



Form D

CASA Program Fiscal Year Revenue

Program Name: _____

Grant Number: _____

Localities Served: _____

Reporting Person: _____

Date: _____

Year: _____

Please complete the following CASA Program Revenue sources form.

Instructions: *Please complete the following form to include revenue sources for the applicant CASA program from the fiscal year in the following categories:*

State Funds (DCJS GRANT)	\$ _____
VOCA (Victims of Crime Act)	\$ _____
Local Government	\$ _____
Foundations/Businesses	\$ _____
Fundraising/Special Events	\$ _____
Individual Donations	\$ _____
United Way	\$ _____
NCASAA	\$ _____
Virginia Law Foundation	\$ _____
Other (Specify)	\$ _____