

FISCAL COST REPORT

Submit to: Division of Homeland Security and Emergency Services State Campus - Building 7A 1220 Washington Ave. Rm 610 Albany, NY 12242	1. Grantee:		2. Contract No:		
	3. Implementing Agency:		4. FCR #:	Final Report: Yes / No	
	5. DHSES No:		6. Program Title:		
	7. Contract Period:		8. Contract Amount:		
	9. Report Period:		10. Report Date		

11. SUMMARY SCHEDULE

CATEGORY	A. Approved Project Budget		B. Previous Cumulative Expenditures		C. Expenditures for this Reporting Period		D. Current Cumulative Expenditures	
	DHSES	MATCH	DHSES	MATCH	DHSES	MATCH	DHSES	MATCH
A. PERSONNEL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. FRINGE BENEFITS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. CONSULTANTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. EQUIPMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. SUPPLIES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. TRAVEL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. RENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. ALT & RENOVATIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. ALL OTHER	\$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

12. CASH REQUEST

12. CASH REQUEST		Certification:	
A. Advance Requested	\$0.00	I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations and that the articles or services listed were (or will be) necessary for and are to be used solely for the purpose specified in the contract for this project. GRANTEE: _____ (Signature) _____ (Phone Number) _____ (Title) _____ (Date) FISCAL OFFICER: _____ (Signature) _____ (Phone Number) _____ (Title) _____ (Date)	
B. Expenditures for this reporting period (Total of Column C above)			
C. Cash requested from DHSES (A + B) (Voucher Amount)			
D. Voucher Attached	Yes ____ No ____		
13. Interest Earned - Advanced Funds	\$0.00		

DHSES USE ONLY

FCR APPROVED BY PROGRAM REPRESENTATIVE: _____	_____/_____/_____ (Date)
DHSES FISCAL OFFICE: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected _____	_____/_____/_____ (Date)