

Application Continuation Selection

Instructions:

- Please select the document from which you would like to copy forward from.
- This will allow the budget information to copy forward to this document.
- Upon save, the information from the selected source document will be copied onto this document. This page will be locked for future editing.
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Copy Forward Document

VOCA-C-2023-City of Palm Bay Police Departme-00228

Provide the legal name of the Applicant Agency. If awarded funding, this information will be used for contract purposes.

City of Palm Bay Police Department

Federal Data Universal Numbering System (DUNS) Number: 06-023-6262
 Federal Employee Identification Number (FEIN): 59-6018984
 Unique Entity Identifier (UEI) YLJRVW6W1MF9 *
 Registered with the System of Award Management (formally CCR)? Yes *

In elected official offices, the elected official must be included as the Agency Director. In all other agencies the top executive of the agency must be included

Agency Director:

Prefix (Mr., Ms., Honorable., etc.) Chief * Title: Chief of Police *
 Name: Mariano Augello *
 Telephone #: (321) 952-3458 * Fax #: (321) 952-8910 *
 Mailing Address: 130 Malabar Rd SE *
 (Street, P.O. Box, etc.)
 City: Palm Bay * State: Florida * Zip Code: 32907-3009 *
 Email Address: Mariano.Augello@palmbayflorida.org *

Performance Report Contact:

Prefix (Mr., Ms., Honorable., etc.) Mrs. * Title: Project Specialist *
 Name: Alyssa Snedeker *
 Telephone #: (321) 952-3493 * Fax #: (321) 953-8910 *
 Mailing Address: 130 Malabar Rd SE *
 (Street, P.O. Box, etc.)
 City: Palm Bay * State: Florida * Zip Code: 32909-3009 *
 Email Address: Alyssa.Snedeker@palmbayflorida.org *

Financial Contact:

Prefix (Mr., Ms., Honorable., etc.) Mr. * Title: Finance Director *
 Name: Larry Wojciechowski *
 Telephone #: (321) 952-3416 * Fax #: (321) 953-8937 *
 Mailing Address: 120 Malabar Rd SE *
 (Street, P.O. Box, etc.)
 City: Palm Bay * State: Florida * Zip Code: 32907-3009 *
 Email Address: Larry.Wojciechowski@palmbayflorida.org *

I acknowledge that I have read, understand, and agree to the conditions set forth in the Victims of Crime Act (VOCA) Grant Application, Instructions and the VOCA Rules for the duration of the grant period. I certify that the information contained in this application is true, complete and correct.

I acknowledge that the applicant agency, if awarded a VOCA grant, will comply with Federal Rules Regulating Grants and State Criteria. Subrecipients must comply with the applicable provisions of VOCA, the VOCA Rules, the requirements of the OJP Financial Guide, effective edition, and all laws, rules and regulations applicable to expenditures of State funds including the Reference Guide for State Expenditures. Subrecipients must maintain appropriate programmatic and financial records that fully disclose the amount and disposition of VOCA funds received. This includes: financial documentation for disbursements; daily time and attendance records specifying time devoted to allowable VOCA victim services; client files; the portion of the project supplied by other sources of revenue; job descriptions; contracts for services; and other records which facilitate an effective audit. Subrecipients will abide by any additional eligibility or service criteria as established by the state grantee including submitting statistical and programmatic information on the use and impact of VOCA funds, as requested.

PUBLIC AGENCIES ONLY: I hereby certify that pursuant to the VOCA Rules, grant funds will be used to enhance or expand services and will not be used to supplant state and local funds that would otherwise be available for crime victim services.

Upon saving this page, the Name of the individual that checks this box will appear with the date.

Signature of Agency Director:

[X]

Alyssa Snedeker
 Name

03/18/2024
 Date:

Agency Eligibility

- 1) **Identify which of the following categories best describes the applicant agency:**
*Public **
- 2) **Describe the type of implementing agency (choose only one category):**
 Government Agencies Only (choose one from the drop-down menu):
LawEnforcement
Describe Other:
Campus Organizations Only (choose one from the drop-down menu):

Describe Other:
Non-profit Organization Only (choose one from the drop-down menu):
Federally Recognized Tribal Governments, Agencies, and Organizations Only (choose one from the drop-down menu):
Describe Other:
- 3) **Judicial circuit to be served:**
*Eighteenth **
- 4) **Subgrantee counties served: (Check only the counties that will be served under this application in the selected judicial circuit)**
Brevard County *
- 5) **List the total population of the service area, not the population of the counties selected above, unless all counties will be served under this application:**
*138,314 **
- 6) **Describe the geographic characteristics of the service area (choose one from the drop-down menu):**
*Urban **
- 7) **Congressional District(s) served:**
8th *
- 8) **Describe the purpose of the Proposed VOCA sub award (choose one from the drop-down menu):**
*Continue a VOCA funded victim project funded in a previous year **
- 9) **Funds will primarily be used to (choose one from the drop-down menu):**
*Continue existing services to crime victims **
- 10) **Is the applicant organization faith-based? (choose one from the drop-down menu):**
*No **
- 11) **Include the address of the location(s) victim services will be provided:**
*Palm Bay Police Department
Victim Services Unit
130 Malabar Rd SE
Palm Bay, FL 32907 **
- 12) **Provide the agency's website address:**
<https://www.palmbayflorida.org/>

Special Conditions Certification

Standard Assurances

[VOCA Personnel Budget Report](#)

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: *			*	
Personnel Narrative: *				
Sub-Total				

Agency Contribution for Personnel Expenses

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

*

Position Number:

Hours per week =

*

Hourly Rate =

*

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary			
FICA	% *		
Retirement	% *		
Health Ins.		*	
Life Ins.		*	
Dental Ins.		*	
Workers Comp	% *		
Unemployment (1st \$7K)	% *		
Other:			
TOTAL			

Explanation (if applicable):

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

*

EEOP Certification Form

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: ~~~	Budget Narrative: ~~~~		
Contractual Subtotal			

Related Parties Questionnaire

Items included in this section must be furniture and/or equipment costing \$2,500 or more. If awarded funds in this category, prior approval is required before purchasing items. Provide a justification for the equipment purchase requests. 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 computer will increase the advocate's ability to reach and better serve crime victims. The cost listed above is for a complete computer package which includes the computer, monitor, software and printer. **ALL EQUIPMENT PURCHASES MUST BE PRE-APPROVED PRIOR TO THE ACTUAL PURCHASE**

Equipment:		Number	Cost Per Item	Total
Description of Equipment and a Budget Narrative				
Description of Equipment: ~!~!	Budget Narrative: ~!~!			
			Equipment Subtotal	

VOCA Personnel Budget

[VOCA Personnel Budget Report](#)

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>Victim Advocate A *</i>	\$42,715.13	\$21,357.57	50% *	.50
Personnel Narrative:	<i>Advocate's salary of \$37,918 along with taxes @ \$2,901 & retirement @ \$1,896 are requested for VOCA funding (\$42,726 @ 50%). Victim Advocate serves crime victims in Palm Bay & is part of the 1st response team of crime only, not natural disasters.*</i>			
Sub-Total	\$42,715.13	\$21,357.57		.50

Agency Contribution for Personnel Expenses

\$21,357.56

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

*Bi-Weekly **

Position Number:

1

Hours per week =

40.000 *

Hourly Rate =

\$18.23 *

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$37,918.40	\$37,918.40	\$1,458.40
FICA	7.6500% *	\$2,900.76	\$111.57
Retirement	5.0001% *	\$1,895.96	\$72.92
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:		\$0.01	\$0.00
TOTAL		\$42,715.13	\$1,642.89

Explanation (if applicable):

Adding in \$0.01 to fulfill the approved personnel budget total and complete the budget modification.

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

Yes *

VOCA Personnel Budget

[VOCA Personnel Budget Report](#)

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>Victim Advocate B *</i>	\$48,012.87	\$24,006.44	50% *	.50
Personnel Narrative:	<i>Advocate's salary of \$42,952 along with taxes @ \$3,286 & retirement @ \$1,775 are requested for VOCA funding (\$48,013 @ 50%). Victim Advocate serves crime victims in Palm Bay & is part of the 1st response team of crime only, not natural disasters.*</i>			
Sub-Total	\$48,012.87	\$24,006.44		.50

Agency Contribution for Personnel Expenses

\$24,006.43

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

*Bi-Weekly **

Position Number:

2

Hours per week =

40.000 *

Hourly Rate =

\$20.65 *

	RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$42,952.00	\$42,952.00	\$1,652.00
FICA	7.6500% *	\$3,285.83	\$126.38
Retirement	4.1326% *	\$1,775.03	\$68.27
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:		\$0.01	\$0.00
TOTAL		\$48,012.87	\$1,846.65

Explanation (if applicable):

Adding in \$0.01 to fulfill the approved personnel budget total and complete the budget modification.

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

Yes *

VOCA Personnel Budget

[VOCA Personnel Budget Report](#)

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: 2020-2021 Increased Funding *	\$7,058.00	\$7,058.00	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	\$7,058.00	\$7,058.00		0.00

Agency Contribution for Personnel Expenses

\$0.00

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

Bi-Weekly *

Position Number:

3

Hours per week =

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:		\$7,058.00	\$271.46
TOTAL		\$7,058.00	\$271.46

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 *

VOCA Personnel Budget

[VOCA Personnel Budget Report](#)

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>Increased 21-22 Funding *</i>	\$2,837.00	\$2,837.00	100% *	0.00
Personnel Narrative: <i>Increased funding based on 21-22 submitted application*</i>				
Sub-Total	\$2,837.00	\$2,837.00		0.00

Agency Contribution for Personnel Expenses

\$0.00

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

*Bi-Weekly **

Position Number:

4

Hours per week =

0.00 *

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:		\$2,837.00	\$109.12
TOTAL		\$2,837.00	\$109.12

Explanation (if applicable):

Increased funding based on 21-22 submitted application

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

*No **

VOCA Contractual/Fee for Service Budget

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:	Budget Narrative:	\$		\$
Contractual Subtotal				\$0.00

VOCA Equipment Budget

Items included in this section must be furniture and/or equipment costing \$2,500 or more. If awarded funds in this category, prior approval is required before purchasing items. Provide a justification for the equipment purchase requests. 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 computer will increase the advocate's ability to reach and better serve crime victims. The cost listed above is for a complete computer package which includes the computer, monitor, software and printer.

ALL EQUIPMENT PURCHASES MUST BE PRE-APPROVED PRIOR TO THE ACTUAL PURCHASE

Equipment:				
Description of Equipment and a Budget Narrative		Number	Cost Per Item	Total
Description of Equipment:	Budget Narrative:		\$	\$
			Equipment Subtotal	\$0.00

VOCA Operating Budget

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:				
Description of Operating Cost and a Budget Narrative		Number	Cost Per Item	Total
Description of Operating Cost: <i>Covid Expenses</i>	Budget Narrative: <i>covid related expenses</i>	1	\$10,000.00	\$10,000.00
			Operating Subtotal	\$10,000.00

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.

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:		Number	Cost Per Item	Total
Description of Training Expenses and a Budget Narrative				
Description of Training Expenses:	Budget Narrative:		\$	\$
			Training Subtotal	\$0.00

VOCA Budget Request

Budget Summary By Category	Total VOCA Budget Request	Total VOCA Approved Budget
Personnel (10A)	\$55,259.01	\$55,259.00
Contractual Services (10B)	\$0.00	\$
Equipment (10C)	\$0.00	\$
Operating Expenses (10D)	\$10,000.00	\$1,651.00
Training Expenses (10E)	\$0.00	\$
Total	\$65,259.01	\$56,910.00

Required Match Part 11 \$

Total paid staff for agency's victim services program (total number of full-time equivalent staff (FTE) for the current fiscal year): 2.0000 *

Number of staff requested from VOCA, expressed in FTE's: 1.0000

Number of staff requested as matching expenses, expressed in FTE's: 0.0000

Total staff requested, expressed in FTE's: 1.0000

Type of Agency *Police Department*

Type of Victims Served *All*

Child Abuse <small>(Include services for child physical abuse/neglect and child sexual assault/abuse)</small>	\$3,349.48
Domestic and Family Violence	\$36,286.02
Adult Sexual Assault	\$390.77
Underserved <small>(includes DUI/DWI crashes, survivors of homicide victims, assault, adults molested as children, elder abuse, victims with disabilities, robbery, other violent crimes)</small>	\$4,354.33

MATCH (financial support from other sources)

Value of in-kind match	\$
Cash match	\$
Total match	\$0.00

MATCH (financial support from other sources)

Match waiver	
Match waiver upload:	

Funding Source Chart

Applicants must provide information that demonstrates community support of its services; financial support from non-federal sources; non-federal resources for the required 20% program match (unless in-kind match is utilized); and, if a new program, shows that 25-50% of the total financial support is from non-federal sources.

Budget and Staffing

Provide the amount of funding that is allocated to victim services within the applicant agency for the current fiscal year and the amount requested for the proposed VOCA project. Do not report the entire agency budget, unless the entire budget is devoted to victim services programs. Round amounts to the nearest dollar, and include all expenses which are budgeted for the victim services program (i.e., personnel costs which include salaries for directors, clerical/support staff, victim advocates, counselors, etc.; training costs; equipment such as computers, fax machines, printers, copiers, telephones, and furnishings, etc.; operating costs such as utilities, postage, printing, office supplies, travel, counseling supplies, etc.)

Please note: Do not include in-kind match.

What is the fiscal year of your sub grantee agency?
(choose one from the drop-down menu to the right)

October 1 to September 30*

Other Defined:

Funding Source		Agency Total Victim Services Budget (Current Fiscal Year)	Proposed VOCA Project Budget
Federal Funding *Describe below		\$	\$
VOCA grant request (excluding match)			\$44,043.19
State Funds *Describe below		\$	\$
Local, Public or Private Funds		\$106,623.00	\$106,043.00
Other: (Describe at right)	VOCA Funded for FY 2019	\$	\$
Totals		\$106,623.00	\$150,086.19

*For the judicial circuit you are requesting funding with this application

*If the applicant agency currently receives Federal or State funding for victim services, indicate the source(s) and the use of those funds.

Do not include VOCA funding. (Response is limited to 1000 characters.)

If this is not applicable, please indicate "N/A."

Only VOCA funding is received currently. *

Use of VOCA and Match Funds

INSTRUCTIONS: For this request, check the category of service and subcategory that best identifies the types of services or activities that will be provided by the VOCA-funded project as described below.

Note: Report only those program activities that will be implemented with VOCA and Match funds.

INFORMATION & REFERRAL		Check all that apply
<input checked="" type="checkbox"/>	Information about the criminal justice process	<input checked="" type="checkbox"/> Referral to other victim service programs
<input checked="" type="checkbox"/>	Information about victim rights, how to obtain notification, etc.	<input type="checkbox"/> Referral to other services, supports and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)
PERSONAL ADVOCACY/ACCOMPANIMENT		Check all that apply
<input checked="" type="checkbox"/>	Victim advocacy/accompaniment to emergency medical care	<input type="checkbox"/> Performance of medical forensic exam or interview, or medical evidence collection
<input checked="" type="checkbox"/>	Victim advocacy/accompaniment to medical forensic exam	<input checked="" type="checkbox"/> Immigration assistance (e.g. special visa, continued presence application, and other immigration relief)
<input checked="" type="checkbox"/>	Law enforcement interview advocacy/accompaniment	<input checked="" type="checkbox"/> Intervention with employer, creditor, landlord, or academic institution
<input type="checkbox"/>	Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)	<input type="checkbox"/> Child and/or dependent care assistance (provided by agency)
<input checked="" type="checkbox"/>	Criminal advocacy/accompaniment	<input checked="" type="checkbox"/> Transportation assistance (provided by agency)
<input checked="" type="checkbox"/>	Civil advocacy/accompaniment (includes victim advocate assisting with protection orders)	<input checked="" type="checkbox"/> Interpreter services
<input checked="" type="checkbox"/>	Individual advocacy (assistance in applying for public benefits, return of personal property or effects)	<input checked="" type="checkbox"/> Assistance with victim compensation *
EMOTIONAL SUPPORT OR SAFETY SERVICES		Check all that apply
<input checked="" type="checkbox"/>	Crisis intervention (in-person, includes safety planning, etc.)	<input type="checkbox"/> Therapy (traditional, cultural, or alternative healing: art, writing, or play therapy; etc.)
<input type="checkbox"/>	Hotline/crisis line counseling	<input type="checkbox"/> Support groups (facilitated or peer)
<input type="checkbox"/>	Individual counseling	<input type="checkbox"/> Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and non prophylactic meds, durable medical equipment, etc.)
<input checked="" type="checkbox"/>	On-scene crisis response (e.g., community crisis response)	
SHELTER/HOUSING SERVICES		Check all that apply
<input type="checkbox"/>	Emergency shelter or safe house	<input type="checkbox"/> Relocation assistance
<input type="checkbox"/>	Transitional housing	
CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE		Check all that apply
<input checked="" type="checkbox"/>	Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)	<input type="checkbox"/> Immigration attorney assistance (e.g., special visas, continued presence application, and other immigration relief)
<input type="checkbox"/>	Victim impact statement assistance	<input type="checkbox"/> Other civil legal attorney assistance (e.g., landlord/tenant, employment, etc.)
<input type="checkbox"/>	Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)	<input type="checkbox"/> Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)
<input type="checkbox"/>	Emergency justice-related assistance	<input type="checkbox"/> Criminal advocacy/accompaniment
<input type="checkbox"/>	Civil legal attorney assistance in obtaining protection or restraining order	<input checked="" type="checkbox"/> Civil advocacy/accompaniment (includes victim advocate assisting with protection orders)
<input type="checkbox"/>	Civil legal attorney assistance with family law issues (e.g., custody, visitation, or support)	

Statement of Need

Statement of Need: The statement of need must provide a description about why this project is needed. Be clear and avoid acronyms.

Underserved Victims: Applicants are encouraged to identify gaps in available services for "underserved" victims and to seek funding to provide services to these victims. Underserved populations may include, but are not limited to, child-on-child abuse, child abuse by non-caretaker, crimes against the elderly, non-English speaking persons, persons with disabilities, victims of federal crimes, victims of workplace violence and members of racial or minorities.

- 1) Briefly describe the need for services to victims of crime that will be addressed using VOCA funding. If needed, define the deficiency of services to victims.
*Limited social services in Brevard County make it essential to continue the VOCA funded work of the PBPB Victim Services Unit (VSU). VSU provides 24-hour advocacy to victims of domestic violence & other crimes as a first response team to provide contact/assistance to affected individuals. In 2021, PBPB received 16,409 calls for crime related incidents with 11,959 involving violence. Annual crime stats include 6 murders, 1354 thefts, 562 burglaries, 581 adult/child abuses, 821 domestic violence, 1359 assaults, 234 aggravated assaults, 3592 disturbances, 72 forcible rapes, 33 robberies and 272 stalking cases. Using multiple resources, VSU aides those affected understand & process their own experiences in a broader social & cultural context. VSU's partnership with Serene Harbor Domestic Violence Shelter has on-going demand for housing of DV victims from Palm Bay. Judicial outcomes include successful prosecutions through the State Attorney's Office as a direct result of VSU collaboration. **
- 2) Provide information about crime statistics for the service area that will be served with VOCA funding. For example, if the applicant agency only serves particular cities or counties in the requested judicial circuit, statistics related only to the specific city or county must be provided. Specifically, detail the statistics related to the need described in #1.
*In 2021, Palm Bay Police Department received over 60,000 police-related calls for service. The agency's report to the National Incident Based Reporting System (NIBRS) for 2021 related crimes will include: homicides, thefts, burglaries, domestic violence incidents, assaults, aggravated assaults, forcible rapes, motor vehicle thefts, and robberies. To mitigate the impact on victims and prevent future victimization, the VSU offers: safety planning, crisis counseling, information & referrals to other providers, transportation, assistance with victims' compensation, injunction filing, court accompaniment, personal advocacy, and other services as needed. A primary focus of the VSU is to provide the necessary resources to help individuals recover from their victimization from the onset as a first response team to crime through the completion of the judicial process. **
- 3) Provide demographic information **about the population of the service area requested in the application**. For example, if the applicant agency only serves particular cities in the requested judicial circuit, demographic information related only to the city must be provided. At a minimum, provide information about gender, race, or national origin and age for the service area.
*Palm Bay is the largest city in Brevard County at 98 square miles located on the east coast of Central Florida with an estimated population of 124,727. This predominantly urban community provides affordable housing to low-income individuals/families where the average household income is \$62,365. Recent demographics for Palm Bay reflect the population as 51.2% male, 48.8% female and a median age of 40.3 years; 73.7% Caucasian, 17.7% African American, 1.6% Asian. 0.65% American Indian and Alaska Native, and 4.1% are two or more races. The poverty rate in Palm Bay is 13% with the Hispanic race having over 21% of residents living below the poverty level. Palm Bay has nearly 10,000 veterans of which 5.8% live in poverty, 32.4% have a disability, and over half fall in the age group of 65 and older. VSU will provide services as need to all victims of crime regardless of gender, ethnicity/race, age, and sexual orientation. **
- 4) Provide demographic information **about the population to be served through the proposed VOCA project**. If the applicant agency is a current VOCA subgrantee, utilize the information included in the 4 most recently submitted Quarterly Performance Reports. If the applicant agency is a new applicant agency provide demographic information collected on crime victims served.
*The ongoing VOCA funded Palm Bay VSU has assisted over 2,100 victims over the last four quarters. The demographics of those served through the program include: 63.5% female and 36.4% male; the top three served ethnicities are White/Caucasian (60.3%), African American (21.9%), and Hispanic (7.3%); with 43.7% of victims aging between 25-59 and nearly 100 children. Victims with disabilities provided assistance are primarily Veterans (23.7%) or have Cognitive disabilities (38.7%). The primary victimization for those served by Palm Bay VSU is domestic family violence (40.7%), while the major victimizations ranging from violent crimes involving assault (13.6%), fraud and theft crimes (23.3%), and harassment (9.9%). Service types provided include information and referral, personal advocacy, emotion support and civil/criminal justice assistance. VSU will provide services as need to all victims of crime regardless of gender, ethnicity/race, age, and sexual orientation. **

Project Proposal

The project proposal must clearly outline what needs to be done and by whom in order to address the needs identified in the statement of need.

The project proposal pertains only to the services related to the proposed Total VOCA Project (VOCA grant plus match activities).

- 1) Describe which services will be provided to the crime victims described in the statement of need. Summarize which services will be provided by each proposed VOCA funded personnel position or contractor. Specifically, indicate how the proposed expenses in each budget category are associated with the provision of services to crime victims. The response should not include match sources.
*VSU provides advocacy services for victimization which span domestic violence, identity theft/fraud, child physical/sexual abuse, homicide survivors, elder abuse, robbery, stalking, violation of injunction, and other violent/non-violent crimes. VSU provides an on-call 24-hour advocacy as part of a first response team. VSU will assist victims with crisis counseling, information/referral to other providers, securing emergency shelter, filing injunctions, transportation, followup contacts, and other resources. Operating expense for laptops allows VSU to respond on-scene to complete victim assistance referrals eliminating delays. Enhances VSU's ability to provide immediate aide to victims with VOCA funded advocacy services. The requested training for crimes against children will help the VSU to serve the youngest victims of Palm Bay in the best manner possible. The VSU staffs two paid Victim Advocates and six Volunteer Advocates who provide direct services to crime victims in Palm Bay. **
- 2) Provide a listing of other agencies that will coordinate services with the applicant for the VOCA project and the services provided by each agency.
*VSU coordinates with several social service providers in the community such as the State Attorney's Office for prosecution; Serene Harbor & Salvation Army for shelter and relocation services; Legal Aide for legal representation at injunction hearings and divorce proceedings; Women's Center, Family Counseling Center, and Florida Tech Counseling Psychological services for counseling and support groups; Probation and Parole for facilitating defendant violations; Brevard County Sheriff's Office for coordination of serving injunctions; Melbourne Police Department for supplemental material multi-jurisdictional cases; Children and Families for protection and welfare of children and the elderly; Children's Home Society for family resources; the Sharing Center for victim supplies and needs; and any other businesses and social service agencies as the needs arise. **
- 3) Describe in detail how the coordination of services will be accomplished with those agencies included in the response to Question 2. How will the coordination be accomplished, for example, email, phone call, local coalition meetings, etc. Indicate if Memorandum of Agreement are in place or not, or other formal coordination plans are in place.
*VSU provides victims and children transportation to services and refers them to the appropriate social service providers. With the exception of Serene Harbor, who obtained a MOU for legal representation, coordination of services is done on an informal basis with no MOU based on a reciprocal referral arrangement. Victims are referred to the Women's Center for counseling and support group; Legal Aide for free representation at injunction and/or divorce hearings; to the Salvation Army & Serene Harbor for shelter & to provide assistance with relocation funding; Children & Families to provide safety/welfare for children or elderly victims; the State Attorney to ensure victim cooperation for mandatory attorney appearances, to update and obtain the needed documentation to violate perpetrators, and to keep them engaged in the process with the goal of increasing the likelihood of successful prosecution. VSU along with most agencies serve jointly on the Brevard County DV Task Force & Fatality Re **
- 4) Does a duplication of service exist? (Choose one from the drop-down menu): No *
 If yes, please explain.
- 5) The VOCA Rules mandate that grant recipients use volunteers in the victim services program.
 Describe how volunteers will be utilized to provide services to crime victims. If the agency does not currently utilize volunteers, please explain how they will be recruited and incorporated into the victim services program.
*VSU heavily relies on Volunteer Advocates to provide 24-hour on-call emergency advocacy to victims of crime during evening, weekend, and holiday hours. The volunteers also work as part of the first response team both in-person and via telephone. During the initial contact, the Volunteer Advocate completes an assessment of each victim to determine the appropriate services needed which may include securing emergency shelter for the victim and their children; facilitating emergency injunctions; providing crisis counseling; information or referrals including notifying eligible victims about victims' compensation. The on-call volunteer may transport the victims to any social services agency and/or any appointment that is a result of their being victimized. VSU may also utilize volunteers to assist with processing victim paperwork, computer data entry, distribute VSU brochures, attend community outreach events to identify crime victims and refer them to the appropriate services. **
- 6) Identify the number of volunteer hours supporting the work of this VOCA award for subgrantee agency's victimization program/services.
 6 * Volunteers provided
 4800 * Hours of Service annually
 2.3077 FTE equivalent (hours provided divided by 2080)
- 7) Are the services requested in the application allowable under the Victim Compensation Program?
 No*
- 8) If the agency selected "Yes, in number 7, include a justification for not billing the Victim Compensation Program for the allowable services.
*The VSU does not provide services that are allowable under the Victim Compensation Program and therefore our agency does not bill the program for services rendered. **
- 9) The agencies that receive VOCA grant funding are required to comply with the Federal statutes and regulations that prohibit discrimination in federally assisted programs or activities. Recipients may not discriminate in employment on the basis of race, color, national origin, religion, sex, and disability. Also, recipients may not discriminate in the delivery of services or benefits on the basis of race, color, national origin, religion, sex, disability, and age. In order to ensure VOCA-funded agencies fulfill the expectations of the Federal civil rights obligations all organizations that receive VOCA funding must complete the online civil rights training curriculum for recipients offered by the Office for Civil Rights. If awarded VOCA grant funding will the applicant agency complete the required training and comply with all applicable Federal statutes and regulations related to civil rights and nondiscrimination?
 (Choose one from the drop-down menu below)
 Yes *
- 10) Are any portions of the requested positions or requested costs, to be funded or to be used as Match, being requested in another VOCA grant application?
 No *
- 11) If the agency selected "Yes, in number 10, include the position title, application number, cost, percentage requested in the grant and/or the percentage to be utilized as match. If funded, this documentation will also be required with each monthly invoice submission.
 *

Victims Served and Types of Services_Copy

Required Documentation

Job Descriptions

A job description is required for all proposed VOCA-funded personnel and match personnel and must indicate the percentage of time allocated for each task totaling 100% of the job duties (see instructions in the Personnel budget section). Job descriptions must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is VOCA funded and/or utilized as Match. If the Project Proposal, Statement of Need or Letters of Support indicate the position will provide crime victim services for another organization, that duty must be included in the job description.

Failure to provide VOCA allowable job descriptions may result in a reduction to the request.

Documentation of the agency's 501(c) 3 ruling from the Internal Revenue Service

This documentation must be uploaded separately. Provide documentation to document the nonprofit status of the applicant agency. This may include:

1. proof that the Internal Revenue Service recognizes the organization as being tax exempt under 501(c)(3) of the Internal Revenue Code;
2. a statement from a state taxing body or state secretary of state certifying that the organization is a nonprofit organization and that no part of the organization's net earnings may benefit any private shareholder or individual;
3. a certified copy of a certificate of incorporation or similar document establishing nonprofit status;
4. any of the above, if it applies to a state or national parent organization, with a statement by the state or national parent organization that the applicant is a local nonprofit affiliate

Current Listing of Agency's Board of Directors

Attach a current listing of all Board Members to include name, affiliation, and contact information (address, phone number).

Standard Assurance Requirement

Pursuant to the Standard Assurances, the following two items must be provided to the Office of the Attorney General. Attach a document that addresses each of the following:

1. The subgrantee's quarterly report data collection process. The agency must submit an enumerated, step-by-step process; explaining the agency's process for data collection. This document must be a summary and no more than 1 page. Do not include sample documents.
2. A listing to include the names and total compensation of the five most highly compensated executives of the organization.

990 Requirement

Upload a copy of the applicant agency's most recent 990, if the agency is a not-for-profit.

Required Documentation Uploads

Upload Name:

Upload Type:

Date:

OAG Only - Upload Section

Upload Name:

Upload Type:

Date: