

3 CC-4

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: December 5, 2006     Consent     Regular  
 Ordinance     Public Hearing

Department:  
Submitted By: Palm Beach County Sheriff's Office  
Submitted For: Palm Beach County Sheriff's Office

I. EXECUTIVE BRIEF

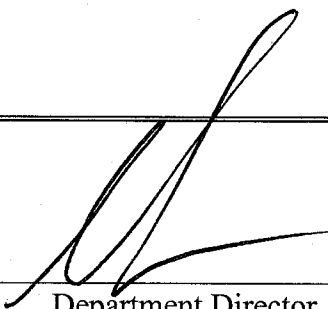
**Motion and Title:** Staff recommends motion to: (A) Accept a Victims of Crime Act (VOCA) Agreement with the State of Florida, Office of the Attorney General in the amount of \$53,960 for the PBSO's Domestic Violence Advisor Program for the period October 1, 2006 through September 30, 2007; and (B) Approve a budget amendment in the amount of \$53,960 in the Sheriff's Grants Fund.

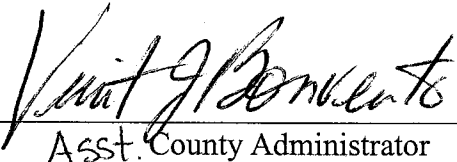
**Summary:** The State of Florida, Office of the Attorney General (OAG) is acting as a pass-through agency for the Victims of Crime Act (VOCA). This VOCA grant will be used to continue to allow for a victim advocate allocation to concentrate on the victim population in Palm Beach County. This position will continue to coordinate services with PBSO officers and other municipal agencies to offer crisis intervention, lethality assessments and safety plans. The PBSO will be reimbursed for personnel expenses totaling \$53,960. The required match is 20%, which the PBSO will provide in the amount of \$13,490. No additional County funds are required. Countywide

**Background and Justification:** The Office for Victims of Crime (OVC) was established by the 1984 Victims of Crime Act (VOCA) to oversee diverse programs that benefit victims of crime. OVC provides substantial funding to state victim assistance and compensation programs—the lifeline services that help victims to heal. This agreement shall be performed in accordance with the VOCA, Victim Assistance Grant Final Program Guidelines, Federal Register, Vol. 62, No. 77, April 22, 1997, pp. 19607-19621 and the U.S. Department of Justice, Office of Justice Programs, Financial Guide. The OAG Catalog of Federal Domestic Assistance (CFDA) Number for this program is 16.575 and OAG grant number V6138.

**Attachments:**

- 1. Award Letter
- 2. Grant Agreement
- 3. Budget Amendment

Recommended By:  Department Director      11/13/06 Date

Approved By:  Asst. County Administrator      11/28/06 Date

II. FISCAL IMPACT ANALYSIS

A. **Five Year Summary of Fiscal Impact:**

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures					
Operating Costs	\$67,450				
External Revenues	(\$53,960)				
Program Income (County)					
In-Kind Match (County)					
 Net Fiscal Impact	 \$13,490				
 # Additional FTE Positions (Cumulative)					

Is Item Included in Current Budget: YES \_\_\_\_\_ NO X

Budget Account No.: Fund \_\_\_\_\_ Agency \_\_\_\_\_ Org \_\_\_\_\_ Object \_\_\_\_\_

Reporting Category \_\_\_\_\_


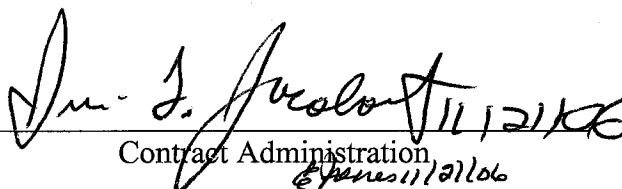
B. **Recommended Sources of Funds / Summary of Fiscal Impact:**

The VOCA Grant is funded by the State of Florida, Office of the Attorney General as a pass-through. A 20% match in the amount of \$13,490 is being provided by the Sheriff's Office.

VOCA Grant	\$ 53,960	
25% Overmatch	\$ 13,490	from PBSO
<b>Total</b>	<b>\$ 67,450</b>	

III. REVIEW COMMENTS

A. **OFMB Fiscal and/or Contract Administration Comments:**

 _____ OFMB 11/20/06	 _____ Contract Administration 11/21/06
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11-20-06 PM  
 11-15-06

B. **Legal Sufficiency:**

  
 \_\_\_\_\_  
 Assistant County Attorney  
 11/27/06

C. **Other Department Review:**

\_\_\_\_\_  
 Department Director

07 - 0261

BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
Budget Amendment

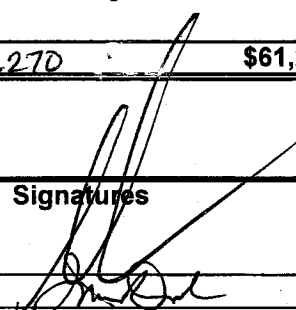
FUND 1152 SHERIFF'S GRANTS FUND

BGRV 420 112006\*125  
BGET 420 112006\*491

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 11/06/06	REMAINING BALANCE
<b>Revenues</b>								
Victims of Crime Act FY07								
160-2082-3128	Fed Grnt - Indirect Public Safety	0	0	53,960	0	53,960		
<b>TOTAL RECEIPTS AND BALANCES</b>		<b>\$36,270</b>	<b>\$61,270</b>	<b>\$53,960</b>	<b>\$0</b>	<b>\$115,230</b>		
<b>Expenditures</b>								
Victims of Crime Act FY07								
160-2082-9498	Transfer to Sheriff Fund 1902	0	0	53,960	0	53,960		
<b>TOTAL APPROPRIATIONS</b>		<b>\$36,270</b>	<b>\$61,270</b>	<b>\$53,960</b>	<b>\$0</b>	<b>\$115,230</b>		

Palm Beach County Sheriff's Office  
INITIATING DEPARTMENT/DIVISION  
Administration/Budget Department Approval  
OFMB Department - Posted

Signatures \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 11-20-06  
 \_\_\_\_\_

By Board of County Commissioners  
At Meeting of December 5, 2006  
 \_\_\_\_\_  
 Deputy Clerk to the  
Board of County Commissioners

BGRV  
11-20-06



STATE OF FLORIDA

CHARLIE CRIST  
ATTORNEY GENERAL

July 13, 2006

The Honorable Ric L. Bradshaw  
Sheriff, Palm Beach County  
3228 Gun Club Road  
West Palm Beach, Florida 33406

Dear Sheriff Bradshaw:

It is a pleasure to inform you that the Palm Beach County Sheriff's Office will be awarded a Victims of Crime Act (VOCA) grant in the amount of \$53,960 for the 2006-2007 funding cycle. This grant is awarded as a recognition of your agency's commitment to provide services to crime victims in your community.

A member of my staff in the Bureau of Advocacy and Grants Management will contact you soon to assist with the administrative requirements of this grant. Your continuing efforts to provide assistance to victims of crime are appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Charlie Crist".

Charlie Crist

CC/njg



**Victims of Crime Act (VOCA)  
FY 2006-2007**

**Grant Application**

**Office of Attorney General Charlie Crist**

**ATTACHMENT A**  
**2006 - 2007 VOCA GRANT APPLICATION**

**Part 1. CERTIFICATION/SIGNATURE**

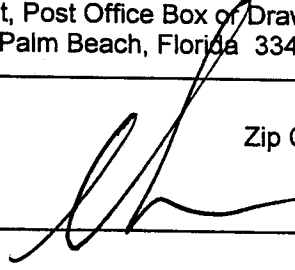
I acknowledge that I have read, understand, and agree to the conditions set forth in the Victims of Crime Act Grant Application, Instructions and the Final Program Guidelines for the duration of the grant period. I certify that any VOCA grant funds that this Agency might receive will not be used to supplant any state and local funds that would otherwise be available for crime victim services. Further, I certify that the information contained in this application is true, complete and correct.

The Applicant agency is the legal name of the agency that is seeking VOCA funding. Enter the name as it should appear on a contract in the event the program receives VOCA funding.

Name of Agency: Palm Beach County Sheriff's Office

Judicial Circuit to be served (refer to list on page 7): Fifteenth

List name of counties served: Palm Beach County

<p><u>Printed Name of Agency Director:</u></p> <p><u>Ric L. Bradshaw, Sheriff</u></p> <p><u>3228 Gun Club Road</u></p> <p><u>Street, Post Office Box or Drawer</u> <u>West Palm Beach, Florida 33406</u></p> <p>City _____ Zip Code _____</p> <p><u>X</u> </p> <p>Signature of Agency Director</p>	<p>Area Code/telephone No. <u>561-688-3021</u></p> <p>Fax No. <u>561-688-3033</u></p> <p><u>2/26/06</u></p> <p>Date of Signature</p>
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<p>Type the name of the individual in the Agency who can answer questions about the information contained in this Grant Application.</p> <p>Contact Person: <u>Gena Rowlands</u></p>	<p>E-mail Address: <u>rowlandsg@pbso.org</u></p> <p>Contact Telephone No. <u>561-688-3135</u></p> <p>Contact Fax No. <u>561-688-4330</u></p>
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**PART 2. AGENCY ELIGIBILITY**

a. Identify which of the following categories best describe the applicant agency:

- Public       Private Nonprofit \*       Combination Private Nonprofit/Public \*

\* Private nonprofit or a combination private nonprofit/public agency, must provide a photocopy of agency's 501(c) 3 ruling which verifies the agency's status as a registered nonprofit organization.

b. Describe the type of implementing Agency (mark the appropriate category):

Criminal Justice - Government:

- Law Enforcement     Prosecution     Probation     Court     Corrections     Other

Noncriminal Justice - Government:

- Social Services     Mental Health     Public Housing     Hospital     Other

Private Non-Profit:

- Hospital     Rape Crisis     Religious Organization     Shelter     Mental Health Agency

Other

Native American Tribe or Organization:

- On Reservation       Off Reservation

Other:

c. Describe the purpose of the proposed VOCA project (mark one):

- New Victim Services Project       Continuation of an existing VOCA-funded project

Expansion or enhancement of a project that is not currently VOCA-funded

d. In the following table, provide the amount of funding that is allocated to victim services in your agency for the **current fiscal year** by funding source. Do not report the agency budget unless the entire budget is devoted to victim services. For example, if VOCA funds are awarded to support a victim advocate unit in a prosecutor's office, then report the budget for the victim advocate unit only. Round amounts to the nearest dollar. Include all expenses which are budgeted for your 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.). Contact your agency's finance or budget office for assistance in completing this information. Please note: **Do not include in-kind match.**

**FUNDING**

**SOURCE**



### Funding Source

In the following table, provide the amount of funding that is allocated to victim services in your agency for the current fiscal year by funding source. Do not report the agency budget unless the entire budget is devoted to victim services. For example, if VOCA funds are awarded to support a victim advocate unit in a prosecutor's office, then report the budget for the victim advocate unit only. Round amounts to the nearest dollar. Include all expenses which are budgeted for your 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.). Contact your agency's finance or budget office for assistance in completing this information. Please note: **Do not include in-kind match.**

Source of Funding	Current Fiscal Year \$ Amount
<b>Federal Funding (excluding VOCA)</b>	
<b>Current Year VOCA (excluding match), if applicable</b>	\$ 44,431.00
<b>State Funds</b>	\$ 60,000.00
<b>Local, Public or Private Funds</b>	
<b>Other (Specify):</b>	
<b>Total Victim Services Budget</b>	\$ 104,431.00

If the agency currently receives federal funding for victim services other than VOCA funds, include the source (s) and the use of those funds.

Our Criminal Justice Commission has given PBSO an award through JAG funds to continue partially funding the salary of a detective.

Funding Source	Current Fiscal Year
Federal Funding (excluding VOCA)	\$
Current Year VOCA (excluding match), if applicable	\$
State Funds	\$
Local, Public or Private Funds	\$
Other (Specify):	\$
Total Victim Services Budget	\$

\* Per Judicial Circuit you are requesting funding

e. If the applicant agency currently receives federal funding for victim services other than VOCA funds, indicate the source(s) and the use of those funds:

### PART 3. VICTIMS SERVED AND TYPES OF SERVICES

For the total VOCA Project (VOCA grant plus match) identify the victims served and the types of services that the applicant agency proposes to provide.

a. Victims to be served. Mark (X) by all that apply.

<input type="checkbox"/> Adult Sexual Assault	<input type="checkbox"/> Adults Molested as Children	<input checked="" type="checkbox"/> Assault	<input checked="" type="checkbox"/> Child Physical Abuse
<input type="checkbox"/> Child Sexual Abuse	<input checked="" type="checkbox"/> Domestic Violence	<input type="checkbox"/> DUI/DWI Crashes	<input checked="" type="checkbox"/> Elder Abuse
<input type="checkbox"/> Robbery	<input type="checkbox"/> Survivors of Homicide Victims		
<input type="checkbox"/> Other, please identify:			

#### Refer to definitions in application instructions

b. Types of services. Mark (X) by all that apply.

<input checked="" type="checkbox"/> Assistance in Filing Compensation Claims - <b>Mandatory Requirement</b>		
<input checked="" type="checkbox"/> Criminal Justice Support/Advocacy	<input checked="" type="checkbox"/> Crisis Counseling	<input type="checkbox"/> Crisis Hotline Counseling
<input type="checkbox"/> Emergency Financial Assistance	<input type="checkbox"/> Emergency Legal Advocacy	<input checked="" type="checkbox"/> Follow-up Contacts
<input checked="" type="checkbox"/> Information and Referral (In-Person)	<input checked="" type="checkbox"/> Personal Advocacy	<input checked="" type="checkbox"/> Shelter/Safehouse
<input type="checkbox"/> Support Groups	<input checked="" type="checkbox"/> Telephone Contacts	<input type="checkbox"/> Therapy
<input type="checkbox"/> Other, please identify:		

c. If applicable. Mark (X) in the box(s) below

Does your agency provide first response to crime scenes?

Does your agency provide after hours call out (respond 24/7)?

**Part 4. STATEMENT OF NEED**

Using the information checked under Part 3 - Victims Served and Types of Services, briefly describe the specific need for VOCA funds or the deficiency of services to victims. The response may not exceed one-half page with minimum front size 10.

The VOCA funding requested would provide continued partial funding of a full time Victim Advocate assigned to the Domestic Violence Unit of the Palm Beach County Sheriff's Office. Victims of Crime are often unaware of community resources available to them, their own judicial rights, and the judicial process as it relates to their own victimization. The Victim Advocate employed by the Palm Beach County Sheriff's Office provides a valuable service to our community by assessing the needs of victims and witnesses, advising victims of available programs, providing resource & referral information on counseling and emergency assistance/shelter programs, informing victims and witnesses of their judicial rights, educating victims and witnesses on judicial procedures in the courtroom, providing follow-up services to victims and assisting victims obtain restraining orders. The victims assisted by the Victim Advocate include children, elderly citizens, disabled persons, and other victims of domestic violence. Many of the victims served by the Victim Advocate would not have otherwise received the same level of attention, information, and support had a Victim Advocate not been available to assist.

Having briefly described the need, document the need by including the following information as it relates to the service area:

Population (specify #)	The 2004 estimated population of Palm Beach County was 1,243,230, not including the many tourists who visit our area each year. The Palm Beach County Sheriff's Office provides law enforcement services to an estimated unincorporated and contract population of over 600,000 resident persons.
Geographic characteristics	Palm Beach County is Florida's largest county, spanning 2386 square miles, which consist of both urban and rural areas.
Crime statistics (for the population you are seeking to serve with VOCA funds)	The total number of Domestic Violence related criminal cases in the Palm Beach County Sheriff's Office service area for 2005 was 2933. This number of criminal cases does not include the number of Domestic related calls that were of a non-criminal nature. The number of victims identified in 2005 from these cases were 4,271.
Existing victim services in the community	Palm Beach County Victims Services (counseling & referrals), Aid to Victims of Domestic Violence (Shelter), YWCA Harmony House (Shelter), and the State Attorney's Domestic Violence Elimination Program (DOVE) all provide services to victims of domestic violence.
Non-existing victim services in the community	The Palm Beach County Sheriff's Office currently employs four full-time Victim Advocates, one of whom is funded in part by VOCA Funding. These full time persons are responsible for providing services for the entire service area of the Palm Beach County Sheriff's Office. Without this essential component of our Domestic Violence Program, many victims would not receive the necessary advocacy, referral information, and related counseling services. Additionally, many victims would be unaware of their rights in the criminal justice system as they relate to violence and victimization.

**PART 5. PROJECT PROPOSAL**

The information provided by the applicant under Part 5 - Project Proposal pertains only to the services related to the proposed Total VOCA Project (VOCA grant plus match). Respond to each of the separate subheadings as described below. The response under each subheading may not exceed one-half page with minimum font size 10.

<p><u>Project Summary</u> - Using the information marked under Part 3 - Victims Served and Types of Services, describe in detail:</p>	
<p><u>How will the services indicated in Part 3 (b) be provided to the victims in Part 3 (a)?</u></p>	<p>The VOCA Victims' Advocate is responsible for providing a variety of services to victims of domestic violence. The Victims' Advocate works closely with law enforcement deputies, including specially trained deputies of the domestic violence unit of the Palm Beach County Sheriff's Office known as DART (Domestic Abuse Response Team) officers. Once a victim has been identified, the VOCA Victim's Advocate is responsible for completing an abuse indicator to determine relevant risks and power and control issues. Once the risk assessment is completed, a safety plan is developed with the identified victim. The safety plan will address a variety of safety related areas including: shelter, housing, relocation funding, and available support. Additionally, the VOCA Victims' Advocate will provide a variety of resource referrals to the victim which can include referrals for the following: medical care, counseling services, legal/restraining order process, and related advocacy in the workplace and school. The VOCA Victim's Advocate is also responsible for providing all necessary claim forms and related instructions to all identified victims of violence who meet eligibility requirements for the Florida Victims of Crime Compensation Program. Additionally, the VOCA Victim Advocate will provide assistance to participating municipalities who also respond to assist victims of domestic violence.</p>
<p><u>How many victim advocates/ direct service providers, does your agency staff? Of those, how many are you requesting from VOCA?</u></p>	<p>The Palm Beach County Sheriff's Office currently employs four full time Victim Advocate Positions. Of these four full time positions, VOCA funds the majority salary of one full time Victim Advocate Position. We are requesting continued funding of one of our full time Victim Advocates.</p>

Coordination of Services - The VOCA Final Program Guidelines mandate that grant recipients coordinate services with other area service providers. Under this subheading:

<p>Identify agencies with which the proposed VOCA project will coordinate its services.</p>	<ol style="list-style-type: none"> <li>1- Palm Beach County Victims' Services</li> <li>2- Aid to Victims of Domestic Violence (Shelter)</li> <li>3- YWCA Harmony House (Shelter)</li> <li>4- Domestic Violence Elimination Program (DOVE)</li> <li>5- Pride and Probation</li> <li>6- First Appearance Hearings</li> <li>7- Palm Beach County State Attorney's Office</li> <li>8- Local Participating Law Enforcement Agencies</li> <li>9- Palm Beach County School Board</li> </ol>
<p>Describe how the proposed VOCA project will coordinate the services with other service providers in the community.</p>	<p>The Palm Beach County Sheriff's Office currently utilizes specially trained deputies to investigate domestic violence related crimes (DART officers). These officers have been educated regarding programs, which are available to assist victims of domestic violence. At the scene of each domestic related crime, deputies determine the immediate need of the victims and provide referral information. Specific agencies, which have been identified and have provided services to victims within our community, are named above.</p> <p>In addition to the immediate referrals provided by deputies at the scene, the Victim Advocate is responsible for providing services to victims identified in investigative reports. These services include providing resource and referral information to both victims and related witnesses. The Victim Advocate will coordinate this process by providing a needs assessment and then referring the victims/witnesses based on their needs. The services available, as identified above, include: emergency shelter, counseling services, legal/restraining orders, emergency relocation funding, victim compensation, and advocacy related to school and employment.</p> <p>The Victim Advocates are responsible for maintaining up to date referral information. Additionally, Victim Advocates are responsible for establishing and maintaining working relationships with service providers within our community, thus facilitating the referral and advocacy process.</p>
<p>If a duplication exists, please explain.</p>	<p>The VOCA project is not duplicated. The VOCA project targets the service area which is enforced by the Palm Beach County Sheriff's Office. The Victim Advocacy services provided by our Victims' Advocates are provided in a holistic manner, whereby all needs are considered. These needs may include: shelter, funding, counseling, and advocacy in the legal, school, and employment arenas. Where other agencies may provide one or more of these services identified above, the Victims' Advocates provide a coordinated program which facilitates access to all of these services identified above.</p>

**Victim Compensation Assistance** - The Final Program Guidelines mandate that grant recipients provide assistance in filing victim compensation claims. Refer to the definition in the application instructions. Describe how the proposed project will meet this mandatory requirement.

The VOCA Victim Advocate will provide all necessary claim forms and related instructions to all identified victims of violence who meet eligibility requirements for the Florida Victims of Crime Compensation Program. The VOCA Victim Advocate will continue to follow-up and monitor the status of the victims' applications when requested by the victims. Additionally, the VOCA Victim Advocate will provide assistance to participating municipalities who also respond to assist victims of domestic violence.

**Use of Volunteers** - The Final Program Guidelines mandate that grant recipients use volunteers. Under this subheading:

<p>Describe how volunteers will be utilized</p>	<p>The Domestic Violence Unit, with the guidance and support of the VOCA Advocate, has implemented a comprehensive volunteer domestic violence advisor program. This program consists of 27 volunteer advisors who are active or retired professionals in the counseling field and have been specially trained by our agency to assist victims of domestic violence. The training they have received includes instruction on how to complete the abuse indicator assessments and related safety planning.</p> <p>The exact utilization of these volunteers typically occurs in the following manner: the law enforcement officer who responds to the scene of a domestic violence incident will place the victim in contact via the telephone with a domestic violence advisor. The advisor will complete an abuse indicator and safety plan. Based on the assessment and safety plan, the advisor will make referrals to appropriate community service providers.</p> <p>The VOCA advocate reviews all information supplied by the volunteer advisors, with specific attention given to the safety of the victims and children. A review of all referrals provided to the victims is completed. If the VOCA advocate determines that additional factors and/or referrals must be considered, the VOCA advocate will contact the volunteer advisor and the identified victim to coordinate follow up services.</p> <p>The VOCA advocate is contacted and provides all related services when a Victim Advisor Volunteer is not available to assist the officer at the scene.</p>
<p>Identify the number of volunteers currently utilized in the Victim Services Program. This number must be expressed in full time equivalent(s).</p>	<p>In addition to the 27 domestic violence advisors assigned to the volunteer advisor program, the domestic violence unit also utilizes volunteers who assist the unit with administrative functions. Additionally, college interns are utilized within the program. The total combined effort of all volunteers provides over 7000 hours of service per year. This total represents over 3 full time employees.</p>

Project Continuation - If VOCA funds are no longer available, outline your agency's plan to continue funding this program. There is no expectation or guarantee, implied or otherwise, that an agency will receive VOCA funding in the future. VOCA applications for grants are subject to a competitive process.

Are you seeking other funding?

If so, from what funding sources?

If not, provide detailed explanation.

The Palm Beach County Sheriff's Office is dedicated to the protection and service of Victims of Domestic Violence. We appreciate the role that our Victims' Advocates play in providing services to victims within our county. We are constantly seeking alternative funding sources to provide continued funding for all components of our domestic violence unit, including the Victim Advocates. We have been successful in securing funding to provide services in this unit, including a detective allocation and developing/implementing computer software to assist in the domestic violence related criminal justice process.

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## PART 6. GOALS AND OBJECTIVES

Based on the information provided for Part 3 - Victims Served and Types of Services and Part 5 - Project Proposal, **the program must select 2 goals (only). Each goal must have two objectives (only)** that specifically relate to the proposed total VOCA Project. Objectives must be specific to the services your agency has identified in Section 3b.

The OAG compiled the following list of goals and objectives to assist the applicant in selecting the minimum information required for VOCA goals and objectives. **You must select from the following goals and objectives. If the choices provided do not accurately reflect the goals and objectives of your proposed VOCA project, you must contact the OAG at 850/414-3380 prior to submitting the application to determine alternative goals and objectives that are acceptable. Alternate goals and objectives must be approved in writing by the OAG and included as part of your grant application. Failure to comply with this requirement may result in a reduction to your request.**

**GOALS:** A goal is the anticipated result of the project proposal, i.e., a broad description of what the project is intended to accomplish. The applicant must select the goals from the following list. The goal(s) must be directly related to the proposed VOCA project.

- ! Enhance the quality of victim services provided.
- ! Increase the quantity of victim services provided.
- ! Expand services to meet the immediate needs of crime victims.
- ! Expand victim services to provide additional types of services.
- ! Expand victim services to geographic areas with limited or non-existing services.
- ! Expand services to additional victim groups.
- ! Expand services to members of previously underserved populations.

**OBJECTIVES:** Objectives are the increments of progress that will lead to the accomplishment of the goal. When describing objectives, provide numbers, not percentages. The numerical objectives represent VOCA-eligible services that will be provided by VOCA paid staff, volunteers, or other agency staff who are used to meet the required project match. Objectives must be directly related to the proposed VOCA project. For Part 6, the applicant must select the objectives from the following list and provide the appropriate estimate for the proposed VOCA project.

- PBetween October 1 and September 30 the program will provide Crisis Counseling to \_\_\_ crime victims..
- PBetween October 1 and September 30 the program will provide Follow-up Contact to \_\_\_ crime victims.
- PBetween October 1 and September 30 the program will provide Therapy to \_\_\_ crime victims.
- PBetween October 1 and September 30 the program will provide Support Groups to \_\_\_ crime victims.
- PBetween October 1 and September 30 the program will provide Crisis Hotline Counseling to \_\_\_ crime victims.
- PBetween October 1 and September 30 the program will provide Shelter/Safe House to \_\_\_ crime victims.
- PBetween October 1 and September 30 the program will provide Information and Referral to \_\_\_ crime victims.
- PBetween October 1 and September 30 the program will provide Criminal Justice Support/Advocacy to \_\_\_ crime victims.
- PBetween October 1 and September 30 the program will provide Emergency Financial Assistance to \_\_\_ crime victims.

Between October 1 and September 30 the program will provide Emergency Legal Advocacy to \_\_\_ crime victims.

Between October 1 and September 30 the program will provide Personal Advocacy to \_\_\_ crime victims.

Between October 1 and September 30 the program will provide Telephone Contacts to \_\_\_ crime victims.

**Example:**

Goal 1: Increase the quantity of victim services provided.

Objectives:

1. Between October 1 and September 30 the program will provide Crisis Counseling to 75 crime victims..
2. Between October 1 and September 30 the program will provide Follow-up Contact to 80 crime victims.

Goal 2: Expand services to meet the immediate needs of crime victims.

Objectives:

1. Between October 1 and September 30 the program will provide Emergency Legal Advocacy to 20 crime victims.
2. Between October 1 and September 30 the program will provide Personal Advocacy to 80 crime victims.

**PART 7. LETTERS OF SUPPORT**

Attach three (3) current letters of support from local community or government groups. Letters from individuals or units within the applicant agency or standardized format support letters will not be accepted. Do not provide more than three letters. It is the responsibility of the applicant agency to ensure letters confirm the applicant agency's record of providing effective services to crime victims (if applicable) and demonstrate community support for the VOCA Grant Application. A current letter is one that is dated during the current calendar year. *Note: Letters acknowledging participation in a conference or meeting are not acceptable as letters of support.*

**Part 8. CERTIFICATION REGARDING DEBARMENT**

The authorized representative at the subrecipient level must sign the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion, Lower Tier Covered Transactions, and attach it to the VOCA Grant Application.

**Part 6. GOALS AND OBJECTIVES**

GOAL 1:	Expand services to meet the immediate needs of crime victims
Objectives:	
1.	Between October 1 and September 30, the program will provide telephone contacts to 600 victims.
2.	Between October 1 and September 30, the program will provide follow-up contact to 400 victims

GOAL 2:	Increase the quantity of victim services.
Objectives:	
1.	Between October 1 and September 30, the program will provide 70 information and referral services to crime victims.
2.	Between October 1 and September 30, the program will provide 75 emergency legal advocacy to crime victims.

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**PART 8. CERTIFICATION REGARDING DEBARMENT**

U. S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER

**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered transactions  
(Sub-Recipient)**

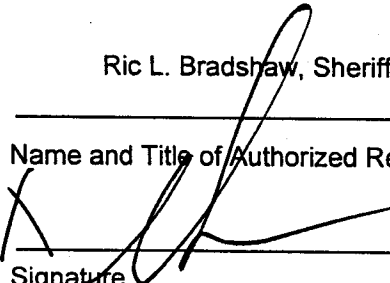
This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67.510. Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160 - 19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective lower tier participant certifies, by submission of the proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Ric L. Bradshaw, Sheriff

\_\_\_\_\_  
Name and Title of Authorized Representative

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Palm Beach County Sheriff's Office

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
3228 Gun Club Road, West Palm Beach Florida 33406

\_\_\_\_\_  
Address of Organization

### Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause title "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which the transaction originated may pursue available remedies, including suspension and/or debarment.

**BUDGET**

**SECTION**

**A. Personnel** – Provide a job description for all proposed VOCA-funded staff and indicate the percentage of time by each job duty. The job description must reflect VOCA allowable activities that are equal to or greater than the percentage of reimbursement requested from VOCA.

Position Requested	Total VOCA cost for 04/05	This section is to be completed by OAG Staff		
		% of VOCA allowable duties	# of pay periods	Pay Period Average
Victim Advocate	\$53,960			
Subtotal	\$53,960			

Indicate the pay schedule: (weekly) (bi-weekly) **(bi-monthly)** (monthly)

Budget: Complete the table below for each position requested (using additional pages if necessary).

Position Victim Advocate

Position \_\_\_\_\_

Hours per week = <u>40</u> Annually = <u>2080</u> \$ <u>23.34</u> hr.	Employer Cost		Hours per week = _____ Annually = _____ \$ _____ hr	Employer Cost
Gross	\$48,547		Gross	
FICA (7.65)%	\$ 3,714		FICA ( )%	
Retirement (7.83)%	\$ 3,801		Retirement ( )%	
Health Ins. (\$874.83 x 12)	\$ 10,498		Health Ins. ( )%	
Life Ins. (.35)%	\$ 170		Life Ins. ( )%	
Dental Ins. (\$32.83 x 12)	\$ 394		Dental Ins. ( )%	
Workers Comp ( )%			Workers Comp ( )%	
Unemployment ( )%			Unemployment ( )%	
Long-term Disability. (.55)%	\$ 267		Other:	
Vision (\$4.92 x 12)	\$ 59			
TOTAL	\$67,450		TOTAL	

Explanation (if applicable): This position will receive a merit increase in February as well as a Cost of Living increase in the month on January. Her benefits may also change in the month of December all of which will adjust these number from what is shown.



**B. Contractual Services - Contracts for specialized services.**

Name of Business or Contractor	Cost Per Unit of Service	Estimated Units of Service	Total
Subtotal	...	...	

Budget Narrative -

**C. Operating Expenses** – Office supplies such as paper, pencils, toner, printing, books, postage, transportation for victims; monthly service costs for telephone or utilities; staff travel (for other than training purposes and attending coalition meetings) etc. Furniture and equipment costing less than \$1,000 should be requested from this budget category.

Description	Number	Cost Per Item	Total
<b>Subtotal</b>	...	...	

Budget Narrative –

Budget Summary By Category - Provide the subtotal for each budget category (A through C) for the Total VOCA Budget Request: Amounts must be rounded to the nearest whole dollar.	TOTAL VOCA BUDGET REQUEST
A. Personnel	\$53,960
B. Contractual Services	\$0.00
C. Operating Expenses	\$0.00
<b>TOTAL</b>	<b>\$53,960</b>

**Program Match**

The Program match section is an itemized description by budget category of proposed matching contributions. The budget categories are personnel, contractual services, equipment and operating expenses. Provide a detailed (itemized) list and a budget narrative for each budgeted category. Indicate the funding source and indicate if it is a cash or in-kind match. Match is determined by dividing amount requested by four. Round all amounts to the nearest whole dollar (i.e., \$457.45 would be \$457 or \$457.65 would be \$458). Attach additional pages as necessary.

\* Programs must ensure funding is not derived from Federal Dollars

Program Match Description	Funding Source	Cash or In-kind	Budget Category	Match Amount
Victim Advocate Salary & Benefits	County	Cash	Personnel	\$ 13,490
<b>TOTAL</b>				<b>\$ 13,490</b>

Match Narrative –

Stacy Scott:

Annual salary: at 40 hours per week at \$23.34 per hour x 2080 hours annually @ 20% = \$9,709

Annual Benefits: Social Security and Medicare @ 7.65% (\$743); Life Insurance @ .35% (\$34); Dental (\$79); Health Insurance (\$2,100); Long Term Disability @ .55% (\$53); Retirement contribution @ 7.83% (\$760); Vision (\$12) @ 20% of the annual benefit total comes to \$3,780.

Match Cap will be reached at \$13,490 (Total required match)

Position: Victim Advocate

Hours per week = <u>40</u> Annually = <u>2080</u> \$ <u>23.34</u> hr	Employer Cost	Reported Match 20 %
Gross Salary	\$48,547	\$9,709
FICA (7.65)%	\$ 3,714	\$ 743
Retirement (7.83)%	\$ 3,801	\$ 760
Health Ins. (\$874.83 x 12)	\$ 10,498	\$ 2,100
Life Ins. (.0035)%	\$ 170	\$ 34
Dental Ins. (\$32.83 x 12)	\$ 394	\$ 79
Long-term Disability. (.55)%	\$ 267	\$ 53
Vision (\$4.92 x 12)	\$ 59	\$ 12
TOTAL	\$ 67,450	\$ 13,490

Position:

Hours per week = Annually = __ \$ _ hr	Employer Cost	Reported Match - %
Gross Salary		
FICA ( )%		
Retirement ( )%		
Health Ins. ( )%		
Life Ins. ( )%		
Dental Ins. ( )%		
Long-term Disability. ( )%		
Vision ( )%		
TOTAL		