

NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
All Other

1. Grantee Name: _____ 4. Corresponding FCR Report #: _____

2. Implementing Agency: _____ 6. Contract Number: _____

3. Report Period: From: _____ To: _____ 7. DHSES Number: _____

5. Contract Period: From: _____ To: _____

This form is used to certify the expenditures claimed for the "All Other" budget category. The amounts charged to the grant for "All Other" expenditures must be valid for this expense category per Appendix B of the grant contract. "All Other" expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

8a Check No.	8b Date	8c Payee	8d Description	8e Dates of Service	Amount Charged to		8h NYS MWBE Certification Number (if applicable)	8i Procurement Method (circle applicable method)
					8f Federal/State Amount	8g Match Amount		
							MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
							WBE	
							MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
							WBE	
							MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
							WBE	
							MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
							WBE	
							MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
							WBE	
							MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
							WBE	
					8j * Total	\$0.00	\$0.00	

* The totals should be carried forward to Category I of the Fiscal Cost Report Column C.

Certification: I certify that the above expenditures were made in accordance with the pertinent grant, are appropriate to the goals and objectives of the project described therein, and are not duplicative of expenditures claimed on any other grants.

9. Signature: _____ Print Name: _____

Title: _____ Date: _____ Phone #: _____