

## **VOCA Victim Compensation Certification**

## **Certification Requirements**

Each state (which, as used herein, includes territories) that applies for Victims of Crime Act (VOCA) Victim Compensation funding must—

- submit annually the VOCA Victim Compensation Certification to the U.S. Department of Justice, Office for Victims of Crime (OVC);
- retain records (see 2 C.F.R. § 200.334) supporting the data entered in the certification form;
- maintain a policy that describes the calculation, review, and approval process for this certification;
- have the certification form completed and reviewed by an individual(s) with specialized/personal knowledge of the compensation program funding;
- have the entity's Authorized Representative as assigned in the JustGrants system, or other individual with signing authority, sign the certification.

The data provided in this certification form are used by OVC to calculate allocations for VOCA-eligible crime victim compensation programs. In the event of an overcertification, the necessary steps will be taken to recover funds that were awarded in error. OVC does not have the authority to permit states to keep amounts obtained through overcertification that they were not entitled to receive. In the event of an undercertification of amounts paid to crime victims, no supplemental payments to the state will be issued to correct the state's error.

## Instructions

The amount certified in Part I, Line F is used by the Office of Justice Programs to determine the annual VOCA Victim Compensation grant award. All information entered is for the federal fiscal year, October 1 through September 30. Do not report using any other timeframe.

Line A. Total Amount. Enter the total amount of expenditures incurred by the compensation program for payments to, or on behalf of, crime victims from all funding sources for the relevant federal fiscal year (10/1-9/30).

This amount may include—

- payments for forensic sexual assault examinations, including payments made in connection with a compensation claim or through a separate payment process—
  - (1) if such payments are made from funds administered by the compensation program and are allowable under state statute, rule, or other established policy; and
  - (2) to the extent that other funding sources such as state appropriations specifically earmarked for these exams are unavailable or insufficient.
- payments made with American Rescue Plan Act of 2021 Coronavirus State and Local Fiscal Recovery Funds (SLFRF) under 42 U.S.C. § 802(c)(1)(C);
- payment amounts recovered from restitution collection or subrogation under a civil lawsuit, *see* 34 U.S.C. § 20102(a)(3).

**Do not include** expenditures for costs other than compensation payments (e.g., administrative costs) in this figure.

## Lines B1-B4: Deductions From Total Amount Paid

**B1. VOCA Grant Funds.** Enter the total amount of VOCA Victim Compensation grant funds expended to pay compensation during the federal fiscal year. If funds from more than one grant were expended, enter the applicable VOCA grant years in the spaces provided. Do not include amounts expended for costs other than compensation payments (e.g., administrative costs).

**B2. Refunds.** Enter amounts paid to, or on behalf of, crime victims that are returned to the state (e.g., overpayment, erroneous payment, uncashed checks) during the federal fiscal year. Do not include recoveries from restitution collections or subrogation under a civil lawsuit as refunds.

**B3.** Property Damage or Loss Payments. Enter amounts paid to, or on behalf of, crime victims for property damage or losses. Exclude amounts paid for damage to personal medically related devices (*see* Guidelines, sec. I.F) and the following (if authorized by state law/policy): crime scene cleanup, replacement costs for clothing and bedding held as evidence, and/or necessary building modifications and equipment to accommodate physical disabilities resulting from a compensable crime (Guidelines, sec. IV.B.2.b.6).

**B4. Other.** Enter all other deductions. This includes all federal funding included in Line A (except for VOCA Compensation or SLFRF funds) expended for victim compensation payments. Do not include recoveries from restitution collections or subrogation under a civil lawsuit.

Line C. Deductions (total). Enter the sum of B1 through B4.

Line D. State-Funded Payments (total). Enter A (Total Amount) minus C (Deductions).

Line E. Recovery Personnel Costs. Enter the salary and benefits costs allocable to seeking recoveries (e.g., percentage of time spent on recoveries x annual salary) for individual employees whose primary responsibility is directly and specifically related to recovery efforts, defined as individuals who spend at least 75 percent of their work time undertaking recovery efforts. Recovery efforts are activities directly attributable to obtaining restitution, refunds, and other reimbursements for the expenses of specific crime victims who have received compensation from the state program. (Guidelines, sec. V.F.) Please attach supporting documentation, such as timesheets and job descriptions, substantiating the amount of recovery costs claimed and that the employee's primary responsibility is directly and specifically related to recovery efforts.

Line F. Total State Payments and Recovery Costs Eligible for Matching (75%) VOCA Grant Award. Enter the sum of D (State-Funded Payments) and E (Recovery Personnel Costs).

Public Reporting Burden

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this information is 60 minutes or 1 hour. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the State Victim Resource Division, Office for Victims of Crime, U.S. Department of Justice, 810 Seventh Street NW, Washington, DC 20531



State or Territory:	UEI#
Name of State Administering Agency:	
Reporting Period: October 1, through September 30, _	

- A. Total amount paid to or on behalf of crime victims by the compensation program from **all funding sources** (both state and federal): \_\_\_\_\_\_
- B. Deductions from total amount paid:
  - 1. VOCA Compensation Grant Funds and Federal Fiscal Years of Awards

Federal Fiscal Year of Award	VOCA Compensation Grant Funds
	Subtotal:

- 2. Refunds: \_\_\_\_\_
- 3. Property Damage or Loss Payments: \_\_\_\_\_
- 4. Other Deductions: \_\_\_\_\_

Describe amounts included in this line:

Text Box

C. Sum of Deductions from Total Amount paid (sum of Lines B1 through B4):

D. State Payments to or on behalf of crime victims (subtract Line C from Line A):

E. Recovery Personnel Costs, if any (attach documentation):

F. Total State Payments and Recovery Costs (add Line D and Line E):

I certify to the Department of Justice, Office for Victims of Crime (OVC), under penalty of perjury, on behalf of myself and the state or territory listed, that I have the authority to make this certification (which OVC will rely on as a material representation), that I have reviewed the VOCA Victim Compensation Certification Form, and that, to the best of my knowledge and belief, the data reported in this form, including the amount reported on Line F, is complete and accurate.

I understand that in the event of an overcertification, the Office for Victims of Crime will take the necessary steps to recover funds that were awarded in error; and that in the event of an undercertification, no supplemental payments to the state or territory will be issued to correct the error.

Type Name and Title of Authorized Representative

Electronic Signature of Authorized Representative

**Note:** The signing authorized official must be the entity's Authorized Representative as assigned in the JustGrants system, or other designated individual with signing authority.