1. Grantee Name:					4. Corresponding FCR Report #:		
2. Implementing Agency:					6. Contract Number:		
3. Report Po	eriod:	To:			7. DHSES Number:		
5. Contract	Period:	То:					
Fringe must incurred for rates. The d	be calculated as specifically our grant related staff must be base locumentation must be retained	s claimed for Fringe. The amounts charged to atlined in Appendix B of the contract. Show a ed on calculations supported with documenta with other grant related expenditure docume contract budget, Appendix B, for this period.	all calculations for fringe in the area below. ation and/or allocation worksheets that calc entation.	Please	note: any allocation or cale	culation of fringe be olely on the grant bu	enefit costs udget fringe benefit
8a	8b	8c	8d	8e		Amount C	Charged to
Contract Budget Line	Dates	Employee Name	Job Title		Salary/Fringe	8f Federal/ State	<sup>8g</sup> Match
* The totals should be carried forward to Category B of the Fiscal Cost Report Column C.					<sup>8h</sup> ★ Total		
Certificatio Federal and specified in Also, I cert objectives	on: I certify that this report, s d State Rules and Regulation n the contract for this projec tify to the best of my knowled set forth in the terms and co	schedule, and the expenses for which p ns governing the pertinent grants and th ct and; 2) these costs being reimbursed edge and belief that the report is true, co onditions of the Federal award. I am awa penalties for fraud, false statements, fa	hat: 1) the goods, services and costs I are not duplicative of expenditures c omplete and accurate, and the expend are that any false, fictitious, or fraudul	listed a laimed itures, o lent info	omplete and were made in re necessary for and are on any other grants or o disbursements and cash prmation, or the omissio	e to be used solel other sources of a n receipts are for t n of any material	ly for the purpose available funding. the purposes and fact, may subject
9. Signature:			Print Name:				
Title:			Date:		Phone #:		