




### NEW GRANT SET-UP FORM

Departments that have received a grant award must complete this form and submit it to the Grants Coordinator, along with a copy of the fully executed grant agreement, PRIOR to incurring any grant related expenses. Funds will become available for spending after revenue and expenditure codes are established by Office of Budget and Finance and a budget resolution has been adopted by the City Council.

<b>1. DEPARTMENT (Grant Applicant/Contact Person)</b> Name: <u>Lafayette Hodges</u> Title: <u>Grants Coordinator</u> Phone: <u>352-369-7085</u> Fax No.: _____		<b>2. GRANT DATA</b> Grant Title: <u>VOCA</u> Funding Agency: <u>Office of the Attorney General (OAG)</u> Grant Award Date: <u>Aug 28, 2023</u> Period of Performance: <u>October 1, 2023 to September 30, 2024</u>	
<b>3. FINANCIAL DATA</b> Amount of Grant Award: <u>59,412</u> Amount of Matching Funds: <u>0</u> Amount of in-kind (specify source): <u>0</u> Total project amount: <u>59,412</u> Amount of Future Financial Obligations/Commitments: _____		<b>5. STAFFING REQUIREMENTS</b> Anticipated Salary Costs: <u>38,921</u> Anticipated Overtime Costs: <u>2,000</u> Anticipated Benefit Costs: <u>18,491</u> Will fund existing or new employees? _____ <u>\$3664 possible residual benefits + 1168 - possible 3%COLA =\$4832</u>	
<b>6. BRIEF DESCRIPTION OF PURPOSE OF THE GRANT:</b> The Ocala Police Department realizes that victims of crimes can suffer from immediate financial loss and emotional impact from being a victim of a crime. The VOCA program provides services to those affected, through supporting a Victim Advocates yearly salary and benefits. This funding will enable the program to continue.			
<b>7. COUNCIL APPROVAL</b> Has the budget resolution and contract been approved by City Council? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please provide the meeting date(s) of approval. _____ If no, please provide the anticipated meeting date items will be presented to City Council. <u>Oct 17, 2023</u>			

#### REQUIRED SIGNATURES

<u>Lafayette Hodges</u>	<u>Sep 29, 2023</u>
Grant Project Manager	Date
	<u>Oct 2, 2023</u>
Department Director	Date
Grants Coordinator	Date

#### OFFICE OF BUDGET & FINANCE USE ONLY

Assigned Expenditure Code:	_____
Assigned Revenue Code:	_____
Date Department Notified of Appropriate Account Code:	_____