | Mass Violence (Domestic/International) | \$261.44 | .09 % | 0 | |
| 8 | Other Vehicular Victimization (e.g., Hit and Run) | \$2,091.54 | .70 % | 0 | |
| 30 | Robbery | \$7,843.27 | 2.63 % | 0 | |
| 38 | Stalking/Harassment | \$9,934.80 | 3.33 % | 0 | |

| | | | | | | | |
|-----------------------------|------------------------------------|---------------------|-----------------|----------|-----------------|---------------|---------------|
| 10 | Survivors of Homicide Victims | \$2,614.42 | .88 % | 0 | | | |
| 22 | Teen Dating Victimization | \$5,751.73 | 1.93 % | 0 | | | |
| 2 | Terrorism (Domestic/International) | \$522.88 | .18 % | 0 | | | |
| Total Victims Served | 1,142 | \$298,567.02 | 100.00 % | 0 | 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. |
|---------------------------|---|---|---|
| 900 | Information and Referral | 0 | |
| 850 | Personal Advocacy/Accompaniment | 0 | |
| 750 | Emotional Support or Safety Services | 0 | |
| 100 | Shelter/Housing Services | 0 | |
| 750 | Criminal/Civil Justice System Assistance | 0 | |
| 750 | Number of Victims Assisted with a Victim Compensation Application | 0 | |
| Total Services | 4,100 | 0 | Subtotal of "Other" Services |