Approved	OMB No:	1121-0170	Expires:	02/28/2009

Date

U.S. Department of Justice Office for Victims of Crime						
	OMPENSATIO	N STATE CERTIFICATION FORM				
State of						
Reporting Period: October 1, 200		through September 30, 2006				
NOTE: Please read the instructions on the Attached Page Before Completing this Form						
Part I: PAYMENT INFORMATION		Part II: FUNDS AVAILABLE FOR THE STATE VICTIM COMPENSATION PROGRAM (During the Reporting Period)				
 A: Total Amount paid to or on behalf of crime victims from ALL FUNDING SOURCES (both State and Federal) B. Amounts To Be Deducted From Total Paid to Crime Victims Voca Grant Funds, FY FY Subrogation Recoveries Restitution Recoveries Refunds Amount Awarded for Property Other Reimbursements Specify: 	(+) \$ 0.00 \$	3. Fees4. Fines and Penalties5. Private Donations6. Bond Forfeitures7. Subrogation Recoveries98. Restitution Recoveries99. Refunds910. Reimbursements11. Earned Interest12. Reserves Carried Over13. Other Sources	A Grant Funds \$ 0.00 \$ 0.00			
C. Total Amount To Be Deducted (Sum of B1 through B6)	(-) \$0.0	B. Total Amount of Lines A1 through A13	(+) \$ <u>0.00</u>			
D. Subtract Line C From Line A	(=) \$0.0	C. VOCA Grant Funds, FY FY	(+) \$			
 E. Recovery Costs, If Any (Attach Documentation) F. Total State Payments Eligible for Matching VOCA Grant Award (Add Line D and Line E) 	(+) \$ <u>0.0</u> (=) \$ <u>0.0</u>		(=) \$0.00			
Part III: CERTIFICATION I certify that the amount reported in Part I F Type Name and Title of Duly Authorized Official	of this form is comple	ete and accurate.				

Signature of Duly Authorized Official

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.

OJP Admin. Form (7390/5) (Rev. 4/99)