

**VOCA Match Certification**

**\*Grant Period: September 1, 20\_\_ to June 30, 20\_\_**

**Name:**

**Agency:**

**Grant Number:**

**Certification:**

**I certify that all submitted materials, donations, office space/rent, etc. for the purpose of “Match” for the VOCA funded project are used directly for the victims who are provided services rendered by the agency. For example, any donations received by this agency are for the VOCA funded project as direct services to crime victims, not for the overall administration of the grant.**

**I also certify that all matching funds come from state, county and/or local sources and are not federal funds.**

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**Signature (Project Director or Fiscal Officer)**

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**Date**