(07/15)

NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Fringe Benefits

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 Fringe. The amounts charged to the grant for fringe expenditures must be valid for this expense category per Appendix B of the grant contract. Fringe must be calculated as specifically outlined in Appendix B of the contract. Show all calculations for fringe in the area below. Please note: any allocation or calculation of fringe benefit costs incurred for grant related staff must be based on calculations supported with documentation and/or allocation worksheets that calculate the actual costs, not based solely on the grant budget fringe benefit rates. The documentation must be retained with other grant related expenditure documentation.

8a

Show Calculation for Fringe submitted per contract budget, Appendix B, for this period. See Instructions.

Dates	Name	Title	Salary/Fringe	Amount Charged to 8b Federal/ State	Amount Charged to 8c Match
			8d * Total	$0.00	$0.00

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