



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

CRIME VICTIM COMPENSATION STATE CERTIFICATION FORM

State of Alabama  
Reporting Period: October 1, 2015 through September 30, 2016  
NOTE: Please read the instructions on the Attached Page Before Completing this Form.

Part I: PAYMENT INFORMATION

A. Total Amount paid to or on 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  FY  FY  \$ 0.00

2. Subrogation Recoveries \$ 0.00

3. Restitution Recoveries \$ 0.00

4. Refunds \$ 0.00

5. Amount Awarded for Property \$ 0.00

6. Other Reimbursements: Specify:  \$ 0.00

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 Grant Funds

1. General Funds \$ 0.00

2. Court Costs \$ 0.00

3. Fees \$ 0.00

4. Fines and Penalties \$ 0.00

5. Private Donations \$ 0.00

6. Bond Forfeitures \$ 0.00

7. Subrogation Recoveries \$ 0.00

8. Restitution Recoveries \$ 0.00

9. Refunds \$ 0.00

10. Reimbursements \$ 0.00

11. Earned Interest \$ 0.00

12. Reserves Carried Over \$ 0.00

13. Other Sources: Specify:  \$ 0.00

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

C. VOCA Grant Funds, FY  FY  FY  FY  (+) \$ 0.00

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.

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

Attachments:

Add Attachment

Actions:

Save Submit Cancel

Audit Trail:

Description:	Role:	User:	Timestamp:	Note:

- Manage Users
- Applications
- Victim Compensation Certification
- Awards
- Funding Opportunities
- Grant Adjustments
- Grant Monitoring
- Conference Reporting
- Closeouts
- Reports
- Profile
- SAM Claim
- Change Password
- Log Off

Help/Frequently Asked Questions