**ADDITIONAL BUDGET SUMMARY**

Agency Name:

Grant ID#:

**Personnel:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position Title and****Employee Name** | **Total Number of Hours Per Week (Not just SAVS)** | **Hours/week funded by SAVS** | **Percentage of Time Spent on SA Victim Services (Include all funding sources)** | **Annual****Salary** **(Include all funding sources)** | **Fringe****(total)** | **Amount to be Funded by SAVS** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Personnel Amount to be Funded by SAVS:** |  |

**Other Funding for Sexual Assault Victim Services**

List **all** other sources of funding for sexual assault victim services.

|  |  |
| --- | --- |
| **Source** | **Amount** |
| VOCA |  |
| VAWA |  |
| WCASA |  |
| Other (please list) |  |
|  |  |
|  |  |
|  |  |
| **Total for Other Funding for Sexual Assault Services**  |  |

**Total Agency Budget**

Provide a breakdown of the agency’s total budget including SAVS funds.

|  |
| --- |
|  |
| SAVS Funding Request |  |
| Other Funding for Sexual Assault Victim Services |  |
| Other Agency Funds |  |
| **Total Agency Budget** |  |