



Wisconsin DOJ VOCA subgrantees need advanced approval by OCVS to generate program income. Any revenues generated by VOCA project activities or staff are considered program income. Imposition of any fee or charge, whether imposed directly upon a client or indirectly through a third-party payer (including counties or other local governments, private insurance, crime victim compensation or medicare/medicaid) for services or activities in connection with the VOCA project constitutes program incomes. This includes services or activities funded by VOCA or included as part of the project match.

Section 1: Basic Information

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|----------------|------------------|
| Agency: | Grant ID: |
|----------------|------------------|

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| Total Program Income: |
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| Billings Amount: |
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|----------------------------|
| Collections Amount: |
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|-----------------------------|
| Expenditures Amount: |
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Indicate the type and source(s) of the program income, including a description of the fees or sliding scale imposed.

Will program income generated by the VOCA Project only be used for VOCA allowable expenses and services?

Revenues derived from VOCA program income may only be used to expand or enhance direct victim services and are subject to the same restrictions as the VOCA subgrant. Explain how the revenues derived from program income will be used.

Program income must be tracked and reported separately. Indicate whether the agency will be able to comply with these requirements.

Approval of VOCA program income requires a written policy statement assuring that services will be provided to crime victims without concern for their financial resources or availability of insurance or other third party payer. State the agency's policy in this regard (or attach a copy).



Section 2: Grant Recipient Certification

By signing below, I verify that the information on this form is true and correct, and that no VOCA client will be denied services based on ability to pay nor billed for services associated with the VOCA Project.

_____ *Authorizing Official*

_____ *Date*

Section 3: OCVS Review and Recommendation

~ This section is for OCVS Staff use only ~

Programmatic Recommendation:

Yes No

Notes:

_____ *Programmatic Reviewer*

_____ *Date*

Fiscal Recommendation:

Yes No

Notes:

_____ *Fiscal Reviewer*

_____ *Date*

Final Recommendation:

Yes No

Notes:

_____ *Director of Grant Programs & Operations or Designee*

_____ *Date*