

# VICTIM ASSISTANCE MONTHLY REQUEST FOR FUNDS

**PLEASE READ IMPORTANT REMINDERS AND FILL IN ALL INFORMATION REQUESTED**

DAC VICTIMS SERVICES FAX #(405) 264-5097  
TOLL FREE: 1-800-745-6098 OR (405) 264-5006

**THIS FORM IS DUE NO LATER THAN THE 15TH OF EACH MONTH  
LATE REPORTS MAY AFFECT FUTURE GRANT FUNDING**

Subgrantee Name & Mailing Address \_\_\_\_\_ Subgrant \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Tax ID # \_\_\_\_\_ Project Period \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 \_\_\_\_\_ Draw Down MONTH (current month only): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ AMOUNT OF THIS REQUEST: \_\_\_\_\_

Contact Person: \_\_\_\_\_

TOTAL FEDERAL AWARD (GRANT FUNDS ONLY) \_\_\_\_\_ EXPENDITURES FOR MONTH OF \_\_\_\_\_ (Show PREVIOUS MONTH only)

	APPROVED BUDGET	TOTAL EXPENSES PREVIOUSLY REPORTED	GRANT FUNDS EXPENDED LAST MONTH	BALANCE OF GRANT FUNDS (if negative amount, see #7 of instructions)	MATCH EXPENDITURES FOR PREVIOUS MONTH
Personnel & Benefits	\$ _____ (-)	\$ _____ (-)	\$ _____ (-)	= \$ _____	\$ _____
Consultant/Contractor	\$ _____ (-)	\$ _____ (-)	\$ _____ (-)	= \$ _____	\$ _____
Travel	\$ _____ (-)	\$ _____ (-)	\$ _____ (-)	= \$ _____	\$ _____
Equipment	\$ _____ (-)	\$ _____ (-)	\$ _____ (-)	= \$ _____	\$ _____
Facilities / Rental	\$ _____ (-)	\$ _____ (-)	\$ _____ (-)	= \$ _____	\$ _____
Supplies / Operating	\$ _____ (-)	\$ _____ (-)	\$ _____ (-)	= \$ _____	\$ _____
Other	\$ _____ (-)	\$ _____ (-)	\$ _____ (-)	= \$ _____	\$ _____
Volunteer Hours _____ HRS @ \$ _____ Per Hour	*****				\$ _____

**\* PLEASE NOTE THE FOLLOWING IMPORTANT REMINDERS:**

1. Do not over report match - DAC only needs a report of required match. The required match is noted in the award contract.
2. The above line requesting total of federal award DOES NOT include match money.
3. Please keep track of your match balance in your VOCA ledger, as required in the Federal VOCA Guidelines.
3. Grant or match expenditures that are not in the approved budget need PRIOR approval (submit A-6 with written justification) to DAC.
4. If you have an approved budget revision, reflect the new amounts in the Approved Budget column on your next request for funds form.
5. To get figures for "Total Expenses Previously Reported" look at the previous month's request for funds and add figures in column 2 and 3.
6. If there is a negative amount in column 4, this means there is an over-expenditure of grant funds for that category. To correct the problem, a budget revision needs to be submitted prior to submitting this request for funds. Once the budget is approved, the new figures may be reflected in the Approved Budget column above and the current request for funds can be faxed and processed. The request for funds will not be processed until the over-expenditure is corrected.

The District Attorneys Council, Victim Services Division will generate your quarterly report and verify your cash balance according to the amounts you report on this form. **Accuracy is crucial** when filling out this form. If a discrepancy is found after the form is submitted, adjustments will need to be reflected on the next draw down request, with an explanation in your VOCA file for auditing purposes. The amounts you show on this report should reflect the amounts and balances in your VOCA ledger and on your quarterly reports (sent by DAC).

**REVIEWED BY:**

Stephanie Lowery, VOCA Program Specialist \_\_\_\_\_ Date \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_  
 OSF Claim #: \_\_\_\_\_

**APPROVED BY:**

Suzanne Breedlove, Director of Victim Services \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETAIN A COPY OF THIS REQUEST IN YOUR GRANT FILE

