**PAID SEXUAL ASSAULT STAFF**

Agency Name:

Grant ID#:

1. Complete the following information for all paid staff providing or will be providing sexual assault victim services, not just SAVS funded positions.
2. Identify the number of hours per week that the employee spends on sexual assault victim services.
3. List the hourly rate of each employee listed.
4. Only list people employed by the applicant agency. Do not list contract individuals or consultants.
5. If agency has a volunteer coordinator who recruits volunteers for sexual assault victim services, include them in the Paid Sexual Assault Staff chart below.

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| --- | --- | --- |
| **Position Title**  **Employee Name** | **Total Hours/Week**  **Spent on Sexual Assault Victim Services** | **Hourly Rate** |
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