OKLAHOMA DISTRICT ATTORNEYS COUNCIL
Victims Services Division
PERSONNEL FORM

Grant Program: Victims of Crime Act (VOCA)

Subgrant Number: _____

Subgrantee Name: _____

Please list the names of the personnel within your agency whose salaries are funded with VOCA dollars. Also, please state the person's title, FTE and the percentage of their time that is paid with VOCA dollars. For example, if they are working full-time and their entire salary is paid only with VOCA funds, the FTE is 1 and VOCA percentage would be 100%.

NAME	TITLE	FTE	% OF TIME PAID WITH VOCA

Explanation for the changes made above:

The above information should be provided to DAC and a copy kept in the subrecipient's VOCA file.
Upload to OKGrants (preferred) or
Fax: (405) 264-5097
Mail: DAC, 421 NW 13th # 290, OKC, OK 73103
E-mail: VOCAhelp@dac.state.ok.us