

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

**Semi- Annual Claim for Subvention Funds:**

**January 1, 2016 – June 30, 2016**

**FISCAL YEAR 2015-2016**

The County of \_\_\_\_\_ hereby certifies that county funds in the amount of \$ \_\_\_\_\_ have been exclusively expended for the operation of the County Veterans Service Office (CVSO) for the above period. Based upon these expenditures, and the workload reported by the CVSO for this same period, I apply for the 2<sup>nd</sup> installment of this county's subvention allocation.

**ATTACH A COPY OF YOUR NET COUNTY COST (NCC) FORM.**

\_\_\_\_\_  
County Auditor/Controller

\_\_\_\_\_  
Date

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**THIS PORTION TO BE COMPLETED BY THE CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

Authorization for disbursement of subvention funds:

The above county is approved for payment in the amount of \$ \_\_\_\_\_

According to Military and Veterans Code Sections 972 and 972.1

Charge: Chapter 10 /15, Item 8955-101-0001

\_\_\_\_\_  
DEPUTY SECRETARY FOR VETERANS SERVICES

\_\_\_\_\_  
DATE

**SCAN AND UPLOAD THIS COMPLETED FORM VIA THE AGENCY ATGTACHMENTS IN VETPRO**