

# VOCA Personnel Budget

[VOCA Personnel Budget Report](#)

**Agency Name:** *The Children's Place at Home Safe, 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>Therapist*</i>	\$106,248.00	\$106,248.00	100%*	0.00
<b>Personnel Narrative:</b>	<i>The OAG will reimburse for therapy services at the therapist's hourly rate. The funds from contractual/fee for service have been moved to personnel.*</i>				
<b>Sub-Total</b>		\$106,248.00	\$106,248.00		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
<b>Gross Salary</b>	\$0.00		\$0.00	\$0.00
<b>FICA</b>		0.0000%*	\$0.00	\$0.00
<b>Retirement</b>		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:			\$106,248.00	\$4,086.46
<b>TOTAL</b>			<b>\$106,248.00</b>	<b>\$4,086.46</b>

Explanation (if applicable):

*The OAG will reimburse for therapy services at the therapist's hourly rate. The funds from contractual/fee for service have been moved to personnel.*

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
<b>Position:</b> <i>2020-2021 Increased Funding*</i>	\$15,630.00	\$15,630.00	100%*	0.00
<b>Personnel Narrative:</b> <i>Additional funding request from the 2020-2021 VOCA Grant application for approved VOCA allowable costs, due to increased budget authority*</i>				
<b>Sub-Total</b>	\$15,630.00	\$15,630.00		0.00

**Agency Contribution for Personnel Expenses**

\$0.00

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

*Bi-Weekly\**

**Position Number:**

2

**Hours per week =**

0.000\*

**Hourly Rate =**

\$0.00\*

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
<b>Gross Salary</b>	\$0.00	\$0.00	\$0.00
<b>FICA</b>	0.0000%*	\$0.00	\$0.00
<b>Retirement</b>	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:			\$15,630.00	\$601.15
<b>TOTAL</b>			<b>\$15,630.00</b>	<b>\$601.15</b>

Explanation (if applicable):

*Additional funding request from the 2020-2021 VOCA Grant application for approved VOCA allowable costs, due to increased budget authority*

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

No \*

# Victims Served and Types of Services

**Agency Name:** *The Children's Place at Home Safe, Inc. (dba HomeSafe)*

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)				\$131,878.00	
# 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.
0	Adult Physical Assault (Includes Aggravated and Simple Assault)	\$0.00	0.00 %	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	
0	Bullying (Verbal, Cyber or Physical)	\$0.00	0.00 %	0	
0	Burglary	\$0.00	0.00 %	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	
550	Domestic and/or Family Violence	\$131,878.00	100.00 %	0	
0	DUI/DWI Incidents	\$0.00	0.00 %	0	
0	Elder Abuse or Neglect	\$0.00	0.00 %	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	
0	Stalking/Harassment	\$0.00	0.00 %	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>550</b>	<b>\$131,878.00</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.
150	Information and Referral	0	
50	Personal Advocacy/Accompaniment	0	
200	Emotional Support or Safety Services	0	
0	Shelter/Housing Services	0	
50	Criminal/Civil Justice System Assistance	0	
100	Number of Victims Assisted with a Victim Compensation Application	0	
<b>Total Services</b>	<b>550</b>	<b>0</b>	<b>Subtotal of "Other" Services</b>