Victims of Crime Act (VOCA) Grant
Audit Extension Request

Date: _____

Grant Number: _____

Name of Subgrantee: _____

Address: _____

_____

Our agency formally requests an extension for the _____ Victims of Crime Act (VOCA)
Audit Grant Year

audit. Please extend our submission date to _____ for the following reason(s):
Requested Date

_____

_____

_____

_____

_____

_____ _____
Signature Date

_____ _____
Printed Name Title

Office of the Attorney General: ☐ Approved ☐ Not Approved

_____ _____
Program Administrator Date