Reset Form

Missouri Department of SOCIAL SERVICES

VICTIMS OF CRIME ACT ADJUSTMENT BUDGET FORM

Organization Information

Name of Organization	Organization Federal Tax Identification Number	Organization Data Universal Numbering System Number (DUNS #)
	___ ___-___ ___ ___ ___ ___ ___ ___	___ ___ ___ ___ ___ ___ ___ ___ ___

Organization Type (Select all that apply)

- ☐ Domestic Violence/Sexual Assault Services and/or Shelters
- ☐ Child Advocacy Center
- ☐ Court Appointed Special Advocates (CASA)
- ☐ Missouri Courts
- ☐ Prosecuting Attorney Victim Advocates
- ☐ All Other Victims of Crime Act (VOCA) Programs

Organization Mailing Address		
Organization Street Address		
City	State	ZIP Code
County	Website Address	

Organization Phone Number	Organization Fax Number
(___ ___ ___) ___ ___ ___-___ ___ ___ ___ x_____	(___ ___ ___) ___ ___ ___-___ ___ ___ ___

Organization's Commercial And Government Entity (CAGE) Code: Registration Number in the system for Award Management (SAM) https://www.sam.gov/portal/SAM/	CAGE Code	CAGE Code Valid Until Date
⇨	___ ___ ___ ___ ___	___ ___/___ ___/___ ___ ___ ___

Name of Organization's Contact Person	Contact Person's Email Address	Contact Person's Phone Number
		(___ ___ ___) ___ ___ ___-___ ___ ___ ___ x_____

Funding Granted

FUNDING PERIOD	PERCENTAGE FOR PERIOD Must equal 100%	TOTAL FUNDING GRANTED PER PERIOD			
		FY 2017	FY 2018	FY 2019	PERIOD TOTAL
NOV 1, 2019 - JUN 30, 2020	0.00% %	$_____	$_____	$_____	$ 0.00
JUL 1, 2020 - JUN 30, 2021	0.00% %	$_____	$_____	$_____	$ 0.00
JUL 1, 2021 - SEP 30, 2021	0.00% %		$_____	$_____	$ 0.00
TOTAL	0.00% %	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Funding Amounts by Budget Categories

INSTRUCTIONS FOR FUNDING AMOUNTS BY BUDGET CATEGORIES TABLE: In this table find pre-populated amounts in the "**TOTAL AWARDED**" row fields. In the white field areas, you will enter the amount of funding you expect to expend in each budget category. The "**TOTAL PLANNED EXPENSES**" should equal the amount provided in the "**TOTAL AWARDED**" row.

BUDGET CATEGORY Fill in this Section with your planned expenses for each period	NOV 1, 2019 - JUN 30, 2020			JUL 1, 2020 - JUN 30, 2021			JUL 1, 2021 - SEP 30, 2021		TOTAL FUNDING
	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2018	FY 2019	
TOTAL AWARDED (Populated from Funding Granted Section)	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$ 0.00
Personnel	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$ 0.00
Benefits	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$ 0.00
Travel/Training	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$ 0.00
Supplies/Operations	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$ 0.00
Equipment (Single item valued $5,000 or above)	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$ 0.00
Contractual	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$ 0.00
Indirect Costs	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$ 0.00
TOTAL PLANNED EXPENSES	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00