

**NYS Division of Homeland Security and Emergency Services  
Detailed Itemization of Personal Service Expenditures  
Personnel**

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 Personal Service. Show computations using either Method A or Method B. Method A is % of salary for period. Method B is restricted by hourly rate. The method selected below must follow the method for Personnel outlined in Appendix B of the grant contract.**

8a Job Title (per contract)	8b Employee Name	8c Dates of Payroll Period	Method A			Method B			Amount Charged to	
			8d Actual Salary This Reporting Period	8e % of Time Allotted to Grant	8f Total Salary Charge to Grant	8g Hourly Rate	8h Hours Worked	8i Total Salary Charge to Grant	8j Federal/State	8k Match
* Totals should be carried forward to Category A of the Fiscal Cost Report Column C. →								8l <b>*Total</b>	\$0.00	\$0.00

**Certification:** I certify that the above expenditures are 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. Consistent with Appendix A-1, paragraph 27, an appropriate time recording system is being maintained to document the time devoted to this grant.

9. Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_