

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

| | |
|---|---|
| 1. Grantee Name: _____ 2. Implementing Agency: _____ 3. Report Period: From: _____ To: _____ 5. Contract Period: From: _____ To: _____ | 4. Corresponding FCR Report #: _____ 6. Contract Number: _____ 7. DHSES Number: _____ |
|---|---|

This form is used to certify the expenditures claimed for the "Consultants" budget category. The amounts charged to the grant for "Consultants" expenditures must be valid for this expense category per Appendix B of the grant contract. "Consultants" expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

| 8a Check No. | 8b Rate Charged | 8c Dates of Service | 8d Type of Service | 8e Payee | 8f Date Agreement Submitted | Amount Charged to | | 8i NYS MWBE Certification Number (if applicable) | 8j Procurement Method (circle applicable method) |
|-----------------|--------------------|------------------------|-----------------------|-------------|--------------------------------|------------------------------|--------------------|---|---|
| | | | | | | 8g Federal/State Amount | 8h Match Amount | | |
| | | | | | | | | MBE | Competitive Bid/RFP - Single/Sole Source |
| | | | | | | | | WBE | OGS Contract - Discretionary Purchase |
| | | | | | | | | MBE | Competitive Bid/RFP - Single/Sole Source |
| | | | | | | | | WBE | OGS Contract - Discretionary Purchase |
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| | | | | | | | | MBE | Competitive Bid/RFP - Single/Sole Source |
| | | | | | | | | WBE | OGS Contract - Discretionary Purchase |
| | | | | | | | | MBE | Competitive Bid/RFP - Single/Sole Source |
| | | | | | | | | WBE | OGS Contract - Discretionary Purchase |
| | | | | | | *Totals ^{8k} | \$0.00 | \$0.00 | |

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