

RECOVERY ACT – VOCA ASSISTANCE GRANT PROGRAM  
Certification as to Recovery Act Funding/Reporting Requirements

On behalf of the applicant entity named below, I certify the following to the Pennsylvania Commission on Crime and Delinquency (PCCD), and the Office of Justice Programs (OJP), U.S. Department of Justice:

I have personally read and reviewed all of the ARRA Special Conditions for VOCA. I agree that the applicant will comply with the reporting requirements set forth in section 1512(c) of the American Recovery and Reinvestment Act of 2009, as well as all of the ARRA Special Conditions with respect to any grant the applicant may receive under the Recovery Act grant program identified above.

I understand that grant recipients who do not submit required reports by the due date will not receive drawdowns of funds during the pendency of the delinquency, and may be subject to other appropriate actions including, but not limited to, restrictions on eligibility for future awards, restrictions on drawdowns on other awards and suspension or termination of the Recovery Act award.

I understand the duties and obligations the applicant is undertaking and I certify that we will comply with all of the reporting requirements and the ARRA Special Conditions for VOCA. I understand and agree that misuse of award funds may result in a range of penalties, including suspension of current and future funds, suspension or debarment from federal grants, recoupment of monies provided under an award and civil and/or criminal penalties.

I have authority to make this certification on behalf of the applicant entity:

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Printed Name of Certifying Official

\_\_\_\_\_  
Title of Certifying Official

\_\_\_\_\_  
Full Name of Applicant Entity

\_\_\_\_\_  
Date