



**U.S. Department of Justice**  
Office for Victims of Crime

**CRIME VICTIM COMPENSATION STATE CERTIFICATION FORM**

State of \_\_\_\_\_

Reporting Period: October 1, \_\_\_\_\_ through September 30, \_\_\_\_\_

NOTE: Please read the instructions on the Attached Page Before Completing this Form

**Part I: PAYMENT INFORMATION**

A: Total Amount paid to on or behalf of crime victims from ALL FUNDING SOURCES (both State and Federal) (+) \$ 0.00

B. Amounts To Be Deducted From Total Paid to Crime Victims

1. Voca Grant Funds, FY _____ FY _____	\$ <u>0.00</u>
2. Subrogation Recoveries	\$ <u>0.00</u>
3. Restitution Recoveries	\$ <u>0.00</u>
4. Refunds	\$ <u>0.00</u>
5. Amount Awarded for Property	\$ <u>0.00</u>
6. Other Reimbursements	\$ <u>0.00</u>
Specify: _____	\$ <u>0.00</u>
_____	\$ <u>0.00</u>

C. Total Amount To Be Deducted (Sum of B1 through B6) (-) \$ 0.00

D. Subtract Line C From Line A (=) \$ 0.00

E. Recovery Costs, If Any (Attach Documentation) (+) \$ 0.00

F. Total State Payments Eligible for Matching VOCA Grant Award (Add Line D and Line E) (=) \$ 0.00

**Part II: FUNDS AVAILABLE FOR THE STATE VICTIM COMPENSATION PROGRAM**

(During the Reporting Period)

A: Funds From All Sources Other Than VOCA Grants Funds

1. General Funds	\$ <u>0.00</u>
2. Court Costs	\$ <u>0.00</u>
3. Fees	\$ <u>0.00</u>
4. Fines and Penalties	\$ <u>0.00</u>
5. Private Donations	\$ <u>0.00</u>
6. Bond Forfeitures	\$ <u>0.00</u>
7. Subrogation Recoveries	\$ <u>0.00</u>
8. Restitution Recoveries	\$ <u>0.00</u>
9. Refunds	\$ <u>0.00</u>
10. Reimbursements	\$ <u>0.00</u>
11. Earned Interest	\$ <u>0.00</u>
12. Reserves Carried Over	\$ <u>0.00</u>
13. Other Sources	\$ <u>0.00</u>
Specify: _____	\$ <u>0.00</u>
_____	\$ <u>0.00</u>

B. Total Amount of Lines A1 through A13 (+) \$ 0.00

C. VOCA Grant Funds, FY - FY - (+) \$ \_\_\_\_\_

D. Total Funds Received (Add Lines B and C) (=) \$ 0.00

**Part III: CERTIFICATION**

I certify that the amount reported in Part I F of this form is complete and accurate.

\_\_\_\_\_  
Type Name and Title of Duly Authorized Official

\_\_\_\_\_  
Signature of Duly Authorized Official

\_\_\_\_\_  
Date

Note: This form must be signed by the authorized individual within the agency designated by the Governor to administer the VOCA crime victim compensation grant.