

# VOCA Personnel Budget

[VOCA Personnel Budget Report](#)

**Agency Name:** *Community Legal Services of Mid-Florida*

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>Legal Services Position(s) *</i>	\$204,747.88	\$204,747.88	100% *	0.00
<b>Personnel Narrative:</b>	<i>The operating costs that we want to include in our modification is the HUD approved indirect cost rate, (overhead expenses). Our request is 41.2% percent of the personnel cost as indirect costs in each of the circuits by decreasing personnel costs. *</i>			
<b>Sub-Total</b>	\$204,747.88	\$204,747.88		0.00

**Agency Contribution for Personnel Expenses**

\$0.00

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

*Semi-Monthly \**

**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:			\$204,747.88	\$8,531.16
<b>TOTAL</b>			<b>\$204,747.88</b>	<b>\$8,531.16</b>

Explanation (if applicable):

*Decrease in personnel expenses to offset increase in operating expenses.*

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>Legal Services Position(s) Bud Mod *</i>	\$0.00	\$0.00	100% *	0.00
<b>Personnel Narrative:</b> <i>N/A*</i>				
<b>Sub-Total</b>	\$0.00	\$0.00		0.00

**Agency Contribution for Personnel Expenses**

\$0.00

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

*Semi-Monthly \**

**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:			\$0.00	\$0.00
<b>TOTAL</b>			<b>\$0.00</b>	<b>\$0.00</b>

Explanation (if applicable):

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

No \*

# VOCA Operating Budget

**Agency name:** *Community Legal Services of Mid-Florida*

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>Covid Expenses</i>	Budget Narrative: <i>covid related expenses</i>	1	\$10,000.00	\$10,000.00
Description of Operating Cost: <i>indirect cost allocation of 41.2%</i>	Budget Narrative: <i>federally approved indirect/de minimis cost allocation of 41.2%</i>	12	\$4,791.29	\$57,495.48
Description of Operating Cost: <i>HUD Indirect Cost Rate (41.2%)</i>	Budget Narrative: <i>Increase in operating expenses is offset by decrease in personnel expenses.</i>	1	\$16,860.64	\$16,860.64
			<b>Operating Subtotal</b>	<b>\$84,356.12</b>

# Victims Served and Types of Services

**Agency Name:** *Community Legal Services of Mid-Florida, Inc. (CLSMF)*

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)				\$289,104.00	
# 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	
300	Domestic and/or Family Violence	\$289,104.00	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>300</b>	<b>\$289,104.00</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.
300	Information and Referral	0	
3	Personal Advocacy/Accompaniment	0	
0	Emotional Support or Safety Services	0	
0	Shelter/Housing Services	0	
300	Criminal/Civil Justice System Assistance	0	
300	Number of Victims Assisted with a Victim Compensation Application	0	
<b>Total Services</b>	<b>903</b>	<b>0</b>	<b>Subtotal of "Other" Services</b>