Victim Assistance Fines, Fees and Assessment Fund Donation Form

Donating Agency:				
Donating Agency Address:				
Donating Agency Contact:				
Donating Agency Contact Email:				
Donating Agency Phone Number:	Fax:			
Amount Donated: Amount Requested:	Fiscal Year:			
Amount Donated: Amount Requested: Agency Requesting Donation: Amount Requested:				
Agency Requesting Donation:				
Agency Requesting Donation:				

All Steps Below Are Required:

Checklist for Donating Agency: (Contact SOVA Auditing Section with questions at 803-734-1900)

Ensure you receive a request letter from the agency making the donation request identifying how These funds will be used in providing direct victim services to crime victims? *All requests must be submitted yearly and considered a one-time donation and is not a guarantee of funds.*

Ensure your agency responds with written notification to the request letter indicating the amount that will be donated for only <u>direct victim services</u> to the requesting agency?

Ensure your agency's response letter indicates the amount to be donated and inform the agency requesting the donation that they are required to provide monthly, quarterly and year-end reports to your agency showing the number and types of victims assisted and services provided? A sample report can be found at <u>www.sova.sc.gov</u> under the auditing tab attached to the sample contract. These reports may be requested for review by the auditing staff during the budget phase or during an audit if warranted.

Ensure your agency informs the requesting agency or organization receiving the funds that they will Be required at the end of the fiscal year to provide SOVA with a budget and or report showing how the donated funds were used? The budget/expenditure report is a requirement per Proviso 89.61.

This is separate from any contract negotiations between counties/municipalities. However, all contracts should include amounts to be transferred to county/municipality providing services and reports above are required by the contractual county/municipality.

Signature for Donating Agency:	I	Date:
Signature for Requesting Agency: _	I	Date: