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| **VOCA Program Income Certification -** *Complete only if VOCA Project will impose a fee or charge in connection with the VOCA Project. Use additional pages as neces­sary.\*Agency will not be able to charge a fee until program income is approved by OCVS.* |
| **Agency Name: Grant ID:** |

1. **Complete the following table:**

|  |  |
| --- | --- |
|  |  **Estimated Amount** |
| **Collections** |  |
| **Expenditures** |  |

**2**. **Indicate the specific type and source(s) of the program income, including a descrip­tion of the fees or sliding scale imposed**. -

**3.** **Will** **Program Income generated by the VOCA Project only be used for VOCA allowable expenses and services?**  **🞏  Yes**

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

**5.** **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.**

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

**I certify the above is a complete and accurate and that no VOCA client will be denied services based on ability to pay nor billed for services associated with the VOCA project.**

**Signature-Project Director** **Date** **Signature-Fiscal Officer**  **Date**