



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 <input type="text"/> FY <input type="text"/> FY <input type="text"/> FY <input type="text"/>	\$	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: <input type="text"/>	\$	0.00
	\$	0.00
C. Total Amount To Be Deducted (Sum of B1 through B6)	(-) \$	0.00
	(=) \$	0.00
D. Subtract Line C From Line A		
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: <input type="text"/>	\$	0.00
	\$	0.00
B. Total Amount of Lines A1 through A13	(+) \$	0.00
C. VOCA Grant Funds, FY <input type="text"/> FY <input type="text"/> FY <input type="text"/> FY <input type="text"/>	(+) \$	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:

Actions:

Audit Trail:

Description:	Role:	User:	Timestamp:	Note:

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