

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Applicant Information**

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

Indian River County Sheriff's Office

Federal Data Universal Numbering System (DUNS) Number: 039894332

Federal Employee Identification Number (FEIN): 596000677

Registered with the System of Award Management (formally CCR)? Yes

<b>Agency Director:</b>	Prefix (Mr., Ms., Dr., etc.)	Mr.	Title:	Sheriff
Name:	Deryl Loar			
Telephone #:	(772) 978-6404		Fax #:	(772) 569-8144
Mailing Address: (Street, P.O. Box, etc.)	4055 41st Avenue			
City:	Vero Beach		State:	Florida
Zip Code:	32960-1802			
Email Address:	dloar@ircsheriff.org			

<b>Performance Report Contact:</b>	Prefix (Mr., Ms., Dr., etc.)	Mrs.	Title:	Victim Advocate
Name:	Laura Saputo			
Telephone #:	(772) 978-6255		Fax #:	(772) 569-8144
Mailing Address: (Street, P.O. Box, etc.)	4055 41st Avenue			
City:	Vero Beach		State:	Florida
Zip Code:	32960-1802			
Email Address:	lsaputo@ircsheriff.org			

<b>Financial Contact:</b>	Prefix (Mr., Ms., Dr., etc.)	Ms.	Title:	Planner/Grant Manager
---------------------------	------------------------------	-----	--------	--------------------------

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Applicant Information**

Name: Annette M. Russell

Telephone #: (772) 978-6214 Fax #: (772) 567-9755

Mailing Address: 4055 41st Avenue  
(Street, P.O. Box,  
etc.)

City: Vero Beach State: Florida

Zip Code: 32960-1802

Email Address: arussell@ircsheriff.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 Final Program Guidelines 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 Final Program Guidelines, 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 Final Program Guidelines, 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.

**Signature of Agency Director:** Deryl Loar

**Date:** February 24, 2017 11:09AM

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**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):**

Law Enforcement

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:**

Nineteenth

4) **Subgrantee Agency Service Area(s) (List the counties that cover the service area of your organization);**

Indian River County

5) **List the total population of the counties to be served:**

147,919

6) **Describe the geographic characteristics of the service are (choose one from the drop-down menu):**

Mixed

7) **Congressional District(s) served:**

8th

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Agency Eligibility**

- 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

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Certification Regarding Debarment**

**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 which 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

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Certification Regarding Debarment**

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.

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

**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 B 19211).

- 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.

Deryl Loar, Sheriff  
Name and Title of Authorized Official

✓  
Signature of Authorized Official

February 24, 2017 11:10AM  
Date Signed

Indian River County Sheriff's Office  
Name of Organization

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Certification Regarding Debarment**

4055 41st Avenue  
Address of Organization

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Special Conditions Certification**

**Victims of Crime Act (VOCA) Section 539, Consolidated and Further Continuing  
Appropriations Act, 2013, Special Conditions Certification Form**

Section 539 of the Consolidation and further Continuing Appropriations Act, 2013 provides the following requirement:

**Computer Network Requirement**

The Agency understands and agrees that:

a) No award funds may be used to maintain or establish a computer network system unless such network blocks the viewing, downloading, and exchanging of pornography, and

b) Nothing in item (a) limits the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

\* Each agency must have some type of blocking software, if their networks are supported ("maintained") by VOCA funds;

\* This includes the purchase of new computer equipment (computers, monitors and printers), or software of any kind (new and/or updates) for the computer network system.

**AGENCY CERTIFICATION:**

✓ VOCA funding is **NOT USED** to maintain or establish a computer network system.

OR

VOCA funding is **USED** to maintain or establish a computer network system. However, the computer network system is (select one below):

**Is currently** blocking the viewing, downloading, and exchanging of pornography, or

**Is not able** to block the viewing, downloading and exchanging of pornography.

Anticipated date of blocking software purchase (fill in date), or

Exempt because organization is a Federal, State, tribal, or local law enforcement agency, or an entity carrying out criminal investigations, prosecutions, or adjudication activities.

Agency Name: Indian River County Sheriff's Office

Name of Authorized Official: Deryl Loar, Sheriff

Signature and Title of Authorized Official: ✓



**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Special Conditions Certification**

Date of Certification: 2/24/2017

OAG Staff Only:

Approved

Not Approved

Approved By

February 24, 2017 11:12AM

Date Approved

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Standard Assurances**

**Department of Justice**  
**Office of Justice Programs**  
**Office for Victims of Crime**

**AWARD CONTINUATION**  
**SHEET**  
**Grant**

1. **Applicability of Part 200 Uniform Requirements**  
The Uniform Administrative Requirements, Cost Principles, and Audit Requirements in 2 C.F.R. Part 200, as adopted and supplemented by the Department of Justice (DOJ) in 2 C.F.R. Part 2800 (the "Part 200 Uniform Requirements") apply to this 2015 award from the Office of Justice Programs (OJP). For this 2015 award, the Part 200 Uniform Requirements, which were first adopted by DOJ on December 26, 2014, supersede, among other things, the provisions of 28 C.F.R. Parts 66 and 70, as well as those of 2 C.F.R. Parts 215, 220, 225, and 230.  
If this 2015 award supplements funds previously awarded by OJP under the same award number, the Part 200 Uniform Requirements apply with respect to all award funds (whether derived from the initial award or a supplemental award) that are obligated on or after the acceptance date of this 2015 award.  
Potential availability of grace period for procurement standards: Under the Part 200 Uniform Requirements, a time limited grace period may be available under certain circumstances to allow for transition from policies and procedures that complied with previous standards for procurements under federal awards to policies and procedures that comply with the new standards (that is, to those at 2 C.F.R. 200.317 through 200.326).  
For more information on the Part 200 Uniform Requirements, including information regarding the potentially-available grace period described above, see the Office of Justice Programs (OJP) website at <http://ojp.gov/funding/Part200UniformRequirements.htm>  
In the event that an award-related question arises from documents or other materials prepared or distributed by OJP that may appear to conflict with, or differ in some way from, the provisions of the Part 200 Uniform Requirements, the recipient is to contact OJP promptly for clarification.
2. The recipient agrees to comply with the Department of Justice Grants Financial Guide as posted on the [OJP Website \(currently, the "2015 DOJ Grants Financial Guide"\)](#).
3. The recipient acknowledges that failure to submit an acceptable Equal Employment Opportunity Plan (if recipient is required to submit one pursuant to 28 C.F.R. Section 42.302) that is approved by the Office for Civil Rights is a violation of the Standard Assurances executed by the recipient, and may result in suspension of funding until such time as the recipient is in compliance, or termination of the award.
4. The recipient understands and agrees that OJP may withhold award funds, or may impose other related requirements, if the recipient does not satisfactorily and promptly address outstanding issues from audits required by the Part 200 Uniform Requirements (or by the terms of this award), or other outstanding issues that arise in connection with audits, investigations, or reviews of DOJ awards.
5. Recipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government, without the express prior written approval of OJP.

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Standard Assurances**

6. The recipient and any subrecipients must promptly refer to the DOJ OIG any credible evidence that a principal, employee, agent, subrecipient, contractor, subcontractor, or other person has -- (1) submitted a claim for award funds that violates the False Claims Act; or (2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving award funds. Potential fraud, waste, abuse, or misconduct should be reported to the OIG by -  
mail: Office of the Inspector General U.S. Department of Justice Investigations Division  
950 Pennsylvania Avenue, N.W. Room 4706 Washington, DC 20530  
e-mail: [hotline@usdoj.gov](mailto:hotline@usdoj.gov)  
hotline: (contact information in English and Spanish): (800) 869-4400  
or  
hotline fax: (202) 616-9881 Additional information is available from the DOJ OIG  
website at [www.usdoj.gov/oig](http://www.usdoj.gov/oig)
7. Restrictions and certifications regarding non-disclosure agreements and related matters.  
No recipient or subrecipient under this award, or entity that receives a contract or subcontract with any funds under this award, may require any employee or contractor to sign an internal confidentiality agreement or statement that prohibits or otherwise restricts, or purports to prohibit or restrict, the reporting (in accordance with law) of waste, fraud, or abuse to an investigative or law enforcement representative of a federal department or agency authorized to receive such information.  
The foregoing is not intended, and shall not be understood by the agency making this award, to contravene requirements applicable to Standard Form 312 (which relates to classified information), Form 4414 (which relates to sensitive compartmented information), or any other form issued by a federal department or agency governing the nondisclosure of classified information.
  1. In accepting this award, the recipient --
    - a. represents that it neither requires nor has required internal confidentiality agreements or statements from employees or contractors that currently prohibit or otherwise currently restrict (or purport to prohibit or restrict) employees or contractors from reporting waste, fraud, or abuse as described above; and
    - b. certifies that, if it learns or is notified that it is or has been requiring its employees or contractors to execute agreements or statements that prohibit or otherwise restrict (or purport to prohibit or restrict), reporting of waste, fraud, or abuse as described above, it will immediately stop any further obligations of award funds, will provide prompt written notification to the agency making this award, and will resume (or permit resumption of) such obligations only if expressly authorized to do so by that agency.
  2. If the recipient does or is authorized to make subawards or contracts under this award --
    - a. it represents that --

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2017-2018**

**Organization: Indian River County Sheriff's Office**

**Grant No.: VOCA-2017-Indian River County Sheri-00510**

**Standard Assurances**

- (1) it has determined that no other entity that the recipient's application proposes may or will receive award funds (whether through a subaward, contract, or subcontract) either requires or has required internal confidentiality agreements or statements from employees or contractors that currently prohibit or otherwise currently restrict (or purport to prohibit or restrict) employees or contractors from reporting waste, fraud, or abuse as described above; and
- (2) it has made appropriate inquiry, or otherwise has an adequate factual basis, to support this representation; and
- b. it certifies that, if it learns or is notified that any subrecipient, contractor, or subcontractor entity that receives funds under this award is or has been requiring its employees or contractors to execute agreements or statements that prohibit or otherwise restrict (or purport to prohibit or restrict), reporting of waste, fraud, or abuse as described above, it will immediately stop any further obligations of award funds to or by that entity, will provide prompt written notification to the agency making this award, and will resume (or permit resumption of) such obligations only if expressly authorized to do so by that agency.
8. Recipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries, without the express prior written approval of OJP.
9. The recipient agrees to comply with any additional requirements that may be imposed during the grant performance period if the agency determines that the recipient is a high-risk grantee. Cf. 28 C.F.R. parts 66, 70.
10. The recipient agrees to comply with applicable requirements regarding registration with the System for Award Management (SAM) (or with a successor government-wide system officially designated by OMB and OJP). The recipient also agrees to comply with applicable restrictions on subawards to first-tier subrecipients that do not acquire and provide a Data Universal Numbering System (DUNS) number. The details of recipient obligations are posted on the Office of Justice Programs web site at [www.ojp.gov/funding/sam.htm](http://www.ojp.gov/funding/sam.htm) (Award condition: Registration with the System for Award Management and Universal Identifier Requirements), and are incorporated by reference here. This special condition does not apply to an award to an individual who received the award as a natural person (i.e., unrelated to any business or non-profit organization that he or she may own or operate in his or her name).
11. Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," 74 Fed. Reg. 51225 (October 1, 2009), the Department encourages recipients and sub recipients to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this grant, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.
12. The recipient agrees to comply with all applicable laws, regulations, policies, and guidance (including specific cost limits, prior approval and reporting requirements, where applicable) governing the use of federal funds for expenses related to conferences, meetings, trainings, and other events, including the

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Standard Assurances**

provision of food and/or beverages at such events, and costs of attendance at such events. Information on rules applicable to this award appears in the DOJ Grants Financial Guide (currently, as section 3.10 of "Postaward Requirements" in the "2015 DOJ Grants Financial Guide").

13. The recipient understands and agrees that any training or training materials developed or delivered with funding provided under this award must adhere to the OJP Training Guiding Principles for Grantees and Subgrantees, available at [www.ojp.usdoj.gov/funding/ojptrainingguidingprinciples.htm](http://www.ojp.usdoj.gov/funding/ojptrainingguidingprinciples.htm)
14. The recipient agrees that if it currently has an open award of federal funds or if it receives an award of federal funds other than this OJP award, and those award funds have been, are being, or are to be used, in whole or in part, for one or more of the identical cost items for which funds are being provided under this OJP award, the recipient will promptly notify, in writing, the grant manager for this OJP award, and, if so requested by OJP, seek a budget-modification or change-of-project-scope grant adjustment notice (GAN) to eliminate any inappropriate duplication of funding.
15. The recipient understands and agrees that award funds may not be used to discriminate against or denigrate the religious or moral beliefs of students who participate in programs for which financial assistance is provided from those funds, or of the parents or legal guardians of such students.
16. The recipient understands and agrees that - (a) No award funds may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography, and (b) Nothing in subsection (a) limits the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.
17. A recipient that is eligible under the Part 200 Uniform Requirements to use the "de minimis" indirect cost rate described in 2 C.F.R. 200.414(f), and that elects to use the "de minimis" indirect cost rate, must advise OJP in writing of both its eligibility and its election, and must comply with all associated requirements in the Part 200 Uniform Requirements. The "de minimis" rate may be applied only to modified total direct costs (MTDC).
18. The recipient must collect, maintain, and provide to OJP, data that measure the performance and effectiveness of activities under this award, in the manner, and within the timeframes, specified in the program solicitation, or as otherwise specified by OJP. Data collection supports compliance with the Government Performance and Results Act (GPRA) and the GPRA Modernization Act, and other applicable laws.
19. The Grantee authorizes Office for Victims of Crime (OVC) and/or the Office of the Chief Financial Officer (OCFO), and its representatives, access to and the right to examine all records, books, paper or documents related to the VOCA grant. The State will further ensure that all VOCA subgrantees will authorize representatives of OVC and OCFO access to and the right to examine all records, books, paper or documents related to the VOCA grant.

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Standard Assurances**

20. The Grantee agrees to submit a Subgrant Award Report (SAR) to OVC for each subgrantee of the VOCA victim assistance funds, within ninety (90) days of awarding funds to subgrantees. States and territories are required to submit this information through the automated system.
21. **VOCA Requirements**  
The recipient assures that the State and its subrecipients will comply with the conditions of the Victims of Crime Act (VOCA) of 1984, sections 1404(a)(2), and 1404(b)(1) and (2), 42 U.S.C. 10603(a)(2) and (b)(1) and (2) (and the applicable program guidelines and regulations), as required. Specifically, the State certifies that funds under this award will:
- The recipient assures that the State and its subrecipients will comply with the conditions of the Victims of Crime Act (VOCA) of 1984, sections 1404(a)(2), and 1404(b)(1) and (2), 42 U.S.C. 10603(a)(2) and (b)(1) and (2) (and the applicable program guidelines and regulations), as required. Specifically, the State certifies that funds under this award will:
- a) be awarded only to eligible victim assistance organizations, 42 U.S.C. 10603(a)(2);
  - b) not be used to supplant State and local public funds that would otherwise be available for crime victim assistance, 42 U.S.C. 10603(a)(2); and
  - c) be allocated in accordance with program guidelines or regulations implementing 42 U.S.C. 10603(a)(2)(A) and 42 U.S.C. 10603(a)(2)(B) to, at a minimum, assist victims in the following categories: sexual assault, child abuse, domestic violence, and underserved victims of violent crimes as identified by the State.
22. **Demographic Data**  
The recipient assures that its subrecipients will collect and maintain information on race, sex, national origin, age, and disability of victims receiving assistance, where such information is voluntarily furnished by the victim.
23. **Discrimination Findings**  
The recipient assures that in the event that a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the ground of race, religion, national origin, sex, or disability against a recipient of victim assistance formula funds under this award, the recipient will forward a copy of the findings to the Office for Civil Rights of OJP.
24. The recipient understands that all OJP awards are subject to the National Environmental Policy Act (NEPA, 42 U.S.C. section 4321 et seq.) and other related Federal laws (including the National Historic Preservation Act), if applicable. The recipient agrees to assist OJP in carrying out its responsibilities under NEPA and related laws, if the recipient plans to use VOCA funds (directly or through subaward or contract) to undertake any activity that triggers these requirements, such as renovation or construction. (See 28 C.F.R. Part 61, App. D.) The recipient also agrees to comply with all Federal, State, and local environmental laws and regulations applicable to the development and implementation of the activities to be funded under this award.

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Standard Assurances**

25. The recipient agrees to comply with applicable requirements to report first-tier subawards of \$25,000 or more and, in certain circumstances, to report the names and total compensation of the five most highly compensated executives of the recipient and first-tier subrecipients of award funds. Such data will be submitted to the FFATA Subaward Reporting System (FSRS). The details of recipient obligations, which derive from the Federal Funding Accountability and Transparency Act of 2006 (FFATA), are posted on the Office of Justice Programs web site at [www.ojp.gov/funding/ffata.htm](http://www.ojp.gov/funding/ffata.htm) (Award condition: Reporting Subawards and Executive Compensation), and are incorporated by reference here. This condition, and its reporting requirement, does not apply to grant awards made to an individual who received the award as a natural person (i.e., unrelated to any business or non-profit organization that he or she may own or operate in his or her name).
26. The recipient understands and agrees that it has a responsibility to monitor its subrecipients' compliance with applicable federal civil rights laws. The recipient agrees to submit written Methods of Administration (MOA) for ensuring subrecipients' compliance to the OJP's Office for Civil Rights at [CivilRightsMOA@usdoj.gov](mailto:CivilRightsMOA@usdoj.gov) within 90 days of receiving the grant award, and to make supporting documentation available for review upon request by OJP or any other authorized persons. The required elements of the MOA are set forth at [www.ojp.usdoj.gov/funding/other\\_requirements.htm](http://www.ojp.usdoj.gov/funding/other_requirements.htm), under the heading, "Civil Rights Compliance Specific to State Administering Agencies."
27. The recipient agrees to submit (and, as necessary, require sub-recipients to submit) performance reports on the performance metrics identified by OVC, and in the time and manner required by OVC. This information on the activities supported by the award funding will assist in assessing the effects that VOCA Victim Assistance funds have had on services to crime victims within the jurisdiction. Beginning October 1, 2015, the recipient agrees to submit (and, as necessary, require sub-recipients to submit) such information quarterly.
28. The recipient must require all non-profit sub-recipients of VOCA Assistance funding under this award to make their financial statements available online (either on the recipient's, the sub-recipient's, or another publicly available website). OVC will consider sub-recipient organizations that have Federal 501(c)(3) tax status as in compliance with this requirement, with no further action needed, to the extent that such organization files IRS Form 990 or similar tax document (e.g., 990-EZ), as several sources already provide searchable online databases of such financial statements.
29. The recipient must require all non-profit sub-recipients of VOCA Assistance funding under this award to certify their non-profit status. Sub-recipients may certify their non-profit status by submitting a statement to the recipient (to be placed in the grant file) affirmatively asserting that the sub-recipient is a non-profit organization, and indicating that it has on file, and available upon audit, either – 1) a copy of the recipient's 501(c)(3) designation letter; 2) a letter from the recipient's state/territory taxing body or state/territory attorney general stating that the recipient is a non-profit organization operating within the state/territory; or 3) a copy of the recipient's state/territory certificate of incorporation that substantiates its non-profit status. Sub-recipients that are local non-profit affiliates of state/territory or national

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Standard Assurances**

non-profits should have available proof of (1), (2) or (3), and a statement by the state/territory or national parent organization that the recipient is a local non-profit affiliate.

Agency Name: Indian River County Sheriff's Office

Name of Authorized Official: Deryl Loar, Sheriff

Signature of Authorized Official: ✓

Date Signed: February 24, 2017 11:12AM



**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**EEOP Certification Form**

**Compliance with the Equal Employment Opportunity Plan (EEOP) Requirements**

Carefully read the instructions below and then complete the applicable section for your agency.

**Recipient's Name:** Indian River County  
Sheriff's Office

**DUNS Number:** 039894332

**Address:** 4055 41st Avenue, Vero Beach, Florida, 32960-1802

**Grant Title:** VOCA 2017

**Grant Number:** VOCA-2017-Indian River County  
Sheri-00510

**Requested Award Amount:** \$89,639.56

**Name and Title of Contract Person:** Mr. Deryl Loar Sheriff

**Telephone Number:** (772) 978-6404

**E-Mail Address:** dloar@ircsheriff.org

**Section A - Declaration Claiming Complete Exemption from the EEOP Requirement**

*Please check all the following boxes that apply:*

Recipient has less than fifty employees.

Recipient is an educational institution.

Recipient is a nonprofit organization.

Recipient is a medical institution.

Recipient is an Indian tribe.

Recipient is receiving an award less than  
\$25,000.

I, [responsible official],  
certify that [recipient] is  
not required to prepare an EEOP for the reason(s) checked above, pursuant to 28 C.F.R § 42.302.  
I further certify that [recipient]  
will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the  
delivery of services.

✓ **Section B - Declaration Claiming Exemption from the EEOP Submission Requirement and  
Certifying that an EEOP is on File for Review**

*If a recipient agency has fifty or more employees and is receiving a single award or subaward of  
\$25,000 or more, but less than \$500,000, then the recipient agency does not have to submit an EEOP  
to the OCR for review as long as it certifies the following (42 C.F.R. § 42.305):*

I, Deryl Loar [responsible official],  
certify that Indian River County Sheriff's Office [recipient],  
which has fifty or more employees and is receiving a single award or subaward for \$25,000 or  
more, but less than \$500,000, has formulated an EEOP in accordance with 28 CFR pt. 42, subpt.  
E. I further certify that within the last twenty-four months, the proper authority has formulated and

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**EEOP Certification Form**

signed into effect the EEOP and, as required by applicable federal law, it is available for review by the public, employees, the appropriate state planning agency, and the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice. The EEOP is on file at the following office:

Indian River County Sheriff's Office, Human Resources [organization],  
4055 41st Avenue, Vero Beach, Florida 32960-1802 [Address].

**Section C - Declaration Stating that an EEOP Utilization Report Has Been Submitted to the Office for Civil Rights for Review**

*If a recipient agency has fifty or more employees and is receiving a single award or subaward of \$500,000 or more, then the recipient agency must send an EEOP Utilization Report to the OCR for review.*

I, *[responsible official]*,  
certify that *[recipient]*,  
which has fifty or more employees and is receiving a single award of \$500,000 or more, has formulated an EEOP in accordance with 28 CFR pt. 42, subpt. E, and sent it for review on *[date]* to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice.

Deryl Loar

*Name and Title of Authorized Official*

✓

*Signature of Authorized Official*

February 24, 2017 11:13AM

*Date Signed*

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Related Parties Questionnaire**

**Agency Name:** Indian River County Sheriff's Office

- 1) Are there currently any family relationships that exist between the board of directors, the agency's principal officers, the agency's employees, and any independent contractors? No

If yes, describe any and all family relationships that exist and indicate if your agency has a related parties policy.

- 2) Are you aware of any interests, direct or indirect, that exist with the current board of directors, the current agency principal officers, the current agency employees, or any current independent contractors in the following area?

- A) Sale, purchase, exchange, or leasing of property? No  
B) Receiving or furnishing of goods, services, or facilities? No  
C) Transfer or receipt of compensation, fringe benefits, or income or assets? No  
D) Maintenance of bank balances as compensating balances for the benefit of another? No

If yes to any above, describe any and all interests that you are aware of at this time.

- 3) Are any current board of directors, current agency's principal officers, current agency's employees, or any current independent contractors indebted to the agency? No

If yes, describe any and all family relationships that exist and indicate if your agency has a related parties policy.

- 4) Have any current board of directors, current agency principal officers, current agency employees, or any current independent contractors misappropriated assets or committed other forms of fraud against the agency? No

If yes, describe any and all family relationships that exist and indicate if your agency has a related parties policy.

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Related Parties Questionnaire**

By signing this form, I hereby certify that the information contained in this questionnaire is true and accurate to the best of my knowledge and belief. I acknowledge my obligation to notify the Office of the Attorney General VOCA Grant Manager for this contract of any changes to the information provided.

Deryl Loar, Sheriff

Name and Title of Authorized Official

✓

Signature of Authorized Official

February 24, 2017 11:13AM

Date Signed

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**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)  
 Other Defined:

October 1 to September 30

<b>Funding Source</b>	<b>Agency Total Victim Services Budget (Current Fiscal Year)</b>	<b>Proposed VOCA Project Budget</b>
Federal Funding *Describe below VOCA grant request (excluding match)		\$89,672.00
State Funds		
Local, Public or Private Funds	\$148,367.00	\$22,639.00
Other: (Describe at right)		
Totals	\$148,367.00	\$112,311.00

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

\* If the applicant agency currently receives federal funding for victim services, indicate the source(s) and the use of those funds. (Response is limited to 1000 characters.) If this is not applicable, please indicate "N/A."

N/A

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**VOCA Personnel Budget: 2**

**Agency Name:** Indian River County Sheriff's Office

Complete the table below and provide information about each position requested. In the Budget Narrative section indicate if the salary/benefit expenses listed include costs that are anticipated during the 12 month period. For example, 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. Failure to provide VOCA allowable job descriptions may result in a reduction to your request. The job description must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is VOCA funded.

**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: Victim Advocate	\$42,982.73	\$42,982.73	100%	1
Personnel Narrative:	Provide approved direct services, support, and information/referrals for available resources to victims of crime in Indian River County, Florida in accordance with State Statutes, Grant Contracts, and IRC SO Policies and Procedures.			
Sub-Total	\$42,982.73	\$42,982.73		1

**Agency Contribution for Personnel Expenses** \$0.00

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

Position Number: 2

Hours per week = 40  
 Hourly Rate = \$14.86

		RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$30,908.80		\$30,908.80	\$1,188.80
FICA		7.65%	\$2,364.52	\$90.94
Retirement		7.52%	\$2,324.34	\$89.40
Health Ins.			\$7,260.00	\$279.23
Life Ins.			\$71.28	\$2.74

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**VOCA Personnel Budget: 2**

Dental Ins.		\$0	\$0
Workers Comp	0.174	\$53.78	\$2.07
	%		
Unemployment	0%	\$0	\$0
(1st \$7K)			
Other:		\$0	\$0
	TOTAL	\$42,982.73	\$1,653.18

Explanation (if applicable):

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

No

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**VOCA Personnel Budget: Victim Advocate 1**

**Agency Name:** Indian River County Sheriff's Office

Complete the table below and provide information about each position requested. In the Budget Narrative section indicate if the salary/benefit expenses listed include costs that are anticipated during the 12 month period. For example, 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. Failure to provide VOCA allowable job descriptions may result in a reduction to your request. The job description must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is VOCA funded.

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: Victim Advocate	\$46,656.83	\$46,656.83	100%	1
Personnel Narrative:	Provide approved direct services, support, and information/referrals for available resources to victims of crime in Indian River County, Florida in accordance with State Statutes, Grant Contracts, and IRC SO Policies and Procedures.			
Sub-Total	\$46,656.83	\$46,656.83		1

**Agency Contribution for Personnel Expenses** \$0.00

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

Position Number: 1

Hours per week = 40  
Hourly Rate = \$15.19

		RATE	Yearly Employer Cost	Per Pay Period Approved Budget
Gross Salary	\$31,595.20		\$31,595.20	\$1,215.20
FICA		7.65%	\$2,417.03	\$92.96
Retirement		7.52%	\$2,375.96	\$91.38
Health Ins.			\$10,140.00	\$390.00
Life Ins.			\$73.66	\$2.83



**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2017-2018**

**Organization: Indian River County Sheriff's Office**

**Grant No.: VOCA-2017-Indian River County Sheri-00510**

**VOCA Personnel Budget: Victim Advocate 1**

Dental Ins.		\$0	\$0
Workers Comp	0.174	\$54.98	\$2.11
	%		
Unemployment	0%	\$0	\$0
(1st \$7K)			
Other:		\$0	\$0
	TOTAL	\$46,656.83	\$1,794.49

Explanation (if applicable):

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

No

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**VOCA Contractual/Fee for Service Budget**

**Agency name:** Indian River County Sheriff's Office

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 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
----------------------	--	--	-----

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**VOCA Equipment Budget**

**Agency Name:** Indian River County Sheriff's Office

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.

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

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**VOCA Operating Budget**

**Agency name:** Indian River County Sheriff's Office

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 only), etc. Furniture and equipment costing less than \$2,500 should be requested from this budget category. 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?).

**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:			
Budget Narrative:			
Operating Subtotal			\$0

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**VOCA Training Budget**

**Agency Name:** Indian River County Sheriff's Office

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 will be required prior to incurring costs associated with training.

The narrative should include the name and detailed information on the training and a justification for how it will enhance

direct services to crime victims.

**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:**

Description of Training Expenses and a Budget Narrative	Number	Cost Per Item	Total
Description of Training Expenses:			
Budget Narrative:			
Training Subtotal			\$0

OFFICE OF THE FLORIDA ATTORNEY GENERAL

VOCA 2017-2018

Organization: Indian River County Sheriff's Office

Grant No.: VOCA-2017-Indian River County Sheri-00510

VOCA Match Budget: Victim Advocate

**Agency Name:** Indian River County Sheriff's Office

Program Match: The Final Program Guidelines require that all proposals provide a 20% match of the total VOCA project. Total VOCA Project is defined as the VOCA Budget Request plus the Program Match. Match funds are subject to the same restrictions that govern VOCA grant funds, i.e., the source of program match must be a VOCA-allowable expenditure. Training is not approved as a matching contribution.

To determine the amount of match required by the Final Program Guidelines for the proposed VOCA project, divide the total amount of the VOCA Budget Request by four. The result is the amount of the program match. For example, if the VOCA Budget Request is \$30,000, then divide \$30,000 by four which equals \$7,500. In this case, the required match is \$7,500 which equals 20% of the total VOCA project. The following further illustrates the program match requirement:

$$\begin{array}{r} \$30,000 \\ + \$7,500 \\ \hline \$37,500 \end{array}$$

Allowable match funds may include, but are not limited to, volunteers, staff salaries, rent, equipment, operating costs, etc. Federal funds from other sources cannot be used for VOCA match. Match used for the VOCA project cannot be used as match for any other grant. Do not over report match, i.e., do not provide match in excess of 20% of the total VOCA project. Match may be provided as either cash or in-kind or a combination of cash and in-kind as follows:

**Cash Match:** A cash match is any cost component that is included in the agency's overall budget as it applies to the provision of direct services for victims of crime, i.e., staff providing direct victim services, travel related to the delivery of direct victim services, rent paid by the agency for the portion of the program providing direct victim services, etc. If the agency pays for the expense, then it may be used as a cash match.

**In-Kind Match:** An in-kind match includes donated items or services that benefit the program but which do not have a dollar value assigned for budgeted purposes. For example, programs may use volunteer hours as match. The value placed on donated services must be consistent with the rate of compensation paid for similar work in the applicant agency. If the required skills are not found in the applicant agency, the rate of compensation must be consistent with the labor market. Programs may use items donated by other programs or individuals as in-kind match, i.e., rent and utilities used for the provision of direct services to victims and donated by another source outside the agency.

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. Do not over report required match. Unless otherwise approved by the OAG, reported match must be consistent with the monthly reimbursement request.

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**VOCA Match Budget: Victim Advocate**

Match Narrative: Describe in detail the type of Match, whether cash or in-kind, the budget category, etc. Submit the same detailed information for match as provided for VOCA funded items. If match is in the personnel category for paid staff complete the table below (attach additional page(s) if needed) and provide the total salary and benefits and percentage. Attach job descriptions for all paid staff and/or volunteers reported as Match. Job descriptions must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is reported as Match. Failure to provide VOCA allowable job descriptions may result in a reduction to your request.

**EXAMPLES- Match Narrative:**

Our agency utilizes volunteers who provide direct services to victims of crime, such as intake clerks, clerical (types reports and calls victims) and victim advocates. The agency anticipates using volunteers at the equivalent of 20 - 23 hours per week x 52 weeks x \$5.15 for a match of \$5,698.

\* Only those agencies with an established volunteer component are eligible to utilize volunteers as match.

The agency rents office space from the Global Company at \$14,400 annually and the agency's pro-rated portion for office space for volunteers and supervisor of the victim advocate would be approximately 19% (or \$234 per month) x 12 months = \$2,807.

Approximately 5% of the Victim Advocate Supervisor position will be utilized to provide supervision for the victim advocate position. The supervisor's total salary and benefits equal \$32,000.

Program Match Description	Funding Source May not be derived from Federal Dollars	Cash or In-Kind	Budget Category	Match Amount
Victim Advocate	Local, Public or Private	Cash	Personnel	\$22,418.00
Match Sub-Total				\$22,418.00
Budget Narrative:	Victim Advocate position is 100% used for victim assistance. Total salary with fringe is equal to \$49,018.51.			

VOCA FTE %	0.4573%			
Hours per week =	40	RATE	Employer Cost	Reported Match =
Hourly Rate =	\$16.61			45.733%
Annual Gross Salary	\$34,548.80		\$34,548.80	\$15,800.20
FICA		7.65%	\$2,642.98	\$1,208.72
Retirement		4.49%	\$1,551.24	\$709.43
Health Ins.			\$10,140.00	\$4,637.33
Life Ins.			\$78.41	\$35.86
Dental Ins.			\$0	\$0
Workers Comp		0.17%	\$58.73	\$26.86
Unemployment		0%	\$0	\$0
Other			\$0	\$0

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**VOCA Match Budget: Victim Advocate**

TOTAL	\$49,020.17	\$22,418.39
-------	-------------	-------------

Explanation (if applicable):



**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**VOCA Budget Request**

Budget Summary By Category		Total VOCA Budget Request	Total VOCA Approved Budget
Personnel (10A)		\$89,639.56	
Contractual Services (10B)		\$0	
Equipment (10C)		\$0	
Operating Expenses (10D)		\$0	
Training Expenses (10E)		\$0	
Total		\$89,639.56	\$0
Required Match Part 11			\$22,409.89
Total paid staff for agency's victim services program (total number of full-time equivalent staff (FTE) for the current fiscal year):			3
Number of staff requested from VOCA, expressed in FTE's:			2
Number of staff requested as matching expenses, expressed in FTE's:			0.46
Total staff requested, expressed in FTE's:			2.4573
Child Abuse			\$0
(Include services for child physical abuse/neglect and child sexual assault/abuse)			
Domestic and Family Violence			\$0
Adult Sexual Assault			\$0
Underserved			\$0
(includes DUI/DWI crashes, survivors of homicide victims, assault, adults molested as children, elder abuse, victims with disabilities, robbery, other violent crimes)			
<b>MATCH (financial support from other sources)</b>			
Value of in-kind match			
Cash match	\$22,409.89		
Total match	\$22,409.89		
Match waiver	No		

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Use of VOCA and Match Funds**

INSTRUCTION: 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.

**Check all that apply**

**INFORMATION & REFERRAL**

- |   |   |
|---|---|
| ✓ Information about the criminal justice process                    | ✓ Referral to other victim service programs   |
| ✓ Information about victim rights, how to obtain notification, etc. | ✓ Referral to other services, supports and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.) |

**PERSONAL ADVOCACY/ACCOMPANIMENT**

- |   |  |
|---|--|
| ✓ Victim advocacy/accompaniment to emergency medical care   | Performance of medical forensic exam or interview, or medical evidence collection                        |
| Victim advocacy/accompaniment to medical forensic exam  | Immigration assistance (e.g. special visa, continued presence application, and other immigration relief) |
| ✓ Law enforcement interview advocacy/accompaniment  | ✓ Intervention with employer, creditor, landlord, or academic institution                                |
| ✓ Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness) | Child and/or dependent care assistance (provided by agency)  |
| Criminal advocacy/accompaniment   | ✓ Transportation assistance (provided by agency)   |
| ✓ Civil advocacy/accompaniment (includes victim advocate assisting with protection orders)                                | ✓ Interpreter services   |
| Individual advocacy (assistance in applying for public benefits, return of personal property or effects)                  | ✓ Assistance with victim compensation  |

**EMOTIONAL SUPPORT OR SAFETY SERVICES**

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Use of VOCA and Match Funds**

- |   |  |
|---|--|
| <p>✓ Crisis intervention (in-person, includes safety planning, etc.)</p> <p>Hotline/crisis line counseling</p> <p>Individual counseling</p> | <p>Therapy (traditional, cultural, or alternative healing: art, writing, or play therapy; etc.)</p> <p>Support groups (facilitated or peer)</p>  |
| <p>✓ On-scene crisis response (e.g., community crisis response)</p>   | <p>✓ 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.)</p> |

**SHELTER/HOUSING SERVICES**

- |  |                                |
|--|--------------------------------|
| <p>Emergency shelter or safe house</p> <p>Transitional housing</p> | <p>✓ Relocation assistance</p> |
|--|--------------------------------|

**CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE**

- |  |   |
|--|---|
| <p>✓ Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)</p> <p>✓ Victim impact statement assistance</p> | <p>Immigration attorney assistance (e.g., special visas, continued presence application, and other immigration relief)</p> <p>Other civil legal attorney assistance (e.g., landlord/tenant, employment, etc.)</p> |
| <p>Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)</p>  | <p>✓ Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)</p>  |
| <p>✓ Emergency justice-related assistance</p>  | <p>✓ Criminal advocacy/accompaniment</p>  |
| <p>Civil legal attorney assistance in obtaining protection or restraining order</p>  | <p>✓ Civil advocacy/accompaniment (includes victim advocate assisting with protection orders)</p>   |
| <p>Civil legal attorney assistance with family law issues (e.g., custody, visitation, or support)</p>  |   |

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2017-2018**

**Organization: Indian River County Sheriff's Office**

**Grant No.: VOCA-2017-Indian River County Sheri-00510**

**Use of VOCA and Match Funds**

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**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.

Throughout Indian River County, 274,464 calls for service were dispatched in fiscal year 2016. Indian River County Sheriff's Office Victim Assistance Program is available to provide services to any of our 147,919 county residents that find themselves victims of crime, regardless of the law enforcement agency jurisdiction where the crime occurs within the county. We have a slightly higher female population and persons over 65 represent 30.9% of our total population, 16% higher than national average. We provide services through any law enforcement agency within our county. Last fiscal year we provided services to 5600 victims of crime by utilizing a combination of budgeted funds, VOCA grant funding, and volunteer advocates. Citing the reality of our economy and its relationship to crime rates, we anticipate continued rise in service needs. We continue to require VOCA funds in order to maintain our current level of service and attention without creating a deficiency.

- 2) Provide information about crime statistics for all counties that will be served in the service area. Specifically, detail the statistics related to the need described in #1.

2016 Crime Statistics for Indian River County Sheriff's Office UCR Reporting: Murder - 1, Forcible Sex Offenses -15, Robbery – 24, Aggravated Assault – 190, Simple Assault – 479, Burglary – 442, Larceny – 1275, Motor Vehicle Thefts – 117. Of the 2543 total UCR cases reported, Domestic Violence was present in 820.

- 3) Provide demographic information **about the population of all of the counties that will be served.** At a minimum, provide information about gender, race, or national origin and age for the service area.

2015 U.S. Census data. Estimated Population: 147,919. Gender: Females 52%. Race: White alone – 87.1%, Black or African American alone – 9.3%, American Indian and Alaska - 0.5%, Asian alone – 1.5%, Native Hawaiian and Other Pacific Islander alone – 0%, Two or more races, 1.5%, Hispanic or Latino – 12.1%. Population Characteristics: Veterans – 10.369%, Foreign born persons – 10.2%. Age: Under 5 – 4.3%, Under 18 – 17.2%, Over 65 – 30.9%. Income: Per capita Income - \$31,882, Persons in poverty – 13%.

- 4) Provide demographic information **about the population to be served through the proposed VOCA project. At a minimum provide information using agency historical data about gender, race or national origin and age for the service area.**

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Statement of Need**

2015 U.S. Census data. Estimated Population: 147,919. Gender: Females 52%. Race: White alone – 87.1%, Black or African American alone – 9.3%, American Indian and Alaska - 0.5%, Asian alone – 1.5%, Native Hawaiian and Other Pacific Islander alone – 0%, Two or more races, 1.5%, Hispanic or Latino – 12.1%. Population Characteristics: Veterans – 10.369%, Foreign born persons – 10.2%. Age: Under 5 – 4.3%, Under 18 – 17.2%, Over 65 – 30.9%. Income: Per capita Income - \$31,882, Persons in poverty – 13%.

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**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 personnel, operating, contractual, equipment and training expenses are associated with the provision of services to crime victims: consistency

Indian River County Sheriff's Office Victim Assistance Program will provide services required of a first responding agency inclusive of, but not limited to, crisis intervention, counseling, information and referral services, assistance with processing victim compensation, education of victim's rights, personal advocacy and follow up services 24 hours a day through the use of three (3) full-time victim advocates and ten (10) volunteer victim advocates. We will provide services to victims identified by any law enforcement agency within Indian River County via face to face contact, phone contact, written contact or any combination of those. We also strive to maintain bi-lingual advocates for our Hispanic population.

- 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.

Indian River County Sheriff's Office Victim Assistance Program works closely with a variety of service providers, including, but not limited to, the State Attorney's Office, Safe Space, Indian River Victim's Rights Coalition, and the Council of Community Services. Safe Space provides domestic violence shelters and counselors. The State Attorney's Office provides a smooth transition from first response through the court system processes. Indian River Victim's Rights Coalition provides victims additional awareness of their legal rights. The Council of Community Services also reviews available services and identifies voids.

- 3) Describe in detail how the coordination of services will be accomplished. Indicate if a Memorandum of Agreement or other formal coordination plan is in place.

Our agency works closely with the State Attorney's Office, Safe Space, and the Mental Health Association making referrals to appropriate services. The Indian River County Sheriff's Victim Assistance Program has a strong network with all law enforcement agencies in the county to share information on the needs of victims of crime. No formal Memorandum of Agreement is in place.

- 4) Does a duplication of service exist? (Choose one from the drop-down menu): No  
If yes, please explain.

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Project Proposal**

- 5) The Final Program Guidelines 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.

Indian River County Sheriff's Office has fifteen (15) volunteers utilized within the Victim Assistance Program. Ten (10) of those volunteers are fully trained advocates that assist the program by being on-call and performing all the assignments our paid advocates do. The other five (5) volunteers handle clerical duties such as data entry, phone calls, and filing.

- 6) Identify the number of volunteer hours supporting the work of this VOCA award for subgrantee agency's victimization program/services.

15	Volunteers provided
4616	Hours of Service annually
2.2192	FTE equivalent (hours provided divided by 2080)

- 7) If applicable, provide a justification for not billing Victim Compensation for services that may be funded through Victim Compensation. For example, therapy services requested as part of the personnel or contractual budgets.

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

N/A

- 8) 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



**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Victims Served and Types of Services**

**Agency Name:** Indian River County Sheriff's Office

The number of victims indicated should include the number of new victims provided services by VOCA funded and matching staff during the grant period. The figures indicated should be based on historical data and/or the anticipated need of the population served through the VOCA project. If awarded funding, the applicant agency will be expected to fulfill these performance measures.

Recipients of VOCA funding are required to provide services to victims of Federal crimes and to provide assistance with the VOCA Crime Victim Compensation program.

**VOCA Grant Request**

**(from the Budget Summary Page) \$89,639.56**

# of Victims to be Served	Type of Victim \$89,639.56	\$ Amount per Category	% of Total Grant Amount	# of Other Types of Victims to be Served	For other types of crimes, identify and list each separately below.
768	Adult Physical Assault (Includes Aggravated and Simple Assault)	\$12,293.43	13.71%	514	Criminal Mischeif
18	Adult Sexual Assault	\$288.13	0.32%	143	Stolen Vehicle
0	Adults Sexually Abused/Assaulted as Children	\$0	0.00%	990	Theft
0	Arson	\$0	0.00%	5	Death Investigation
3	Bullying (Verbal, Cyber or Physical)	\$48.02	0.05%	0	
1351	Burglary	\$21,625.54	24.13%	0	
34	Child Physical Abuse or Neglect	\$544.24	0.61%	0	
0	Child Pornography	\$0	0.00%	0	
45	Child Sexual Abuse/Assault	\$720.32	0.00%	0	
820	Domestic and/or Family Violence	\$13,125.79	14.64%	0	
3	DUI/DWI Incidents	\$48.02	0.05%	0	
12	Elder Abuse or Neglect	\$192.08	0.21%	0	
0	Hate Crime: Racial/Religious/Gender/S exual Orientation/Other (Explanation Required)	\$0	0.00%	0	

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**

**VOCA 2017-2018**

**Organization: Indian River County Sheriff's Office**

**Grant No.: VOCA-2017-Indian River County Sheri-00510**

**Victims Served and Types of Services**

0	Human Trafficking: Labor	\$0	0.00%	0
0	Human Trafficking: Sex	\$0	0.00%	0
675	Identity Theft/Fraud/Financial Crime	\$10,804.77	12.05%	0
12	Kidnapping	\$192.08	0.21%	0
0	Mass Violence (Domestic/International)	\$0	0.00%	0
1	Other Vehicular Victimization (e.g., Hit and Run)	\$16.01	0.02%	0
50	Robbery	\$800.35	0.89%	0
111	Stalking/Harassment	\$1,776.78	1.98%	0
45	Survivors of Homicide Victims	\$720.32	0.80%	0
0	Teen Dating Victimization	\$0	0.00%	0
0	Terrorism (Domestic/International)	\$0	0.00%	0
0	Violation of a Court Order	\$0	0.00%	0
<b>Total Victims Served</b>	<b>5600</b>	<b>\$63,195.89</b>	<b>69.70%</b>	<b>1652</b>

Indicate the number of victims projected to receive the following services. In this section, only count a victim once, regardless of how many times the victim received a particular service. The total amount for any one service may not exceed the total number of victims projected to be served. See the VOCA Definitions for a description of each service.

<b># of Victims to be Served</b>	<b>Type of Service</b>	<b># of Other Types of Services to be Provided</b>	<b>For other types of services, identify and list each separately below.</b>
3289	Information and Referral	0	
888	Personal Advocacy/Accompaniment	0	
1258	Emotional Support or Safety Services	0	
9	Shelter/Housing Services	0	
846	Criminal/Civil Justice System Assistance	0	
49	Number of Victims Assisted with a Victim Compensation Application	0	
<b>Total Services</b>	<b>6339</b>	<b>0</b>	<b>Subtotal of "Other" Services</b>

**OFFICE OF THE FLORIDA ATTORNEY GENERAL**  
**VOCA 2017-2018**  
**Organization: Indian River County Sheriff's Office**  
**Grant No.: VOCA-2017-Indian River County Sheri-00510**  
**Required Documentation**

**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. Job descriptions must reflect VOCA allowable activities that are equal to or greater than the percentage of the position that is VOCA funded. Failure to provide VOCA allowable job descriptions may result in a reduction to your request.

Letters of Support: Attach three (3) current letters of support from local community or government groups. A current letter is one that is dated during the current calendar year. It is the responsibility of the applicant agency to ensure letters highlight the applicant agency's record of providing effective services to victims of crime (if applicable), demonstrates the writer's support as well as the community's support of the services that are requested as part of VOCA Grant project. Do not provide more than three letters. The following will not be accepted:

- \*Letters from one individual that is not writing on behalf of a local community or government group
- \*Letters from individuals or units within the applicant agency
- \*Letters acknowledging conference or meeting participation
- \*Letters that are similar in content

Documentation of the agency's 501(c) 3 ruling from the Internal Revenue Service: Provide documentation to document the nonprofit status of the applicant agency. This may include:

- \*proof that the Internal Revenue Service recognizes the organization as being tax exempt under 501(c)(3) of the Internal Revenue Code;
- \*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;
- \*a certified copy of a certificate of incorporation or similar document establishing nonprofit status;
- \*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

**Required Documentation Uploads**

Upload Name:	Job Description Match Upload Type:	Job Descriptions
	Job Description VOCA	Job Descriptions
	LOS Vero Beach PD	Letters of Support
	LOS State Attorney	Letters of Support
	LOS IRC Mental Health Assoc.	

**OAG Only - Upload Section**

**OFFICE OF THE FLORIDA ATTORNEY GENERAL  
VOCA 2017-2018  
Organization: Indian River County Sheriff's Office  
Grant No.: VOCA-2017-Indian River County Sheri-00510  
Required Documentation**

Upload Name:

Upload Type: