

# VOCA Personnel Budget

[VOCA Personnel Budget Report](#)

**Agency Name:** *Urban League of Broward County, 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
<b>Position:</b>	<i>Division Manager*</i>	\$124,492.23	\$31,123.06	25%*	.25
<b>Personnel Narrative:</b>	<i>This position is responsible for direct client support, victim compensation assistance, as well as compliance and quality assurance for program activities and staff. Detailed job description is attached.*</i>				
<b>Sub-Total</b>		<b>\$124,492.23</b>	<b>\$31,123.06</b>		<b>.25</b>

**Agency Contribution for Personnel Expenses**

\$93,369.17

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

*Bi-Weekly\**

**Position Number:**

1

**Hours per week =**

40.000\*

**Hourly Rate =**

\$49.28\*

		RATE	Yearly Employer Cost	Per Pay Period Approved Budget
<b>Gross Salary</b>	\$102,502.40		\$102,502.40	\$3,942.40
<b>FICA</b>		7.6500%*	\$7,841.43	\$301.59

Retirement		5.0000% *	\$5,125.12	\$197.12
Health Ins.			\$7,200.00 *	\$276.92
Life Ins.			\$0.00 *	\$0.00
Dental Ins.			\$0.00 *	\$0.00
Workers Comp		1.4100% *	\$1,445.28	\$55.59
Unemployment (1st \$7K)		5.4000% *	\$378.00	\$14.54
Other:			\$0.00	\$0.00
<b>TOTAL</b>			<b>\$124,492.23</b>	<b>\$4,788.16</b>

Explanation (if applicable):

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

No \*

# VOCA Personnel Budget

[VOCA Personnel Budget Report](#)

**Agency Name:** *Urban League of Broward County, 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
<b>Position:</b> <i>Victim Advocate *</i>	\$98,324.12	\$98,324.12	100% *	1.00
<b>Personnel Narrative:</b>	<i>This position will provide case management, direct advocacy, services and assistance to victims of crime. Will provide assistance with victim compensation. Detailed job description attached.*</i>			
<b>Sub-Total</b>	\$98,324.12	\$98,324.12		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 =**

\$38.25 \*

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
<b>Gross Salary</b>	\$79,560.00	\$79,560.00	\$3,060.00
<b>FICA</b>	7.6500% *	\$6,086.34	\$234.09
<b>Retirement</b>	5.0000% *	\$3,978.00	\$153.00

Health Ins.			\$7,200.00 *	\$276.92
Life Ins.			\$0.00 *	\$0.00
Dental Ins.			\$0.00 *	\$0.00
Workers Comp		1.4100% *	\$1,121.80	\$43.15
Unemployment (1st \$7K)		5.4000% *	\$378.00	\$14.54
Other:			\$-0.02	\$0.00
<b>TOTAL</b>			<b>\$98,324.12</b>	<b>\$3,781.70</b>

Explanation (if applicable):

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

No \*

# VOCA Personnel Budget

[VOCA Personnel Budget Report](#)

**Agency Name:** *Urban League of Broward County, 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
<b>Position:</b> <i>Intake Specialist*</i>	\$67,007.83	\$67,007.83	100%*	1.00
<b>Personnel Narrative:</b>	<i>This position will assist victims with referrals to community partners for services not provided or contracted in-house. Will assist with victim compensation. Detailed job description is attached*</i>			
<b>Sub-Total</b>	<b>\$67,007.83</b>	<b>\$67,007.83</b>		<b>1.00</b>

**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 =**

\$25.05\*

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
<b>Gross Salary</b>	\$52,104.00	\$52,104.00	\$2,004.00
<b>FICA</b>	7.6500%*	\$3,985.96	\$153.31
<b>Retirement</b>	5.0000%*	\$2,605.20	\$100.20

Health Ins.			\$7,200.00 *	\$276.92
Life Ins.			\$0.00 *	\$0.00
Dental Ins.			\$0.00 *	\$0.00
Workers Comp		1.4100% *	\$734.67	\$28.26
Unemployment (1st \$7K)		5.4000% *	\$378.00	\$14.54
Other:			\$0.00	\$0.00
<b>TOTAL</b>			<b>\$67,007.83</b>	<b>\$2,577.23</b>

Explanation (if applicable):

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

No \*

# VOCA Contractual/Fee for Service Budget

**Agency name:** *Urban League of Broward County, 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
<b>Name of Business or Contractor:</b> <i>Prevention Central</i>	<b>Budget Narrative:</b> <i>15 minutes = 1 unit at a rate of \$25/ unit. Weekly 60 minute individual therapy sessions provided to 10 clients to assist post victimization for 6 months. \$25 per unit x 10 clients x 24 sessions (6 months) = \$6,000</i>	\$25.00	240	\$6,000.00
<b>Name of Business or Contractor:</b> <i>Parent Information and Resource Center</i>	<b>Budget Narrative:</b> <i>15 mins. = 1 unit @ a rate of \$12.50/unit per person. Weekly 60 min therapy sessions provided to 5 (2 clients per family) families to assist post victimization for 16 weeks. 10 clients x 16 weeks x 2 sessions x \$12.50 = \$4000</i>	\$12.50	320	\$4,000.00
<b>Contractual Subtotal</b>				<b>\$10,000.00</b>

# VOCA Operating Budget

**Agency name:** *Urban League of Broward County, 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: <i>Information Technology</i>	Budget Narrative: <i>Cost= 3.25 FTE x 2080 labor hrs= 4680/ total hrs of 143,765= 3.26% x annual Information Technology cost of \$177,4250 = \$5778 per year / 6 months = \$722.25.00 Includes network technology, software, zoom and telephone. Invoicing for \$361.50 per month</i>	8	\$361.50	\$2,892.00
Description of Operating Cost: <i>Lease Equipment</i>	Budget Narrative: <i>Cost= 3.25 FTE x 2080 labor hrs= 4680/ total hrs of 143,765= 3.26% x annual Lease Equipment cost of \$10,000 = \$326 per year / 8 months = \$40.75 includes leases for copiers and printers</i>	8	\$40.75	\$326.00
Description of Operating Cost: <i>Office Supplies</i>	Budget Narrative: <i>Office supplies for 2.25 staff and two laptops at \$2078.95 annually Supplies =\$82.95 annually &amp; Laptops = \$998.00 each for a monthly average of \$259.86</i>	8	\$259.86	\$2,078.88
Description of Operating Cost: <i>Flex Funds- Transportation</i>	Budget Narrative: <i>\$15 gas only card, bus pass or direct pay for trip (taxi, Uber, Lyft) for 10 victims = \$150.00 to assist victims who have no transportation to enhance services (hospital, court house, police station, emergency shelter)</i>	10	\$15.00	\$150.00



Description of Operating Cost: <i>Flex Funds - Emergency Shelter</i>	Budget Narrative: <i>Emergency shelter x approximately \$100 per day for 4 victims x 2 - 3 days = \$1,350.00 in Extended Stay Hotels for victims whose assailant is privy to shelter locations (law enforcement, court employees, victim service employees, firemen, ect.)</i>	4	\$337.50	\$1,350.00
Description of Operating Cost: <i>Electric</i>	Budget Narrative: <i>Electric is an essential expense for the organization to conduct business daily. Electric service is \$70,000.00 x 1.90% = \$1,335.04/ 8 = \$166.88 per month</i>	8	\$166.88	\$1,335.04
Description of Operating Cost: <i>Water</i>	Budget Narrative: <i>Water is an essential expense for the organization to conduct business daily operation within their office space. The water service is estimated at \$56,000 annually x 1.90% x 8 months = \$133.32/month</i>	8	\$133.32	\$1,066.56
Description of Operating Cost: <i>Janitorial</i>	Budget Narrative: <i>Janitorial/Cleaning Service is an essential expense for the organization to conduct in their daily operation for their office space. The cleaning service is estimated at \$56,300.00 annually x 1.90% x 8 months = \$133.00/month</i>	8	\$133.00	\$1,064.00
Description of Operating Cost: <i>Security</i>	Budget Narrative: <i>Security is a vital expense for the organization to safely conduct business for clients and staff. The security service is estimated at \$48,190.00 annually x 1.90% x 8 months = \$114.45/month</i>	8	\$114.45	\$915.60
Description of Operating Cost: <i>Insurance</i>	Budget Narrative: <i>"General and liability Insurance is purchased for the assets of Urban League of Broward County and it's clients. This is a monthly cost of \$102.74 per month for 8 months based on the average cost iof year.</i>	8	\$102.74	\$821.92
<b>Operating Subtotal</b>				<b>\$12,000.00</b>



# 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:** *Urban League of Broward County, 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](#)

<b>Training Expenses:</b>			
Description of Training Expenses and a Budget Narrative	Number	Cost Per Item	Total
Description of Training Expenses: <i>Victim Service Practitioner Designation</i>	3	\$1,000.00	\$3,000.00
Budget Narrative: <i>Certification course training and skill development in victim advocacy service for 3 staff; on issues related to victimology, victims' rights and the role of the victim advocate / ethical concerns. registration @ \$1000 per person.</i>			
<b>Training Subtotal</b>			<b>\$3,000.00</b>

# Victims Served and Types of Services

**Agency Name:** *Urban League of Broward County, 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.

<b>VOCA Grant Request (from the Budget Summary Page)</b>				<b>\$221,455.01</b>	
<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>
20	Adult Physical Assault (Includes Aggravated and Simple Assault)	\$11,970.54	5.41 %	0	
0	Adult Sexual Assault	\$0.00	0.00 %	0	
0	Adults Sexually Abused/Assaulted as Children	\$0.00	0.00 %	0	
0	Arson	\$0.00	0.00 %	0	
50	Bullying (Verbal, Cyber or Physical)	\$29,926.35	13.51 %	0	
20	Burglary	\$11,970.54	5.41 %	0	
0	Child Physical Abuse or Neglect	\$0.00	0.00 %	0	
0	Child Pornography	\$0.00	0.00 %	0	
0	Child Sexual Abuse/Assault	\$0.00	0.00 %	0	
150	Domestic and/or Family Violence	\$89,779.06	40.54 %	0	
0	DUI/DWI Incidents	\$0.00	0.00 %	0	
30	Elder Abuse or Neglect	\$17,955.81	8.11 %	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	
40	Robbery	\$23,941.08	10.81 %	0	
60	Stalking/Harassment	\$35,911.62	16.22 %	0	

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			
<b>Total Victims Served</b>	<b>370</b>	<b>\$221,455.01</b>	<b>100.00 %</b>	<b>0</b>	<b>SubTotal</b>	<b>\$0.00</b>	<b>\$0.00</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.

# 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.
370	Information and Referral	0	
255	Personal Advocacy/Accompaniment	0	
370	Emotional Support or Safety Services	0	
50	Shelter/Housing Services	0	
50	Criminal/Civil Justice System Assistance	0	
200	Number of Victims Assisted with a Victim Compensation Application	0	
<b>Total Services</b>	<b>1,295</b>	<b>0</b>	<b>Subtotal of "Other" Services</b>