

OKLAHOMA DISTRICT ATTORNEYS COUNCIL
Victims Services Division
STATEMENT OF SUBGRANT AUDIT ARRANGEMENTS

Grant Program: Victims of Crime Act (VOCA)

**COMPLETE ONLY IF YOU RECEIVE MORE
THAN \$500,000 IN FEDERAL FUNDS PER YEAR**

Subgrant Number: _____

Subgrantee Name: _____

Address: _____

Project Director: _____

Award Amount: _____

Fiscal Year Ends On: ____/____/____

Name of CPA (or State Auditor): _____

CPA's Address: _____

City, State, Zip: _____

Contact Person in CPA's Office: _____

Anticipated date audit reports will be sent to DAC

Provide date for financial statement: ____/____/____

Provide date for letter report on financial and compliance audit of subgrant: ____/____/____

Signed by: _____
Authorized Official

Title: _____

Date: ____/____/____