

**NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Equipment**

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 Equipment. The equipment charged to the grant must be specifically listed in the equipment category per Appendix B of the grant contract. All Equipment expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

8a Contract Budget Line	8b Items Purchased (per approved budget)	8c Quantity	8d Date Ordered	8e Date Received	8f Serial No.	8g Check No.	8h Payee	Amount Charged to		8k NYS MWBE Certification Number (if applicable)	8l Procurement Method (circle applicable method)
								8i Federal/State Amount	8j Match Amount		
										MBE	Competitive Bid/RFP - Single/Sole Source
										WBE	OGS Contract - Discretionary Purchase
										MBE	Competitive Bid/RFP - Single/Sole Source
										WBE	OGS Contract - Discretionary Purchase
										MBE	Competitive Bid/RFP - Single/Sole Source
										WBE	OGS Contract - Discretionary Purchase
										MBE	Competitive Bid/RFP - Single/Sole Source
										WBE	OGS Contract - Discretionary Purchase
										MBE	Competitive Bid/RFP - Single/Sole Source
										WBE	OGS Contract - Discretionary Purchase
										MBE	Competitive Bid/RFP - Single/Sole Source
										WBE	OGS Contract - Discretionary Purchase
								^{8m} * Total	\$0.00	\$0.00	

*The totals should be carried forward to Category D 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 #: _____

1. Grantee Name: _____
 2. Implementing Agency: _____
 3. Report Period: From: _____ To: _____
 5. Contract Period: From: _____ To: _____

4. Corresponding FCR Report #: _____
 6. Contract Number: _____
 7. DHSES Number: _____

The Division of Homeland Security and Emergency Services (DHSES) requires that the grantee conduct a physical inventory of property records at least once every year to verify the existence, current utilization and continued need for the property. In the event the property is no longer required by the Grantee, this fact should be reported to DHSES as soon as possible.

Authorization for Continued Use: Upon completion of all contractual requirements by the grantee, DHSES accepts the request for continued use and possession of the equipment purchased with grant funds. This acceptance is made provided the equipment continues to be used in accordance with the contracted activities and guidelines.

If at any time during the life expectancy of the equipment your organization should dispose of any of these items, any proceeds realized must be reinvested in equipment items to continue your organization's activities. If the proceeds are not reinvested to continue activities, that percentage of the proceeds equal to the proportion of the original purchase price paid by funds for the contract must be paid to the State of New York.

10

I hereby certify that the above equipment has been received and added to our property accounting records. Said equipment will be periodically inventoried and reconciled with accounting records. I am requesting continued use of equipment.

 Signature of authorized grantee representative

 Acceptance for continued use and possession of equipment

 Division of Homeland Security and Emergency Services

 Date