

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: To:	7. DHSES Number:
5. Contract Period: To:	

This form is used to certify the expenditures claimed for Personal Service outlined in Appendix B of the grant contract. Show computations using either Method A or Method B. Method A is % of salary for period. Method B is restricted by hourly rate.

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

Certification: 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 governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project and; 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____	Print Name: _____
Title: _____	Date: _____ Phone #: _____