

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

1. Grantee Name:	4. Corresponding FCR Report #:
2. Implementing Agency:	6. Contract Number:
3. Report Period: <span style="float:right">To:</span>	7. DHSES Number:
5. Contract Period: <span style="float:right">To:</span>	

**This form is used to certify the expenditures claimed for Rent. The amounts charged to the grant for rent expenditures must be valid for this expense category per Appendix B of the contract. Allocations must be based on calculations supported with documentation and/or allocation worksheets that calculate the actual costs, and not based solely on the grant budgeted amounts. All rent expenses must have an appropriate and reasonable basis for allocating the expenses to this project.**

8a Contract Budget Line	8b Check No.	8c Payee	8d Property Address	8e Period of Time	8f Date Agreement Submitted	Amount Charged to	
						8g Federal/ State	8h Match

\* The totals should be carried forward to Category G of the Fiscal Cost Report Column C → <sup>8i</sup> \* Total

**Note: Executed rental agreement must be submitted to DHSES with the first voucher requesting reimbursement for rental expenditures.**

**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 #: _____