Memorandum

MIAMI-DADE COUNTY

Date:	April 24, 2007
To:	Honorable Chairman Bruno A. Barreiro and Members, Board of County Commissioners
From:	George M. Burgess County Manager
Subject:	Resolution Authorizing the Victims of Crime Act Grant Application for Provision of Services for 2007-2008

Agenda Item No. 3(O)(14)(A)

Recommendation

It is recommended that the Board retroactively approve the attached resolution authorizing the County Mayor or his designee to apply for, receive and expend Victims of Crime Act (VOCA) funds from the State of Florida, Office of the Attorney General for the Miami-Dade County Medical Examiner Department's Victim Services Program, to execute agreements and necessary amendments to the grant application, and to apply for, receive and expend additional future funds should they become available under this program for the purpose. The grant period covers October 1, 2007 through September 30, 2008. The grant requires retroactive approval from the Board because the grant application submission deadline was February 24, 2007. The staff has been working with the State Attorney's Office and the Attorney General's Office based upon their recommendation that the Medical Examiner Department apply for these funds. The information was not available until January 7, 2007; therefore, this item is submitted for retroactive approval.

Scope

The Miami-Dade County Medical Examiner Department has applied for $63,818 from the United States Department of Justice through the State of Florida, Attorney General's Office, in order to obtain grant funds to support the provision of services countywide to the survivors of victims of crime, violent or accidental deaths.

The grant will be used to provide a Victim Services Coordinator who will provide information and referral and will assist the survivors in filing compensation claims. The Victim Services Coordinator will explain the role of the Medical Examiner Department in the death investigation process, schedule appointments, keep in close contact with the survivors and perform any necessary follow-up tasks.

Fiscal Impact/Funding Source

The funding from the State of Florida, Office of the Attorney General, if awarded, would total $63,818. The matching 20% from the Miami-Dade County Medical Examiner Department's salaries and fringes would total $12,764 and will be included in the Medical Examiner Department's proposed budget for FY 07/08. No additional funds from Miami-Dade County would be required.

Track Record/Monitor

VOCA funds will be awarded by the Eleventh Judicial Circuit, under the administration of the Honorable Joseph P. Farina. A Medical Examiner Department employee, Sharmaine Tyler-Luke, Forensic Investigations Supervisor, will monitor the grant.

Background

Although there are many agencies in the community that provide various services to survivors of death victims, too many eligible recipients of those services do not receive them because they are not provided the information in a timely manner or at all. Since Miami-Dade County Medical Examiner Department certifies all violent, criminal and accidental deaths, after the initial contact with police, the survivors would most likely have contact or communication with this department. As a result, having a Victim Services Coordinator on staff would provide survivors of death victims with immediate and timely referrals to needed services and expedite the preparation of the Victim Compensation Claim forms, if applicable.

It is anticipated that approximately seventy (70) survivors of crime victims would be served in person and approximately one hundred (100) survivors of crime victims would receive follow-up telephone contact. It is for these reasons that the Attorney General's and State Attorney's Offices requested that the Medical Examiner Department apply for these funds.

Alina T. Hudak
Assistant County Manager

MEMORANDUM

(Revised)

TO: Honorable Chairman Bruno A. Barreiro and Members, Board of County Commissioners

DATE: April 24, 2007

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Agenda Item No. 3(O)(14)(A)

Please note any items checked.

_____	**"4-Day Rule" ("3-Day Rule" for committees) applicable if raised**
_____	**6 weeks required between first reading and public hearing**
_____	**4 weeks notification to municipal officials required prior to public hearing**
_____	**Decreases revenues or increases expenditures without balancing budget**
_____	**Budget required**
_____	**Statement of fiscal impact required**
_____	**Bid waiver requiring County Manager's written recommendation**
_____	**Ordinance creating a new board requires detailed County Manager's report for public hearing**
_____	**Housekeeping item (no policy decision required)**
___✓___	**No committee review**

Approved _____ Mayor

Veto _____

Override _____

Agenda Item No. 3(O)(14)(A)
04-24-07

RESOLUTION NO._____

RESOLUTION RATIFYING THE COUNTY MAYOR'S ACTION IN APPLYING FOR $63,818 IN VICTIMS OF CRIMES ACT (VOCA) FUNDS FROM THE STATE OF FLORIDA, OFFICE OF THE ATTORNEY GENERAL TO SUPPORT THE MIAMI-DADE MEDICAL EXAMINER DEPARTMENT'S VICTIM SERVICES PROGRAM; AND AUTHORIZES THE COUNTY MAYOR OR HIS DESIGNEE TO RECEIVE, EXPEND, AND EXECUTE CONTRACTS, AGREEMENTS, AND NECESSARY AMENDMENTS TO THE APPLICATION

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board ratifies the County Mayor's action in applying for, receiving and expending State funds in the amount of $63,818 from the State of Florida, Attorney General's Office under the Victim's of Crime Act (VOCA), to support the Miami-Dade Medical Examiner Department's Victim Services Program, in substantially the form of the grant application attached hereto and made apart hereof; authorizes the County Mayor or his designee to receive, expend, and execute such contracts and agreements as required, following their approval by the County Attorney's Office; to expend any and all monies received for the purposes and as described in the application to receive and expend additional funds should they become available, and to file and execute any necessary amendments to the application for and on behalf of Miami-Dade County, Florida.

The foregoing resolution was offered by Commissioner , who moved its adoption. The motion was seconded by Commissioner and upon being put to a vote, the vote was as follows:

Bruno A. Barreiro, Chairman
Barbara J. Jordan, Vice-Chairwoman

Jose "Pepe" Diaz	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Joe A. Martinez	Dennis C. Moss
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 24th day of April, 2007. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF COUNTY
COMMISSIONERS

HARVEY RUVIN, CLERK

Approved by County Attorney as
to form and legal sufficiency. JEB

Jason E. Bloch

By:_____
Deputy Clerk

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ATTACHMENT A
2007 - 2008 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 agency receives VOCA funding.**

Name of Agency: Miami-Dade Medical Examiner Department

Judicial Circuit to be served (refer to list on page 7): 11th

List name of counties served: Miami-Dade

Printed Name of Agency Director:

Bruce A. Hyma, M.D.

(305) 545-2425
Area Code/Telephone No.

Number One on Bob Hope Road
Street, Post Office Box or Drawer

305-545-2412
Fax No.

Miami - 33136-1133
City Nine Digit Zip Code

Bruce A Hyma MD
Signature of Agency Director

16 Feb., 2007
Date of Signature

Type the name of the individual in the Agency who can answer questions about the information contained in this Grant Application.

Contact Person: Sharmaine Tyler-Luke

Contact E mail Address: QUI@miamidade.gov

Contact Telephone No.(305) 545-2400

Contact Fax No.(305) 545-2428

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). Select only ONE sub-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. Is the applicant organization a faith-based organization?

☐ YES
☒ NO

d. 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

e. 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	Current Fiscal Year
Federal Funding (excluding VOCA)	$ 0
Current Year VOCA (excluding match), if applicable	$ 0
State Funds	$ 0
Local, Public or Private Funds	$ 0
Other (Specify):	$ 0
Total Victim Services Budget	$ 0

* Per Judicial Circuit you are requesting funding

f. 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.			
☐ Adult Sexual Assault	☐ Adults Molested as Children	☐ Assault	☐ Child Physical Abuse
☐ Child Sexual Abuse	☐ Domestic Violence	☐ DUI/DWI Crashes	☐ Elder Abuse
☐ Robbery	☒ Survivors of Homicide Victims		
☒ Other, please identify: Survivors of violent or criminal death victims.			

b. Types of services. Mark (X) by all that apply.		
☒ Assistance in Filing Compensation Claims - **Mandatory Requirement**		
☐ Criminal Justice Support/Advocacy	☐ Crisis Counseling	☐ Crisis Hotline Counseling
☐ Emergency Financial Assistance	☐ Emergency Legal Advocacy	☒ Follow-up Contacts
☒ Information and Referral (In-Person)	☐ Personal Advocacy	☐ Shelter/Safehouse
☐ Support Groups	☒ Telephone Contacts	☐ Therapy
☒ Other, please identify: Any other advocacy assistance.		

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 population of Miami-Dade County is approximately 2,376,014 people. About 435,000 of the population earn below poverty level and about 4,700 are homeless on the streets on any given night. There are 35 individual municipalities, all of which the Miami-Dade County Medical Examiner Department serves. Some municipalities have Victim Service Coordinators, but the majority of them do not; therefore many persons eligible for services under the Victims of Crime Act would not be aware of it. Since all violent, criminal and accidental deaths occurring in Miami-Dade County are certified through the Miami-Dade County Medical Examiner Department and the survivors of those victims often have the first point of contact with this office, it would be the opportune place to inform the survivors of the Victims of Crime Act especially about the financial assistance and counseling that may be available.	
Having briefly described the need, document the need by including the following information as it relates to the service area:	
Population (specify #)	Miami-Dade County has a vastly diverse population of 2.3 million people. As of the 2004 Census information there are 60% Hispanics, 19% Whites Non-Hispanic and 20% Blacks. Over 50% are foreign born and about 68% speak a language other than English.
Geographic characteristics: Please include the square mileage of the service area(s), indicate whether urban or rural and include a description of the location of the service area(s).	The Miami-Dade County is located in the southeastern part of the state of Florida. Miami-Dade County is approximately 2,000 square miles and comprises large urban areas and rural agricultural areas. As the largest metropolitan area in the State of Florida, Miami-Dade County is often referred to as the "Gateway to Latin America and the Caribbean." Our community is located along the southeast tip of the Florida peninsula. It is bounded by Biscayne Bay and the Atlantic Ocean to the east, Everglades National Park to the west, the Florida Keys to the south, and Broward County to the North. In 2006 approximately 32 ½ million passengers came through Miami International Airport and about 3.6 million came via the Port of Miami.
Crime statistics (for the victim population you are seeking to serve with VOCA funds). Refer to the FDLE website for available information.	Miami-Dade Medical Examiner Department investigated approximately 3,260 deaths in 2006. 257 were Homicides, 201 were Suicides and 819 were Accidental deaths.
Existing victim services in the community. This description must include a listing of all the **services** available to the victim population you are seeking to serve in the service area, beyond those offered by the applicant agency.	There are Victim Service Coordinators working in the Miami-Dade State Attorney's Office, Miami-Dade County Human Services Department, Miami-Dade County Police Department, Miami Beach Police Department and a few more municipal police departments. There are also other local, national, private and religious organizations that provide services, such as: Camillus House, Catholic Community Services, Family Counseling Services, Jewish Family Service of Greater Miami, Mothers Against Drunk Drivers (MADD), Mental Health Services, Miami Rescue Mission, United Way, The Florida Department of Children and Family Services, Office of the Attorney General Crime Victim Compensation Program, Compassionate Friends (Death of a Child), National Organization of Parents of Murdered Children, Switchboard of Miami Crisis Helpline and many others.
Non-existing victim services in the community. Describe the victim service needs in the community not	Although there are agencies in the community that provide various services to survivors of death victims, too many eligible recipients of those services do not receive them, because they are not provided the information in a timely manner or at all. Since the Miami-Dade County Medical Examiner Department certifies all violent, criminal and accidental deaths, after the initial contact with police the survivors would most likely have contact or

currently being offered for the victim population you are seeking to serve.	communication with this department. Therefore, having a Victim Service Coordinator on staff would provide survivors of death victims with immediate and timely referrals to needed services and expedite the preparation and completion of the Victim Compensation Claim Forms, if applicable.

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.

Project Summary - Using the information marked under Part 3 - Victims Served and Types of Services, describe in detail:	
How will the services indicated in Part 3 (b) be provided to the victims in Part 3 (a)? Include a description of those services to all victims checked in Part 3.	The survivors of death victims, upon contacting or responding to the Medical Examiner Department, will be assisted by the assigned Investigator and Victim Services Coordinator (VSC). The Investigator will conduct the appropriate interview, and the VSC will assess their needs and determine what available services would be appropriate. The VSC will then ensure those services are offered and/or provided to the survivors. This would include assisting with the identification of the deceased, explaining the role of the Medical Examiner Department in the death investigation process, assisting with the completion of the Victim Compensation forms and making referrals to appropriate agencies as needed, including scheduling appointments. The VSC will keep in close contact with the survivors and perform any follow-up tasks that are necessary. The VSC will also maintain an up-to-date case file on the decedent, detailing the assistance provided to their survivors.
How many victim advocates/ direct service providers, does your agency staff? Of those, how many are you requesting from VOCA?	There are none at this time, but we are requesting VOCA funding to establish one such position.

Coordination of Services - The VOCA Final Program Guidelines mandate that grant recipients coordinate services with other area service providers. Under this subheading:	
Identify (list) agencies with which the proposed VOCA project will coordinate its services.	The VSC will coordinate services with the Miami-Dade State Attorney's Office, the appropriate law enforcement agency, The Florida Department of Children and Family Services, The Florida Attorney General's Office (Victim Compensation), Center for Women and Children, Clerk of the Courts (Evictions and legal documents), various counseling and mental health agencies (Family Counseling Services of Greater Miami, Mental Health Services), other non-government providers of social services, emergency housing services, and various government agencies to secure needed documents or applications for basic needs/services.
Describe how the proposed VOCA project will coordinate services with the service providers listed above.	The VSC, after being notified of a death victim, will review the Medical Examiner case file to determine if there are any family survivors of the deceased. If survivors are identified, the VSC will contact them or if they contact the Medical Examiner Department first, they will be referred to the VSC after the initial interview with the assigned Investigator. The VSC will make a critical assessment of their needs and match them with the appropriate resources available. In this process the Coordinator will provide extensive follow-up as necessary, applicable assistance and guidance. The Coordinator will work closely with service providers from different entities to ensure that appropriate resources are maximized to match the identified needs of the survivors. The Coordinator will maintain an up-to-date working knowledge of the local service providers, their capabilities and the differences between similar programs to ensure that the best match between the person in need and the resource is made.

Duplication of services	Does a duplication of service exist? ☐ YES or ☒ NO If yes, please explain. None. We do not have a person in this department that provides such services, but one is greatly needed.

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 Victim Services Coordinator will inform the survivors about the program and provide them with written information. Where appropriate, the Coordinator will provide assistance with preparing, completing and submitting the Victim Compensation forms. The Coordinator will be the catalyst to bridge death victim survivors with the Victim Compensation Program. The Coordinator will monitor the case and maintain a follow-up protocol until all compensation issues have been resolved and no further services are needed. This protocol will be maintained and documented to ensure that the survivors are provided the maximum assistance required for their needs.

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

Describe how volunteers will be utilized	The Miami-Dade County Medical Examiner Department is a teaching and research facility as well as a needed service agency to the community. We participate in internship programs with various education institutions on a continuous basis. They are non-paid individuals that provide a valuable service by assisting this department in any capacity deemed necessary. Unfortunately, we have more Interns wanting to volunteer than we can accommodate; because this department engages in ongoing criminal investigations that may require court appearances by the Pathologist, Investigator and/or Toxicologist, the involvement of interns in such cases is limited. The Victim Services Coordinator, however, would be able to utilize the services of interns much more effectively.
Identify the number of volunteers currently utilized in the Victim Services Program. This number must be expressed in full time equivalent(s).	____ volunteers provide ____ hours of service annually. ____ hours of service annually divided by 2080 is equal to ____ FTE. None. Again, we do not have a person in this department that provides such services, but one is greatly needed.

Project Continuation - If VOCA funds are no longer available, how does your agency 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? Yes.

If so, from what funding sources? If VOCA funding is not available for the Victim Services Program, the Medical Examiner Department will attempt to get it funded through the normal Miami-Dade County Government budgetary process. As it stands now, even with VOCA funding, the Department will still have to absorb partial cost of the program. The need for Victim Services in this Department has been recognized and agreed upon by the appropriate parties and every effort will be made to make the program a reality.

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. **Target numbers must represent ONLY the number of unduplicated primary and secondary victims receiving the service.**

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

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 letters in a standardized format 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:	Enhance the quality of victim services provided.
Objectives:	
1.	Between October 1, 2007, and September 30, 2008, the program will provide personal advocacy to 70 crime victims (survivors of crime victims).
2.	Between October 1, 2007, and September 30, 2008, the program will provide telephone contacts to 100 crime victims (survivors of crime victims).

GOAL 2:	Expand services to meet immediate needs of crime victims (survivors of crime victims).
Objectives:	
1.	Between October 1, 2007, and September 30, 2008, the program will provide information and referral to 70 crime victims (survivors of crime victims).
2.	Between October 1, 2007, and September 30, 2008, the program will provide follow-up contact to 100 crime victims (survivors of crime victims).

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)

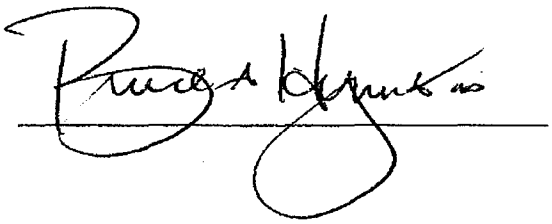
This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67.510. Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160 B 19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

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.

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.

Name and Title of Authorized Representative Bruce A. Hyma, M.D.

Signature 

Date 16 Feb. 2007

Name of Organization Miami-Dade Medical Examiner Department

Address of Organization Number One on Bob Hope Road
Miami FL. 33136-1133

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

Part 9. VOCA BUDGET REQUEST (Instructions, Illustrations and Budget Forms)

A. Personnel B 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 duties that are equal to or greater than the percentage of reimbursement requested from VOCA.

Position Requested	Total VOCA cost for 07/08	This section is to be completed by OAG Staff		
		% of VOCA allowable duties	# of pay periods	Pay Period Average
Victim Service Coordinator	$ 57,750			
Subtotal	**$ 57,750**	***	***	***

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

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

Position Victim Service Coordinator

Hours per week = 40 Annually = 2080 $19.83 hr	Employer Cost
Gross	41,265
FICA (7.65)%	3,241
Retirement (10.71)%	4,419
Health Ins. ( )%	7,600
Life Ins. (0.3024)%	125
Dental Ins. ( )%	
Workers Comp ( )%	
Unemployment ( )% on 1st $7,000 only	
Other: Flex Benefits	1,100
TOTAL	57,750

Position_____

Hours per week = Annually = _____ $____hr	Employer Cost
Gross	
FICA ( )%	
Retirement ( )%	
Health Ins. ( )%	
Life Ins. ( )%	
Dental Ins. ( )%	
Workers Comp ( )%	
Unemployment ( )% on 1st $7,00 only	
Other:	
TOTAL	

Explanation (if applicable): FICA 7.65% was based on salary ($41,264.60) plus flex benefits ($1,100). The above budget was based on the cost of salary and fringes for one Crime victim coordinator beginning at step 5. Step 5 is used for budgetary purpose in cases were the new hire come from another county department).

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. Equipment B For furniture and equipment costing $1,000 or more. If awarded funds in this category, prior approval is required before purchasing items.			
Description	Number	Cost Per Item	Total
Desktop computer with 3 year warranty	1	$1,700	$1,700
Subtotal	***	***	$1,700

Budget Narrative -

The computer is an essential tool for the new Victim Advocate. It will allow for research and better serve the crime victim in the entire process. This computer will also be used for reporting purposes, keeping track of the documents and services provided. The cost listed above is for a complete computer package which includes the computer, monitor, software, printer and 3 year warranty.

D. Operating Expenses B 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 $1,000 should be requested from this budget category.

Description	Number	Cost Per Item	Total
Monthly telephone service	12 months	$21 per month	$ 252
Orientation Training and background check	1	$ 236	$ 236
Travel and Registration	1	$1,800	$1,800
Office supplies and printing	1	$1,900	$1,900
License and permit (Public Notary)	1	$ 180	$ 180
Subtotal	***	***	$4,368

Budget Narrative -

The Victim Advocate will need monthly telephone service calculated at $21 per month, which is the standard rate budgeted for new positions in this agency.

Miami-Dade County has a total of $236.00 for mandatory orientation training, background checking, drug testing and processing to all new county employees to educate them about county policies and procedures.

Travel and registration will allow the new Victim Advocate to attain the necessary training and certification needed to properly perform the duties required of an Advocate Coordinator.

This position will require essential office supplies, business cards, printing form and other minor equipment such as calculator and typewriter.

The Public Notary service will be provided to expedite the process of obtaining certain documents or services needed by the victim/survivor of victim.

Budget Summary By Category - Provide the subtotal for each budget category (A through D) for the Total VOCA Budget Request: Amounts must be rounded to the nearest whole dollar.	TOTAL VOCA BUDGET REQUEST
A. Personnel	$57,750
B. Contractual Services	$0.00
C. Equipment	$1,700
D. Operating Expenses	$4,368
TOTAL	$63,818

Part 10. 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
Investigations Unit Supervisor	Local	Cash	Personnel	$7,146
Accountant/Grant Coordinator	Local	Cash	Personnel	$5,623
			TOTAL	$12,769

Match Narrative -

6.8% of the Investigations Unit Supervisor's position will be utilized to provide supervision for the victim advocate position. The supervisor's total salary and benefits equal $105,081.

6.5% of the Accountant/Grant Coordinator's position will be utilized to provide grant preparation, submission, execution and reporting. This position's total salary and benefits equal $86,505.

Position: Investigations Unit Supervisor

Hours per week = 40 Annually = 2080 $ 34.60 hr	Employer Cost	Reported Match 6.8 %
Gross Salary	$71,960	$4,893
FICA (7.65) %	$5,730	$390
Retirement (23.12) %	$16,637	$1,131
Health Ins. ( )	$7,600	$517
Other: Longevity, Life insurance, Flex benefits	$3,155	$215
TOTAL		$7,146

Position: Accountant/Grant Coordinator

Hours per week = 40 Annually = 2080 $ 31.41 hr	Employer Cost	Reported Match 6.5 %
Gross Salary	$65,498	$4,257
FICA (7.65) %	$5095	$332
Retirement (10.71) %	$7,015	$456
Health Ins. ( )	$7,600	$494
Other: Longevity, Life insurance, Flex benefits	$1,298	$84
TOTAL		$5,623

Tissue Bank
Dept. of Orthopaedics
and Rehabilitation (R-12)
P.O. Box 016960
Miami, Florida 33101
(305) 243-6465
Fax: (305) 326-8321

MILLER
SCHOOL OF MEDICINE
UNIVERSITY OF MIAMI

H. Thomas Temple, M.D.
Director
Tissue Bank
(305) 243-3360
(305) 243-6786
Fax: (305) 243-4622

January 24, 2007

Office of the Attorney General
Bureau of Advocacy Grants Management
The Capitol, Room PL-01
Tallahassee, FL 32399-1050

RE: Letter of support for Miami Dade County Medical Examiner Department

To Whom It May Concern:

On behalf of The University of Miami Tissue Bank, we are delighted to write this letter in support of the Miami Dade County Medical Examiners Office (MDME) for funding for a Victim Services Coordinator. We have been fortunate to work closely with MDME since 1980 in obtaining permission for donation of tissues for transplant from families who have experienced the death of a loved one being examined by this office. From the inception of this endeavor the MDME has demonstrated unwavering cooperative dedication for our ability to accomplish this.

In addition to providing space for employees of The University of Miami Tissue Bank to review potential donors the MDME has maintained a close working relationship with these individuals to provide all the necessary information for this programs success.

The University of Miami Tissue Bank has observed over these many years the extensive knowledge and expertise of the MDME's professional staff and their critical need for funding of a Victims Services Coordinator. These professionals, who go above and beyond their immediate duties to make a difference in the lives of families who are experiencing the grief process would be greatly assisted by someone to fill this position.

In conclusion we offer full support to the MDME for funding to help the victims of crime as they have demonstrated a record of providing effective services to this community. Should you have any questions or require any further information please feel free to call me at (305) 243-3360.

Sincerely,

H. Thomas Temple, M.D.
Director, University of Miami Tissue Bank
Professor of Orthopaedics and Pathology
University of Miami Miller School of Medicine

HTT:ig

ELEVENTH JUDICIAL CIRCUIT OF FLORIDA
ADMINISTRATIVE OFFICE OF THE COURTS
UNIFIED FAMILY COURT/COMPLEX LITIGATION DIVISION

JOSEPH P. FARINA
CHIEF JUDGE

RUBEN O. CARREROU
COURT ADMINISTRATOR

LAWSON E. THOMAS COURTHOUSE CENTER
175 N.W. 1st AVENUE · ROOM 1147
MIAMI, FLORIDA 33128
(305) 349-5555
FAX: (305) 349-5682

January 23, 2007

Office of the Attorney General
Bureau of Advocacy and Grants Management
The Capitol, Room PL-01
Tallahassee, FL 32399-1050

RE: Letter of Support for Miami-Dade County Medical Examiner Department

To Whom it May Concern:

On behalf of the Miami-Dade County Domestic Violence Fatality Review Team, we are delighted to write this letter in support of the Miami-Dade County Medical Examiner Department (MDME) for funding for a Victim Services Coordinator. We have been fortunate to work closely with the MDME on a collaborative basis since 1998, when we established a Fatality Review Team in Miami-Dade County to study domestic violence-related death incidents. From the inception of this endeavor, the MDME has demonstrated an unwavering cooperative dedication towards prevention of crime and service to victims.

Aside from providing meeting space for the Review Team twice per month since we commenced operations, throughout the review process, the MDME has maintained a close working relationship with the Review Team staff, and works very cooperatively to provide all necessary information for the success of the review process. Integral to this working relationship, the MDME has worked collaboratively with all Review Team members, encompassing representatives from a variety of disciplines. Their agency involvement has been instrumental in further enhancing the Review Team's goals and objectives.

In addition, in the year 2002, the Review Team widened its scope to review all child deaths as a result of abuse and/or neglect, and became state certified as the entity in Miami-Dade County to perform this function, in accordance with the state's Child Death Review statute. The MDME extended their partnership towards this endeavor as well, further demonstrating their firm dedication towards the prevention of domestic violence fatalities and child deaths resulting from abuse and neglect, as well as enhancement of services offered to victims of crime.

The Review Team has observed over these years the extensive knowledge and expertise of MDME's professional staff, and the critical need for the funding for a Victim Services Coordinator. The Review Team representatives have been dedicated and outstanding professionals, who go above and beyond their immediate duties, and make a difference in the level and quality of services being provided to our community.

In conclusion, we offer our full support to MDME for this funding request, as they have demonstrated a record of commitment to the safety of our community's families and children. Should you have any questions, or require any further information, please feel free to call me at (305) 349-5555.

Very truly yours,

Lauren Lazarus Sabatino, Esq., Director
Unified Family Court/Complex Litigation Division
Miami-Dade County Domestic Violence Fatality Review Team

Miami-Dade Police Department

Director's Office

An Internationally Accredited Police Service

We Care | We Protect | We Serve

January 29, 2007

Chief Cynthia Rogers-Vallely
Office of the Attorney General
Bureau of Advocacy and Grants Management
The Capitol, Room PL-01
Tallahassee, Florida 32399-1050

Re: Letter of Support

Dear Chief Rogers-Vallely:

The Miami-Dade Police Department strongly supports the Miami-Dade County Medical Examiner Department's request for a Victim of Crimes Act grant.

The Medical Examiner Department has an established record of providing effective services to victims' families. The addition of a grant funded for a Victim Services Coordinator would further enhance their ability to serve victims' families during their time of greatest need, the death of a relative.

Please feel free to have a member of your staff contact Major Angus H. Butler, at telephone (305) 471-2400, if we may of further assistance regarding this matter.

Sincerely,

Robert Parker
Director

9105 NW 25 Street • Miami, Florida • 33172-1500
Telephone (305) 471-2100 • Fax (305) 471-2163 • Website http://www.mdpd.com