



**Office of the Attorney General**  
**Department of Crime Victim Compensation (DCVC)**  
**Victim Assistance Fines, Fees and Assessment Fund**  
**Donation Checklist**

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Agency Donating Funds: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**Amount Donated:** \_\_\_\_\_ **Amount Requested:** \_\_\_\_\_ **Fiscal Year:** \_\_\_\_\_

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Agency Requesting and Receiving Donation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Agency Donating Funds - Steps Required Below**

- I. Ensure a **detailed request letter** is received from the agency requesting the donation.
  - A. Request letter **must** include the following:
    - **Specific details of intended use of the requested funds.**
- II. Ensure the **required** reporting requirement is met. The agency requesting the donation is **required** to provide **monthly, quarterly and year-end reports** to your agency indicating number and types of victims assisted and services provided.  
(Sample report can be found at [www.sova.sc.gov](http://www.sova.sc.gov) under auditing tab)
- III. Ensure your agency responds with written notification to the agency making the request for the donation and indicate the amount to be donated.
- IV. Ensure that the **Donation Form** is completed and signed by all parties.

**Please note the following:**

1. Each request for funds is considered a **one-time donation** and is **not guaranteed** for the following year.
2. Each request for funds is to be submitted annually.
3. Reports noted in II above may be requested for review by the auditing staff.
4. The request letter for funds is **required to be detailed** and include: who, what, when, where, why and how the donated funds will be used to provide direct service to crime victims.

**All letters and donation forms are required to be submitted to DCVC**

## Agency Requesting and Receiving Donation - Steps Required Below

- I. **Submit a detailed signed and dated request letter for funds to the donating agency. Letter must include specific details of intended use of the requested funds.**
- II. Ensure the **required** reporting requirement is met. The agency requesting the donation is **required** to provide **monthly, quarterly and year-end reports** to your agency indicating number and types of victims assisted and services provided.  
(Sample report can be found at [www.sova.sc.gov](http://www.sova.sc.gov) under auditing tab)
- III. **Once the donation is received:**
  - You are required to provide monthly, quarterly and year-end reports to the agency providing the donation indicating the number and types of victims assisted and services provided. (Sample report can be found at [www.sova.sc.gov](http://www.sova.sc.gov) under auditing tab)
  - You are **required** at the end of the fiscal year to provide DCVC with a budget and or report showing how the donated funds were used. The budget/expenditure report is required per ACT 96 (Part IV).
- IV. **Ensure that the Donation Form is completed and signed by all parties.**

### **Please note the following:**

1. Each request for funds is considered a **one-time donation** and is **not guaranteed** for the following year.
2. Each request for funds is to be submitted annually.
3. Reports noted in II above may be requested for review by the auditing staff.
4. The request letter for funds is **required to be detailed** and include: who, what, when, where, why and how the donated funds will be used to provide direct service to crime victims.

### **All letters and donation forms are required to be submitted to DCVC**

**Please Note: This is form and process is separate from any contract negotiations between counties or municipalities. However, all contracts should include amounts to be transferred to the county or municipality providing services and reports are required by the contractual county or municipality. Also, all contracts are required to be forwarded to DCVC and all reports may be requested as deemed necessary by the auditing staff for review.**

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## **BOTH SIGNATURES REQUIRED**

Signature for Agency Donating Funds: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature for Agency Requesting & Receiving Funds: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_