

# VOCA Personnel Budget

[VOCA Personnel Budget Report](#)

**Agency Name:** *City of Cocoa Police Department*

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 Coordinator*</i>	\$66,181.00	\$66,181.00	100%*	1.00
<b>Personnel Narrative:</b>	<i>FT Position. Salary = \$39,271. Remaining \$26,910 is for benefits: \$3,188 for FICA, \$3,244 for Retirement, \$17,977 for Health, Dental, Vision, and Life Insurance, \$101 for Worker's Comp, and a \$2,400 non-union benefit.*</i>			
<b>Sub-Total</b>	\$66,181.00	\$66,181.00		1.00

**Agency Contribution for Personnel Expenses**

\$0.00

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

*Weekly\**

**Position Number:**

1

**Hours per week =**

40.000\*

**Hourly Rate =**

\$18.88\*

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
<b>Gross Salary</b>	\$39,270.40	\$39,270.40	\$755.20
<b>FICA</b>	8.1180%*	\$3,187.97	\$61.31
<b>Retirement</b>	8.2605%*	\$3,243.93	\$62.38

Health Ins.			\$16,863.38 *	\$324.30
Life Ins.			\$154.00 *	\$2.96
Dental Ins.			\$670.00 *	\$12.88
Workers Comp		.2580% *	\$101.32	\$1.95
Unemployment (1st \$7K)		0.0000% *	\$0.00	\$0.00
Other:			\$2,690.00	\$51.73
<b>TOTAL</b>			<b>\$66,181.00</b>	<b>\$1,272.71</b>

Explanation (if applicable):

*Other is as follows: \$2,400 for a non-union benefit (48 wks x \$50 per week), \$140 for Vision coverage, and \$150 for Long-term Disability.*

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>Victim Advocate *</i>	\$56,715.08	\$56,715.08	100% *	1.00
<b>Personnel Narrative:</b>	<i>FT Position. Salary = \$31,172. Remaining \$25,543 is for benefits: \$2,569 for FICA, \$2,575 for Retirement, \$17,918 for Health, Dental, Vision, and Life Insurance, \$81 for Worker's Comp, and \$2,400 for a non-union benefit. *</i>			
<b>Sub-Total</b>	<b>\$56,715.08</b>	<b>\$56,715.08</b>		<b>1.00</b>

**Agency Contribution for Personnel Expenses**

\$0.00

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

*Weekly \**

**Position Number:**

2

**Hours per week =**

40.000 \*

**Hourly Rate =**

\$14.99 \*

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
<b>Gross Salary</b>	\$31,179.20	\$31,179.20	\$599.60
<b>FICA</b>	8.2410% *	\$2,569.48	\$49.41
<b>Retirement</b>	8.2600% *	\$2,575.40	\$49.53

Health Ins.			\$16,800.00 *	\$323.08
Life Ins.			\$150.00 *	\$2.88
Dental Ins.			\$670.00 *	\$12.88
Workers Comp		.2598% *	\$81.00	\$1.56
Unemployment (1st \$7K)		0.0000% *	\$0.00	\$0.00
Other:			\$2,690.00	\$51.73
<b>TOTAL</b>			<b>\$56,715.08</b>	<b>\$1,090.67</b>

Explanation (if applicable):

*Other is as follows: \$2,400 for a non-union benefit (48 wks x \$50 per week), \$140 for Vision coverage, and \$150 for Long-term Disability.*

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>	\$39,455.00	\$39,455.00	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>	\$39,455.00	\$39,455.00		0.00

**Agency Contribution for Personnel Expenses**

\$0.00

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

*Weekly\**

**Position Number:**

3

**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:			\$39,455.00	\$758.75
<b>TOTAL</b>			<b>\$39,455.00</b>	<b>\$758.75</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 \*

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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:	<i>N/A *</i>	\$0.00	\$0.00	25% *	0.00
Personnel Narrative:	<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)**

*Weekly \**

**Position Number:**

4

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
<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:** *City of Cocoa Police Department*

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.

<b>Operating:</b>				
Description of Operating Cost and a Budget Narrative		<b>Number</b>	<b>Cost Per Item</b>	<b>Total</b>
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>Cell Phones and Air Card</i>	Budget Narrative: <i>Cell phones and air card used by VOCA personnel. 2 Cell phones (\$33.05 per month x 12 months x 2 phones) = \$793.30. An air card is (\$36.07 x 12 months) = \$432.98</i>	12	\$102.19	\$1,226.28
<b>Operating Subtotal</b>				<b>\$11,226.28</b>

# Victims Served and Types of Services

**Agency Name:** *City of Cocoa Police Department*

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)				\$177,577.36	
# 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.
80	Adult Physical Assault (Includes Aggravated and Simple Assault)	\$21,855.68	12.31 %	65	<i>Witness to DV (Child)</i>
10	Adult Sexual Assault	\$2,731.96	1.54 %	20	<i>Witness to Homicide / Robbery</i>
2	Adults Sexually Abused/Assaulted as Children	\$546.39	.31 %	75	<i>Violation of Court Orders</i>
2	Arson	\$546.39	.31 %	0	
5	Bullying (Verbal, Cyber or Physical)	\$1,365.98	.77 %	0	
25	Burglary	\$6,829.90	3.85 %	0	
90	Child Physical Abuse or Neglect	\$24,587.63	13.85 %	0	
0	Child Pornography	\$0.00	0.00 %	0	
20	Child Sexual Abuse/Assault	\$5,463.92	3.08 %	0	
160	Domestic and/or Family Violence	\$43,711.35	24.62 %	0	
5	DUI/DWI Incidents	\$1,365.98	.77 %	0	
20	Elder Abuse or Neglect	\$5,463.92	3.08 %	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	
11	Identity Theft/Fraud/Financial Crime	\$3,005.16	1.69 %	0	
0	Kidnapping	\$0.00	0.00 %	0	
0	Mass Violence (Domestic/International)	\$0.00	0.00 %	0	
10	Other Vehicular Victimization (e.g., Hit and Run)	\$2,731.96	1.54 %	0	
20	Robbery	\$5,463.92	3.08 %	0	
20	Stalking/Harassment	\$5,463.92	3.08 %	0	

10	Survivors of Homicide Victims	\$2,731.96	1.54 %	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>650</b>	<b>\$133,866.01</b>	<b>75.38 %</b>	<b>160</b>	<b>SubTotal</b>	<b>\$43,711.35</b>	<b>\$.25</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.
650	Information and Referral	0	
500	Personal Advocacy/Accompaniment	0	
350	Emotional Support or Safety Services	0	
0	Shelter/Housing Services	0	
500	Criminal/Civil Justice System Assistance	0	
650	Number of Victims Assisted with a Victim Compensation Application	0	
<b>Total Services</b>	<b>2,650</b>	<b>0</b>	<b>Subtotal of "Other" Services</b>