

Worksheet for Identifying Funding Program Information

1. Grant title:

General Victim Assistance Direct Services Program

2. Federal/State program name:

Victims of Crime Act (VOCA).

3. Award number:

FY18 - 3376601

3. Agency:

Department of Justice through Office of Governor/Criminal Justice Division (TX)

4. *Catalog of Federal Domestic Assistance* (CFDA) (www.cfda.gov) and Award number

16.575

5. Award period (indicate if the award is multi-year):

MY – 10/1/18 – 9/30/20

6. Have there been any extensions (e.g. no-cost) or amendments to this grant? If so, please describe:

Existing grant and this is a two-year extension

7. Is this grant for research and development programs? If so, identify major subdivision of Agency:

No.

8. Name of pass-through entity (if applicable):

Office of Governor/CJD

9. Pass-through entity's identifying number (if applicable):

3376601

10. Amount awarded: \$ 136,676 for two years

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11. Is the Federal award noncash assistance? **Yes x** _____ **No** _____
12. Is this a loan or loan guarantee program? **Yes** _____ **No x** _____
13. What basis does the grant permit cash draws? Advance _____ **Reimbursement x** _____

If Advance, grantees on the Advance basis (per the grant) may elect to draw funds on the Reimbursement basis. What is the policy for actually drawing funds?

Advance _____ or Reimbursement _____

If Advance, are grantees required to pay interest on Advance amount? If yes, how is interest calculated?_

14. Has the federal agency or the pass-through entity requested that this program be audited as major under the provisions of the Office of Management and Budget Circular 101 (over \$750,000)?

Yes _____ **No x** _____

If yes, please provide additional information (e.g. agency requestor, program name, CFDA number, documentation of request):

15. Is FFATA Reporting Required? **Yes** _____ **No x** _____



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18. Check the compliance requirements identified in Appendix XI in the most current edition of the [*OMB Circular 2 CFR 200 Uniform Grant Guidance*](#) applicable to the program and identify personnel responsible for compliance:

| Type of Compliance Requirement | Person(s) Responsible |
|-------------------------------------------------------------------------------|------------------------------|
| <input type="checkbox"/> A. Activities allowed or unallowed | |
| <input type="checkbox"/> B. Allowable costs/cost principles | |
| <input type="checkbox"/> C. Cash management | |
| <input type="checkbox"/> D. Davis-Bacon Act | |
| <input type="checkbox"/> E. Eligibility | |
| <input type="checkbox"/> F. Equipment & real property management | |
| <input type="checkbox"/> G. Matching, level of effort, & earmarking | |
| <input type="checkbox"/> H. Period of availability of federal funds | |
| <input type="checkbox"/> I. Procurement and suspension & debarment | |
| <input type="checkbox"/> J. Program income | |
| <input type="checkbox"/> K. Real property acquisition & relocation assistance | |
| <input type="checkbox"/> L. Reporting | |
| <input type="checkbox"/> M. Subrecipient monitoring | |
| <input type="checkbox"/> N. Special tests and provisions | |

Please identify other relevant information.

Prepared by: Janay Tieken, HCD Manager Date: 1/21/18