

Arizona Criminal Justice Commission

Crime Victim Compensation Program



Quarterly Performance and Financial Report

Instructions and Definitions Manual

GENERAL INSTRUCTIONS

This manual was created to help you fill out your agency's quarterly reports to turn into the ACJC. The best way to keep your report simple and easy is to have your Victim Compensation Program data organized, suggest you keep an Excel Spreadsheet or other organized databases to make it easier to organize all the data that the program involves. If after reading this you need assistance or have any questions please feel free to contact the Victim Services program staff of the Arizona Criminal Justice Commission at any time.

Crime Victim Services

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Cover Page

Each operational unit is required to submit a report on a quarterly basis. All due dates for the quarterly reports from every operational unit are noted below:

<u>Quarter</u>	<u>Reporting Period</u>	<u>Due Date</u>
1 st Quarter	(July 1 – Sept 30)	October 31
2 nd Quarter	(Oct 1 – Dec 31)	January 31
3 rd Quarter	(Jan 1 – Mar 31)	April 30
4 th Quarter	(April 1 – June 30)	August 15

A completed report must be uploaded to GMS on or before the listed due date for each quarter. Programs that fail to submit timely reports may have funding suspended until overdue reports are submitted.



Arizona Criminal Justice Commission
Crime Victim Compensation Program
 FY 12/13

Operational Unit: _____
 Address: _____
 City, State, Zip: _____
 Contact Person: _____ Telephone No: _____
 E-mail address: _____

Quarterly Performance / Financial Report

Report Period (Check appropriate box):

First Quarter - Jul 1, 2012 thru Sep 30, 2012 - Due 10/31/2012

Second Quarter Oct 1, 2012 thru Dec 31, 2012 - Due 1/31/2013

Third Quarter Jan 1, 2013 thru Mar 31, 2013 - Due 4/30/2013

Fourth Quarter Apr 1, 2013 thru Jun 30, 2013 - Due 8/15/2013

Prepared by: _____ Date _____
Signature of Person Completing Report

Typed Name and Title

Certified by: _____ Date _____
Signature of Authorized Official

Typed Name and Title

The following instructions are provided to assist you in completing this report. Definitions are also included at the end of the instructions.

- Please respond to all sections of the report.
- **Use a zero (0) in any space requiring a numeric response wherever no data exists.**
- Submit **all** pages of the report even if you have no activity to report.

-Fill out the top section with the identifying information of your operational unit. (This information will automatically be populated for other sections of the workbook.)

-Check the appropriate box to identify the time period for which this report is being submitted. (1st quarter, 2nd quarter, 3rd quarter, etc. Only check 1 box per report)

-Obtain the appropriate signature of the person completing each section of the report and the signature of the official authorized to certify the report.

-Signed reports will be uploaded to GMS under "Activity Reports". Please only include the letters a through z, the numbers 0-9, underscore(_), hyphen (-), spaces, or periods (.) in the file names. Other characters will cause issues in the system and not allow ACJC to open your report.

Page 1. Application Statistics

(1.) Amount of Applications Pending from Previous Quarter:

Enter the number of Applications that are pending(leftover) from the previous quarter. Your unit may or may not have any pending applications.

***A pending Application is one that has not been approved or denied. These applications may have been tabled at a previous meeting or have not yet had an initial hearing by the board, *but should be updated with an official approval or denial and and counted under total claims when resolved.*

Application Statistics		
(1.) Amount of Applications Pending from Previous Quarter: →→→→→		
New Applications Received During Present Quarter:		Number Received
Type of Crime	A. Assault	
	B. Homicide	
	C. Sexual Assault (Adults Only)	
	D. Child Abuse (Physical & Sexual)	
	E. DW/DUI	
	F. Stalking	
	G. Robbery	
	H. Terrorism	
	I. Kidnapping	
	J. Other Crimes - PLEA SE LIST BELOW:	
	Dog Bite	
	K. Other Vehicular Crimes - LIST BELOW:	
	Enter "Other Vehicular Crimes" information here.	
L. Arson		
(2.) Total Amount of NEW Applications Received during Quarter (A thru L):		0
(3.) Total Amount of ALL Applications Received during Quarter (Lines 1+2):		0
(4.) Number of Applications Approved for a Hearing During Quarter		
(5.) Number of Applications Not Approved this quarter by either:		
a. Not Processed (Will never go before the Board, Changed their mind, lack of documentation, etc.)		
b. Denied (by the Board)		
Total Amount of Applications Not Approved this Quarter (5a+5b)		0
(6.) Total Applications Processed (Lines 4+5)		0
(7.) Amount of Applications Pending End of this Quarter (Lines 3+6)		0

PLEASE NOTE CHANGE TO LINE 4

Application Statistics	
(1.) Amount of Applications Pending from Previous Quarter: →→→→→	

Example: if you have 4 Applications tabled or unheard by the board at the end of quarter 4 of FY12, you should begin with 4 Applications for quarter 1 of FY13. (Those applications should have been heard by the end of the quarter and should be updated in the (4.)Approved or (5.)Denied section of this page.)

(1.A.-L.: Enter the appropriate number of NEW Applications received by your unit during the reporting quarter.

(Be sure to include a description of the type of crime if listing J. or K.)

New Applications Received During Present Quarter:		Number Received
Type of Crime	A. Assault	
	B. Homicide	
	C. Sexual Assault (Adults Only)	
	D. Child Abuse (Physical & Sexual)	
	E. DW/DUI	
	F. Stalking	
	G. Robbery	
	H. Terrorism	
	I. Kidnapping	
	J. Other Crimes - PLEA SE LIST BELOW:	
	Dog Bite	
	K. Other Vehicular Crimes - LIST BELOW:	
	Enter "Other Vehicular Crimes" information here.	
L. Arson		

(2.) Total Amount of NEW Applications Received During Present Quarter: The workbook auto adds and inputs this number for you. This number is the total amount of NEW applications received during the reporting quarter.

(2.) Total Amount of NEW Applications Received during Quarter (A thru L):	0
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Page 1. Application Statistics

(3.) Total Amount of Applications Submitted during Quarter: The total amount of all Applications awaiting disposition by your Board during the quarter. This number is the sum of apps pending at the beginning of the quarter plus the new apps received during the quarter. This stat counts all apps that were awaiting review by the board during the reporting period.

*(*this value that should be automatically populated by the workbook.)*

(3.) Total Amount of ALL Applications Received during Quarter (Lines 1+2):	0
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(4.) Number of Applications Approved During Quarter: Enter the total amount of applications that were approved to the reporting quarter.

**** (This section should reflect the total number of applications that were approved as be eligible by the board. The specific amount of expenses and awards are not a concern on this section.)*

(4.) Number of Claims Approved During Quarter	5
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(5.) Number of Applications Not Approved During this Quarter by either: Enter the number of applications that were either denied or not processed for the quarter..

5-a.) **Not Processed (Claim will never go before the Board, because the claimant changed their mind, or lack of documentation, etc.)**-Enter the number of applications that were not processed

OR

5-b.) **Denied**- Enter the number of applications that were presented to the board and denied.

(5.) Number of Applications <u>Not Approved</u> this quarter by either:		NOTE - Do NOT include TABLED CASES in 5a.
a.	Not Processed (<u>Will never go before the Board</u> , Changed their mind, lack of documentation, etc.)	
b.	Denied (by the Board)	
Total Amount of Applications Not Approved this Quarter (5a+5b)		0

Page 1. Application Statistics

(6.) Total Applications Resolved: The total number of applications that have either been *approved or not approved* for the entire quarter. (**The workbook automatically adds the total number of Approved Applications from the quarter with the total number of Not Approved Applications from the quarter to get a grand total for all applications 'resolved'.*)

(4.) Number of Applications Approved During Quarter		4
(5.) Number of Applications <i>Not Approved</i> this quarter by either:		
a. Not Processed (Will never go before the Board, Changed their mind, lack of documentation, etc.)	0	NOTE - Do NOT include Tabled Cases in 5a.
b. Denied (by the Board)	3	
Total Amount of Applications Not Approved this Quarter (5a+5b)		3
(6.) Total Applications Resolved (Lines 4+5)		7

(7.) Amount of Applications Pending End of this Quarter: The remaining number of applications that have no disposition from a hearing at the end of the quarter. These applications were tabled or unable to be reviewed by the board during the quarter.

***The worksheet automatically updates this total number. (It subtracts line 6. Total Applications Resolved, from line 3. Total amount of Applications Submitted During the Quarter.)*

*****This total should be carried forward to your next quarterly report for question #1 (Number of Applications pending beginning of quarter).**

(3.) Total Amount of ALL Applications Received during Quarter (Lines 1+2):		20
(4.) Number of Applications Approved for a Hearing During Quarter		6
(5.) Number of Applications <i>Not Approved</i> this quarter by either:		
a. Not Processed (Will never go before the Board, Changed their mind, lack of documentation, etc.)	2	NOTE - Do NOT include Tabled Cases in 5a.
b. Denied (by the Board)	2	
Total Amount of Applications Not Approved this Quarter (5a+5b)		9
(6.) Total Applications Resolved (Lines 4+5)		15
(7.) Amount of Applications Pending End of this Quarter (Lines 3-6) $20-15=5$		5

Page 2. Stats for the Applications Approved for a Hearing*

Page 2. (1.- 5.): Enter the demographics for the applications **approved** for a hearing during the current quarter for the demographic categories listed. All totals on this page should be the same. (The total will be automatically calculated when using the Excel-based form.)

0 Stats for the Applications Approved for a Hearing*			
1. Age of Recipient	Number	2. Disability	Number
17 and Under	0	Disability	0
18 - 64	0	No Disability	0
65 and Older	0	Unknown	0
TOTAL (should equal) 0	0	TOTAL	0
3. Ethnicity	Number	4. Residency	Number
Caucasian	0	State Resident	0
African-American	0	Non-State Resident	0
Asian/Pacific Islander	0	TOTAL	0
Latina/Latino	0	5. Sex	Number
American Indian/Eskimo	0	Male	0
Other		Female	0
Unknown		TOTAL	0
TOTAL	0		

*NOTE: Each total should be the same as LINE 4 on PAGE 1.

(please note* The number in the top left of the table (this table shows '0') is automatically populated from line 4 on page 1, the total amount of claims approved during the quarter. Each demographic total line should match this number and be the same as Line (4.) on page 1. If the demographic totals entered do not match this number, the cell will highlight red until the error is corrected.)

Page 2. Source of Referrals: Enter the number of applications referred through the eight sources listed. For unknown sources or sources not listed in the table, please include these in the "other" category. The total will be automatically calculated when using the Excel-based form.

6 Source of Referrals**			
1. Victim Assistance Programs		5. Prosecutors	
2. Law Enforcement Agencies		6. Posters, Brochures, etc.	
3. Social Service Agencies		7. Self Referrals	
4. Medical Service Providers		8. Other	
TOTAL			0

*NOTE: Each total should be the same as LINE 4 on PAGE 1.

(please note* The total line should be the same as Line (4.) on page 1)

Page 2. Stats for the Applications Approved for a Hearing*

Page 2. Processing of Application:

Processing of Application		
1.	Average Number of Weeks From Receipt of Completed Application To Disposition:	0
2.	Average Number of Weeks From Disposition To Actual Payout:	0
	TOTAL	0

(1.)Average Number of Weeks From Receipt of Completed Application to Disposition:

Enter the average number of weeks between the receipt of a complete application and the initial disposition of the reviewed application by the board, whether expenses were approved or not approved.

(Application disposition refers to the determination of eligibility.)

(2.)Average Number of Weeks From Disposition to Actual Payout of Claim:

Enter the average number of weeks between the approval of the payment and the actual processing of a payment of benefits. (Track the amount of time it takes from the application expenses being approved by the board, to the actually disbursement of payment from finance.)

*(The total line will be automatically calculated when using the Excel-based form.)

Fund Account-Revenue and Expense Page (Revenue Section)

TRANSACTION SUMMARY BY FUND
ACJC FUND ACCOUNT - REVENUE and EXPENSES
FY 12/13

County: Olla Quarter: 1
Reporting Period: 10/01/12 - 09/30/12

ACJC Revenue			ACJC Expense		
A-Alloc - ACJC Allocations A-Redist - ACJC Redistributions A-Int - ACJC Interest A-Refund - Current Year ACJC Refunds			Admin - Administrative Expenses Other - Other ACJC Expenses (please give detail)		
Date	Interest	Amount	Date	Type of ACJC Expense	Amount
10/20/12	A-Int	\$5.00			
		\$5.00			
		\$5.00			
		TOTAL INTEREST <i>(Automatically Entered on Page 18)</i>			
		\$15.00			
Date	Type of ACJC Revenue	Amount			
10/20/12	A-Redist	\$100.00			
10/21/12	A-Alloc	\$100.00			
10/22/12	A-Refund	\$100.00			
		TOTAL REVENUE <i>(Enter this amount on Page 19)</i>			
		\$300.00			
			TOTAL EXPENSES <i>(Enter this amount on Page 18)</i>		\$0.00

This is the financial summary report for each specific fund account for the current quarter. This summary of all Revenue (income) during the quarter from each fund account needs to be as detailed as possible.

Use the drop down lists at the top of the page to enter the details about your county, quarter number, and reporting period dates by selecting the information from each drop down list. This information will carry over onto all other revenue and expense sheets.

Interest Chart. - Enter the date the deposit cleared finance, select the interest type (from the drop down list), and enter the dollar amount. ALL interest deposits made during the reporting period should be included on separate lines.

Type of Revenue			
A-Alloc - ACJC Allocations A-Redist - ACJC Redistributions A-Int - ACJC Interest A-Refund - Current Year ACJC Refunds			
	Date	Interest	Amount
1.	10/20/12	A-Int	\$5.00
2.			\$5.00
3.			\$5.00
TOTAL INTEREST <i>(Automatically Entered on Page 18)</i>			\$15.00

	Date	Type of ACJC Revenue	Amount
1.	10/20/12	A-Redist	\$100.00
2.	10/21/12	A-Alloc	\$100.00
3.	10/22/12	A-Refund	\$100.00
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
TOTAL REVENUE <i>(Enter this amount on Page 19)</i>			\$300.00

Revenue Chart.- Enter the date the deposit posted at finance, select the revenue type from the drop down list, and enter the dollar amount. ALL revenue deposits made during the reporting period should be included on separate lines. The excel-based form will automatically update the sum of all amounts in the "Total" box. *The workbook contains continuation pages if more lines are needed

Fund Account-Revenue and Expense Page (Expense Section)

TRANSACTION SUMMARY BY FUND
ACJC FUND ACCOUNT - REVENUE and EXPENSE
FY 12/12

County: <u>Glila</u>		Quarter: <u> </u>	
Reporting Period: <u>10/1/12 - 9/30/12</u>			
ACJC Revenue		ACJC Expenses	
AA-ACJC Locations A-Admin - ACJC Subscriptions A-Inf - ACJC Interest A-Ret - Current Year ACJC Retards		Admin - Administrative Expenses Other - Other ACJC Expenses (please give detail)	
Date	Type	Amount	
10/20/12	A-Inf	\$5.00	
		\$5.00	
		\$5.00	
TOTAL REVENUE (Enter this amount on Page 16)		\$15.00	
Date	Type of ACJC Expense	Amount	
10/20/12	A-Retard	\$100.00	
10/21/12	A-Admin	\$100.00	
10/22/12	A-Retard	\$100.00	
TOTAL REVENUE (Enter this amount on Page 16)		\$300.00	

This is the financial summary expense report for each specific fund account for the current quarter. A summary of all expenses (excluding compensation benefits) accrued during the quarter from each fund account will be entered in this section.

*The page contains a key for abbreviations.

Expense Chart.- Enter the date the expense cleared finance, select the expense type (from the drop down list), and enter the dollar amount. All expenses paid during the reporting period, should be included on a separate line. (The excel-based form will automatically update the sum of all amounts in the "Total" box. *The workbook contains continuation pages if more lines are needed

****If interest is being moved out of an account into an Interest account please list this as an expense to show money moving out of an account and describe this under the List column.**

ACJC Expenses			
Admin - Administrative Expenses			
Other - Other ACJC Expenses (please give detail)			
Date	Type of Other ACJC Expense	Amount	List
1. 10/22/12	Admin - Operating Expenses (Registration/Training)	\$100.00	
2. 10/22/12	Admin - Travel Out-of-State	\$100.00	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
TOTAL EXPENSES (Enter this amount on Page 19)		\$200.00	

Benefit Payout Page

Each fund account contains a benefit payout page. This is used to keep track of every single victim compensation program claim/case payment. The claim/case information should contain all the detailed information needed to complete each column.

Page Keys: There are 4 types of abbreviation keys that will help you with the details of a benefit claim payment.

- Crime Type: A-L lists the specific type of crime that is involved with the claim.
- Victim Type: Lists V for victim or D for Derivative Victim.
- Expense Type: (M, MH, W, F, CS) List the specific type of expense the benefit payout is going to.
- Mental Health: 1-5 lists the specific mental health provider type.

TRANSACTION SUMMARIES BY FUND
ACJC FUND 8 - BENEFIT PAYOUT 8
FY 12/13

County: Glenn Reporting Period: 07/01/12-09/30/12

Crime Type	Victim Type	Expense Type	Mental Health
A - Assault	V - Victim	M - Medical	1 - Psychiatrist
B - Homicide	D - Derivative Victim	MH - Mental Health	2 - Psychologist
C - Sexual Assault (Adult Only)		W - Work Loss	3 - Court
D - Child Abuse (Phys & Sexual)		F - Funeral	4 - Forensic Exam/Interviews
E - DUI		CS - Crime Scene Clean-Up	5 - Safety
F - Stalking		T - Transportation Costs	
G - Robbery			
H - Terrorism			
I - Kidnapping			
J - Other Crimes			
K - Other Veh Crimes			
L - Arson			

Crime Type	Victim Type	Expense Type	Transportation Costs
A - Assault	V - Victim	M - Medical	1 - Medical
B - Homicide	D - Derivative Victim	MH - Mental Health	2 - Mental Health
C - Sexual Assault (Adult Only)		W - Work Loss	3 - Court
D - Child Abuse (Phys & Sexual)		F - Funeral	4 - Forensic Exam/Interviews
E - DUI		CS - Crime Scene Clean-Up	5 - Safety
F - Stalking		T - Transportation Costs	
** Only 1 "Y" per case number			

Column Labels: There are 11 Columns to input details of a benefit payout. Select from the drop-down list that each column provides to input the details about expenditures for each claim. Each expenditure should be included on a separate line.

Initial Print** (1)	Date CLEARED Finance (2)	Case Number (3)	_Crime Type (4)	Victim Type (5)	Expense Type (6)	Transp. Costs (6a)	DV (7)	Emerg Award (8)	Expense Amount (9)	T - Transportation Costs	If Crime Type is J or K please enter crime description
Y/N			_A-L	_V/D	M-MH-W-F- CS-T	_1-2-3-4-5	_Y/N	_Y/N			

Benefit Payout Page

Initial Payment column- This drop down list contains either a "Y" or an "N". Select "Yes" only if this is the first payment ever made for this claim number. (**only 1 initial payment can be selected "Yes" per claim/case number. The reporting form does not verify this. It is up to program staff completing the report to make sure this data is accurate.) Select "No" for all subsequent payments on a claim.

	Initial Pmt** (1)	Date CLEARED Finance (2)	Case Number (3)
	Y/N		
1	Y	10/22/12	1a
2	N	10/23/12	1a
3	N	10/24/12	1a

	Initial Pmt** (1)	Date CLEARED Finance (2)	Case Number (3)
	_Y/N		
1	N	10/22/12	1a
2	N	10/23/12	1a
3	N	10/24/12	1a

	Initial Pmt** (1)	Date CLEARED Finance (2)	Case Number (3)
	Y/N		
1	Y	10/22/12	1a
2	N	10/23/12	1a
3	Y	10/24/12	1a

Date Cleared Finance – Type the date the payment was sent from finance to the claimant or provider. If funds have not been cleared by finance DO NOT report that benefit payment.

Case Number- Each benefit payout should be associated with a specific case/claim number. Claim numbering systems are established by the operational unit. Type the claim/case number associated with the benefit payout in this box.

*(Note: you may have more than 1 payment/payout for a single case; list each payment/payout separately even if they are all associated with the same case/claim number.)

Crime Type- There are 12 different crime types to choose from. Select the crime type that best describes the crime associated with the claim and enter it in the box next to the claim/case number. *if crime type is 'J' or 'K' enter the description in Column L

Crime Type	
A - Assault	G - Robbery
B - Homicide	H - Terrorism
C - Sexual Assault (Adult Only)	I - Kidnapping
D - Child Abuse (Phys & Sexual)	J - Other Crimes
E - DUI	K - Other Veh Crimes
F - Stalking	L - Arson

	Initial Pmt (1)	Date CLEARED Finance (2)	Case Number (3)	_Crime Type (4)	Victim Type (5)	Expense Type (6)	Transport. Costs (7a)	DV (7)	Emerg Award (8)	Expense Amount (9)	If Crime Type is J or K please enter crime description
	_Y/N			_A-L	_V/D	M-MH-W-F-CS	_1-2-3-4-6	_Y/N	_Y/N		
1.	Y	10/1/12	123	A	V	M	2	Y	N	\$100.00	
2.	N	10/2/12	456	J	V	MH	3	N	N	\$100.00	Dog at Large
3.	N	10/3/12	789	K	V	M	1	N	N	\$100.00	Endangerment

Benefit Payout Page

Victim Type- There are 2 types of victims to select from.

Victim Type
V - Victim
D - Derivative Victim

V- for "victim"; choose 'V' if the payment is being made on behalf of the actual victim of the crime.

D- for "derivative victim"; choose 'D' if the claim expense was paid on behalf of a derivative victim (R10-4-101.10)

Expense Type- There are various expense types related to a payment/payout of a benefit claim. Each type is self-explanatory and relates to what the compensation was used for. Select the abbreviation for the expense type from the drop down list.

Expense Type
M - Medical
MH - Mental Health
WL - Work Loss
F - Funeral
CS - Crime Scene Clean-Up
T - Transportation Costs

Transportation Cost (formerly 'mental health') - Because of the additional rules and changes to the report, there are now 5 numbers (1-5) related to transportation costs. This list is to distinguish the specific type of travel the victim had to incur.

Transportation Costs
1 - Medical
2 - Mental Health
3 - Court
4 - Forensic Exam/Interviews
5 - Safety

DV (Domestic Violence)- This column is asking if the claim/case number was domestic violence related. Select either "Y"(Yes) or "N"(No) from the drop down list.

**remember; if you have multiple entries for the same case/claim, the domestic violence column should always match with every entry.*

	Initial Pmt (1)	Date CLEARED Finance (2)	Case Number (3)	_Crime Type (4)	Victim Type (5)	Expense Type (6)	Mental Health (6a)	DV (7)	Emerg Award (8)	Expense Amount (9)	If Crime Type is J or K please enter crime description
	_Y/N			_A-L	_V/D	MMH-W-F-CS	_1-2-3-4-5	_Y/N	_Y/N		
1.	Y	10/1/12	123	A	V	M	2	Y	N	\$100.00	
2.	N	10/2/12	123	A	V	MH	3	Y	N	\$100.00	
3.	N	10/3/12	123	A	V	M	1	Y	N	\$100.00	

	Initial Pmt (1)	Date CLEARED Finance (2)	Case Number (3)	_Crime Type (4)	Victim Type (5)	Expense Type (6)	Mental Health (6a)	DV (7)	Emerg Award (8)	Expense Amount (9)	If Crime Type is J or K please enter crime description
	_Y/N			_A-L	_V/D	MMH-W-F-CS	_1-2-3-4-5	_Y/N	_Y/N		
1.	Y	10/1/12	123	A	V	M	2	Y	N	\$100.00	
2.	N	10/2/12	123	A	V	MH	3	N	N	\$100.00	
3.	N	10/3/12	123	A	V	M	1	N	N	\$100.00	

Benefit Payout Page

Emergency Award - Enter "Y" or "N" if this expense is an emergency award paid on this claim. Only mark "Y" on the emergency award and not subsequent awards given on that same claim.

*** (See the Desk Manual for more information on emergency awards)*

Expense Amount - Enter the exact dollar amount the program paid for this claim expense.. It is very important that this amount matches the payment records at finance. The total is automatically calculated by the workbook in the "Total" box.

Total Funds Page

TOTAL OF ALL FUNDS
FY 12/13

County: Gila		Quarter: 1						
		Reporting Period: 07/01/12 - 09/30/12						
	ACJC	Restitution	Subrogation	VOCA	Donations	Enter fund name here...	Clerk of the Court	TOTAL
BEGINNING BALANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
REVENUE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
BENEFIT PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL OF EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ending Fund Balance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

VOCA Interest this quarter:	\$0.00
VOCA Interest from previous quarters (within this FY):	<i>Enter amount here.</i>
**Total VOCA Interest to Date:	\$0.00

This is a financial summary report for **all** compensation program accounts – ACJC Funds (State), Restitution Funds, Subrogation Funds, VOCA Funds (Federal), Donation Funds, Other Funds, and Prior Year Funds. All the other Funds pages must be completed **before** you can complete the Total Funds page. *(All the "Totals," will be automatically calculated when using the Excel-based form.)

The only amounts that will not be automatically populated are the Beginning Balances for each Account. The previous quarter's "Ending Balance" for each fund type should be the current quarter's "Beginning Balance" for each fund type.

County: Gila		Quarter: 1						
		Reporting Period: 07/01/12 - 09/30/12						
	ACJC	Restitution	Subrogation	VOCA	Donations	Enter fund name here...	Clerk of the Court	TOTAL
BEGINNING BALANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Common Issues and Problems

This section addresses common issues and problems ACJC staff often encounter when processing the quarterly compensation financial reports.

Totals Page Beginning Balances- Ending balances from the previous quarter *must* be the beginning balances for the current quarter. Example: If you have an "Ending Balance" of \$10,000 in your ACJC account at the end of Quarter 1, the "Beginning Balance" of the ACJC account for Quarter 2 should be \$10,000.

Quarter 1

TOTAL OF ALL FUNDS FY 12/13								County: La Paz	
County: La Paz		Quarter: 1						ACJC	
		Reporting Period: 01/01/12 - 03/31/12							
	ACJC	Restitution	Subrogation	VOCA	Donations	Enter fund name here...	Clerk of the Court		
BEGINNING BALANCE	\$0.00	\$10,599.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	BEGINNING BALANCE	\$0.00
Interest	\$0.00	\$3.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Interest	\$0.00
REVENUE	\$10,000.00	\$726.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	REVENUE	\$10,000.00
TOTAL	\$10,000.00	\$11,330.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	TOTAL	\$10,000.00
BENEFIT PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	BENEFIT PAYMENTS	\$0.00
OTHER EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	OTHER EXPENSES	\$0.00
TOTAL OF EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	TOTAL OF EXPENSES	\$0.00
Ending Fund Balance	\$10,000.00	\$11,330.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Ending Fund Balance	\$10,000.00

Quarter 2

TOTAL OF ALL FUNDS FY 12/13					County: La Paz				
					Quarter: 2			07/01/12 - 09/30/12	
					Reporting Period: 07/01/12 - 09/30/12				
	ACJC	Restitution	Subrogation	VOCA		ACJC	Prior Year	TOTAL	
BEGINNING BALANCE	\$10,000.00	\$0.00	\$0.00	\$0.00	BEGINNING BALANCE	\$10,000.00	\$0.00	\$10,000.00	
Interest	\$0.00	\$0.00	\$0.00	\$0.00	Interest	\$0.00	\$0.00	\$8,000.00	
REVENUE	\$8,000.00	\$0.00	\$0.00	\$0.00	REVENUE	\$8,000.00	\$0.00	\$18,000.00	
TOTAL	\$18,000.00	\$0.00	\$0.00	\$0.00	TOTAL	\$18,000.00	\$0.00	\$0.00	\$0.00
BENEFIT PAYMENTS	\$0.00	\$0.00	\$0.00	\$0.00	BENEFIT PAYMENTS	\$0.00	\$0.00		
OTHER EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	OTHER EXPENSES	\$0.00	\$0.00		
TOTAL OF EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	TOTAL OF EXPENSES	\$0.00	\$0.00		
Ending Fund Balance	\$18,000.00	\$0.00	\$0.00	\$0.00	Ending Fund Balance	\$18,000.00	\$0.00	\$18,000.00	

Common Issues and Problems

(Page 1) Pending Claims from Previous Quarter- Much like beginning and end balances on the totals sheet, question #1 on page 1 must match line 7 from page 1 of the previous quarterly report.

Example: if you end up with 5 claims pending for the end of your first quarter (questions #7.), you should input 5 for the amount of claims pending from previous quarter (question #1) on page 1 of your second quarter report.

Quarter 1

Activity/Claim Statistics	
(1.) Amount of Claims Pending from Previous Quarter: →→→→→	0
Claims Received During Present Quarter:	
A. Assault	0
B. Homicide	0
C. Sexual Assault (Adults Only)	5
D. Child Abuse (Physical & Sexual)	1
E. DWI	
F. Stalking	
G. Fict	
H. Ter	
I. Kid	
J. Oth	
Enter "Other Crimes" information here.	
K. Other Vehicular Crimes - LIST BELOW:	2
Enter "Other Vehicular Crimes" information here.	
L. Arson	1
(2.) Total Amount of NEW Claims Received during Quarter (A thru L):	19
(3.) Total Amount of Claims Submitted during Quarter (Lines 1+2):	19
(4.) Number of Claims Approved During Quarter	14
(5.) Number of Claims Not Approved this quarter:	
a. Not Processed (Changed their mind, lack of documentation, etc. Will never go before the Board)	0
b. Denied	0
Total Amount of Claims Not Approved this Quarter (5a+5b)	
(6.) Total Claims Resolved (Lines 4+5)	14
(7.) Amount of Claims Pending End of this Quarter (Lines 3-6)	5

Quarter 2

Activity/Claim Statistics	
(1.) Amount of Claims Pending from Previous Quarter: →→→→→	5
Claims Received During Present Quarter:	
A. Assault	1
B. Homicide	5
C. Sexual Assault (Adults Only)	2
D. Child Abuse (Physical & Sexual)	1
E. DWI/DUI	3
F. Stalking	0
K. Other Vehicular Crimes - LIST BELOW:	
Enter "Other Vehicular Crimes" information here.	
L. Arson	0
(2.) Total Amount of NEW Claims Received during Quarter (A thru L):	12
(3.) Total Amount of Claims Submitted during Quarter (Lines 1+2):	17
(4.) Number of Claims Approved During Quarter	17
(5.) Number of Claims Not Approved this quarter:	
a. Not Processed (Changed their mind, lack of documentation, etc. Will never go before the Board)	0
b. Denied	0
Total Amount of Claims Not Approved this Quarter (5a+5b)	
(6.) Total Claims Resolved (Lines 4+5)	17
(7.) Amount of Claims Pending End of this Quarter (Lines 3-6)	0

Common Issues and Problems

(Page 2) Demographics- The most common mistake with this section is that the numbers listed in each section do not add up to the total number of approved claims on page 1. If this occurs the "total" cell in each category is highlighted **red**.

**Notice it displays the total number of approved claimants as a reference in the top left corner.*

17 Claimants Approved for Eligibility and/or Payment *			
1. Age of Recipient	Number	2. Disability	Number
17 and Under	1	Disability	0
18 - 64	12	No Disability	12
65 and Older	2	Unknown	2
TOTAL (should equal) 17	15	TOTAL	14
3. Ethnicity	Number	4. Residency	Number
Caucasian	15	State Resident	16
African-American	3	Non-State Resident	0
Asian/Pacific Islander	0	TOTAL	16
Latina/Latino	0	5. Sex	Number
American Indian/Eskimo	0	Male	6
Other	0	Female	10
Unknown	0	TOTAL	16
TOTAL	18		
*NOTE: Each total should be the same as LINE 4 on PAGE 1.			

If the demographics are entered in correctly then the "total" cell will not highlight red.

17 Claimants Approved for Eligibility and/or Payment *			
1. Age of Recipient	Number	2. Disability	Number
17 and Under	3	Disability	3
18 - 64	12	No Disability	12
65 and Older	2	Unknown	2
TOTAL (should equal) 17	17	TOTAL	17
3. Ethnicity	Number	4. Residency	Number
Caucasian	15	State Resident	16
African-American	2	Non-State Resident	1
Asian/Pacific Islander	0	TOTAL	17
Latina/Latino	0	5. Sex	Number
American Indian/Eskimo	0	Male	7
Other	0	Female	10
Unknown	0	TOTAL	17
TOTAL	17		
*NOTE: Each total should be the same as LINE 4 on PAGE 1.			

Common Issues and Problems

Omitting descriptions of expenses, crimes, etc.- A common misstep when creating your quarterly report is forgetting to enter a category, expense, or type of crime for expenses other than benefit payments. All columns should be completed for all fund expenditures.

“Other” Expenses- In the “type of expense” cell, if you choose “other” you must give a brief description/explanation of the expense in the “list” cell. Do not leave the “List” cell blank.

ACJC FUND ACCOUNT - REVENUE and EXPENSES
FY 12/13

County: Gila		Quarter: 1	
		Reporting Period: 07/01/12 - 09/30/12	
ACJC Revenue		ACJC Expenses	
A-Alloc - ACJC Allocations A-Redist - ACJC Redistributions A-Int - ACJC Interest A-Refund - Current Year ACJC Refunds		Admin - Administrative Expenses Other - Other ACJC Expenses (please give detail)	
Date	Interest	Amount	
1.			
2.			
3.			
TOTAL INTEREST <small>(Automatically Entered on Page 19)</small>		\$0.00	
Date	Type of ACJC Revenue	Amount	
1.			
2.			
3.			
4.			
5.			
6.			
7.			

ACJC Expenses			
Admin - Administrative Expenses			
Other - Other ACJC Expenses (please give detail)			
Date	Type of _ Other ACJC Expense Expenses	Amount	List
1.	Other - Please explain	\$200.00	
2.	Admin - Travel In-State	\$150.00	
3.	Admin - Travel Out-of-State	\$300.00	
4.	Other - Please explain	\$500.00	

ACJC Expenses			
Admin - Administrative Expenses			
Other - Other ACJC Expenses (please give detail)			
Date	Type of _ Other ACJC Expense Expenses	Amount	List
1.	Other - Please explain	\$200.00	Office Supplies
2.	Admin - Travel In-State	\$150.00	
3.	Admin - Travel Out-of-State	\$300.00	
4.	Other - Please explain	\$500.00	Membership Fee

Common Issues and Problems

Benefit Payments Page: Omitting crime descriptions Under the "crime type" column if you select either J or K you must provide a brief description of the crime in the far right grey cell.

TRANSACTION SUMMARIES BY FUND											
ACJC FUNDS - BENEFIT PAYMENTS											
FY 12/13											
County: La Paz		Quarter: 1									
Reporting Period: 07/01/12 - 09/30/12											
Crime Type				Victim Type	Expense Type	Mental Health		DV	Emerg Award	Expense Amount	If Crime Type is J or K please enter crime description
<small>A - Assault G - Robbery B - Homicide H - Terrorism C - Sexual Assault (Adult Only) D - Child Abuse (Phys & Sexual) E - DUI F - Stalking</small>				<small>V - Victim</small>	<small>M - Medical</small>	<small>T - Psychiatrist</small>					
Initial Pmt (1)	Date CLEARED (2)	Case Number (3)	_Crime Type (4)	Victim Type (5)	Expense Type (6)	Mental Health (6a)	DV (7)	Emerg Award (8)	Expense Amount (9)		
			_A-L	_VD	M-MH-W-F-CS	_1-2-3-4-5	_Y/N	_Y/N			
1	Y	8/1/12	12-014	A	V	MH	2	Y	N	\$585.00	
2	N	8/1/12	12-012	D	D	W		Y	N	\$4,284.00	
3	N	8/1/12	12-012	J	D	MH	2	Y	N	\$75.00	
4	N	8/1/12	12-012	D	V	MH	2	Y	N	\$150.00	
5	Y	8/1/12	12-016	B	D	F		N	N	\$5,000.00	
6	N	9/5/12	12-014	A	V	MH	2	Y	N	\$409.50	
7	N	9/5/12	12-012	D	V	MH	2	Y	N	\$75.00	
8	N	9/5/12	12-012	J	D	MH	2	Y	N	\$75.00	
9	N	9/5/12	12-012	D	D	MH	2	Y	N	\$75.00	
10	N	9/12/12	12-012	K	V	MH	2	Y	N	\$75.00	
11	N	9/12/12	12-014	A	V	MH	2	Y	N	\$75.00	
12	Y	9/12/12	13-003	A	V	M					
13	N	9/12/12	12-014	A	V	M					

Do not leave it blank

Provide a brief description

_Crime Type (4)	Victim Type (5)	Expense Type (6)	Mental Health (6a)	DV (7)	Emerg Award (8)	Expense Amount (9)	If Crime Type is J or K please enter crime description
_A-L	_VD	M-MH-W-F-CS	_1-2-3-4-5	_Y/N	_Y/N		
A	V	MH	2	Y	N	\$585.00	
D	D	W		Y	N	\$4,284.00	
J	D	MH	2	Y	N	\$75.00	Dog at Large
D	V	MH	2	Y	N	\$150.00	
B	D	F		N	N	\$5,000.00	
A	V	MH	2	Y	N	\$409.50	
D	V	MH	2	Y	N	\$75.00	
J	D	MH	2	Y	N	\$75.00	Criminal Damage
D	D	MH	2	Y	N	\$75.00	
K	V	MH	2	Y	N	\$75.00	attempted vehicular homicide

Common Issues and Problems

*****Only report items "cleared" by finance-** When reporting revenue, expenses, and benefit payments in your report, please remember that you may only list items that have been cleared by your finance department. Any items that have yet to be cleared by finance cannot be reported for the current quarter.

Example: If the board approved an expense in quarter 1, but payment to the claimant or provider was not actually processed by the finance department until Quarter 2, it should be listed in Quarter 2 as an expense on the quarterly report.

**this can be tricky and/or confusing, so if you have any questions or hesitation on a particular situation please feel free to contact the ACJC or a fellow coordinator.*

*****Leftover Interest in the ACJC Fund Account-** Some operational units have interest gains in their ACJC fund or other interest bearing accounts at the end of a fiscal year. ACJC program staff suggests that programs either spend interest by the end of the fiscal year or move any interest monies remaining at the end of the fiscal year to a separate interest account. This is so your county may keep any interest money earned during the fiscal year. All interest monies remaining in the ACJC account at the end of the fiscal year will be reverted back to ACJC in accordance with the grant agreement.

****If interest is being moved out of an account into an Interest account please list this as an expense to show money moving out of an account and describe this under the List column.**

Quarterly Report Data Quality

The accuracy and quality of the data submitted in the quarterly report is critically important. This data is used to make decisions that have a significant impact on the victim compensation program in Arizona. Additionally, the revenue, expenditure, claims, and demographic data is certified by the Executive Director of the ACJC in the Federal VOCA compensation activity report and annual certification.

The following are some guidelines to help insure the data submitted in the quarterly report is accurate and of high quality:

- Submit complete records. Incomplete expenditure or revenue data leads to inaccurate totals. This principle applies to all sections of the report.
- Use consistent date and number formats. Dates should be entered as MM/DD/YYYY.
- Remove extra spaces before or after a column entry. A database reads Y, _Y, and Y_ as three different entries. This is very important with claim numbers.
- Look for entries that don't make sense. Was there really a DUI that was DV related?
- Be consistent. One crime type per claim number. Once a claim has been designated as DV all expenses related to that claim must be designated as DV.
- If it is not an option on the report do not report it. For example "Unknown" age.