

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

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 Alterations. The amounts charged to the grant for alteration expenditures must be valid for the expense category per Appendix B of the contract. All alteration expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

8a Check No.	8b Payee	8c Property Address	8d Period of Time	Amount Charged to		8g NYS MWBE Certification Number (if applicable)	8h Procurement Method (circle applicable method)
				8e Federal/State Amount	8f Match Amount		
						MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
						WBE	
						MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
						WBE	
						MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
						WBE	
						MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
						WBE	
						MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
						WBE	
						MBE	Competitive Bid/RFP - Single/Sole Source OGS Contract - Discretionary Purchase
						WBE	

* The totals should be carried forward to Category H of the Fiscal Cost Report Column C 8i
*Total \$0.00 \$0.00

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 #: _____