NEW YORK STATE | Homeland Security and Emergency Services

Navigating E-Grants and Quarterly Reporting

All Participants will also need to call into the conference line for audio:

Phone: 1 (857) 232-0159
Conference Access Code: 852398

January 28, 2021

Navigating E-Grants and Quarterly Reporting

Agenda

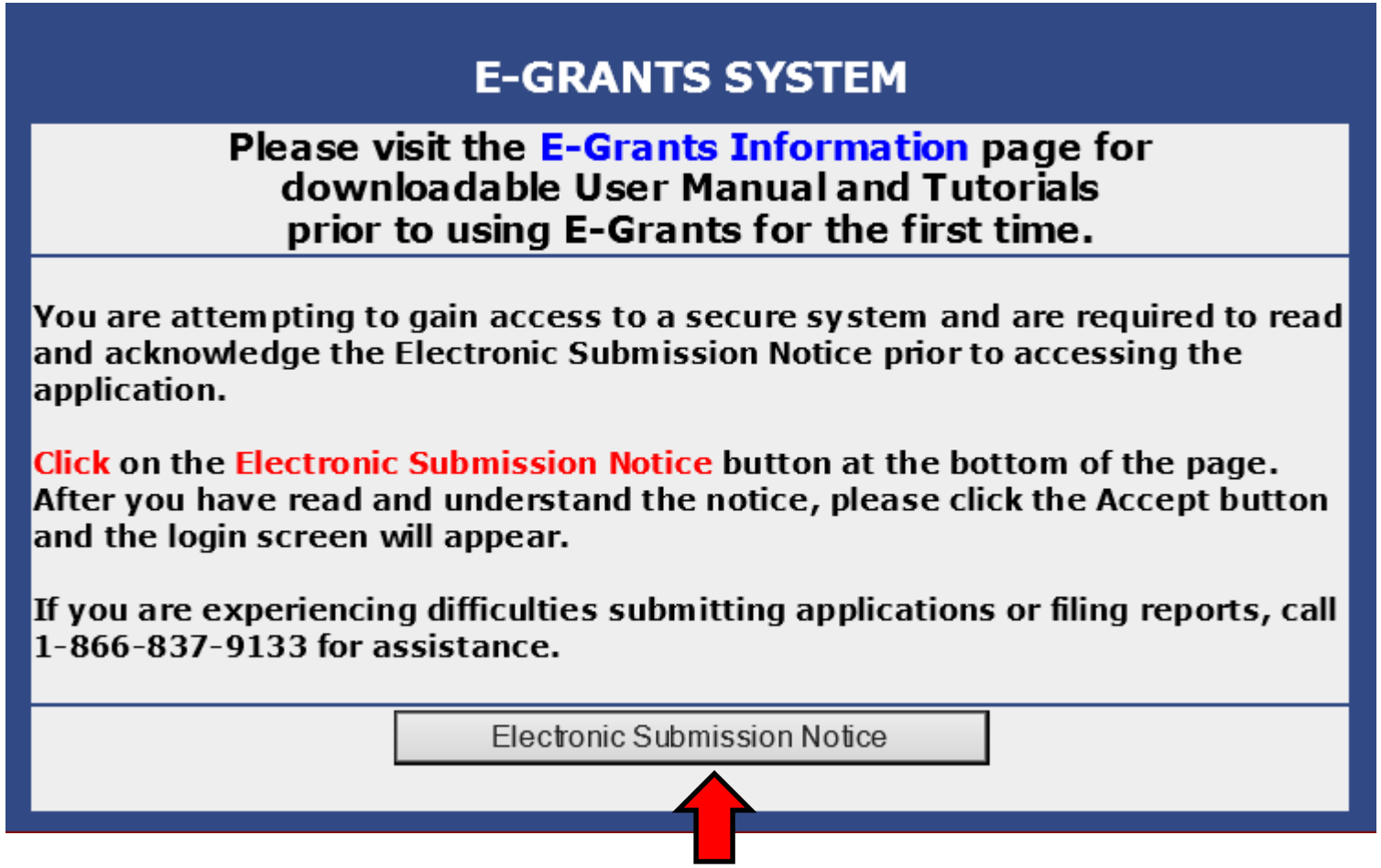
- Overview/Introduction
- Creating/Submitting an Application
- Approved Projects and Contract Execution
- Quarterly Progress Reporting
- Quarterly Fiscal Reporting
- Amendments

Overview/Introduction

Overview/Introduction

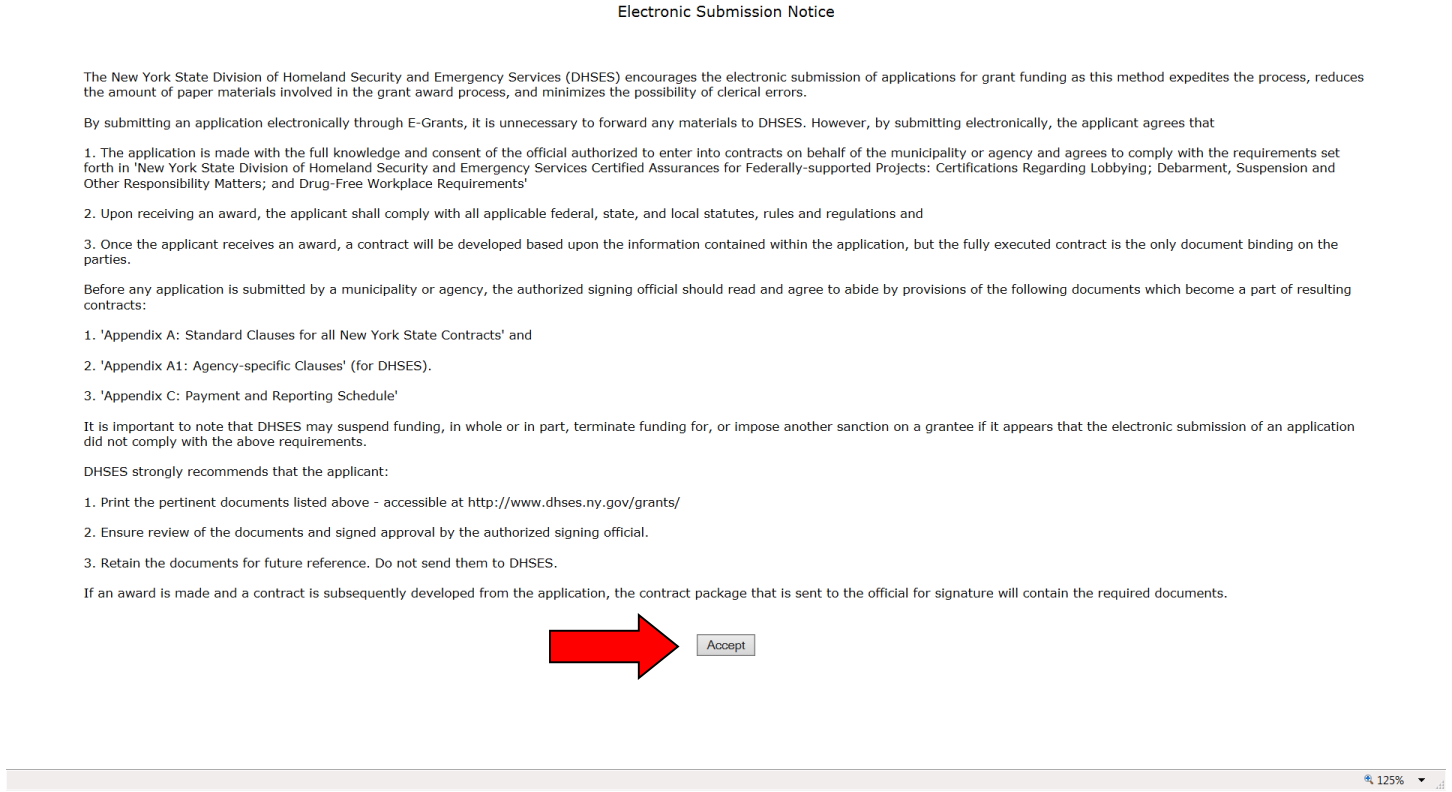
- E-Grants is the grants management system DHSES uses to manage State and federal preparedness funding administered by Grants Program Administration (GPA). E-Grants tracks all projects from application submission, contract execution, and all contract amendments.
    - Registration form: http://www.dhses.ny.gov/grants/forms-egrants.cfm
    - Once your account is established, you will receive an e-mail with your username and temporary password and the weblink
    - Important to reference E-Grants tutorials provided for each funding opportunity
- NYS Grants Gateway – all nonprofit organizations must also be prequalified in the Grants Gateway to apply for funding – grantsgateway@its.ny.gov or (518) 474-5595
    - https://grantsmanagement.ny.gov/register-your-organization
    - https://grantsmanagement.ny.gov/get-prequalified

Overview/Introduction



Click on the Electronic Submission Notice.

Overview/Introduction



The Electronic Submission Notice must be read and acknowledged before accessing the system. Once you have read the notice, please click the ***Accept*** button and the login screen will appear.

HINT: Since this is a web based system you will be timed out after 30 minutes of inactivity and will lose any unsaved material. Hit ***SAVE*** often. Also if you have a lot of narrative to enter into E-Grants, type the information into a Word file and then copy and paste the verbiage into E-Grants

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Overview/Introduction

Enter your ***Login Name***, ***Password*** and click on the ***Submit*** button.

Overview/Introduction

Once you have logged in, the Welcome to E-Grants page will be displayed. Select ***Project*** from the left menu frame to open the list of projects that match the access rights of the user or to create a new project.

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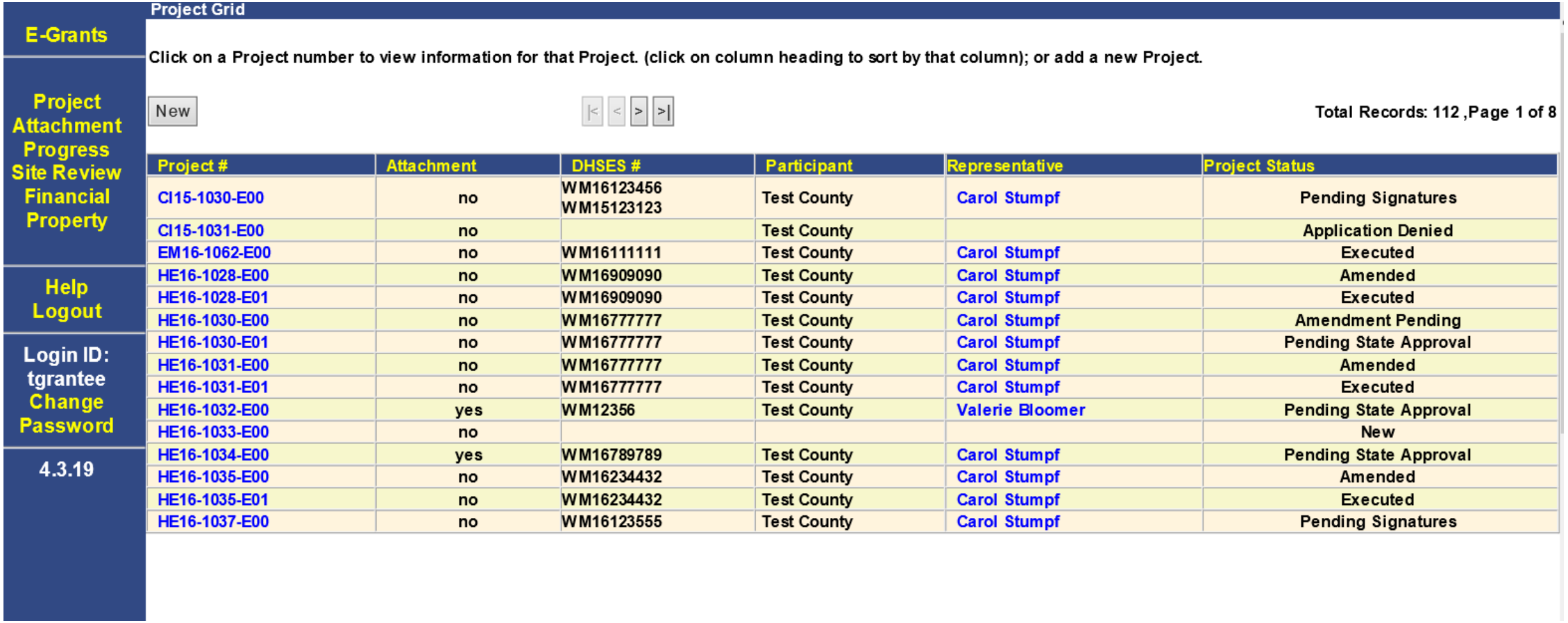
Overview/Introduction



E-Grants

Project
Attachment
Progress
Site Review
Financial
Property

Help
Logout

Login ID:
tgrantee
Change
Password

4.3.19

Project Grid

Click on a Project number to view information for that Project. (click on column heading to sort by that column); or add a new Project.

New

Total Records: 112 ,Page 1 of 8

Project #	Attachment	DHSES #	Participant	Representative	Project Status
CI15-1030-E00	no	WM16123456 WM15123123	Test County	Carol Stumpf	Pending Signatures
CI15-1031-E00	no		Test County		Application Denied
EM16-1062-E00	no	WM16111111	Test County	Carol Stumpf	Executed
HE16-1028-E00	no	WM16909090	Test County	Carol Stumpf	Amended
HE16-1028-E01	no	WM16909090	Test County	Carol Stumpf	Executed
HE16-1030-E00	no	WM16777777	Test County	Carol Stumpf	Amendment Pending
HE16-1030-E01	no	WM16777777	Test County	Carol Stumpf	Pending State Approval
HE16-1031-E00	no	WM16777777	Test County	Carol Stumpf	Amended
HE16-1031-E01	no	WM16777777	Test County	Carol Stumpf	Executed
HE16-1032-E00	yes	WM12356	Test County	Valerie Bloomer	Pending State Approval
HE16-1033-E00	no				New
HE16-1034-E00	yes	WM16789789	Test County	Carol Stumpf	Pending State Approval
HE16-1035-E00	no	WM16234432	Test County	Carol Stumpf	Amended
HE16-1035-E01	no	WM16234432	Test County	Carol Stumpf	Executed
HE16-1037-E00	no	WM16123555	Test County	Carol Stumpf	Pending Signatures

A list of currently active projects will be displayed. The grid will be empty if there are no projects associated with the user.

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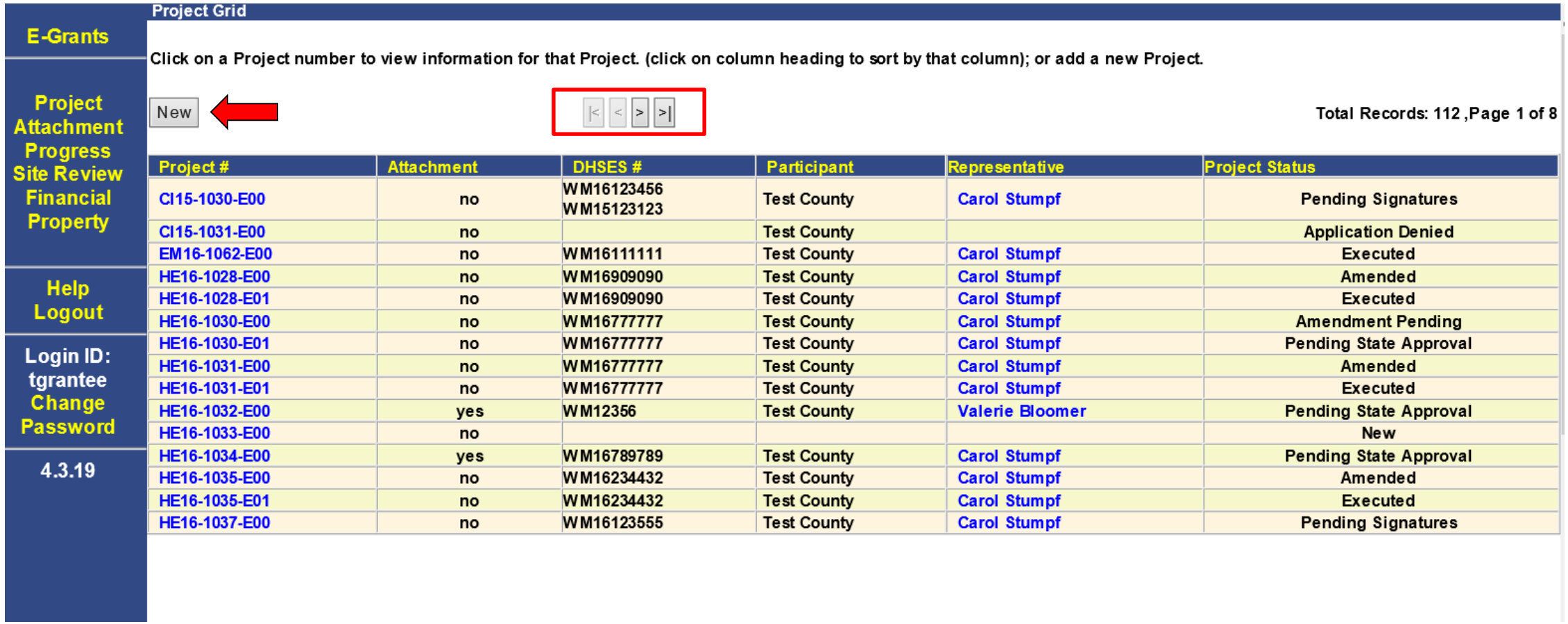
Creating and Submitting an Application

Application Submission Process

- Please be sure that you are reading all instructions that are provided in the Request for Applications (RFA) or Guidance documents you receive from DHSES. Each program has its specific requirements in terms of application submission. See below for the current list of programs and how to submit an application.

Applications Submitted in E-Grants	Applications E-mailed
-Nonprofit Security Grant Program (NSGP) -SHSP Competitive Targeted Grants (Tactical Team, Explosive Detection Canine; Critical Infrastructure, Cyber Security, Technical Rescue/USAR) -Statewide Interoperable Communications Grant Program – Formula (SICG-Formula) -Statewide Interoperable Communications Grant Program – Targeted (SICG-Targeted) -Public Safety Answering Points (PSAP) Grant Program -Recruitment and Retention Grant Program	-State Homeland Security Program (SHSP) -SHSP Non-Competitive Targeted Grants (Bomb Squad Initiative; HazMat Grant Program) -Urban Area Security Initiative (UASI) -Emergency Management Performance Grant (EMPG) -Emergency Management Performance Grant COVID-19 Supplemental (EMPG-S) -Regional Catastrophic Preparedness Grant Program (RCPGP) -Targeted Violence and Terrorism Prevention Grant Program (TVTP) -Complex Coordinated Terrorist Attacks Grant Program (CCTA) -Hazardous Materials Emergency Preparedness Grant Program (HMEP)

Creating an E-Grants Application



Project #	Attachment	DHSES #	Participant	Representative	Project Status
CI15-1030-E00	no	WM16123456 WM15123123	Test County	Carol Stumpf	Pending Signatures
CI15-1031-E00	no		Test County		Application Denied
EM16-1062-E00	no	WM16111111	Test County	Carol Stumpf	Executed
HE16-1028-E00	no	WM16909090	Test County	Carol Stumpf	Amended
HE16-1028-E01	no	WM16909090	Test County	Carol Stumpf	Executed
HE16-1030-E00	no	WM16777777	Test County	Carol Stumpf	Amendment Pending
HE16-1030-E01	no	WM16777777	Test County	Carol Stumpf	Pending State Approval
HE16-1031-E00	no	WM16777777	Test County	Carol Stumpf	Amended
HE16-1031-E01	no	WM16777777	Test County	Carol Stumpf	Executed
HE16-1032-E00	yes	WM12356	Test County	Valerie Bloomer	Pending State Approval
HE16-1033-E00	no				New
HE16-1034-E00	yes	WM16789789	Test County	Carol Stumpf	Pending State Approval
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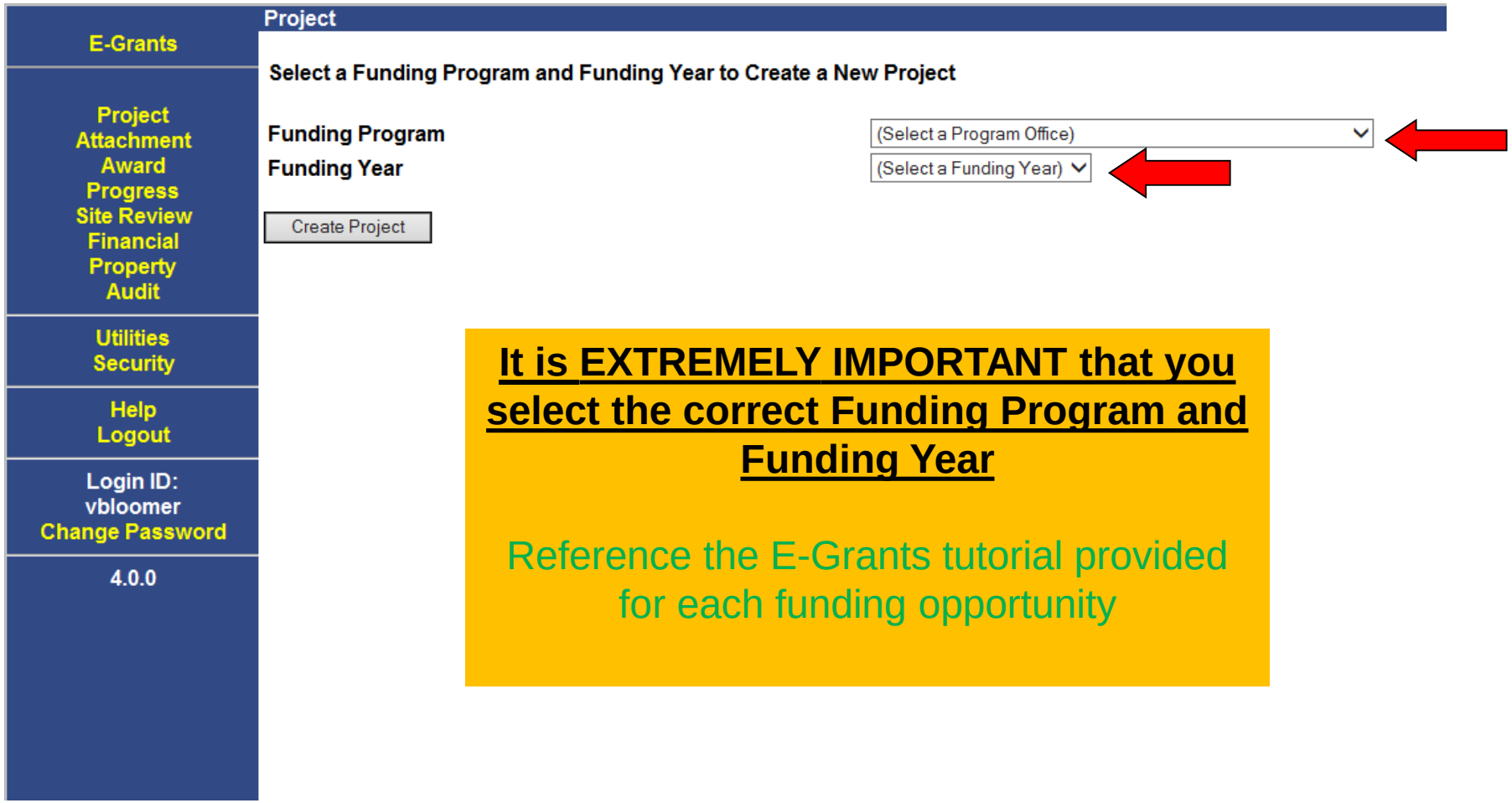
HE16-1035-E01	no	WM16234432	Test County	Carol Stumpf	Executed
HE16-1037-E00	no	WM16123555	Test County	Carol Stumpf	Pending Signatures

A list of currently active projects will be displayed. The grid will be empty if there are no projects associated with the user. Click ***New*** to begin entering a new project. Please use the page navigation buttons at the top to display additional projects, if necessary.

Creating an E-Grants Application

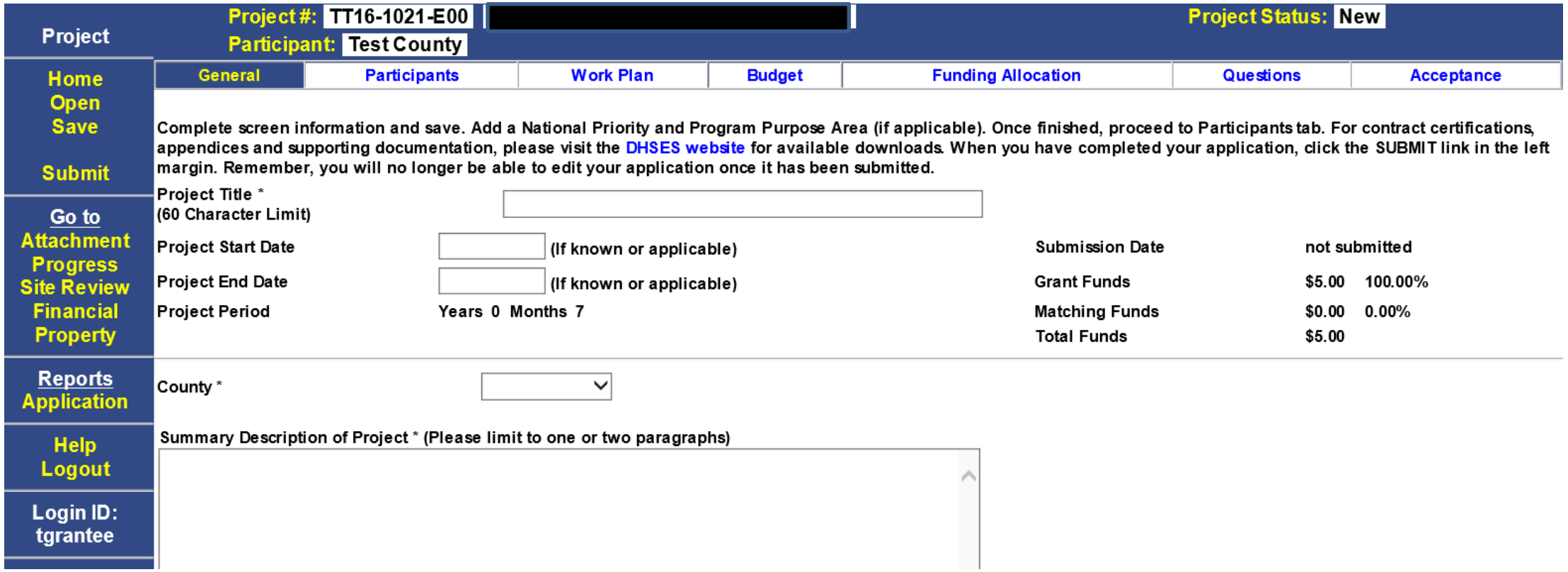


It is EXTREMELY IMPORTANT that you select the correct Funding Program and Funding Year

Reference the E-Grants tutorial provided for each funding opportunity

To start a new application you will need to select a funding program and funding year from the drop down lists.

Creating an E-Grants Application



This is the General Tab. Its important to reference the E-Grants tutorial for each funding opportunity. Mandatory fields are marked with *. The Summary Description of the Project should provide a brief description of the project.

When completed, click on the ***Save*** button at the bottom of the page or the ***Save*** option in the left frame.

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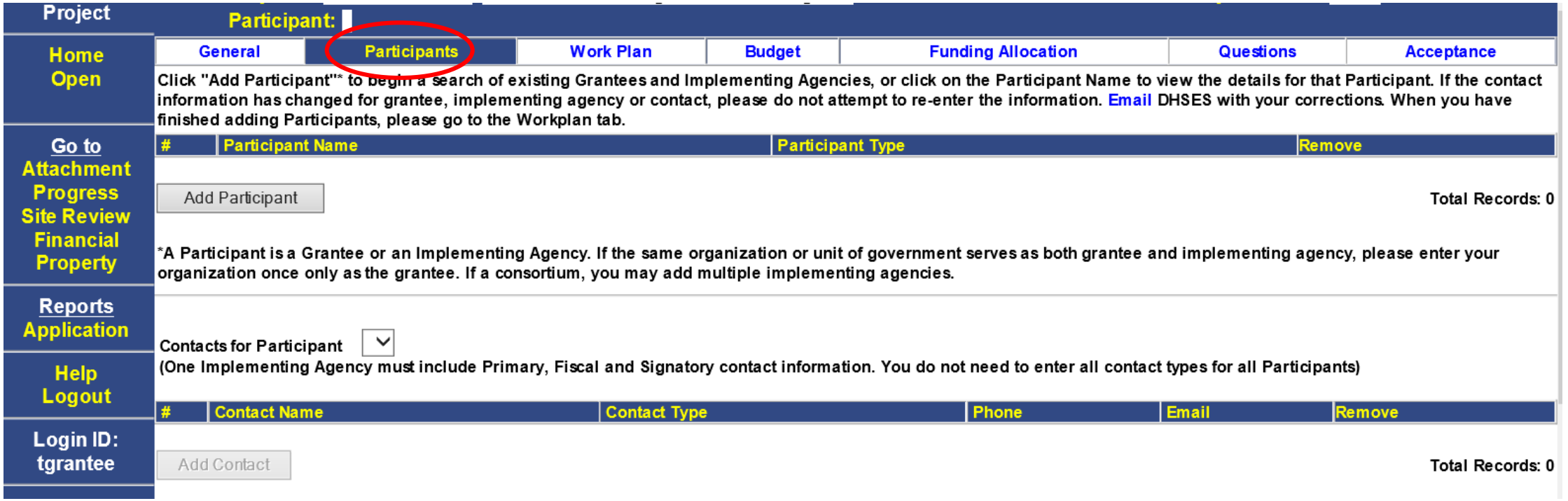
Creating an E-Grants Application

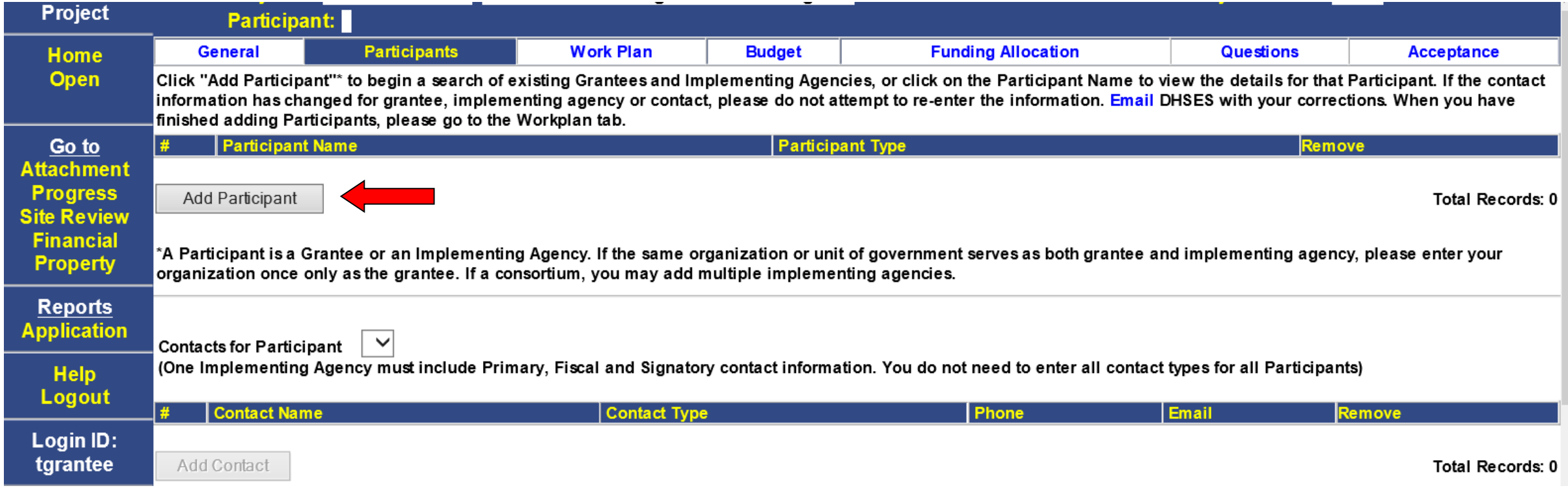


Now click on the ***Participants*** tab.

Participants can be Grantees and/or Implementing Agencies.

The municipality (county, city, town or village) or nonprofit organization should be listed as the grantee and municipal agency responsible for implementing the project should be listed as the implementing agency.

Creating an E-Grants Application



Click ***Add Participant***

Reminder for nonprofit organizations: make sure that you enter your organization's LEGAL name in E-Grants as the Participant. Please make sure that what you list in E-Grants matches what is listed in the NYS Grants Gateway prequalification document vault.

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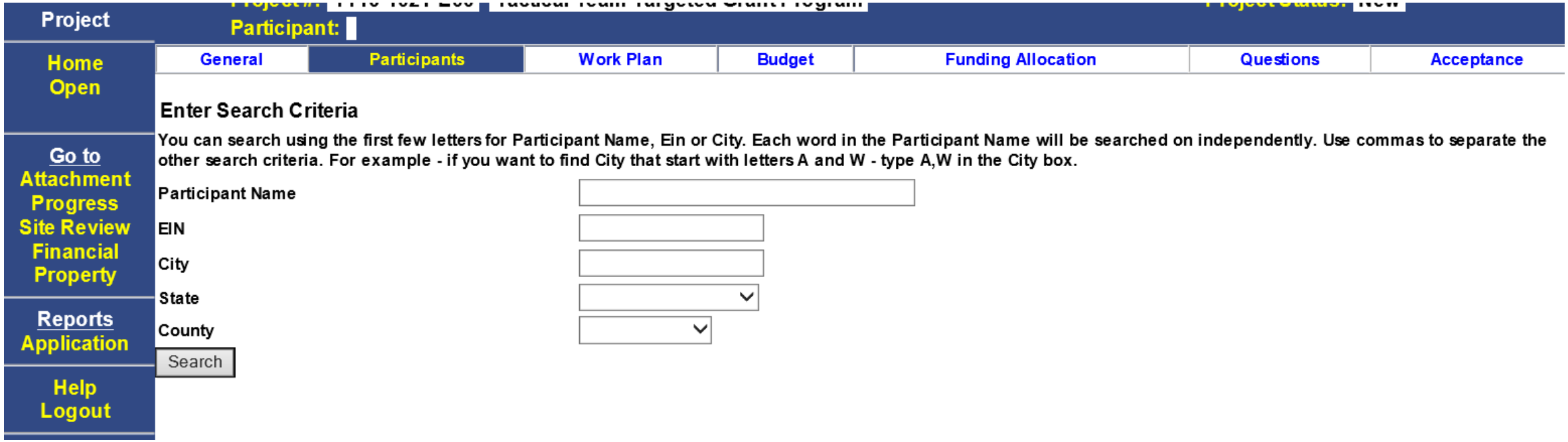
Creating an E-Grants Application



A search screen will open to search for an existing Participant. Enter full or partial name and click ***OK*** to search the database. If you previously applied for funding, your organization's information will be able to be retrieved using the search option.

Hint: *This search engine looks for exact matches so don't be **too** detailed in your search.*

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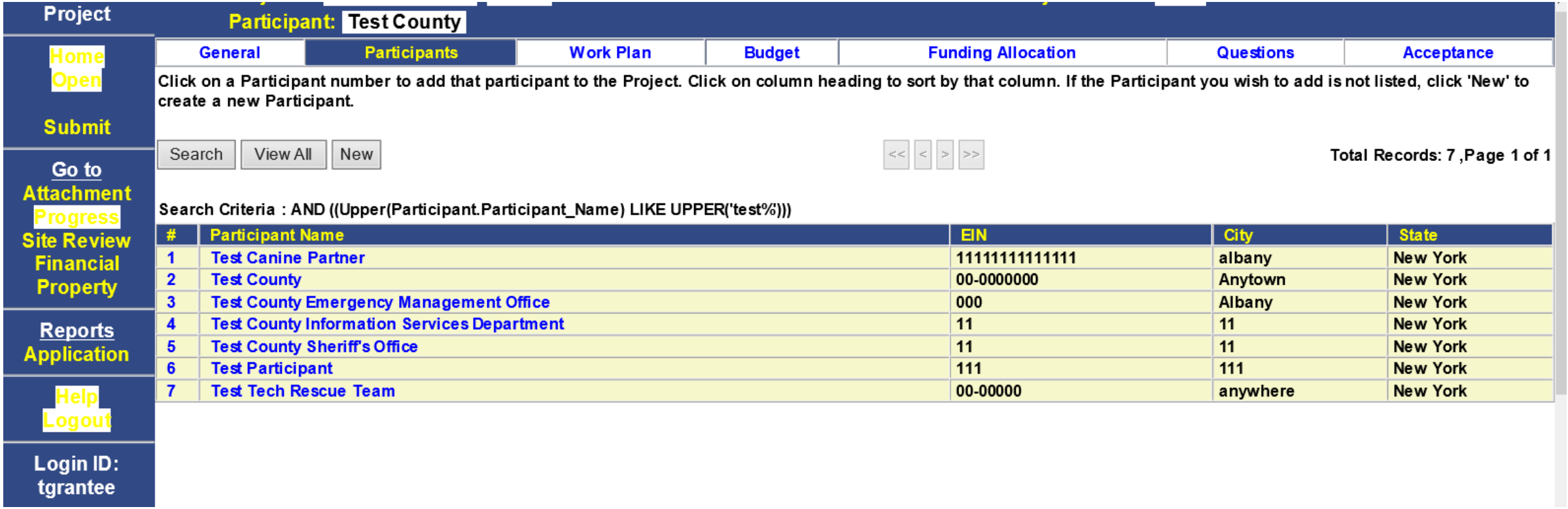
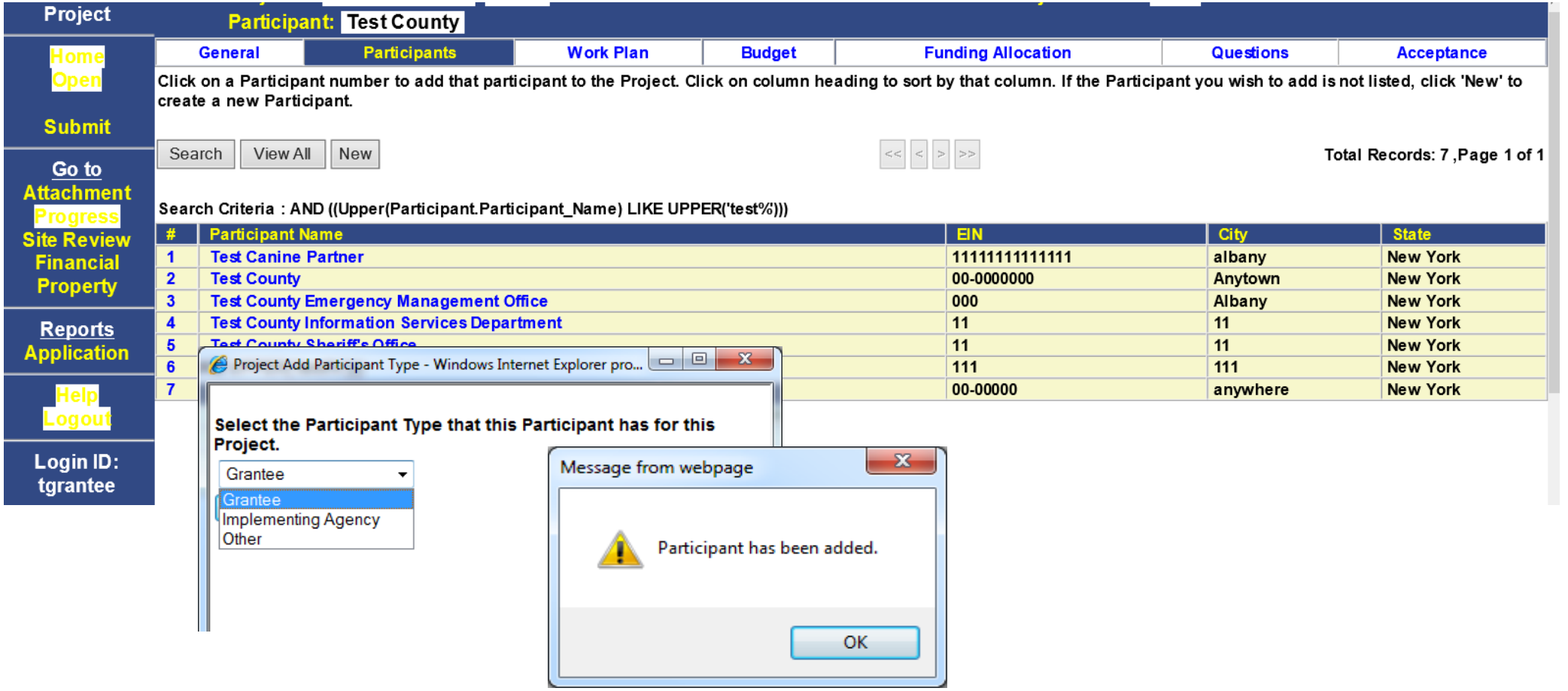
Creating an E-Grants Application



In this example, “Test” was input into the search window generating the above list. Choose the Participant you wish to add from the returned list by clicking on the blue # or participant name.

Creating an E-Grants Application



Select the appropriate participant type. The screen will refresh and click on the ***Add*** button.
Reminder for nonprofit organizations: make sure that you use your organization's LEGAL name.

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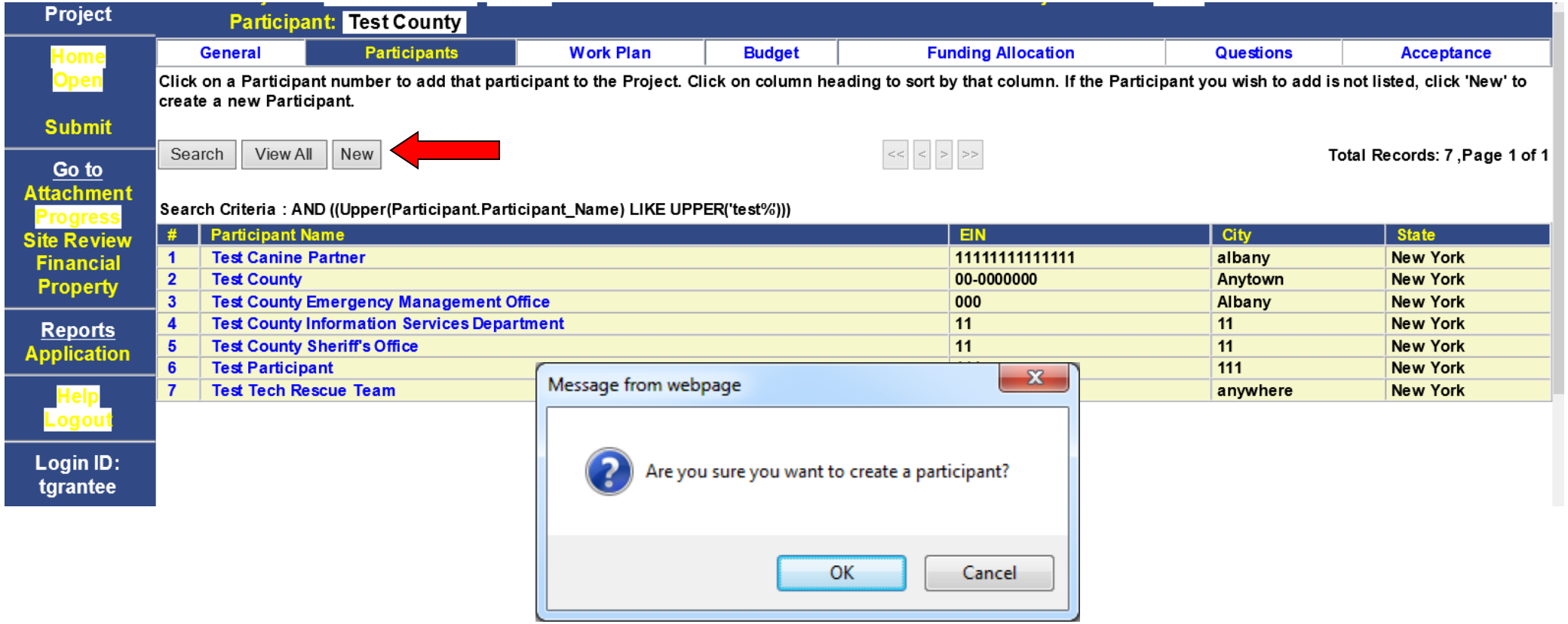
Creating an E-Grants Application



If the participant is not in the database, you may add them by clicking the ***New*** button. And then ***OK.*** However, please ***ENSURE*** the participant is not already in the database to prevent duplicate entries.

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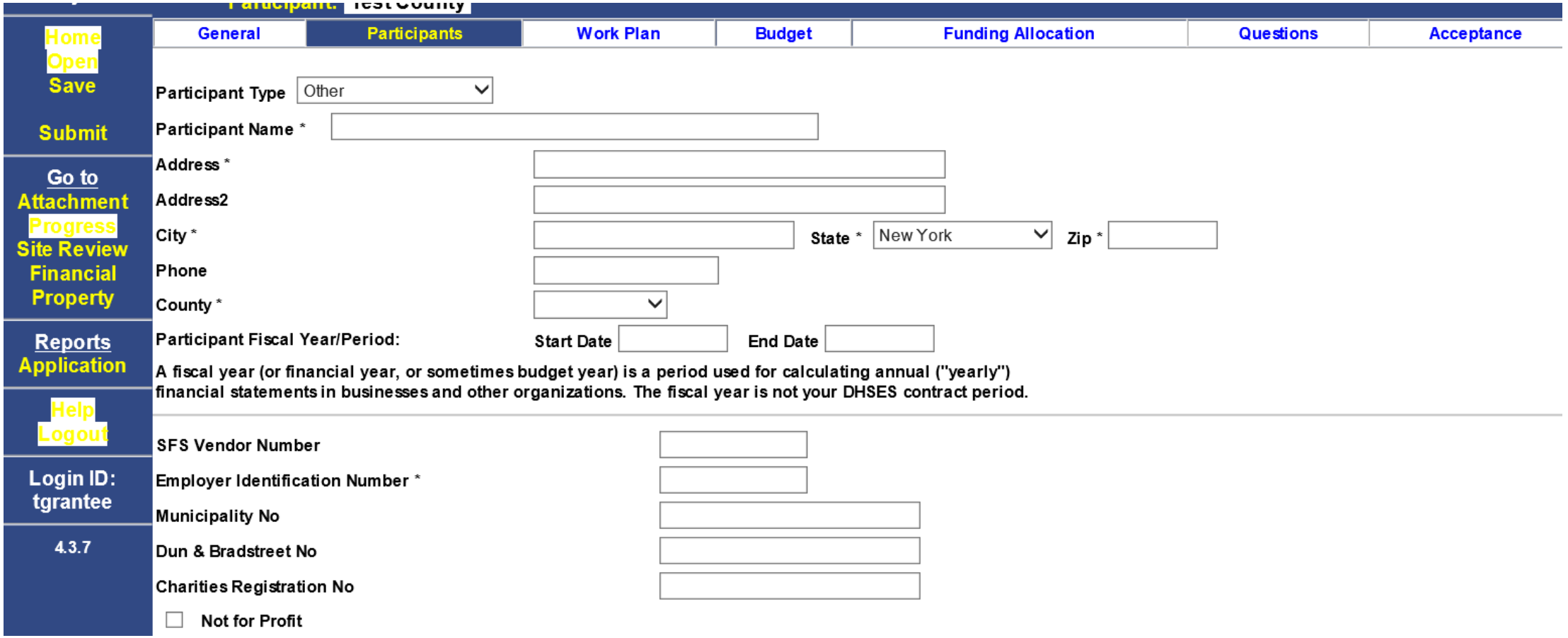
Creating an E-Grants Application



Enter the information to add a New Participant. Required fields are: Participant Name, Address, City, State, Zip, County and Employer Identification Number. Click on the ***Save*** button. While Participant Fiscal Year/Period, SFS Vendor Number and Dun & Bradstreet No. are not mandatory, please complete those fields as well. Mandatory data must be entered before the record can be saved.

Note: If you need to update information after the record has been saved, please email grant.info@dhses.ny.gov. Do not create a new participant.

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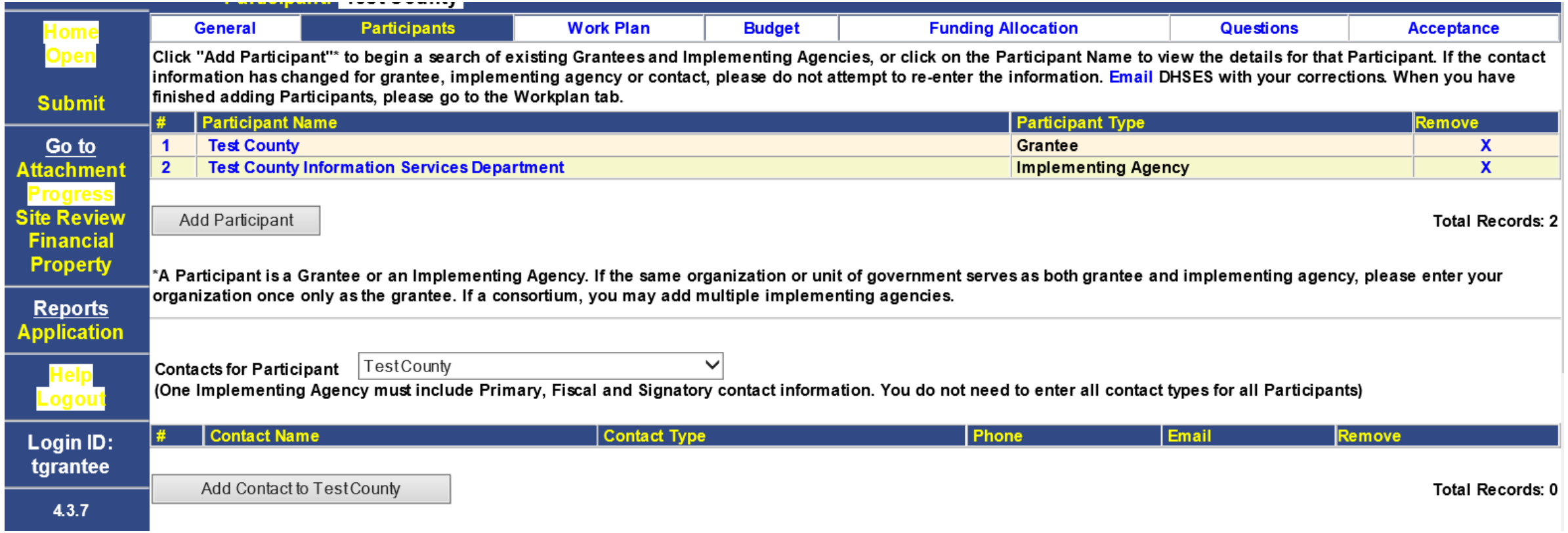
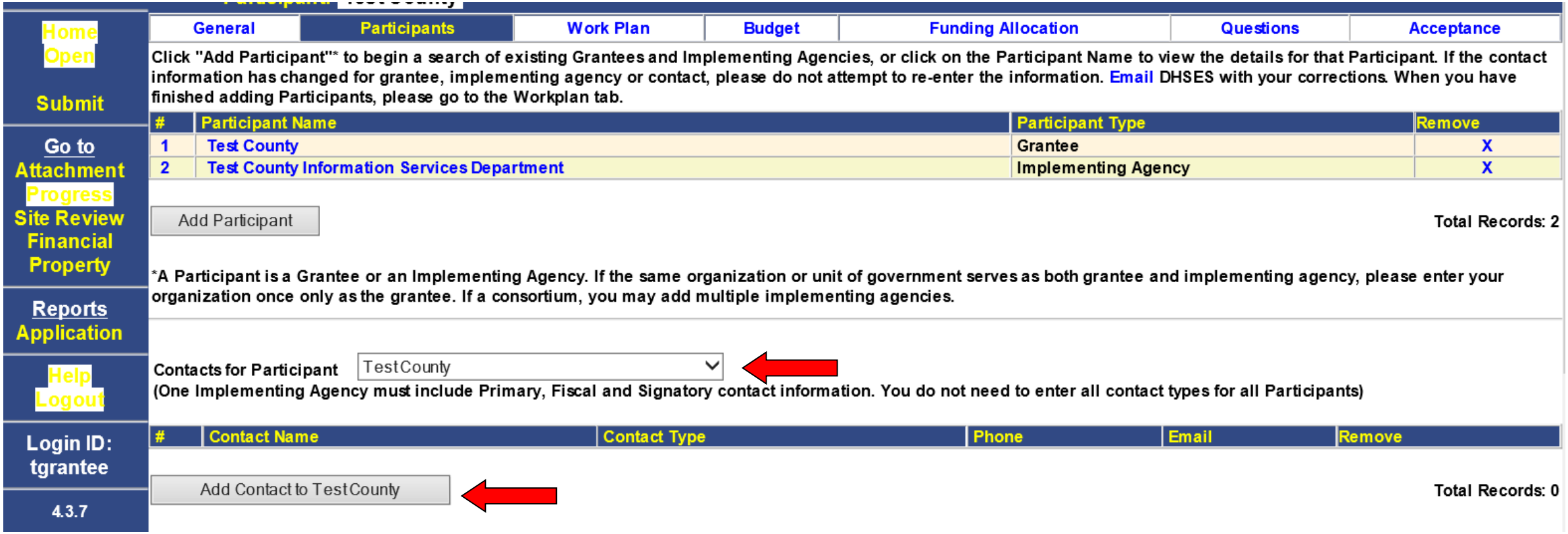
Creating an E-Grants Application



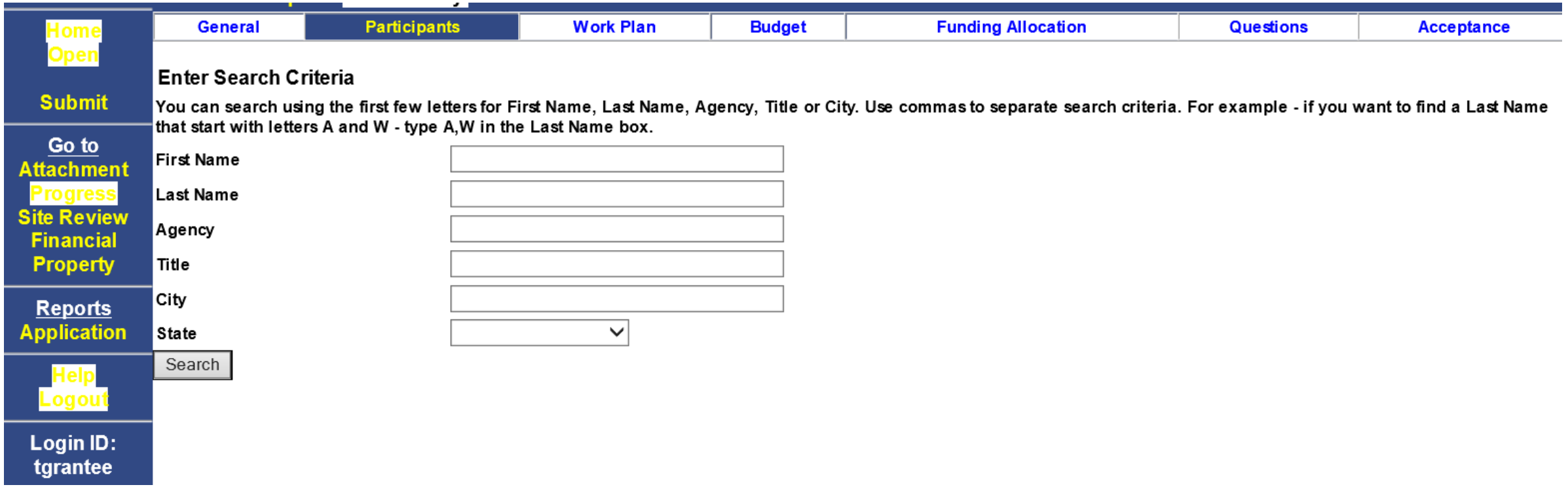
Next you will add Contacts to the Participants. E-Grants **requires** a Primary, Signatory, and Fiscal Contact. The signatory contact must be authorized to sign contracts on behalf of the organization. Please designate only one person as the primary contact and one person as the signatory contact for the grant. The Primary Contact will receive all correspondence related to the grant. Both Primary and Signatory Contacts must be registered users of the E-Grants system.

Creating an E-Grants Application



Use the drop-down "**Contacts for Participants"** to select the correct participant, then click on **Add Contact to** button.

Creating an E-Grants Application



A search screen will open to search for an existing contact. Enter partial name and click ***OK*** to search the database. **Hint:** *This search engine looks for exact matches so don't be **too** detailed in your search.*
Again, if you previously applied for funding, your information will be able to be retrieved using the search option.

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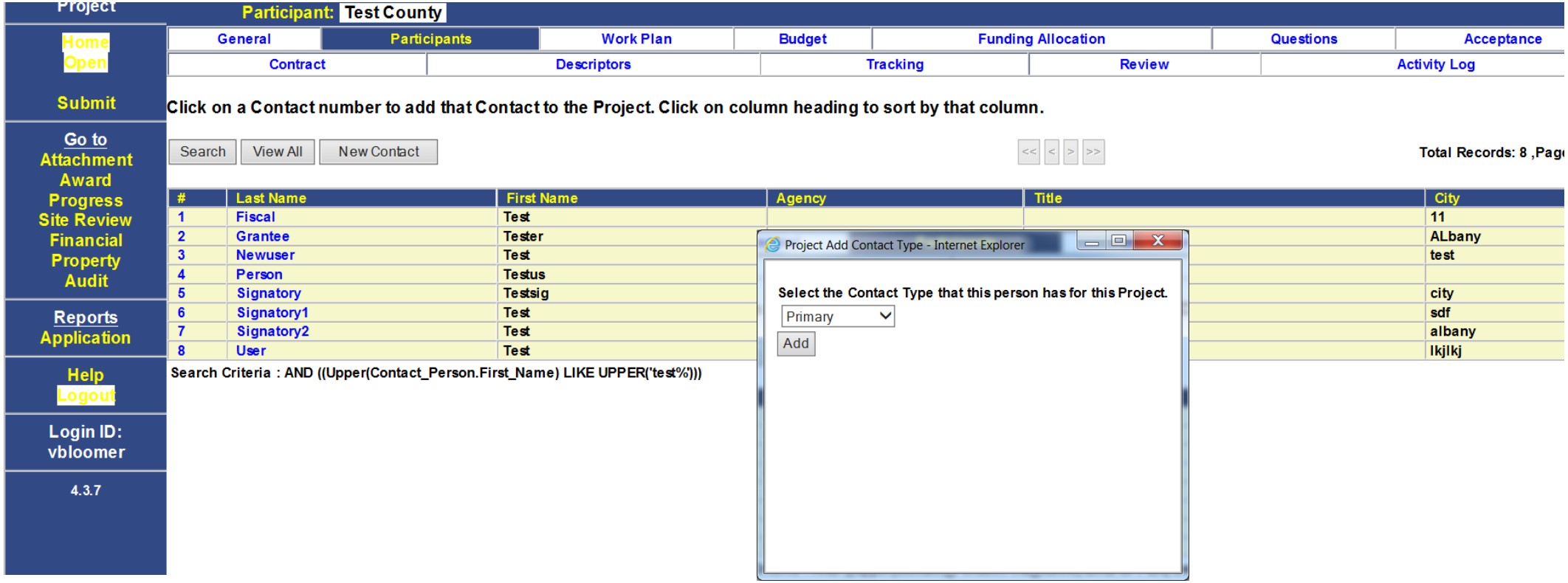
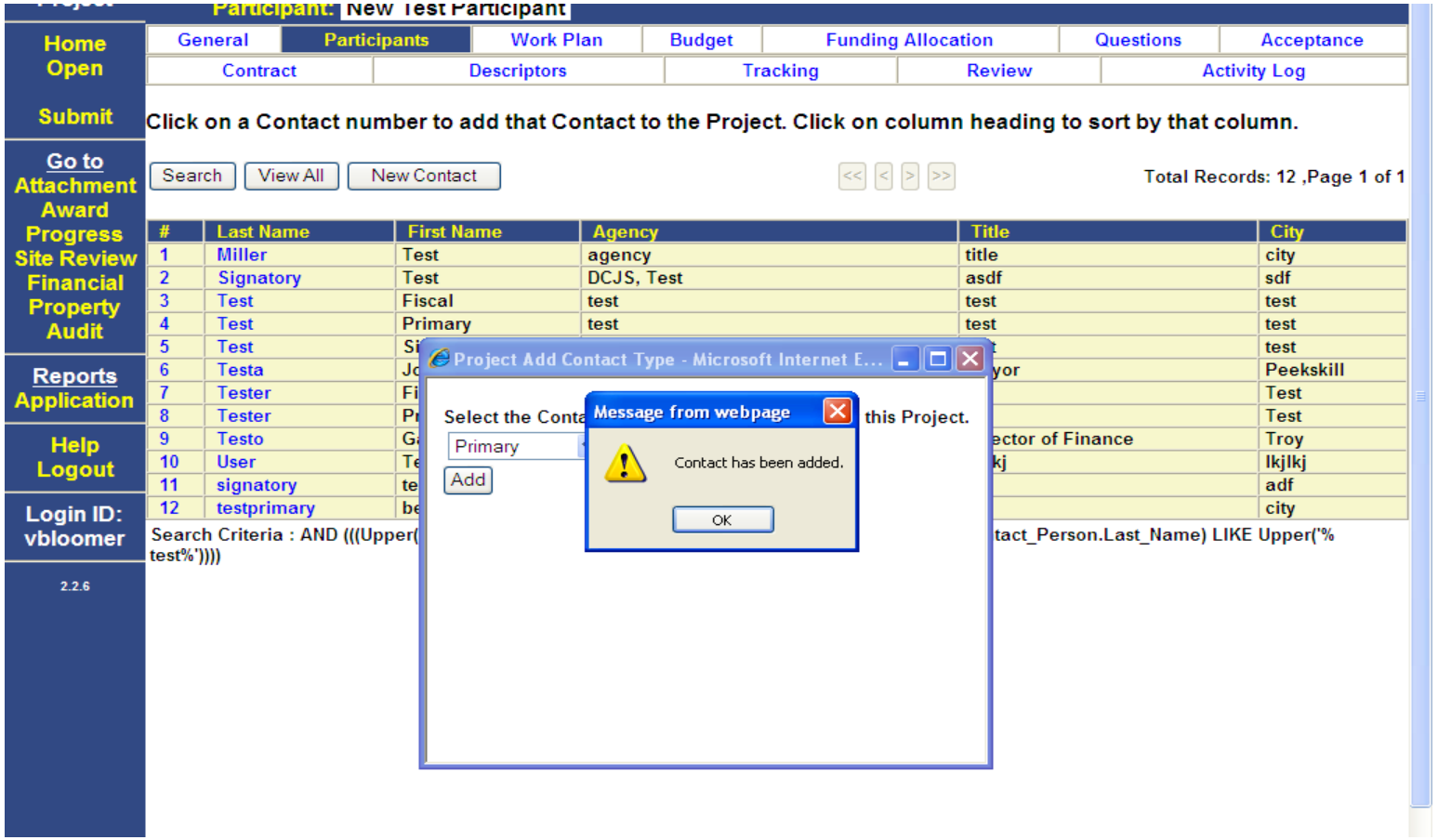
Creating an E-Grants Application



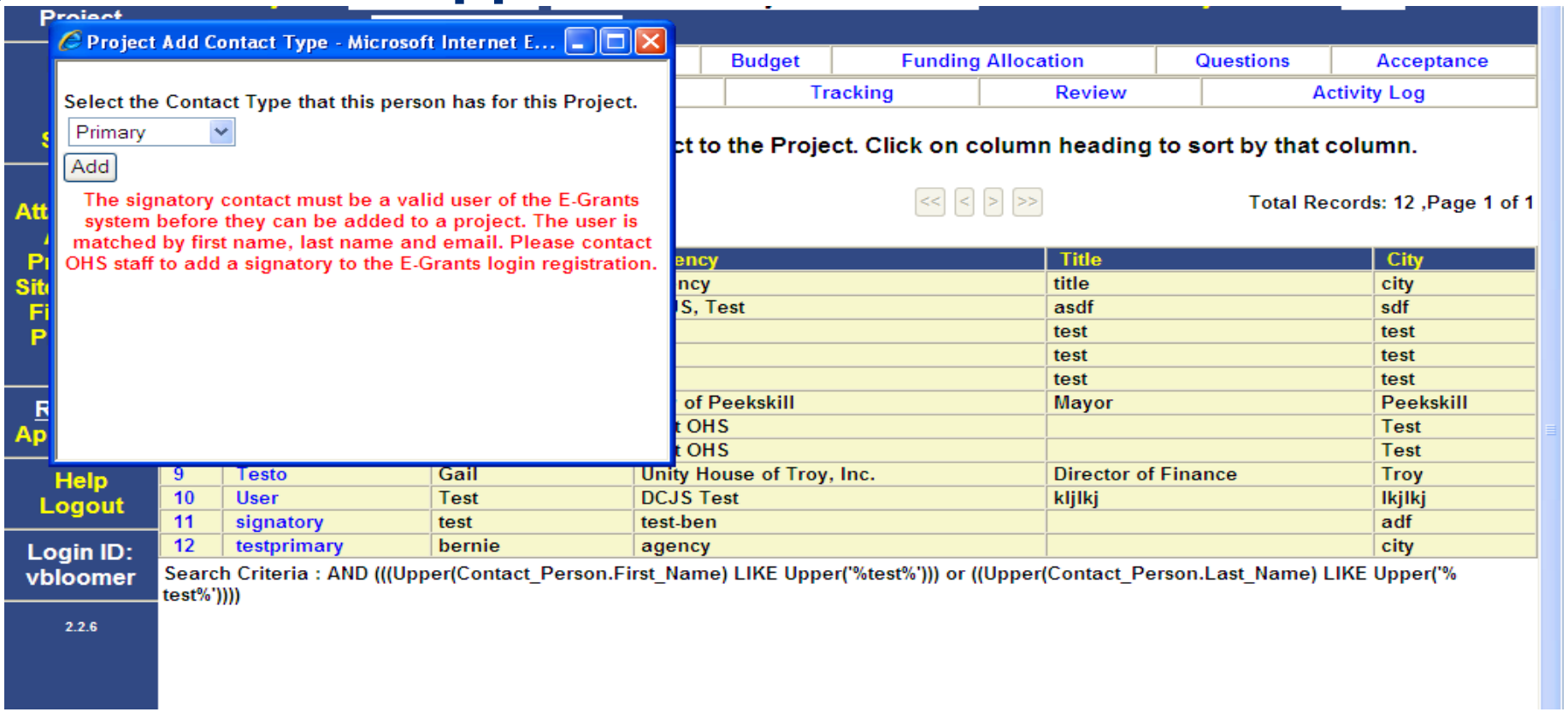
If your contact is found in the search, click on the blue # or last name. A popup box will appear asking to select the Contact Type. Click on the ***Add*** button.

Creating an E-Grants Application



A pop up box will then appear letting you know the contact has been successfully added. Continue selecting and adding contacts until you are finished. Remember a Primary, Signatory and Fiscal contact must be chosen.

Creating an E-Grants Application



REMEMBER - If the Signatory Contact you are trying to add is not a registered user of E-Grants with Signatory rights, you will get the above error message and you will not be able to add that person until they are a registered user. Please contact grant.info@dhses.ny.gov if you need help registering someone as a signatory contact. You can however continue working on other parts of your application **but** you will not able to submit the application without a signatory attached.

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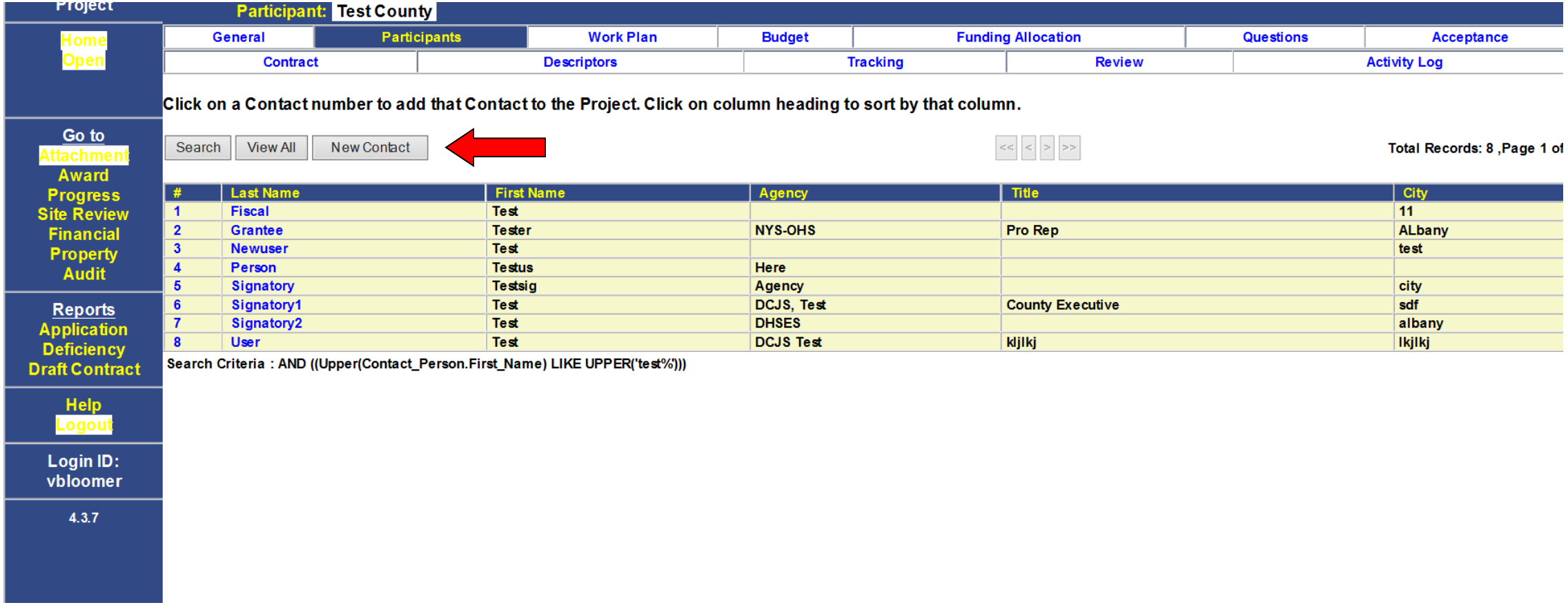
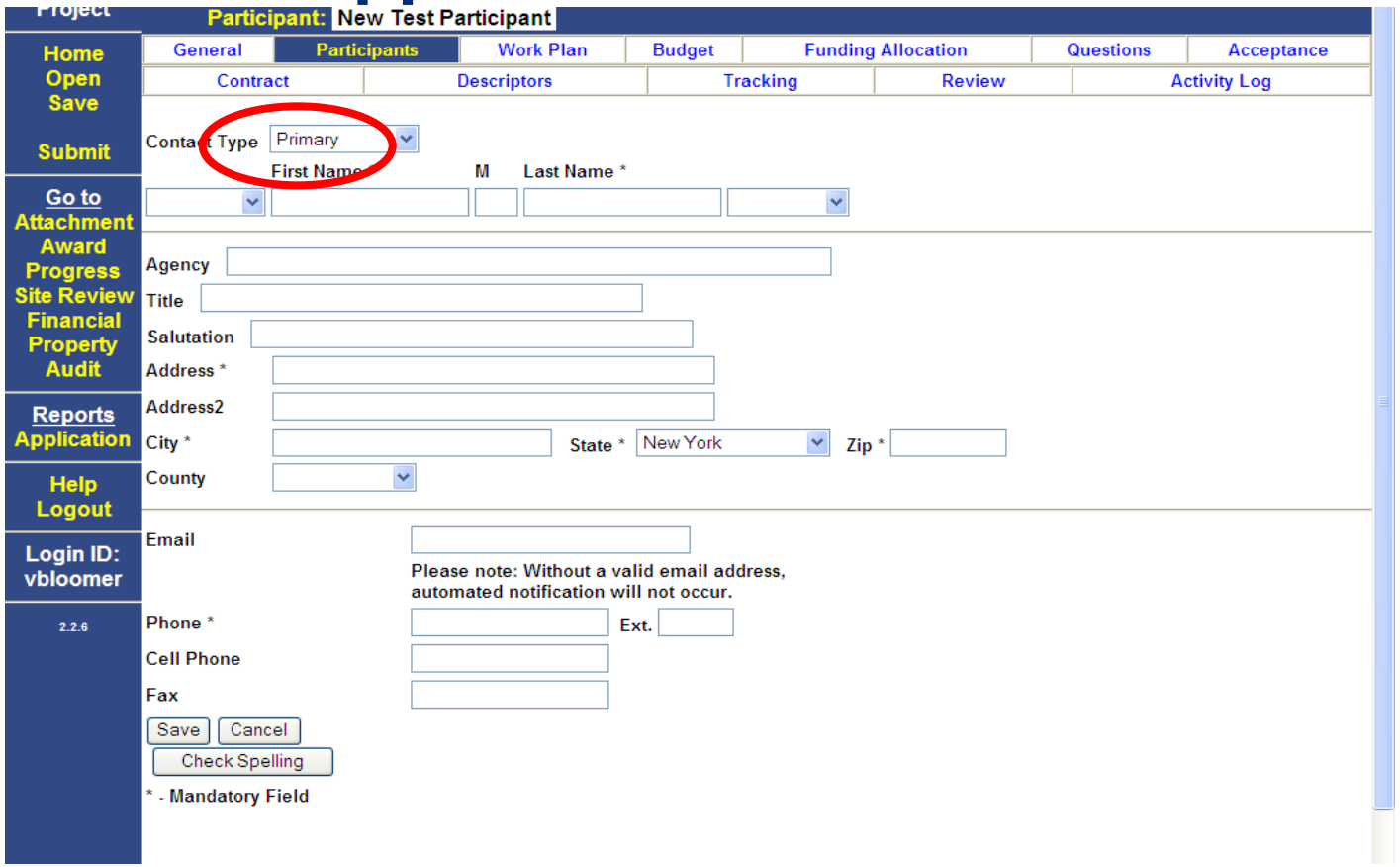
Creating an E-Grants Application



#	Last Name	First Name	Agency	Title	City
1	Fiscal	Test			11
2	Grantee	Tester	NYS-OHS	Pro Rep	ALbany
3	Newuser	Test			test
4	Person	Testus	Here		
5	Signatory	Testsig	Agency		city
6	Signatory1	Test	DCJS, Test	County Executive	sdf
7	Signatory2	Test	DHSES		albany
8	User	Test	DCJS Test	kjlkj	lkjlkj

If you need to add a new contact, click ***New Contact*** and the screen will refresh.

Creating an E-Grants Application



Select the Contact type from the drop down box (circled in red). Required fields are First Name, Last Name, Agency, Address, City, State, Zip, Email and Phone Number. Click on the ***Save*** button. Mandatory data must be entered before the record can be saved. Add a **new** contact **only** after verifying the person is not already in the system. If changes are necessary to an existing record, please email grant.info@dhses.ny.gov - Do not create a new contact.

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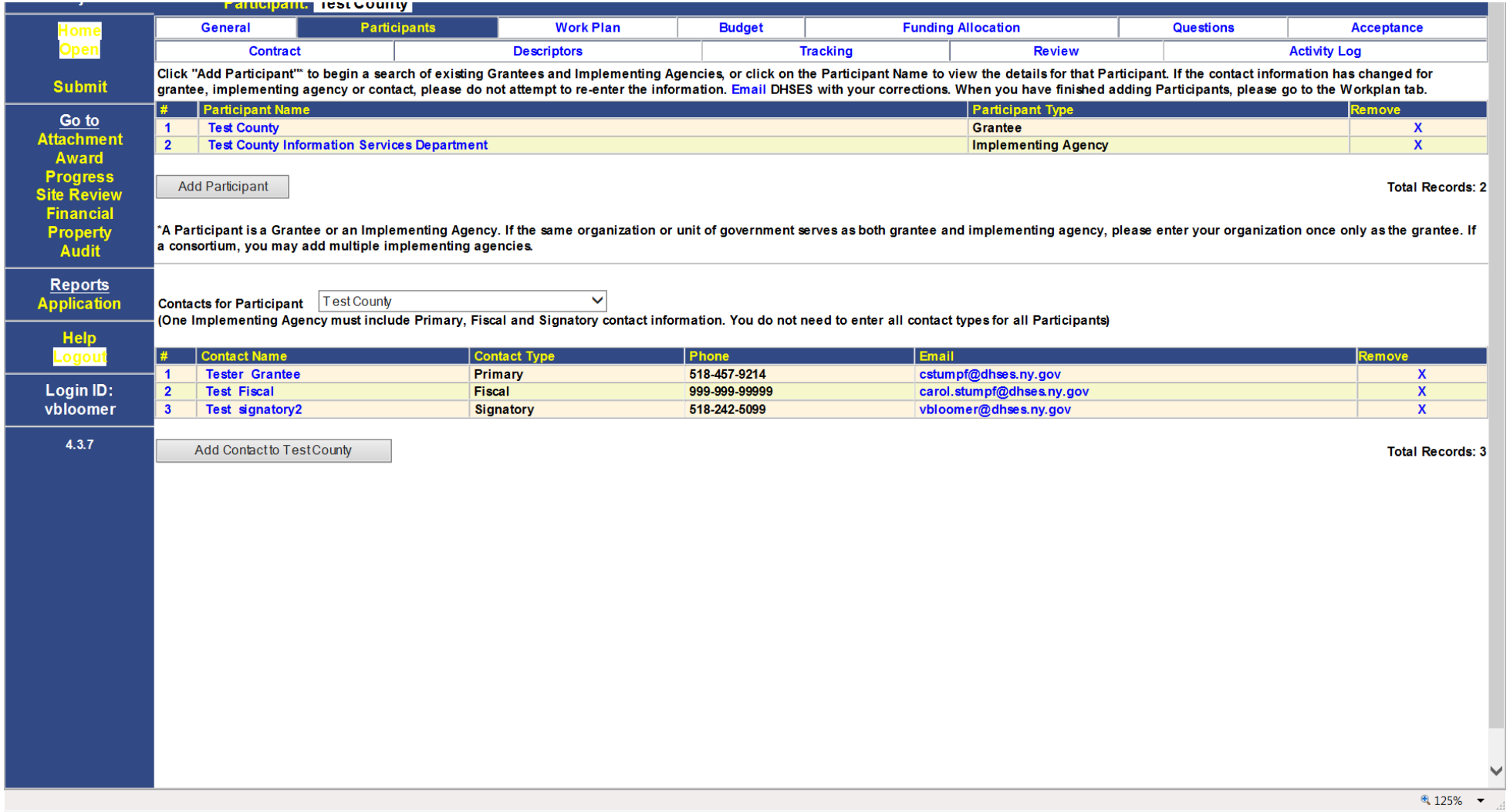
Creating an E-Grants Application



This is an example of a completed Participants Tab screen.

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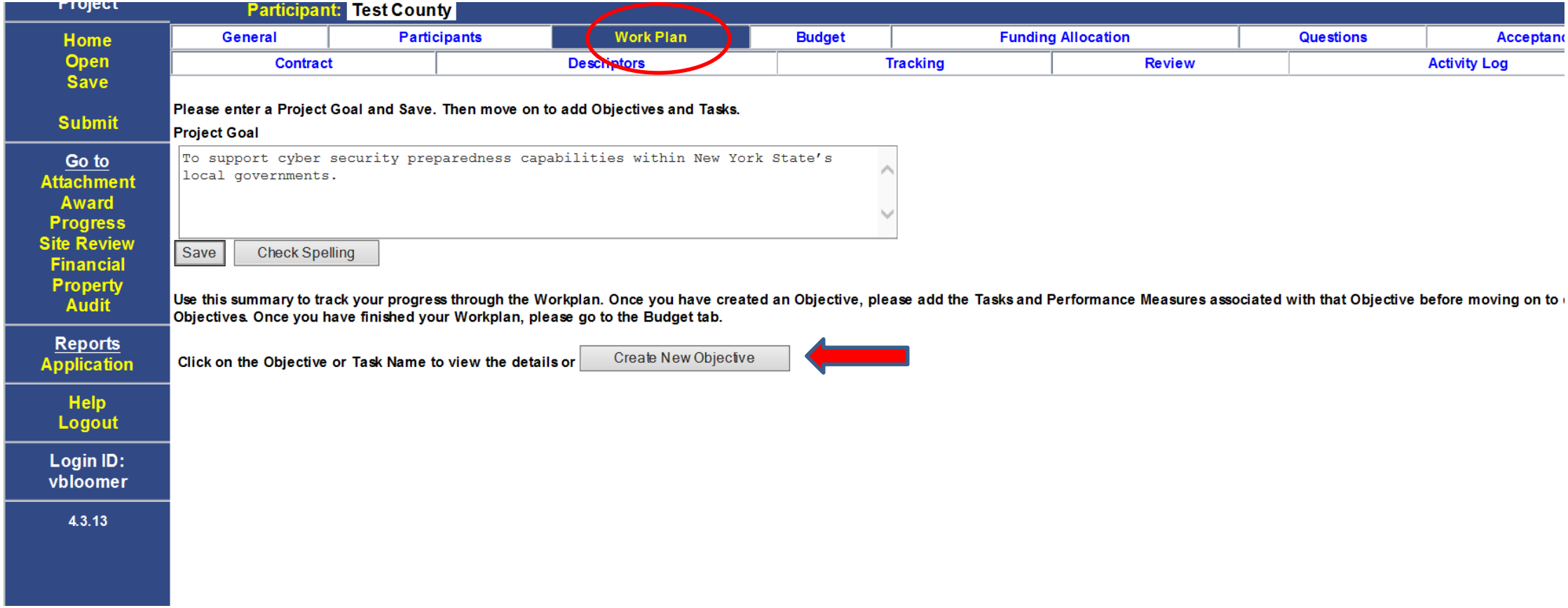
Creating an E-Grants Application



Now click the ***Work Plan*** Tab and enter the Project Goal. Reference the E-Grants tutorial for each funding opportunity for the template workplan information to be entered.

Once you have entered the Project Goal, click on ***Save.*** Then click on ***Create New Objective.***

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Creating an E-Grants Application

A new screen will be generated with several drop down boxes. Click on the ***G & T Work Plan Code*** box and select the correct G & T Work Plan Code as outlined in the E-Grants tutorial for each funding opportunity.

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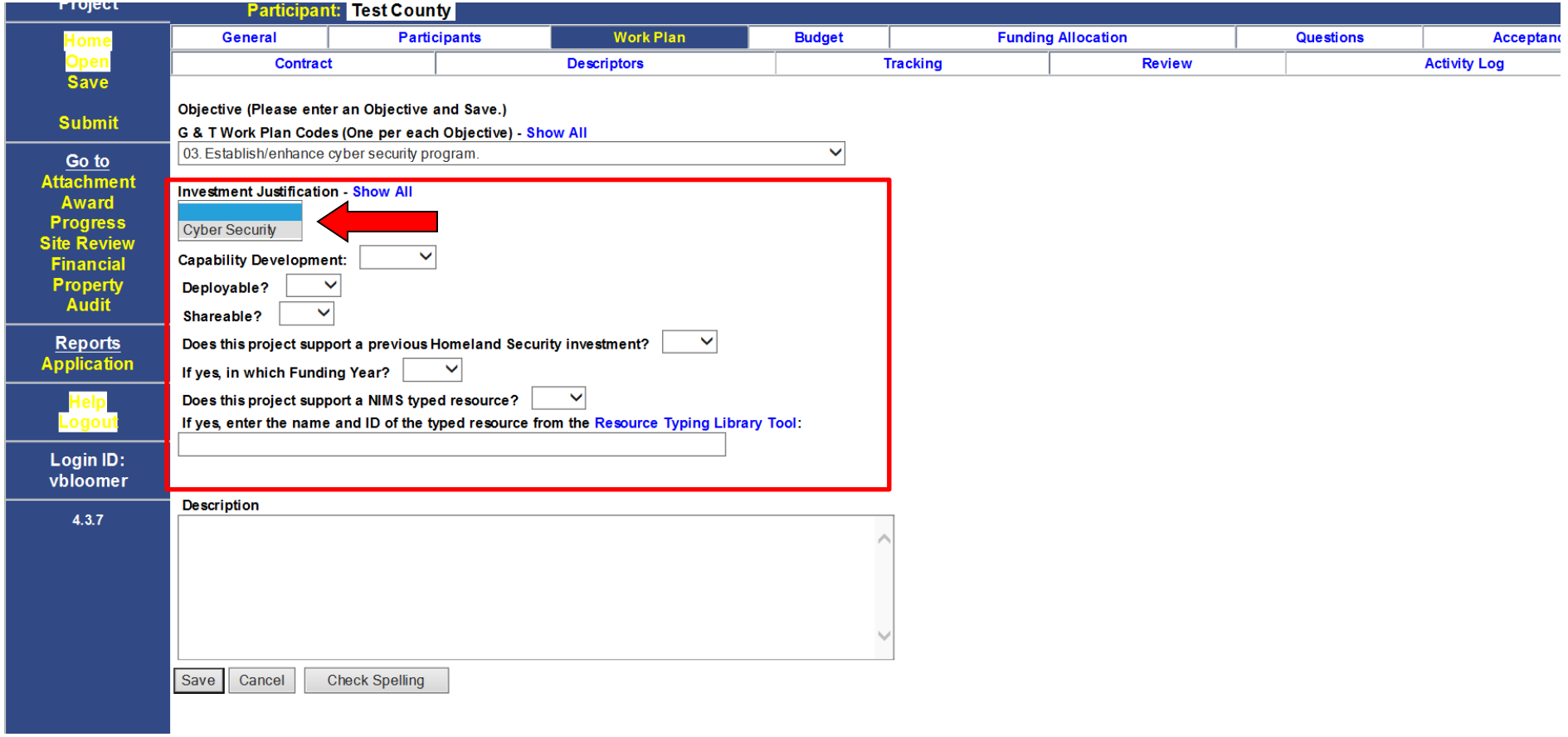
Creating an E-Grants Application



The fields marked by the red box only appear for Homeland Security Grant Program (HSGP) and Emergency Management Performance Grant (EMPG) projects as they are required for the biannual report to FEMA.

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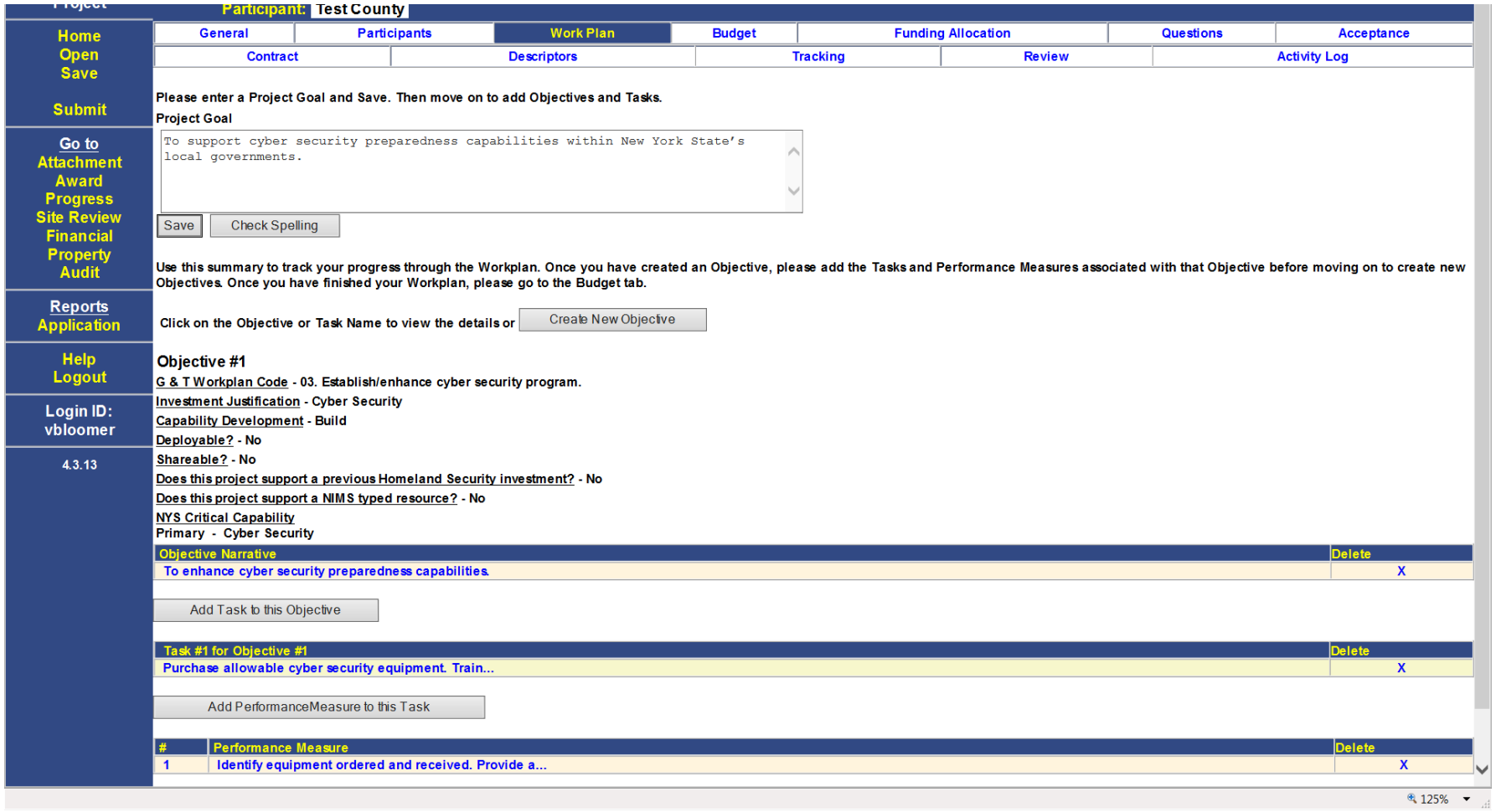
Creating an E-Grants Application



This is an example of a completed work plan for purchasing equipment. Each objective must have at least one task, and each task must have at least one performance measure.

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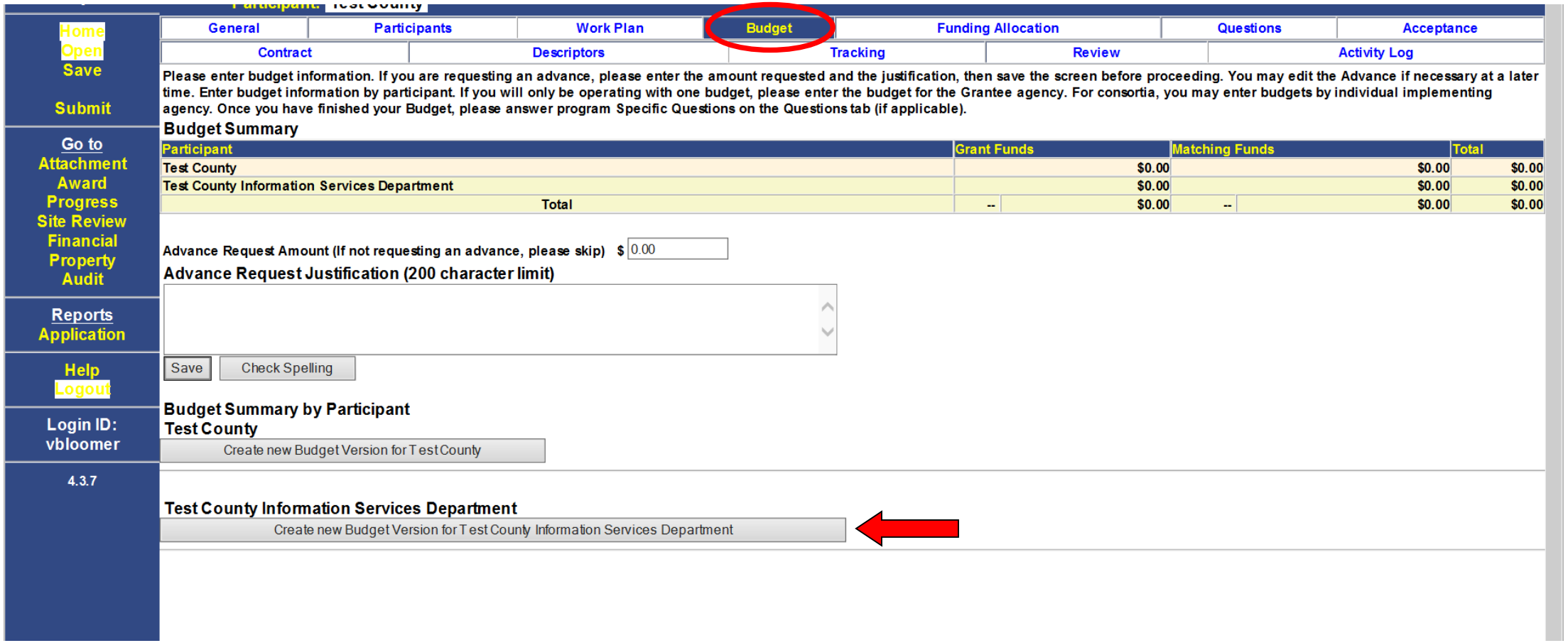
Creating an E-Grants Application



Click the ***Budget*** tab. You must have a participant and a completed Work Plan before you can enter a budget. If you have an implementing agency, the budget should be created under the implementing agency.

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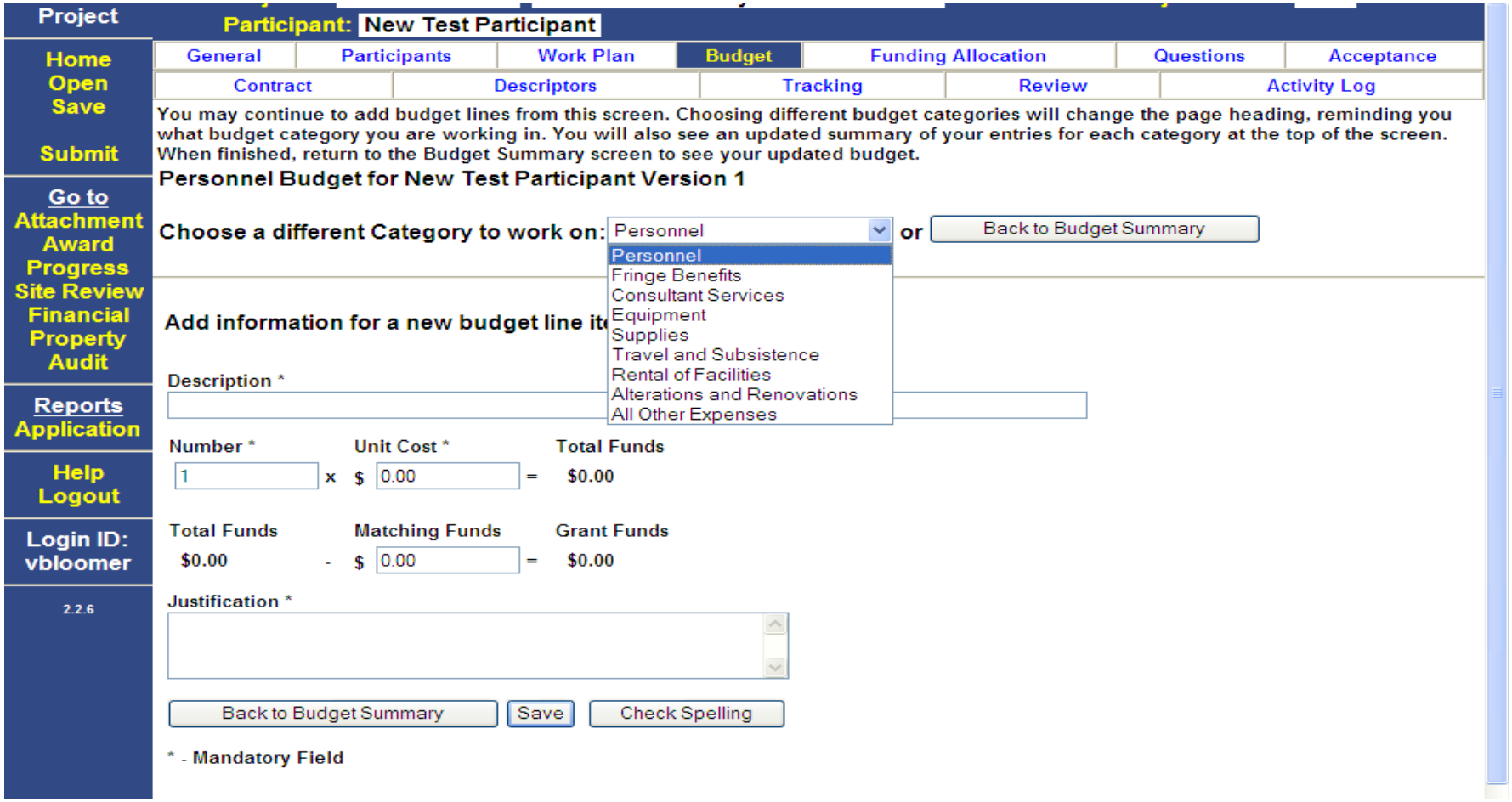
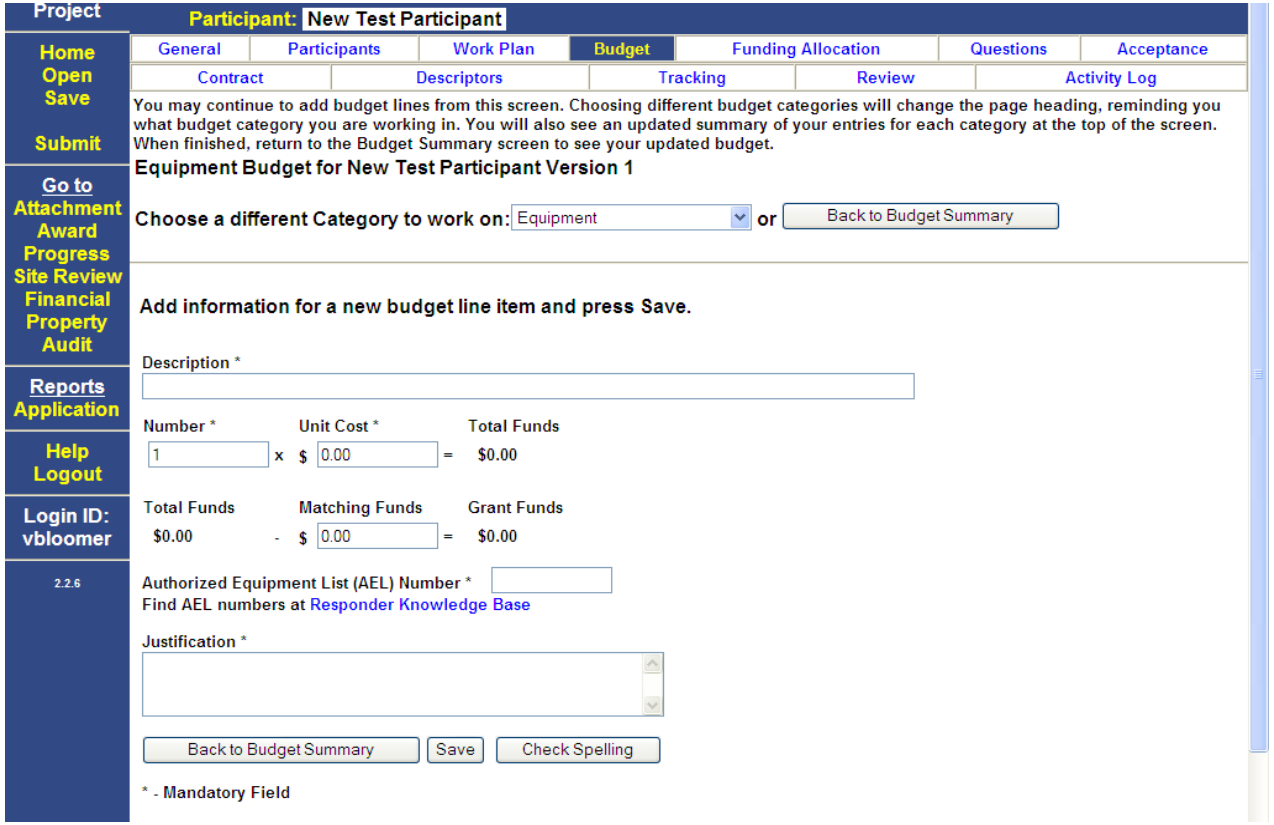
Creating an E-Grants Application



Each budget item is entered separately. Choose the category of the budget item you are entering from the drop down box. As you can see there are nine budget categories.

Creating an E-Grants Application



Mandatory fields for a budget item are Description, Number, Unit Cost and Justification. If entering an Equipment item, an Authorized Equipment List (AEL) Number is also mandatory.

The link to the AEL is https://www.fema.gov/grants/guidance-tools/authorized-equipment-list

When finished with the item click ***Save.***

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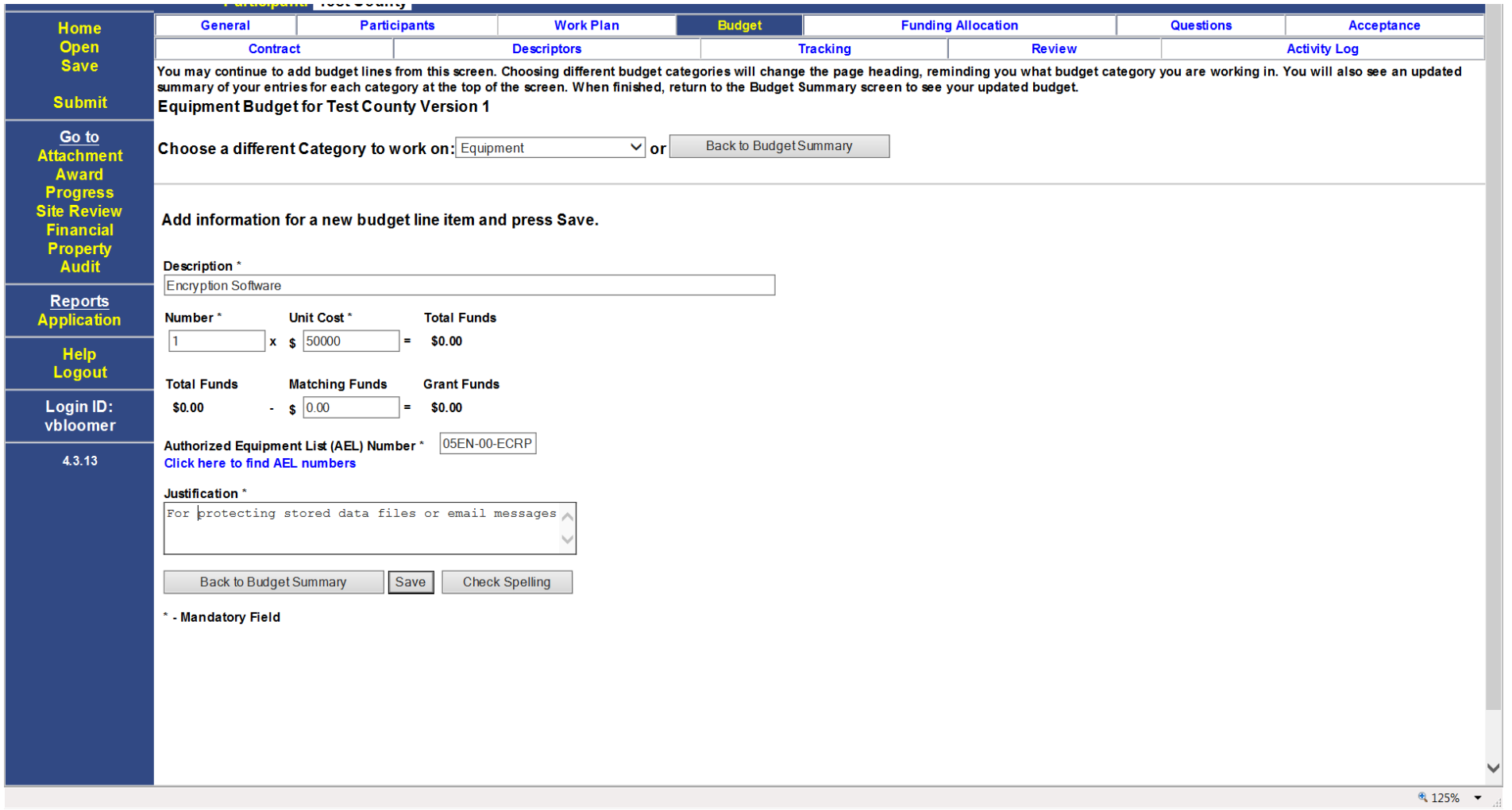
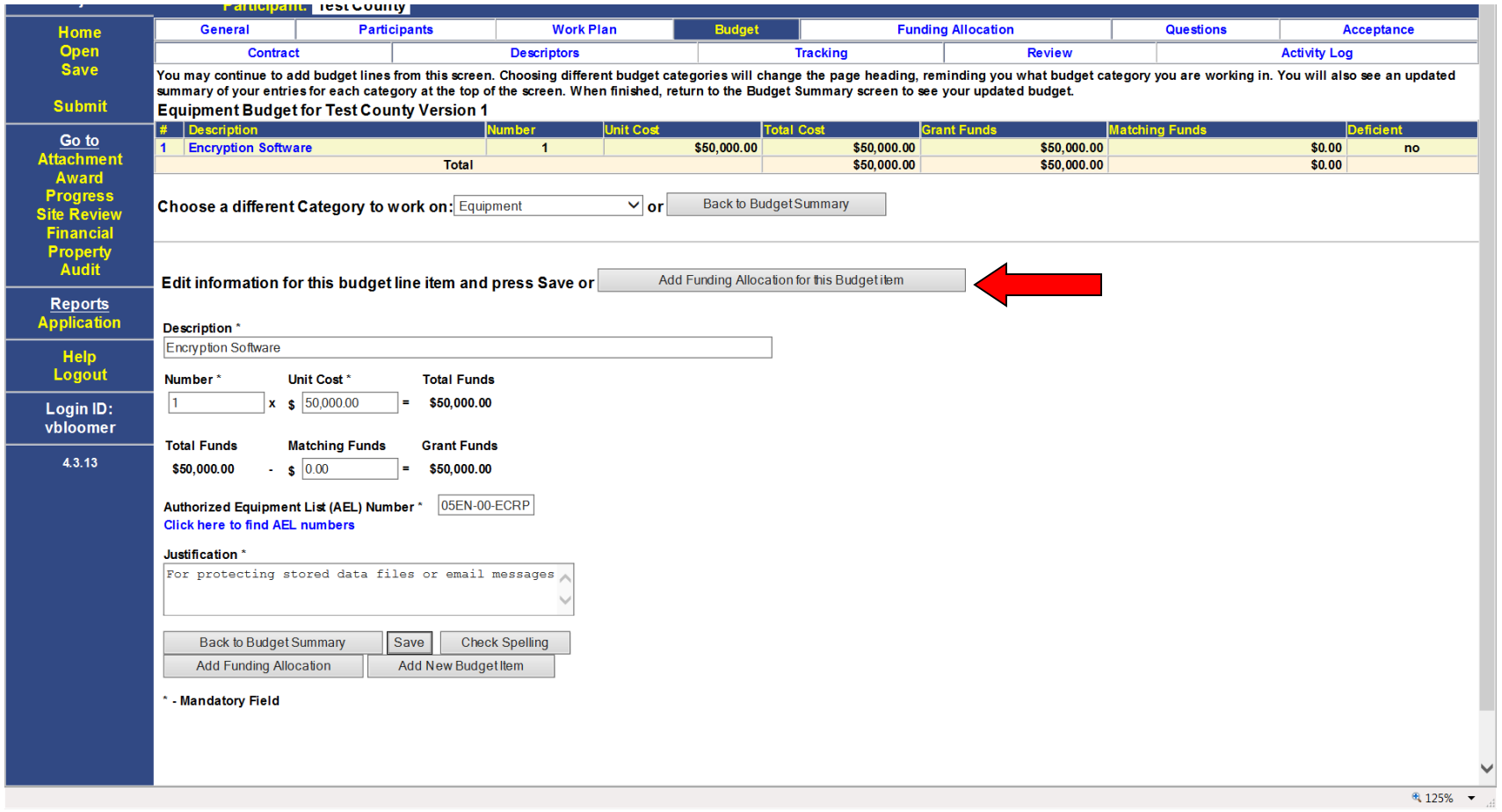
Creating an E-Grants Application



This is an example of a completed equipment budget line.

NEW YORK STATE | Homeland Security and Emergency Services

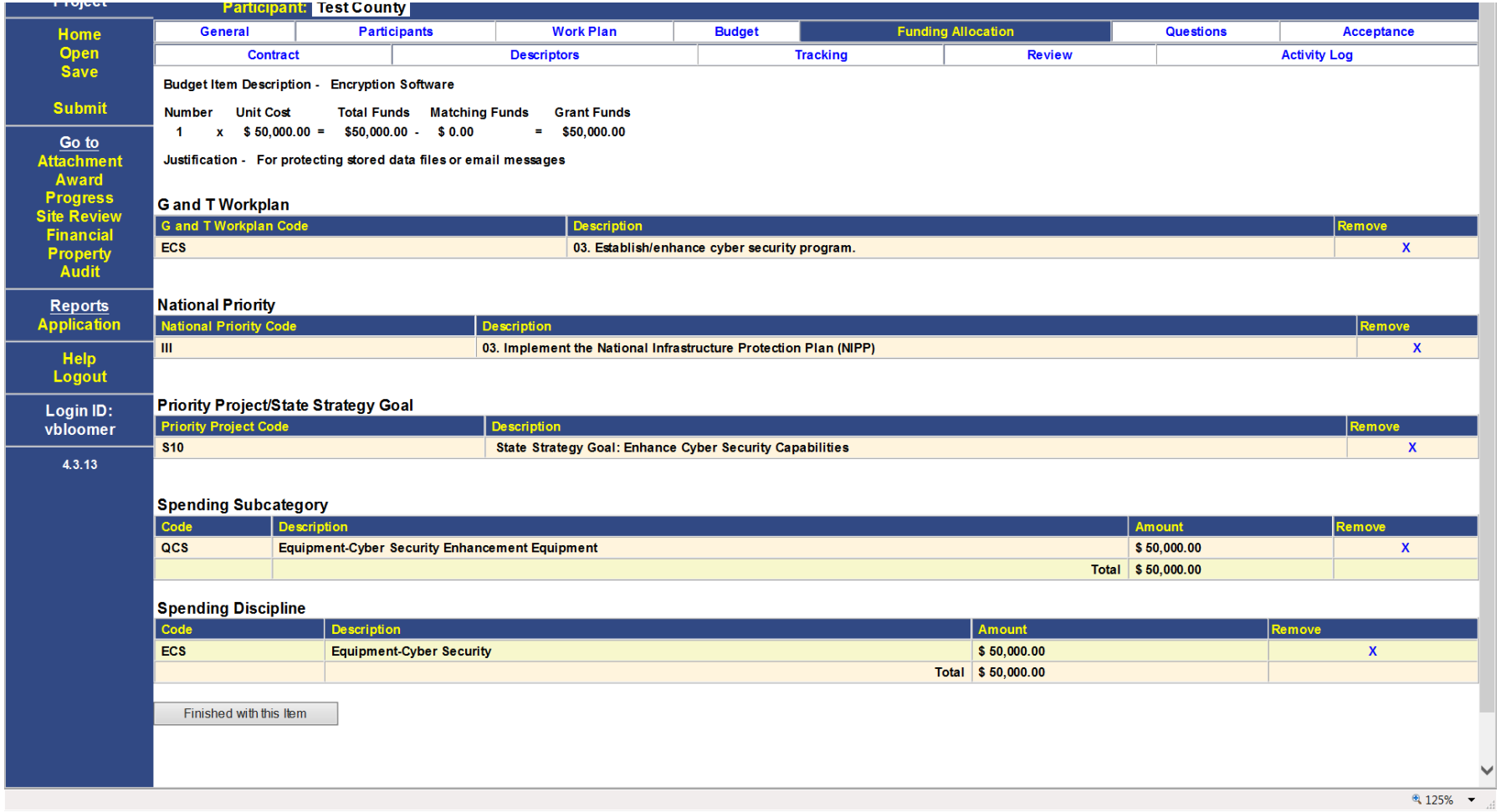
Creating an E-Grants Application



Once you have saved the budget item, the screen will refresh and the ***Add Funding Allocation for this Budget item*** icon will appear. Click on the icon. The screen will advance to Funding Allocation Tab. You must enter a budget item before you can enter funding allocation data.

NEW YORK STATE | Homeland Security and Emergency Services

Creating an E-Grants Application

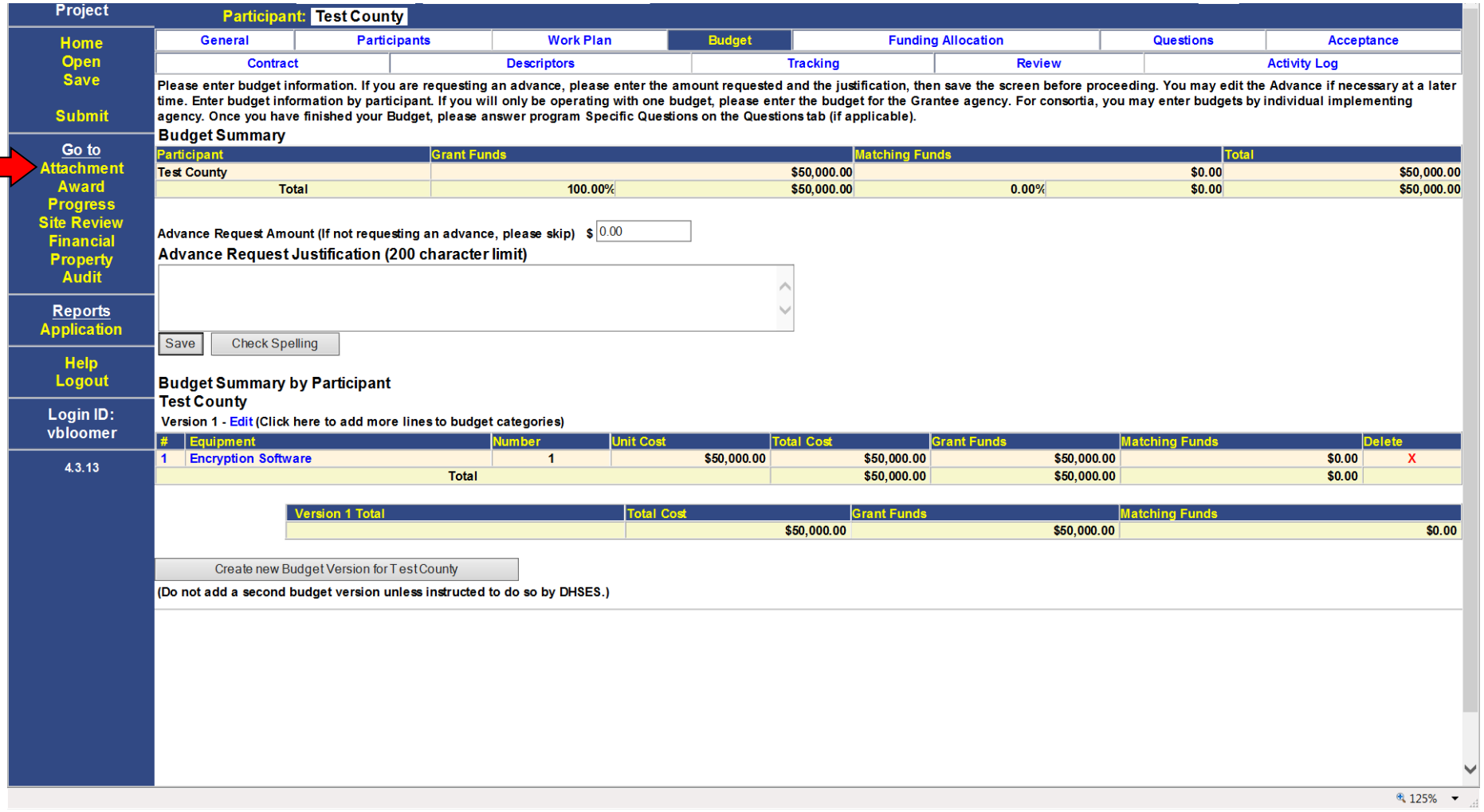


This is an example of a completed Funding Allocation. It is important to reference the E-Grants tutorial provided for each funding opportunity as the information is specific to each program.

Click ***Finished with this Item*** to add another budget item.

NEW YORK STATE | Homeland Security and Emergency Services

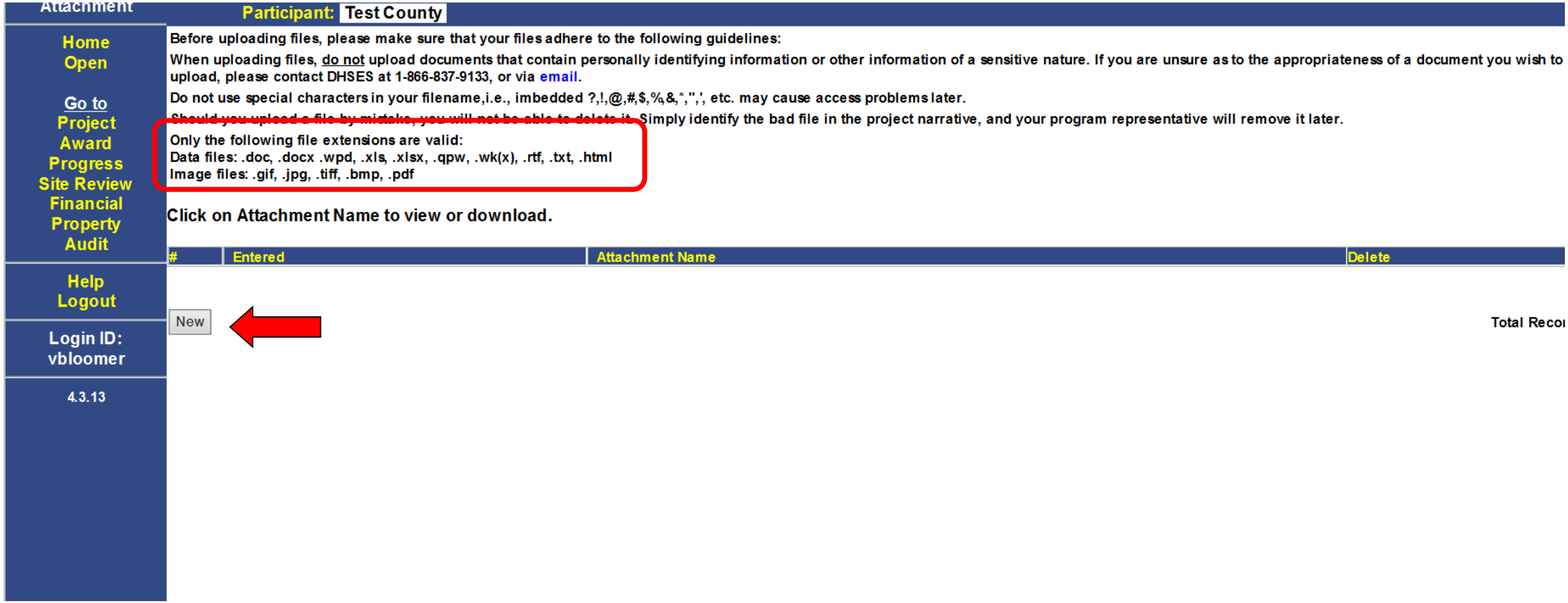
Creating an E-Grants Application



The next step is to attach any required attachments. To add Attachments, click on ***Attachment*** on the left side.

NEW YORK STATE | Homeland Security and Emergency Services

Creating an E-Grants Application



Click on ***New*** to attach a file to your application. Please note the appropriate file types that can be uploaded.

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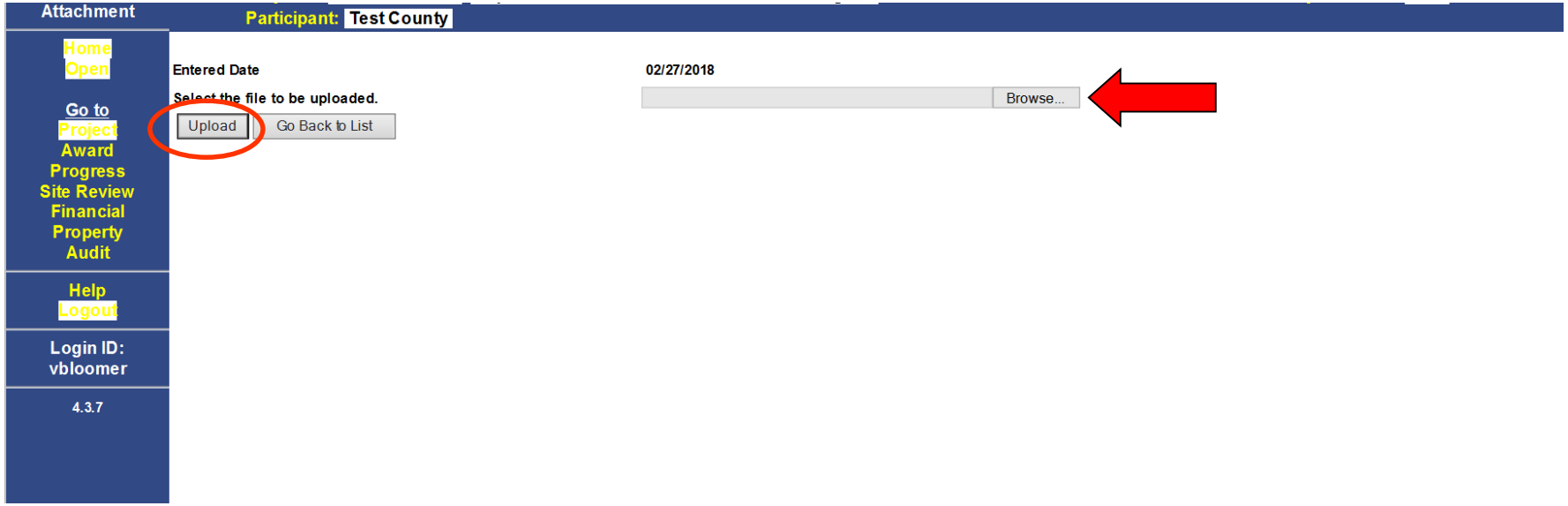
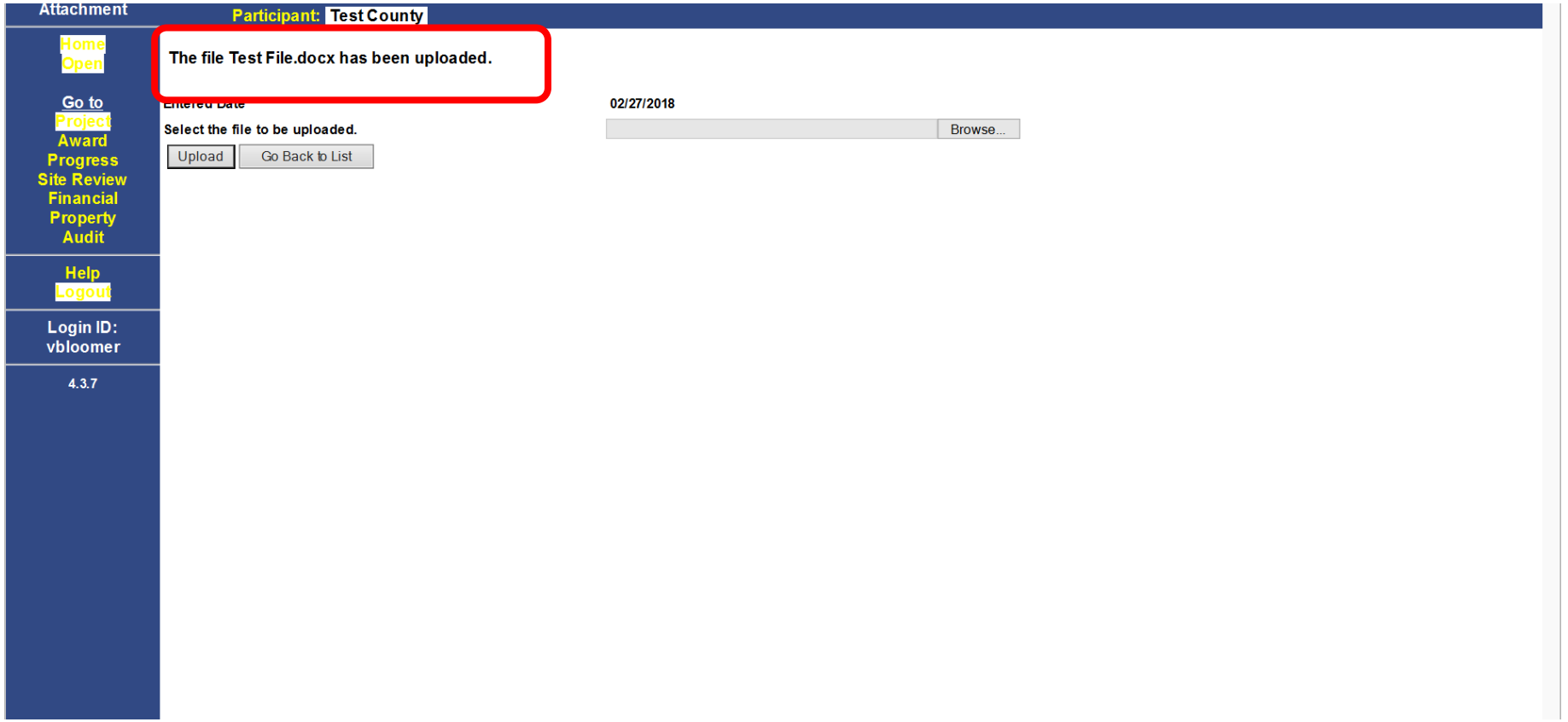
Creating an E-Grants Application



Click ***Browse*** to navigate to the file location and select the appropriate file. Once the file is selected, click ***Upload*** to send the file to E-Grants.

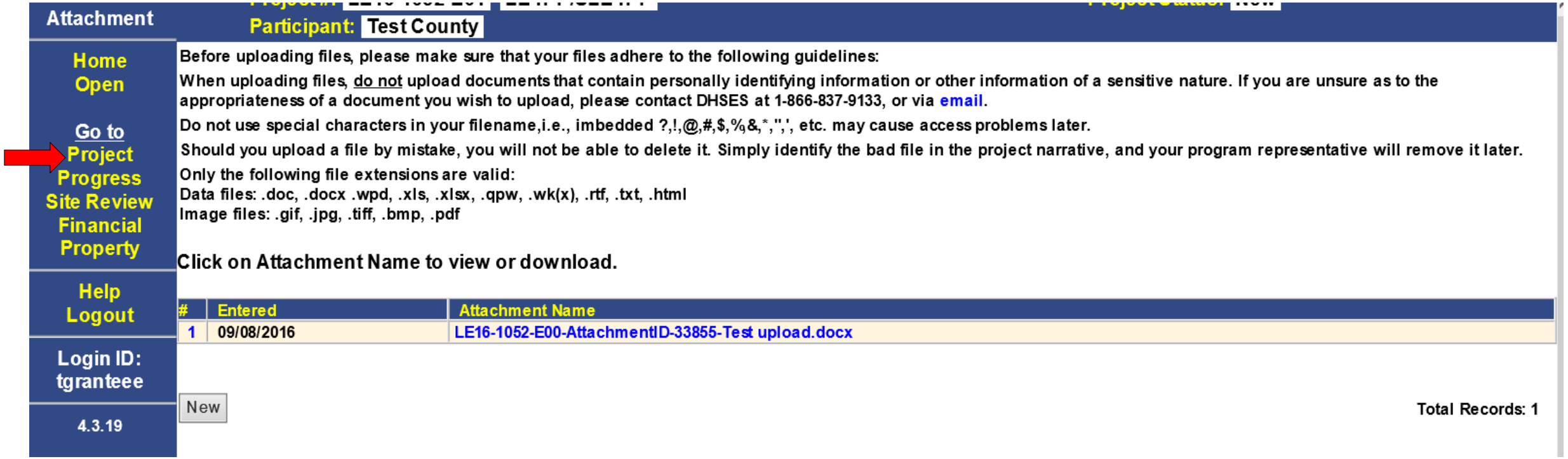
File names cannot have any special characters (# or *) or be more than 65 characters.

Creating an E-Grants Application



When the file has been uploaded you will receive a confirmation. Click ***Browse*** to add another file, or click ***Go Back to List*** to view the list of files that have been attached to the application.

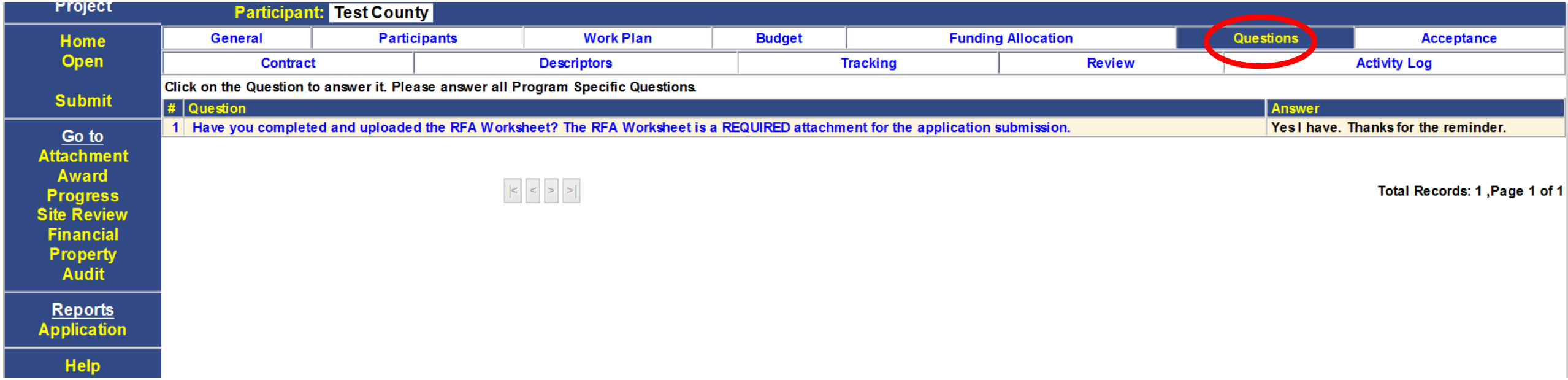
Creating an E-Grants Application



A list of files that have been attached to the application appears. You may click on the file name to view the file. Click on ***Project*** to go back to your application.

NEW YORK STATE | Homeland Security and Emergency Services

Creating an E-Grants Application



Click the ***Questions tab***. Click on any questions that appear, enter your answer and click on ***Save.*** The screen will refresh and your answers will appear.

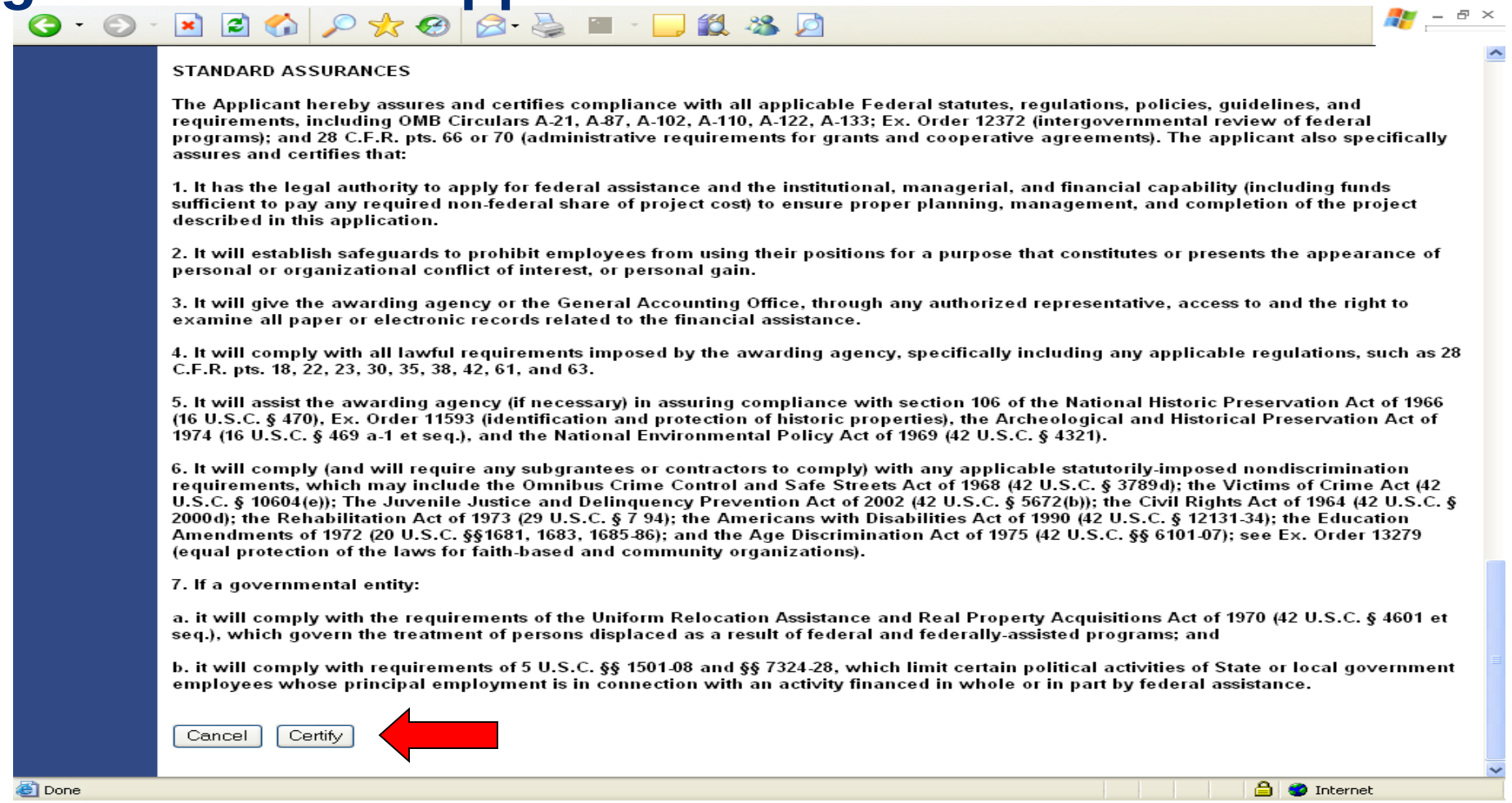
NEW YORK STATE | Homeland Security and Emergency Services

Creating an E-Grants Application

Once all the questions have been answered, click on the ***Acceptance Tab***. The Grant Assurances and Certifications for Federally-Funded Grants will appear, if applicable. Click ***Assurance #1***.

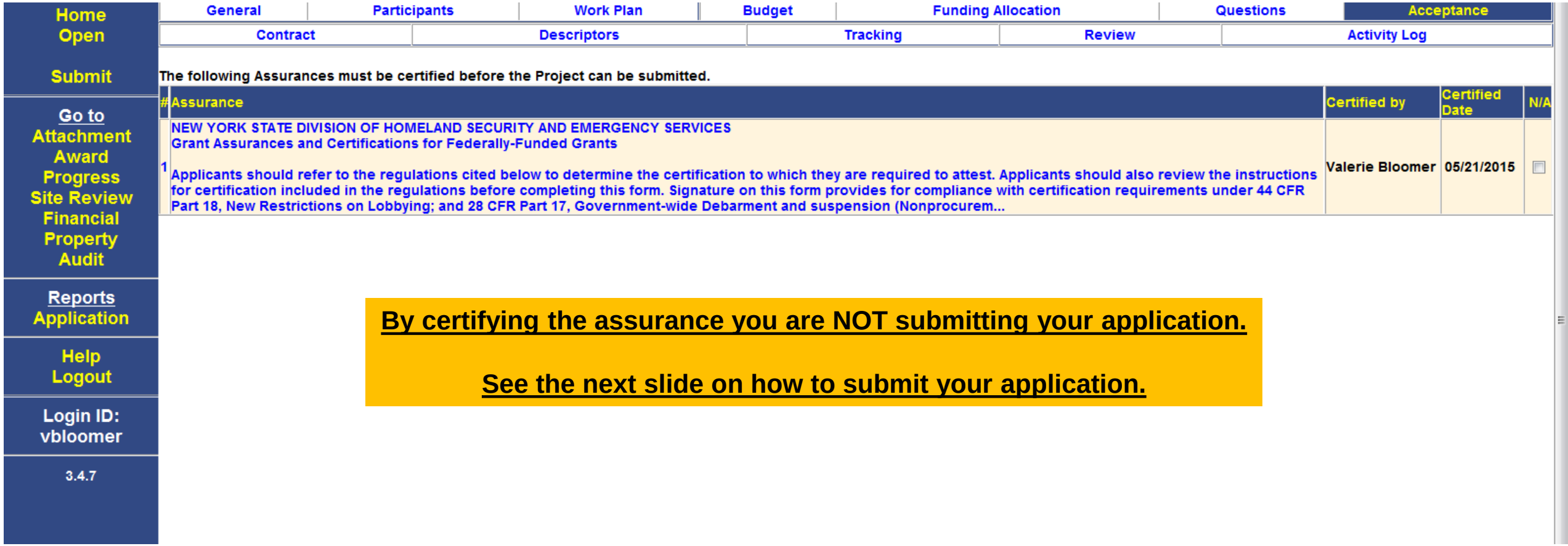
NEW YORK STATE | Homeland Security and Emergency Services

Creating an E-Grants Application



Click the ***Certify*** button on the bottom of the screen after you have finished reading the information thoroughly. The screen will refresh with a confirmation message “Are you sure you want to Certify the statement?” Click ***OK.*** The screen will refresh again and your name will appear in the Certified by box with the current date.

Creating an E-Grants Application

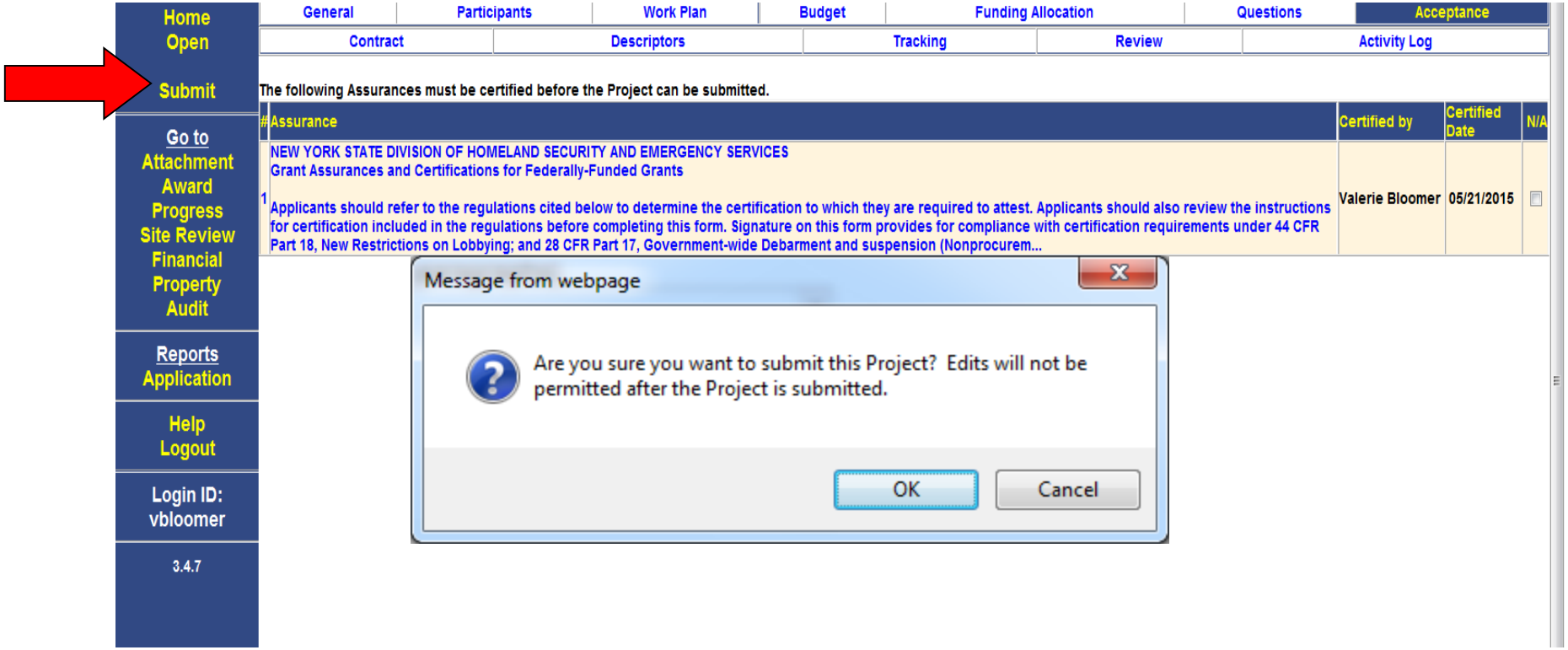


By certifying the assurance you are NOT submitting your application.

See the next slide on how to submit your application.

NEW YORK STATE | Homeland Security and Emergency Services

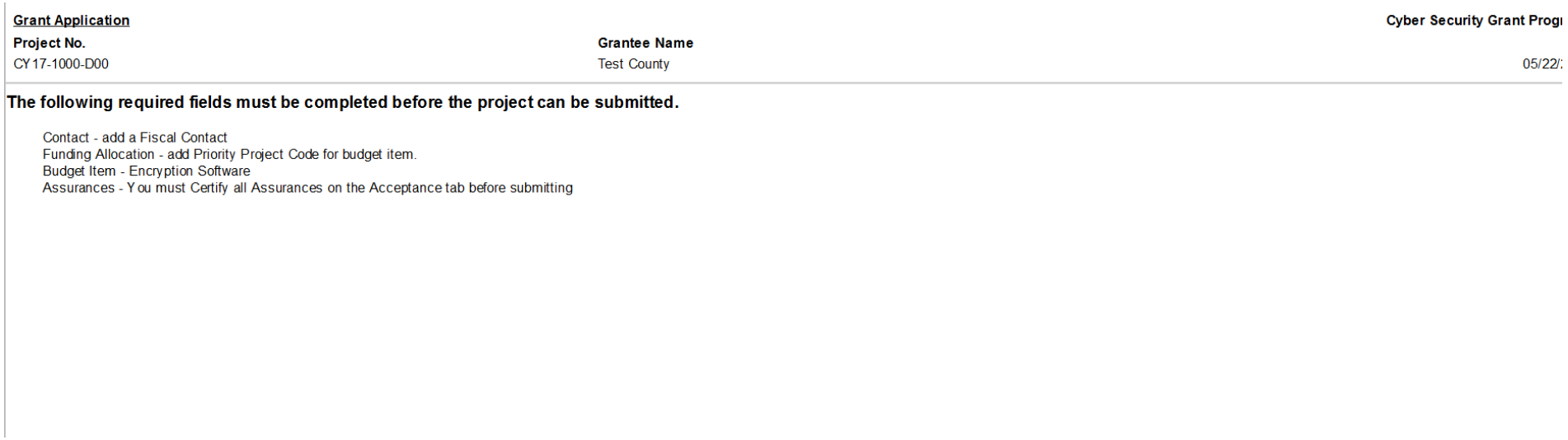
Creating an E-Grants Application



When you have completed your application and attached the required document(s) you are ready to submit your application. Click the ***Submit*** button.

NEW YORK STATE | Homeland Security and Emergency Services

Creating an E-Grants Application



Grant Application **Cyber Security Grant Progı**

Project No.	Grantee Name	
CY17-1000-D00	Test County	05/22/

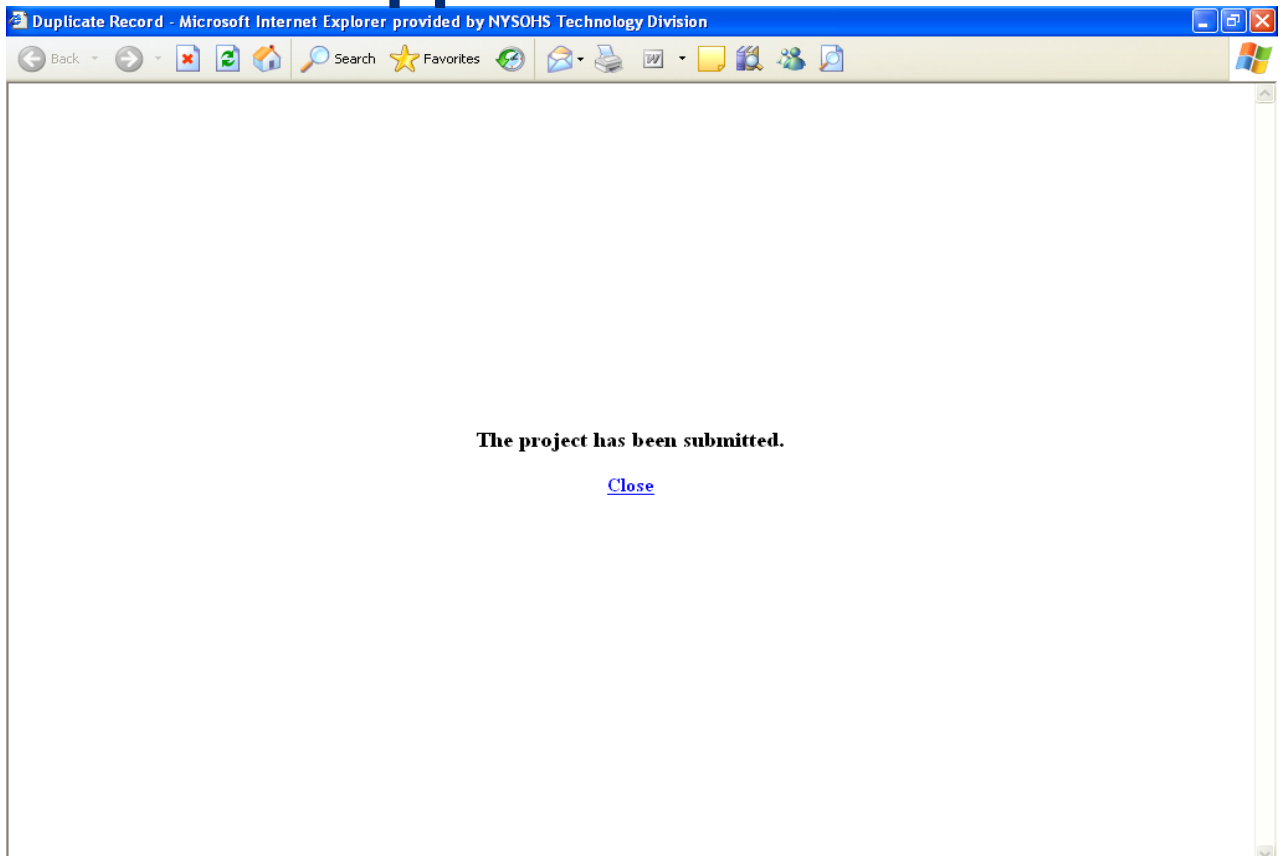
The following required fields must be completed before the project can be submitted.

Contact - add a Fiscal Contact
Funding Allocation - add Priority Project Code for budget item.
Budget Item - Encryption Software
Assurances - You must Certify all Assurances on the Acceptance tab before submitting

If the application ***fails to submit,*** E-Grants will generate a Required Fields Report (above) to guide you in finishing your application. Return to your application to enter the missing information and submit again.

NEW YORK STATE | Homeland Security and Emergency Services

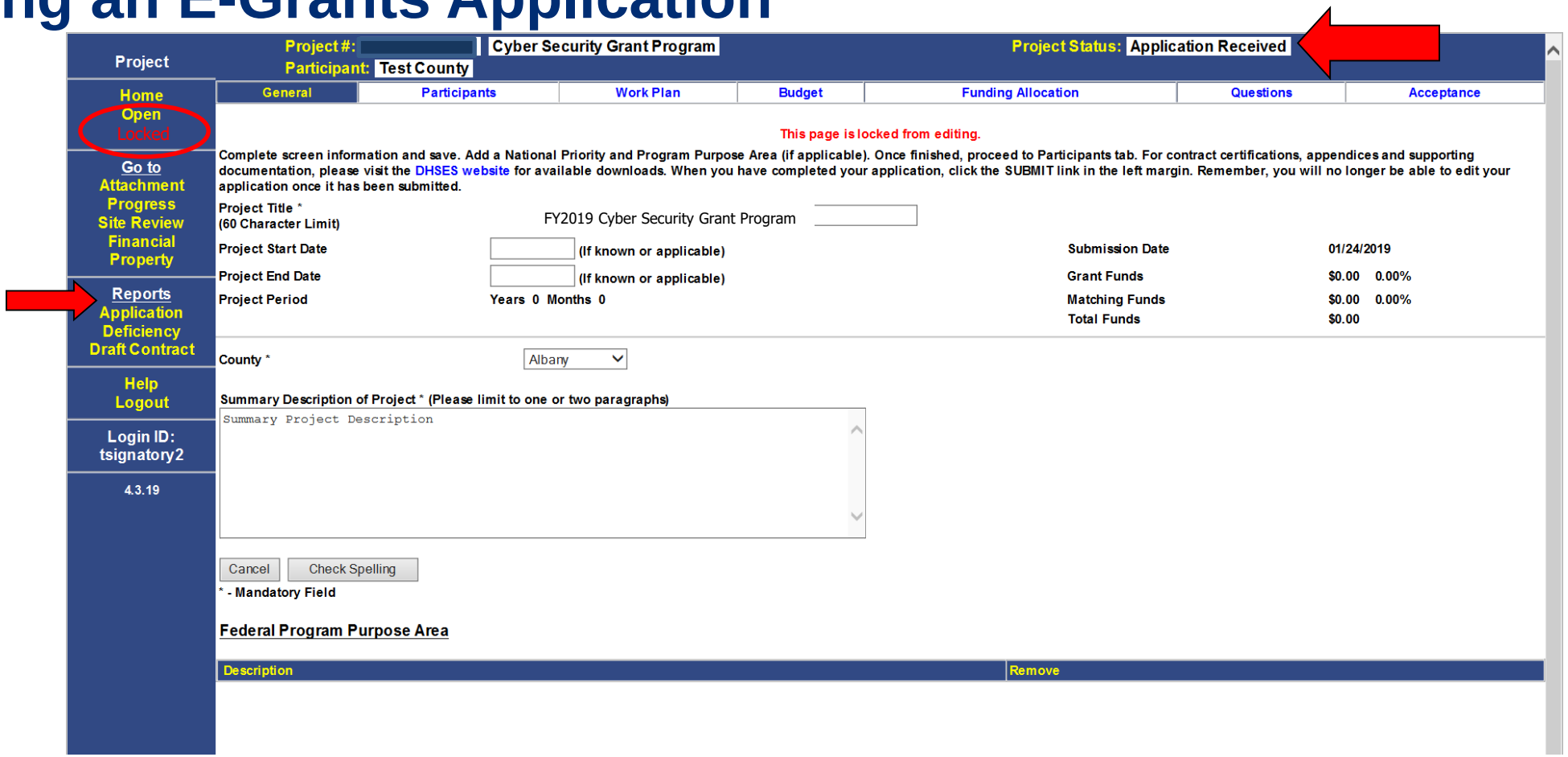
Creating an E-Grants Application



You will receive the following message when your application is **successfully** submitted. DHSES will be notified that an application was submitted. The signatory contact will receive an e-mail that the application was submitted.

NEW YORK STATE | Homeland Security and Emergency Services

Creating an E-Grants Application



Once your application is submitted, it will be locked (no further editing by the applicant) but you may still view your information. Notice the **Locked** indicator in the left frame. Also notice that the project status has changed to "Application Received". You may view and print your entire application by clicking ***Application*** from the left frame under Reports.

NEW YORK STATE | Homeland Security and Emergency Services

Creating an E-Grants Application

IMPORTANT INFORMATION:

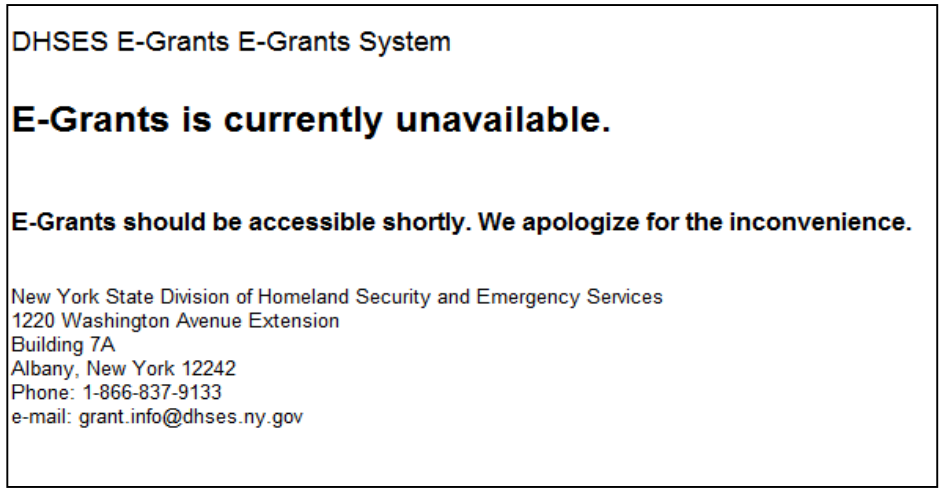
Do not open two E-Grants windows at the same time to copy information from one application into another.

If you want to copy and paste information from a previous E-Grants application please copy the information into a Word document first. It can cause system errors that may affect your grant application if you have two E-Grants windows open at the same time.

Creating an E-Grants Application

HINT: Since this is a web based system you will be timed out after 30 minutes of inactivity and will lose any unsaved material. Hit ***SAVE*** often. If you see either of the messages below it means that you have timed out. You must log back into E-Grants to resume your application.

Message #1



Message #2

Navigating E-Grants and Quarterly Reporting

Questions?

Approved Projects and Contract Execution

Approved Projects and Contract Execution

- Once award letters are issued, your assigned contract representative will contact you to discuss the contracting process
- Your E-Grants project will be updated with appropriate award information and contract appendices
- Once the Contract Manager reviews the contract, the signatory contact will receive an e-mail to electronically sign the contract

Approved Projects and Contract Execution

Electronic Signatures

Subject: The NYS Division of Homeland Security and Emergency Services (DHSES) E-Grants Notification for Project HC17-1002-D00, contract number: C111111. Grantee: Test NFP

The NYS Division of Homeland Security and Emergency Services (DHSES) has approved your application for funding for Project HC17-1002-D00

Please access the DHSES E-Grants system to review the contract terms and complete your local acceptance of this grant. Due to the compressed timeframe for the grant, we are requiring you to accept the contract within two weeks. You may open the project via the link below and, after login, click on the Acceptance and Conditions tab to electronically certify the contract Appendices and Special Conditions. All appendices and conditions must be certified before the contract can be electronically signed. Once you've certified all appendices and special conditions, the button to e-sign the contract will appear at the bottom of the acceptance tab.

Sample

https://grants.dhses.ny.gov/NYOHS_GMS//AccessNotice.jsp?ProjectID=HC17-1002-D00

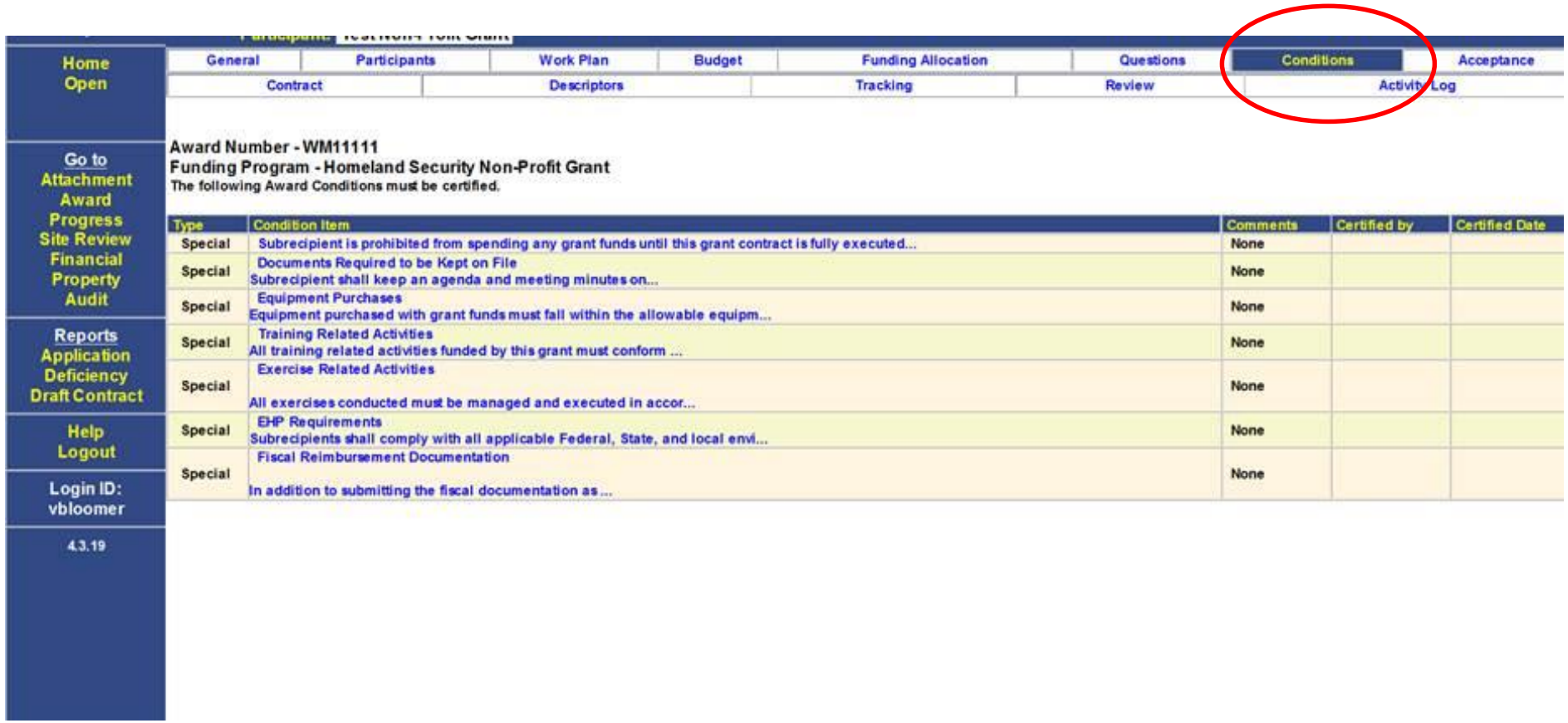
If you have any questions, please contact DHSES E-Grants Help at (866) 837-9133, or at grant.info@dhses.ny.gov

Signatory contact will click on the link in the email to access their contract in E-Grants.

When the contract is ready to be E-Signed, the Signatory contact listed in E-Grants will receive an email stating the contract is ready for signature. Contracts need to be E-signed within two weeks of receipt.

Approved Projects and Contract Execution

Electronic Signatures

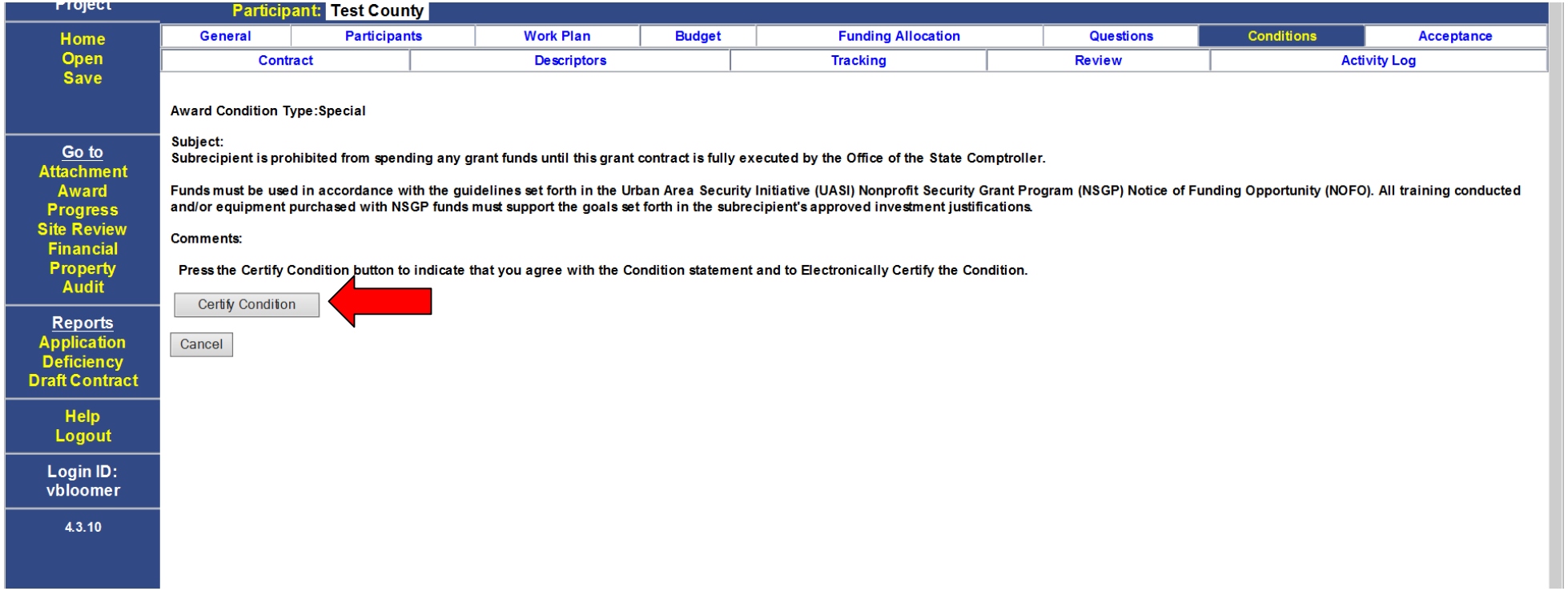


Click on the ***Conditions*** tab to view the special conditions that you need to certify.

Click on the *Condition Item* in blue.

Approved Projects and Contract Execution

Electronic Signatures



The screen will refresh with the Special Condition. After you have read and acknowledged the Special Condition, click on the *Certify Condition* button.

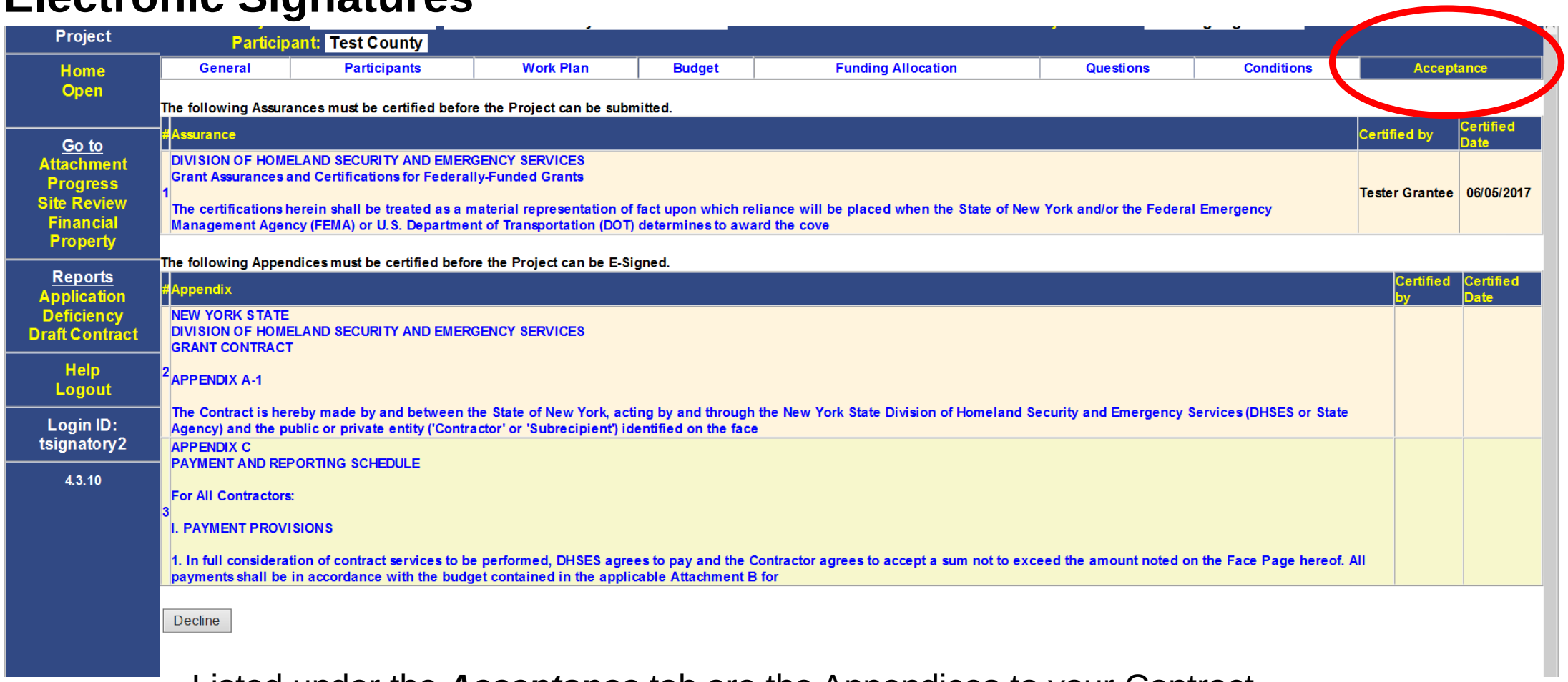
Approved Projects and Contract Execution

Electronic Signatures

Once you certify the condition you will be taken back to the Conditions Tab showing the signatory name and date certified. Continue certifying the remaining Special Conditions.

Approved Projects and Contract Execution

Electronic Signatures



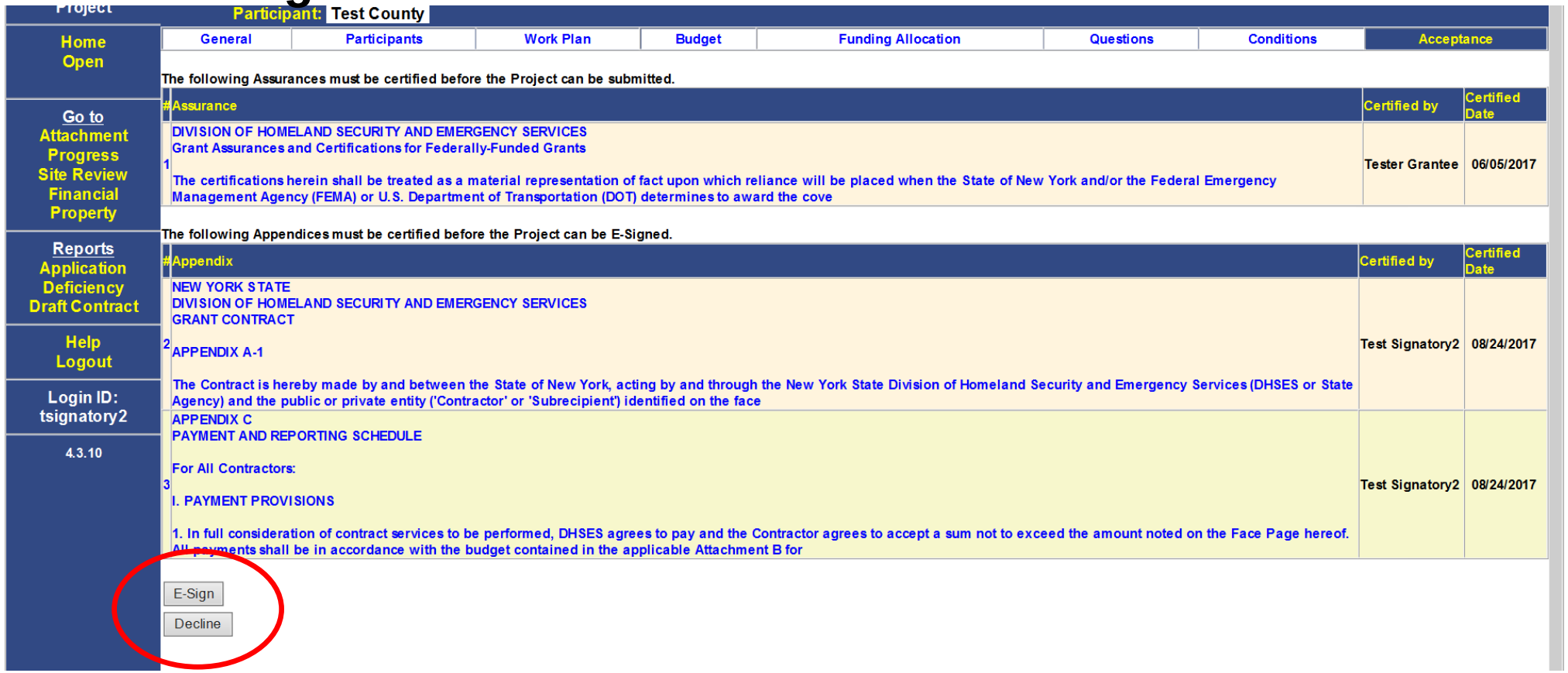
Listed under the ***Acceptance*** tab are the Appendices to your Contract

Click on each Appendix, read and certify each of them.

NEW YORK STATE | Homeland Security and Emergency Services

Approved Projects and Contract Execution

Electronic Signatures



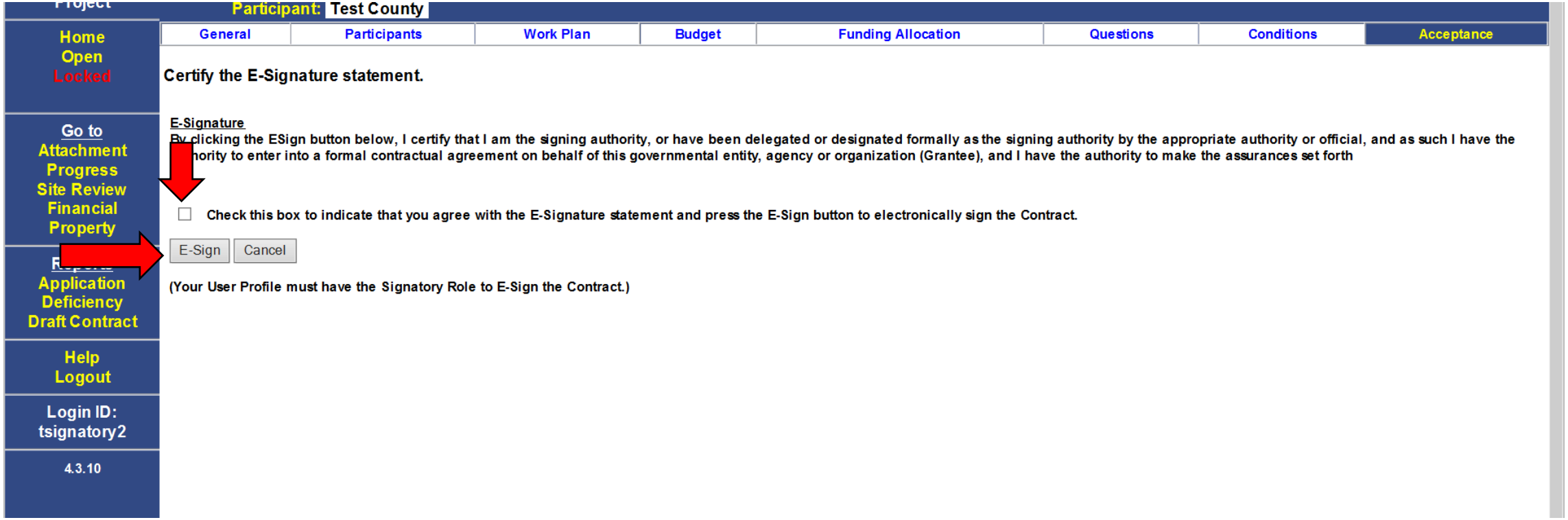
Once you have certified all the Appendices and Special Conditions an *E-Sign* button will appear on the bottom of the Acceptance tab.

Click on the *E-Sign* button.

NEW YORK STATE | Homeland Security and Emergency Services

Approved Projects and Contract Execution

Electronic Signatures



After you have read and acknowledged the Statement, check the box indicating you are agreeing with the E-Signature statement and click the *E-Sign* button.

NEW YORK STATE | Homeland Security and Emergency Services

Approved Projects and Contract Execution

Electronic Signatures

The contract shows that it was electronically signed and the project status is Pending State Approval.

Click on *Draft Contract* to view a copy of the contract that can be printed and/or saved to your computer.

NEW YORK STATE | Homeland Security and Emergency Services

Approved Projects and Contract Execution

- State Agency Approvals
  - The contract will be electronically signed by the GPA Program Manager
  - DHSES finance office reviews the contract and forwards it to
    - the NYS Attorney General
    - the Office of NY State Comptroller
- Once the contract is executed, the signatory contact will receive an e-mail

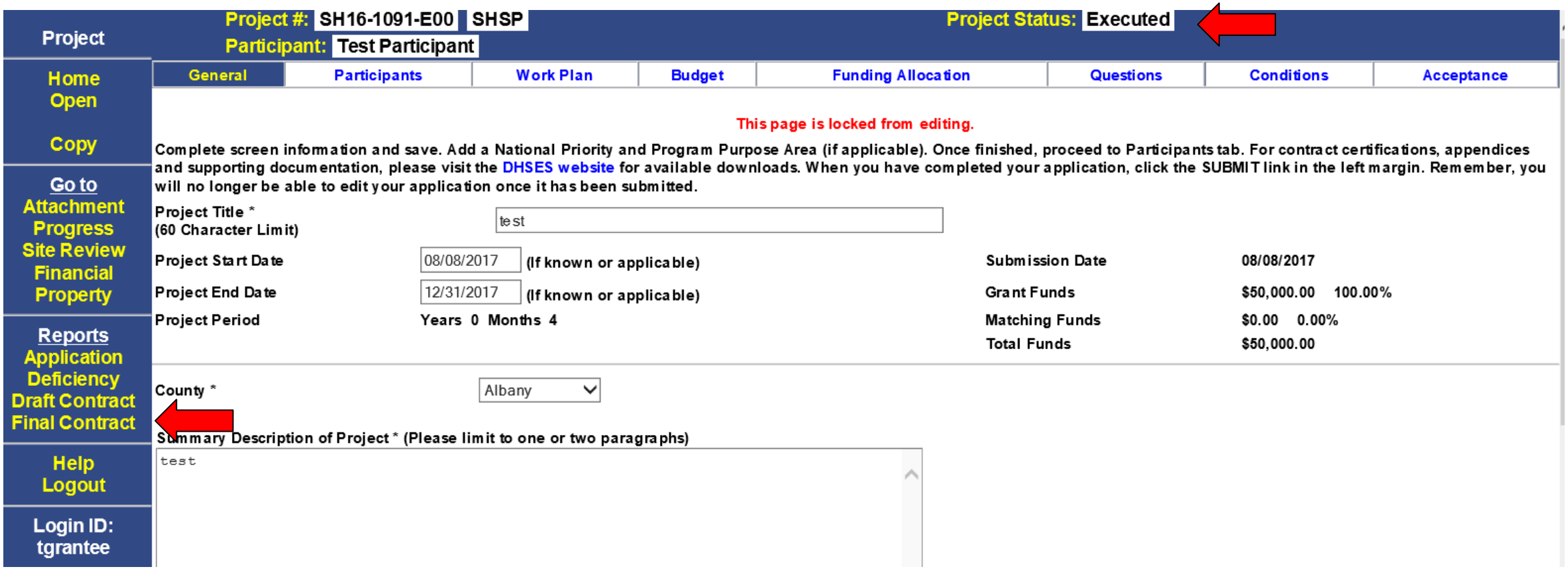
Subject: DHSES E-Grants Notification for SH16-1110-E00, contract number: C898989, Grantee: Test Participant

E-Grants - The grant contract for (SH16-1[illegible] C[illegible]8989 [illegible]SHSP) was fully executed on 05/30/2019.

Your agency is now respon[illegible]le for [illegible]ing [illegible]grant requirements. Progress reports and vouchers must be submitted pursuant to the time periods outlined in your contract. Failure to comply with the provisions [illegible] contractor to submit the required program progress reports or fiscal reports may jeopardize future funding under this program. In accordance with federal requiremen[illegible], a subrecipient which expends $750,000 or more of federal funds from all sources during its fiscal year must have an independent audit of such federal funds conducted in accordance with the requirements of Subpart F of 2 C.F.R. Part 200. The final report for such audit must be completed within nine months of the end of the subrecipient's fiscal year, and subrecipients are required to provide one copy of the audit report to DHSES. Information regarding this requirement is available at http://www.dhses.ny.gov/grants/ For federal subawards, a copy of the federal award document to the NYS Division of Homeland Security and Emergency Services has been attached to your project for your reference. If you have any questions concerning the contract, please contact your program representative.

SAMPLE

Approved Projects and Contract Execution



The Project Status will show that the contract is Executed.

Click on *Final Contract* to view a copy of the contract that can be printed and/or saved to your computer.

NEW YORK STATE | Homeland Security and Emergency Services

Navigating E-Grants and Quarterly Reporting

Questions?

Quarterly Reporting

Quarterly Reporting

Fiscal and Progress Reports are required from all grantees according to the schedule below:

- **Quarter 1: January 1 – March 31 is due no later than April 30th**
- **Quarter 2: April 1 – June 30 is due no later than July 30th**
- **Quarter 3: July 1 – September 30 is due no later than October 30th**
- **Quarter 4: October 1 – December 31 is due no later than January 30th**

NEW YORK STATE | Homeland Security and Emergency Services

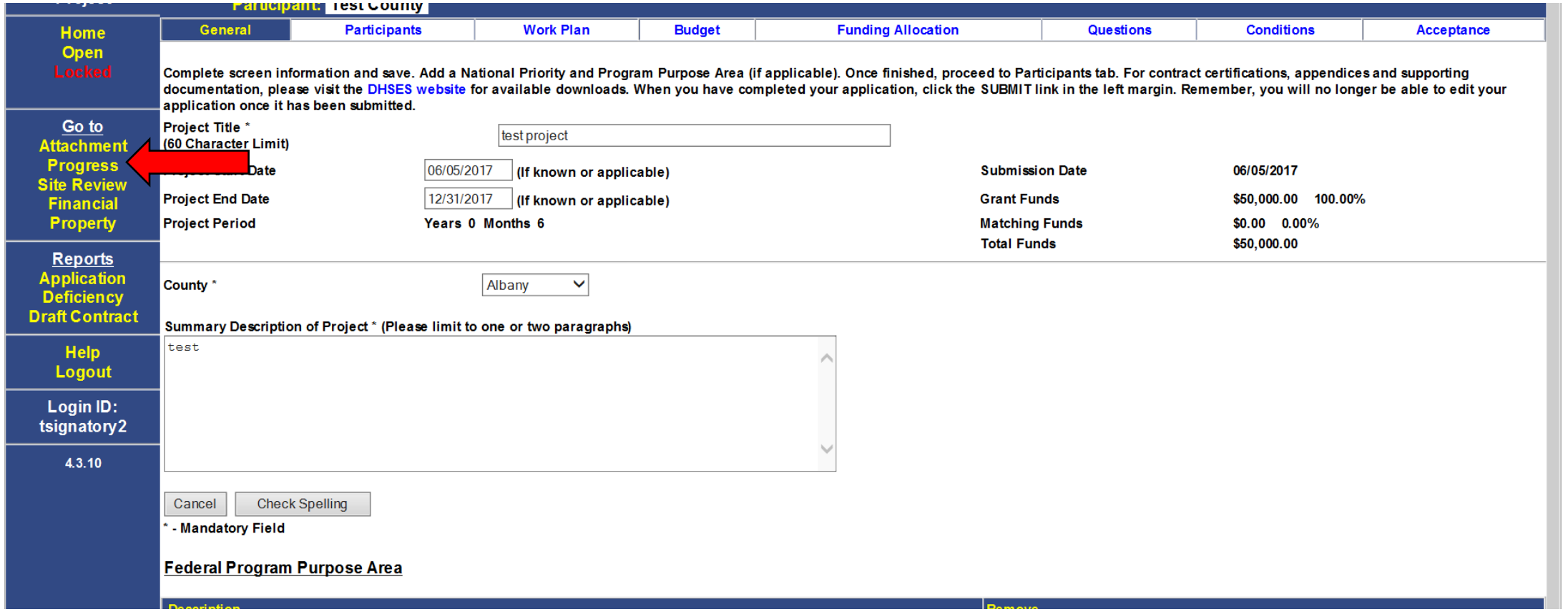
Progress Reporting

Progress Reports

- Submitted in E-Grants
- Directly addresses the Objectives, Tasks, and Performance Measures in the Work Plan
- “Tell your story”
- *No activity this quarter* should rarely be used. The reason for no activity should be explained in the Remarks section of the progress report.
- Be sure to check *Final Report* when appropriate

NEW YORK STATE | Homeland Security and Emergency Services

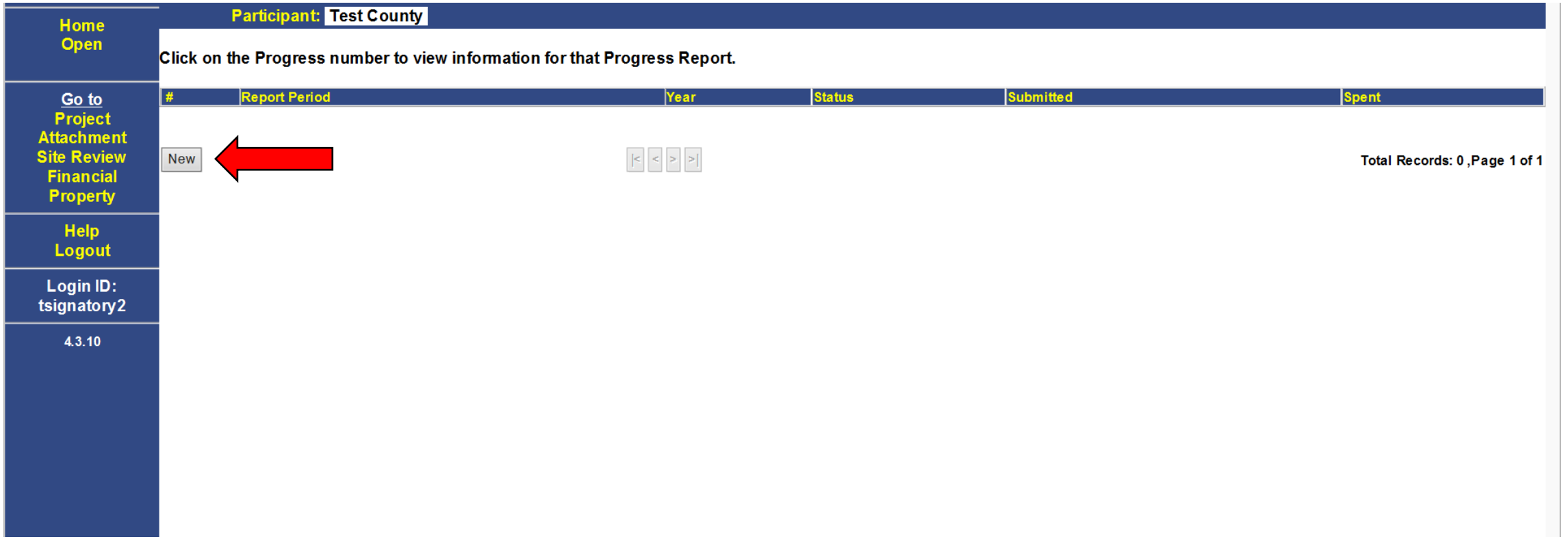
Progress Reports



- Log into DHSES E-Grants system and open your project.
- Click the word ’Progress’ in the left hand column.

NEW YORK STATE | Homeland Security and Emergency Services

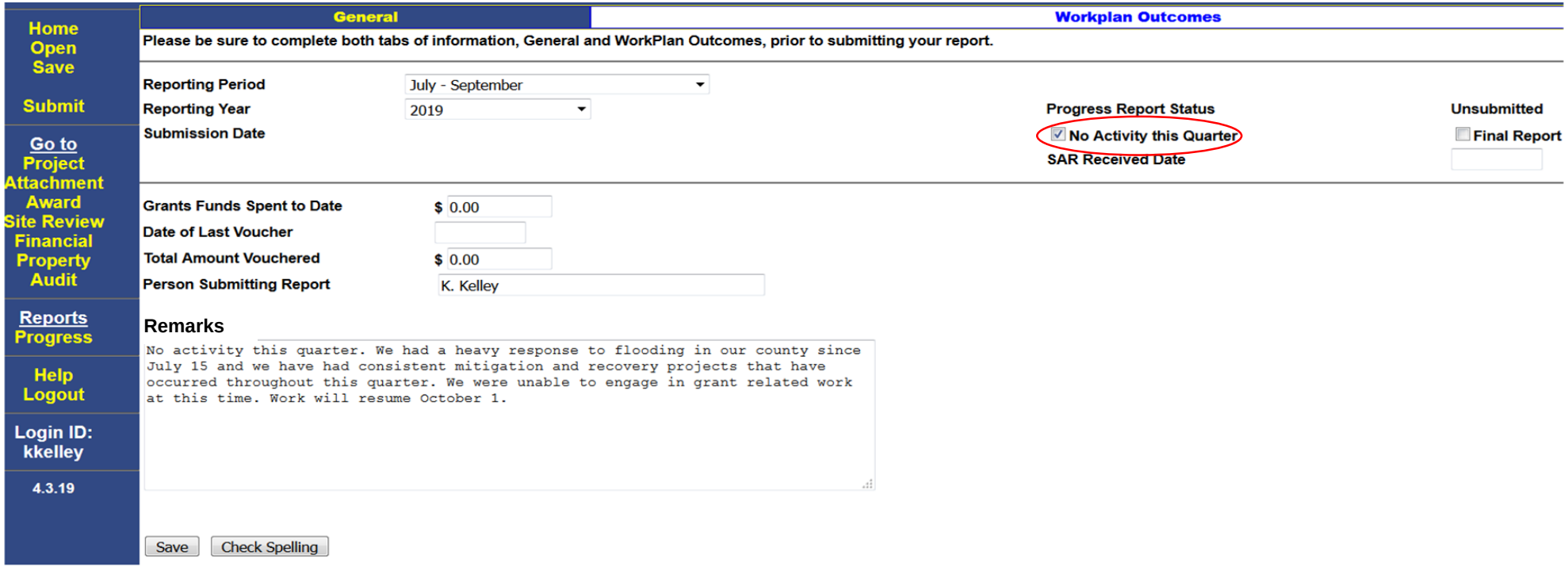
Progress Reports



Click the “New” button to open a new progress report.
Previously submitted progress reports will also be listed.

NEW YORK STATE | Homeland Security and Emergency Services

Progress Reports



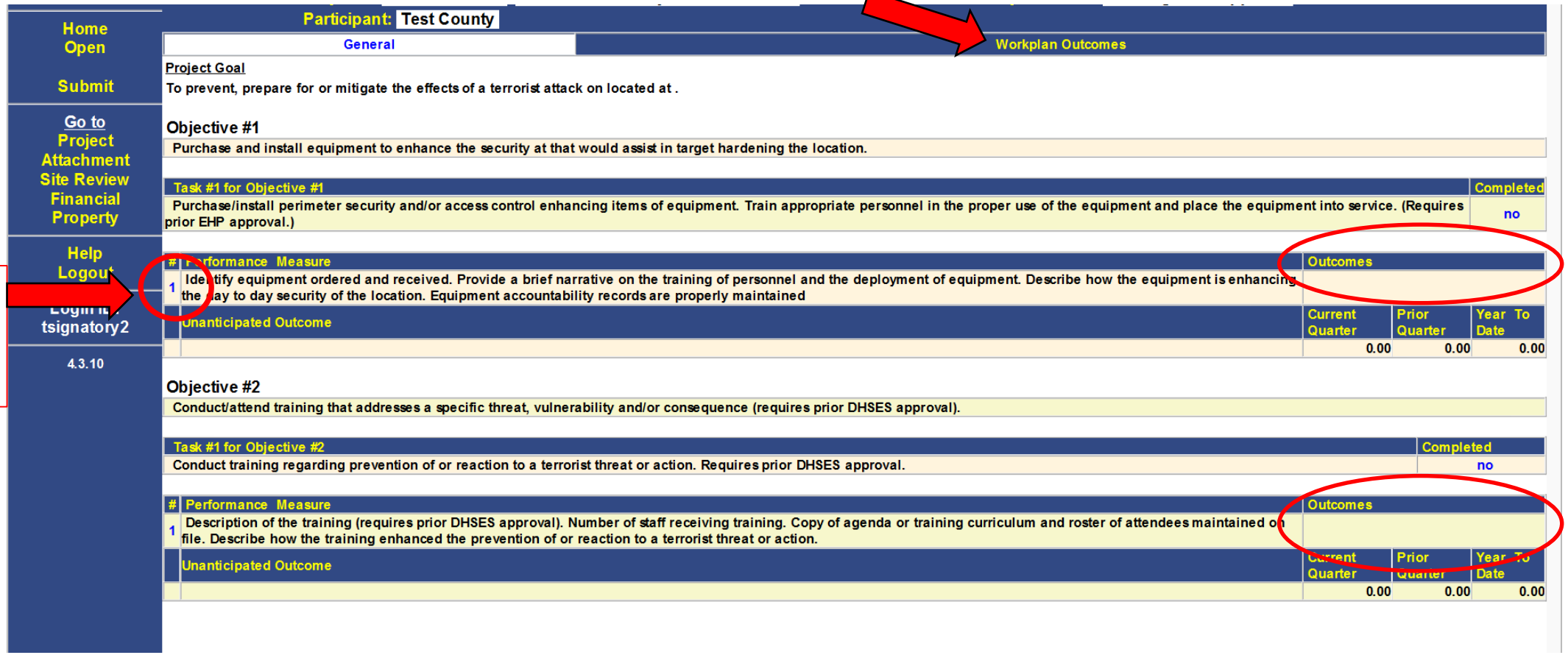
Fill in the following fields:

- Reporting Period and Reporting Year (drop down fields)
- Person submitting report
- Remarks - Can be left blank unless you have no activity to report. *
- Click "SAVE"

***If you have no activity to report**, check the "No Activity this Quarter" box (circled in red) and add information in the "Remarks" box indicating why there was no activity. (i.e. organization was closed due to COVID.)

NEW YORK STATE | Homeland Security and Emergency Services

Progress Reports

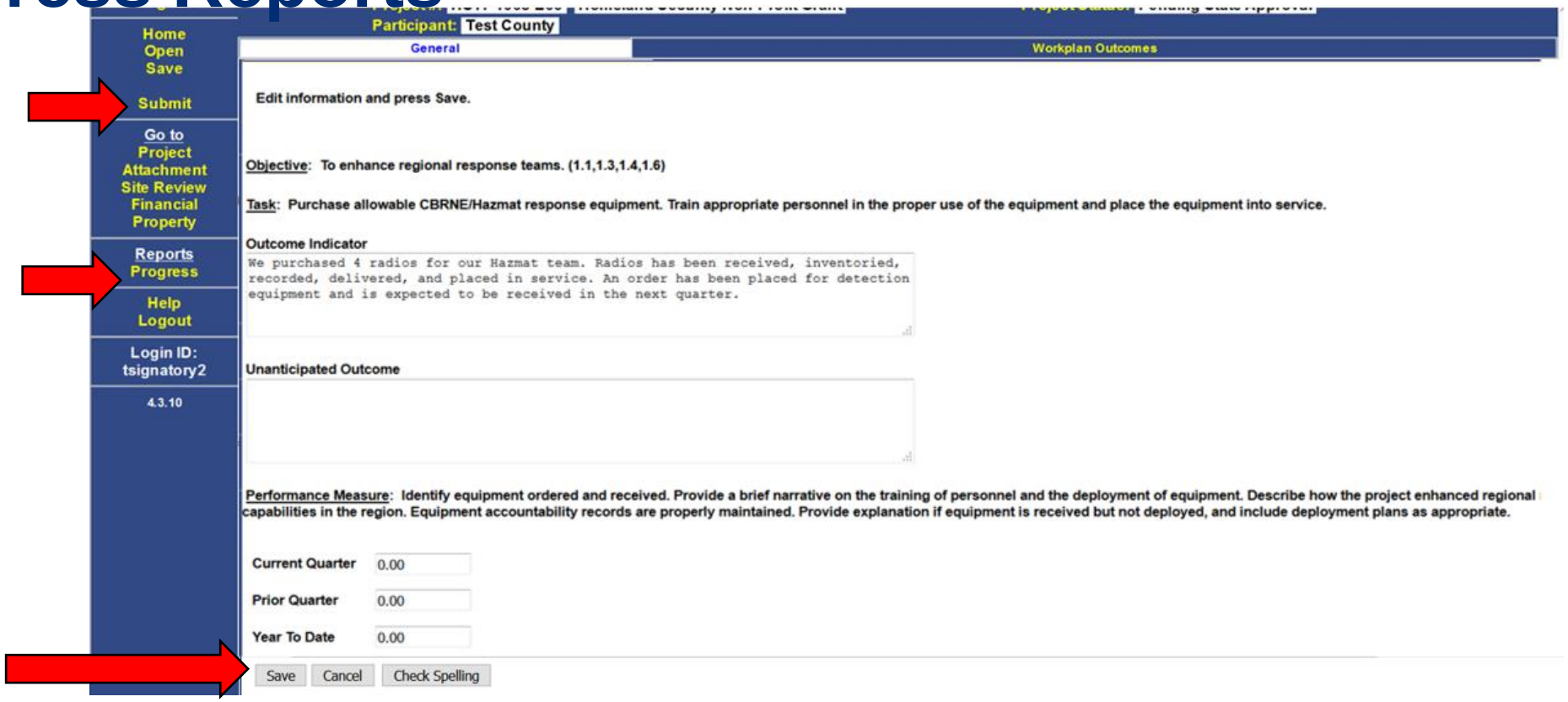


To select the Performance Measure, click the blue #

Click on Workplan Outcomes to report on the Performance Measures. The Project Goal, Tasks, and Performance Measures are pre-filled from your contract.

NEW YORK STATE | Homeland Security and Emergency Services

Progress Reports



Record relevant updates and outcomes in the Outcome Indicator field. If there are any problems or delays to report, that would be documented in the Unanticipated Outcome box. Once details are input, click ***Save*** at the bottom of the page.

When all the information has been entered, click on the ***Submit*** button in the left side frame of the screen. Click the *OK* button on the dialog box to confirm that this progress report is to be submitted.

Note: Once the Progress Report is submitted, no changes can be made. If you need to make changes, please contact your contract representative.

Click on ***Progress*** under Reports to view the complete report that can be printed and/or saved to your computer.

NEW YORK STATE | Homeland Security and Emergency Services

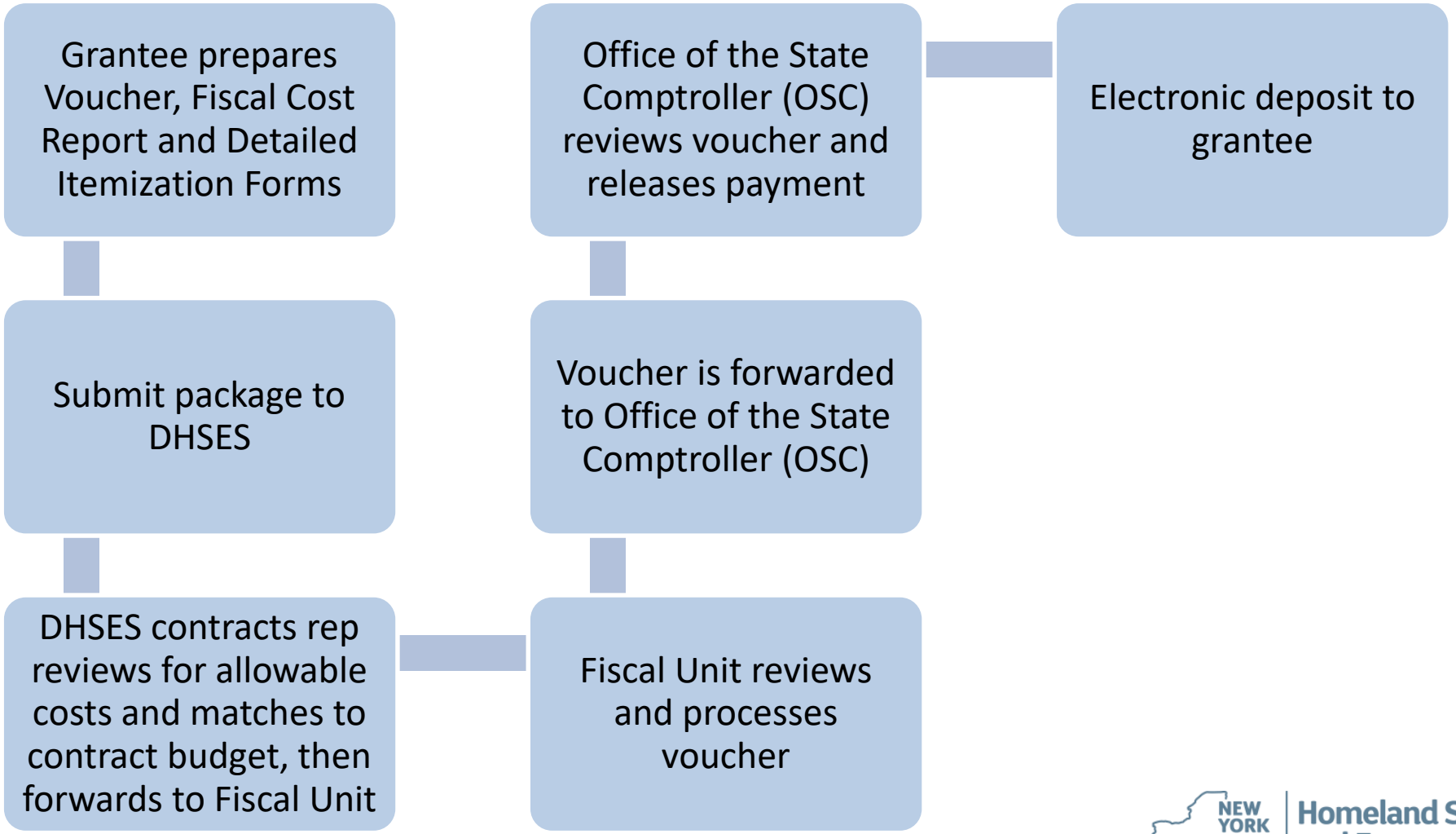
Fiscal Reporting

Fiscal Reporting

- Submit for reimbursement on a quarterly basis
- There are at least three forms that MUST be submitted every time you seek reimbursement:
  (1) State Aid Voucher
  (2) Fiscal Cost Report (FCR)
  (3) Detailed Itemization Forms (DIF)(either “Equipment” or other appropriate form)
- If no reimbursement is being sought only a Fiscal Cost Report must be submitted
- All forms require a signature and can be emailed or mailed to your contract representative
- Ensure all fiscal paperwork is completed in its entirety and correct
- You can download a copy of all the necessary forms at: http://www.dhses.ny.gov/grants/forms-egrants.cfm

Fiscal Reporting

Grantee Reimbursement Process



NEW YORK STATE | Homeland Security and Emergency Services

Fiscal Reporting

Statewide Financial Management System (SFS)

You must register for Electronic Payment as per Appendix A-1 of your contract.
Go to the website to sign up: http://www.osc.state.ny.us/epay/index.htm

Questions?:

NYS Office of the State Comptroller

Vendor Management Unit

110 State Street Mail Drop 10-4

Albany, NY 12236 Telephone: (855) 233-8363

E-Mail: helpdesk@sfs.ny.gov or epayments@osc.state.ny.us

Fiscal Reporting – State Aid Voucher

Employee Identification Number or SFS Number

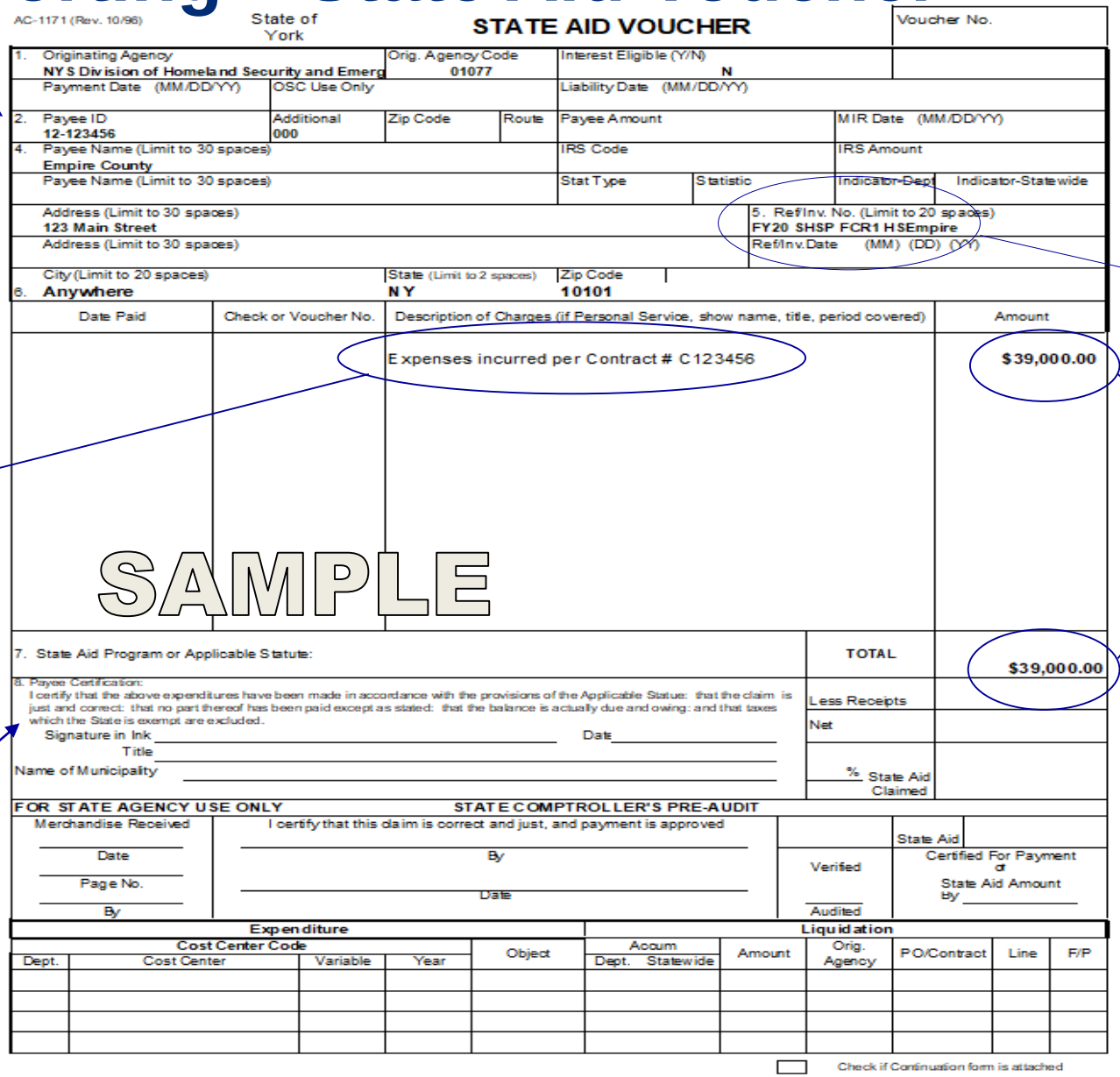
Your organization's name and address

Put this PHRASE and insert your contract number

Signature of fiscal officer, organization name and address

Unique Identifier you would like put in memo line of reimbursement (Max 20 characters)

Dollar amount you are requesting for reimbursement



AC-1171 (Rev. 10/96) State of York

STATE AID VOUCHER

Voucher No.

1. Originating Agency: NYS Division of Homeland Security and Emerg | Orig. Agency Code: 01077 | Interest Eligible (Y/N): N
Payment Date (MM/DD/YY) | OSC Use Only | Liability Date (MM/DD/YY)

2. Payee ID: 12-123456 | Additional: 000 | Zip Code | Route | Payee Amount | MIR Date (MM/DD/YY)

4. Payee Name (Limit to 30 spaces): Empire County | IRS Code | IRS Amount
Payee Name (Limit to 30 spaces) | Stat Type | Statistic | Indicator-Dept | Indicator-Statewide

Address (Limit to 30 spaces): 123 Main Street | 5. Ref/Inv. No. (Limit to 20 spaces): FY20 SHSP FCR1 HSEmpire
Address (Limit to 30 spaces) | Ref/Inv. Date (MM) (DD) (YY)

City (Limit to 20 spaces) | State (Limit to 2 spaces) | Zip Code
6. Anywhere | NY | 10101

Date Paid	Check or Voucher No.	Description of Charges (if Personal Service, show name, title, period covered)	Amount
		Expenses incurred per Contract # C123456	$39,000.00

SAMPLE

7. State Aid Program or Applicable Statute: | TOTAL $39,000.00

8. Payee Certification:
I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statue: that the claim is just and correct: that no part thereof has been paid except as stated: that the balance is actually due and owing: and that taxes which the State is exempt are excluded.
Signature in Ink _____ Date _____
Title _____
Name of Municipality _____

Less Receipts
Net
% State Aid Claimed

FOR STATE AGENCY USE ONLY

Merchandise Received
Date
Page No.
By

STATE COMPTROLLER'S PRE-AUDIT

I certify that this claim is correct and just, and payment is approved
By
Date

Verified
Audited

State Aid
Certified For Payment of State Aid Amount
By

Expenditure					Liquidation					
Cost Center Code				Object	Acoum	Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center	Variable	Year		Dept. Statewide					

☐ Check if Continuation form is attached

NEW YORK STATE | Homeland Security and Emergency Services

Quarterly report period for this report

Column A: Approved project budget

Column B: Sum of cumulative expenditures from previous periods

Total Expenditures for this reporting period (total of Column C) (Auto populates)

Total amount for reimbursement (Matches Standard Voucher amount) (Auto populates)

Sequential # of this report

Date report is being submitted to DHSES

Column C: Current reporting period expenditures

Column D: Total of Column B (cumulative) and Column C (current) (Auto populates)

Needs to be signed/dated by Grantee and Fiscal Officer

(11/16)

FISCAL COST REPORT

Submit to: Division of Homeland Security and Emergency Services State Campus - Building 7A 1220 Washington Ave. Rm 810 Albany, NY 12242	1. Grantee: Empire County	2. Contract No: C123456	
	3. Implementing Agency: Empire County Sheriff's Office	4. FCR #: 1	Final Report: ☐ Yes ☑ No
	5: DHSES No: WM20123456	6. Program Title: FY20 SHSP	
	7. Contract Period: 09/01/2020 - 08/31/2023	8. Contract Amount: $100,000	
	9. Report Period: 1/1/2021 - 03/31/2021	10. Report Date: 4/4/2018	

11. SUMMARY SCHEDULE

CATEGORY	A. Approved Project Budget		B. Previous Cumulative Expenditures		C. Expenditures for this Reporting Period		D. Current Cumulative Expenditures	
	DHSES	MATCH	DHSES	MATCH	DHSES	MATCH	DHSES	MATCH
A. PERSONNEL	$20,000.00	$0.00	$0.00	$0.00	$5,000.00	$0.00	$5,000.00	$0.00
B. FRINGE BENEFITS	$10,000.00	$0.00	$0.00	$0.00	$2,500.00	$0.00	$2,500.00	$0.00
C. CONSULTANTS	$5,000.00	$0.00	$0.00	$0.00	$2,000.00	$0.00	$2,000.00	$0.00
D. EQUIPMENT	$30,000.00	$0.00	$0.00	$0.00	$15,000.00	$0.00	$15,000.00	$0.00
E. SUPPLIES	$5,000.00	$0.00	$0.00	$0.00	$2,000.00	$0.00	$2,000.00	$0.00
F. TRAVEL	$2,000.00	$0.00	$0.00	$0.00	$500.00	$0.00	$500.00	$0.00
G. RENT	$10,000.00	$0.00	$0.00	$0.00	$5,000.00	$0.00	$5,000.00	$0.00
H. ALT & RENOVATIONS	$8,000.00	$0.00	$0.00	$0.00	$4,000.00	$0.00	$4,000.00	$0.00
I ALL OTHER	$10,000.00	$0.00	$0.00	$0.00	$3,000.00	$0.00	$3,000.00	$0.00
TOTAL	**$100,000.00**	**$0.00**	**$0.00**	**$0.00**	**$39,000.00**	**$0.00**	**$39,000.00**	**$0.00**

12. CASH REQUEST	
A. Advance Requested	$0.00
B. Expenditures for this Reporting Period (Total of Column C above)	$39,000.00
C. Cash requested from DHSES (A + B) (Voucher Amount)	$39,000.00
D. Voucher Attached	☑ Yes ☐ No
13. Interest Earned - Advanced Funds	$0.00

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 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).

SAMPLE

GRANTEE: _____ (Signature) _____ (Date)

_____ (Title) _____ (Phone Number)

FISCAL OFFICER _____ (Signature) _____ (Date)

_____ (Title) _____ (Phone Number)

DHSES USE ONLY

FCR APPROVED BY PROGRAM REPRESENTATIVE: _____ (Signature) _____ (Date)

DHSES FISCAL OFFICE: ___Approved ___Rejected _____ (Signature) _____ (Date)

NEW YORK STATE | Homeland Security and Emergency Services

(05/16)

NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Personal Service Expenditures
Personnel

1. Grantee Name: Empire County
2. Implementing Agency: Empire County Sheriff's Office
3. Report Period: From: 1/1/2021 To: 3/31/20201
5. Contract Period: From: 9/1/2020 To: 8/31/2023
4. Corresponding FCR Report #: 1
6. Contract Number: C123456
7. DHSES Number: WM20123456

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: 8e Actual Salary This Reporting Period	Method A: 8f % of Time Allotted to Grant	Method A: 8g Total Salary Charge to Grant	Method B: 8h Hourly Rate	Method B: 8i Hours Worked	Method B: 8j Total Salary Charge to Grant	Amount Charged to: 8k Federal/ State	Amount Charged to: 8l Match
1	Sergeant	John Doe	10/1/2020-10/15/2020			$0.00	$80.00	25.00	$2,000.00	$2,000.00	
1	Sergeant	John Smith	10/1/2020-10/15/2020			$0.00	$80.00	25.00	$2,000.00	$2,000.00	
1	Sergeant	Jack Black	10/1/2020-10/15/2020			$0.00	$80.00	12.50	$1,000.00	$1,000.00	
						$0.00			$0.00		
						$0.00			$0.00		
						$0.00			$0.00		
						$0.00			$0.00		
		* Totals should be carried forward to Category A of the Fiscal Cost Report Column C. →							8m *Total	$5,000.00	$0.00

SAMPLE

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 #: _____

All Header information will be the same on each DIF for the same reporting period

Entire Payroll Period must be included

ALL DIFs must be signed before submittal.

Personnel DIF requires Method A **OR** Method B to be completed

Total auto populates on All DIFs

NEW YORK STATE | Homeland Security and Emergency Services

(05/16)

NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Personal Service Expenditures
Fringe Benefits

1. Grantee Name: Empire County
2. Implementing Agency: Empire County Sheriffs Office
3. Report Period: From: 1/1/2021 To: 3/31/2021
5. Contract Period: From: 9/1/2020 To: 8/31/2023
4. Corresponding FCR Report: 1
6. Contract Number: C123456
7. DHSES Number: WM20123456

This form is used to certify the expenditures claimed for Fringe. The amounts charged to the grant for fringe expenditures must be valid for this expense category per Appendix B of the grant contract. Fringe must be calculated as specifically outlined in Appendix B of the contract. Show all calculations for fringe in the area below. Please note: any allocation or calculation of fringe benefit costs incurred for grant related staff must be based on calculations supported with documentation and/or allocation worksheets that calculate the actual costs, not based solely on the grant budget fringe benefit rates. The documentation must be retained with other grant related expenditure documentation.

Show Calculation for Fringe submitted per contract budget, Appendix B, for this period. See Instructions.

8a Contract Budget Line	8b Dates	8c Employee Name	8d Job Title	8e Salary/Fringe	Amount Charged to 8f Federal/ State	8g Match
1	10/1/2020-10/15/2021	John Doe	Sgt	$2,000 x 0.5	$1,000.00	
1	10/1/2020-10/15/2021	John Smith	Sgt	$2,000 x 0.5	$1,000.00	
1	10/1/2020-10/15/2021	Jack Black	Sgt	$1,000 x 0.5	$500.00	
* The totals should be carried forward to Category B of the Fiscal Cost Report, Column C.				8h * Total	$2,500.00	$0.00

SAMPLE

Show Fringe Calculation based on jurisdiction's Fringe Rate.

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 #: _____

NEW YORK STATE | Homeland Security and Emergency Services

Consultant Agreement/Contract must be submitted to DHSES before initial Consultant reimbursement

(05/16)

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

1. Grantee Name: Empire County
2. Implementing Agency: Empire County/Sheriff's Office
3. Report Period: From: 1/1/2021 To: 3/31/2021
5. Contract Period: From: 9/1/2020 To: 8/31/2023
4. Corresponding FCR Report #: 1
6. Contract Number: C123456
7. DHSES Number: WM20123456

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 Contract Budget Line	8b Check No.	8c Rate Charged	8d Dates of Service	8e Type of Service	8f Payee	8g Date Agreement Submitted	Amount Charged to: 8h Federal/State Amount	Amount Charged to: 8i Match Amount	8j NYS MWBE Certification Number (if applicable)	8k Procurement Method (Choose the applicable procurement method from the dropdown box)
1	6789	$25/hour	11/1-11/30/2020	TTX Development	Safety Consulting Firm	12/1/2020	$2,000.00		MBE / WBE	Competitive Bid
									MBE / WBE	
									MBE / WBE	
									MBE / WBE	
									MBE / WBE	
									MBE / WBE	
									MBE / WBE	
* The totals should be carried forward to Category C of the Fiscal Cost Report Column C. →						8l *Totals	$2,000.00	$0.00		

SAMPLE

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 #: _____

Procurement Method for every purchase must be selected on every DIF where this column is present.

When using a MWBE Vendor, provide NYS Certification Number.

NEW YORK STATE | Homeland Security and Emergency Services

These Dates must be verifiable with Grantee's procurement paperwork.

Provide detail in regards to what items were purchased.

Equipment DIF requires two signatures

Include Serial Numbers for all items $5,000 and higher or your local capitalization level if it is lower than $5,000.

DHSES Contract Manager will sign this form and return upon completion of grant

(11/08)

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

1. Grantee Name: Empire County
2. Implementing Agency: Empire County Sheriff's Office
3. Report Period: From: 1/1/2021 To: 3/31/2021
4. Corresponding FCR Report #: 1
5. Contract Period: From: 9/1/2020 To: 8/31/2023
6. Contract Number: C123456
7. DHSES Number: WM20123456

This form is used to certify the expenditures claimed for Equipment. The equipment charged to the grant must be specifically listed in the equipment category per Appendix B of the grant contract. All Equipment expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

8a Contract Budget Line	8b Items Purchased (per approved budget)	8c Quantity	8d Date Ordered	8e Date Received	8f Serial No.	8g Check No.	8h Payee	Amount Charged to: 8i Federal/State Amount	Amount Charged to: 8j Match Amount	8k NYS MWBE Certification Number (If applicable)	8l Procurement Method (Choose the applicable procurement method from the dropdown list)
3	Night Vision Goggles	3	11/2/20	12/1/20	HS-1234 HS-1235 HS-1236	9383950	NVG Unlimited Inc	$15,000.00		MBE WBE	NYS OGS Contract
										MBE WBE	
										MBE WBE	
										MBE WBE	
										MBE WBE	
										MBE WBE	
						8m * Total		$15,000.00	$0.00		

SAMPLE

*The totals should be carried forward to Category D of the Fiscal Cost Report Column C.

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 #: _____

The Division of Homeland Security and Emergency Services (DHSES) requires that the grantee conduct a physical inventory of property records at least once every two years to verify the existence, current utilization and continued need for the property. In the event the property is no longer required by the Grantee, this fact should be reported to DHSES as soon as possible.

Authorization for Continued Use: Upon completion of all contractual requirements by the grantee, DHSES accepts the request for continued use and possession of the equipment purchased with grant funds. This acceptance is made provided the equipment continues to be used in accordance with the contracted activities and guidelines.

If at any time during the life expectancy of the equipment your organization should dispose of any of these items, any proceeds realized must be reinvested in equipment items to continue your organization's activities. If the proceeds are not reinvested to continue activities, that percentage of the proceeds equal to the proportion of the original purchase price paid by funds for the contract must be paid to the State of New York.

10

I hereby certify that the above equipment has been received and added to our property accounting records. Said equipment will be periodically inventoried and reconciled with accounting records. I am requesting continued use of equipment.

_____
Signature of authorized grantee representative

Acceptance for continued use and possession of equipment.

_____ _____
Division of Homeland Security and Emergency Services Date

NEW YORK STATE | Homeland Security and Emergency Services

Similar to Equipment DIF in that Date Ordered/Date Received must be verifiable in Grantee's procurement paperwork.

Provide detailed information as to the items being purchased.

(05/16)

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

1. Grantee Name:	Empire County	4. Corresponding FCR Report #:	1
2. Implementing Agency:	Empire County Sheriff's Office	6. Contract Number:	C123456
3. Report Period: From:	1/1/2021 To: 3/31/2021	7. DHSES Number:	WM20123456
5. Contract Period: From:	9/1/2020 To: 8/31/2023		

This form is used to certify the expenditures claimed for Supplies. The amounts charged to the grant for supplies must be valid for the expense category per Appendix B of the grant contract. All supplies 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 Date Ordered	8e Date Received	8f Item(s)	Amount Charged to: 8g Federal/State Amount	8h Match Amount	8i NYS MWBE Certification Number (if applicable)	8j Procurement Method (Choose the applicable procurement method from the dropdown list)
4	93850	Medical Care inc	10/23/2020	11/3/2020	Personal Med Kits	$2,000.00		MBE / WBE	Discretionary Purchase
								MBE / WBE	
								MBE / WBE	
								MBE / WBE	
								MBE / WBE	
								MBE / WBE	
								MBE / WBE	
*The totals should be carried forward to Category E of the Fiscal Cost Report Column C.					8k *Total	$2,000.00	$0.00		

SAMPLE

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 #: _____

NEW YORK STATE | Homeland Security and Emergency Services

All Out of State Travel must be pre-approved by submitting a Travel Request Form to your contract rep.

6/16)

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

1. Grantee Name: Empire County
2. Implementing Agency: Empire County Sheriff's Office
3. Report Period: From: 1/1/2021 To: 3/31/2021
5. Contract Period: From: 9/1/2020 To: 8/31/2023
4. Corresponding FCR Report: 1
6. Contract Number: C123456
7. DHSES Number: WM20123456

This form is used to certify the expenditures claimed for Travel. The amounts charged to the grant for travel expenditures must be valid for this expense category per Appendix B of the contract. All travel 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 Date(s) of Travel	8e Description	Amount Charged to 8f Federal/State	8g Match
1	23897	Hertz	12/3/2020-12/10/2020	Rental Car Fee for travel to XYZ Conference in Baltimore, MD	$500.00	

SAMPLE

* The totals should be carried forward to Category F of the Fiscal Cost Report Column C. → 8h * Total $500.00 $0.00

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 #: _____

NEW YORK STATE | Homeland Security and Emergency Services

Rental Costs can only be reimbursed for Period of Time within grant contract's Period of Performance.

Rental Contract must be submitted to DHSES prior to request for reimbursement.

05/16)

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

1. Grantee Name: Empire County
2. Implementing Agency: Empire County Sheriff's Office
3. Report Period: From: 1/1/2021 To: 3/31/2021
5. Contract Period: From: 9/1/2020 To: 8/31/2023
4. Corresponding FCR Report: 1
6. Contract Number: C123456
7. DHSES Number: WM20123456

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	Amount Charged to 8h Match
1	3405040	Shelter Inc	789 Main Street Nowhere, NY10101	09/01/2020-12/31/2020	9/1/2020	$5,000.00	
* The totals should be carried forward to Category G of the Fiscal Cost Report Column C					8i * Total	$5,000.00	$0.00

SAMPLE

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 #: _____

NEW YORK STATE | Homeland Security and Emergency Services

(05/16)

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

1. Grantee Name:	Empire County			4. Corresponding FCR Report #:	1
2. Implementing Agency:	Empire County Sheriff's Office			6. Contract Number:	C123456
3. Report Period:	From: 1/1/2021	To: 3/31/2021		7. DHSES Number:	WM20123456
5. Contract Period:	From: 9/1/2020	To: 8/31/2023			

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 Contract Budget Line	8b Check No.	8c Payee	8d Property Address	8e Period of Time	Amount Charged to 8f Federal/State Amount	8g Match Amount	8h NYS MWBE Certification Number (if applicable)	8i Procurement Method (Choose the applicable procurement method from the dropdown box)
1	29485	Builders R Us Inc	123 Main Street Anywhere, NY 10101	10/1/2020-12/31/2020	$4,000.00		MBE WBE	Competetive Bid/RFP
							MBE WBE	
							MBE WBE	
							MBE WBE	
							MBE WBE	
							MBE WBE	
							MBE WBE	
*The totals should be carried forward to Category H of the Fiscal Cost Report Column C.				8e * Total	$4,000.00	$0.00		

SAMPLE

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 #: _____

NEW YORK STATE | Homeland Security and Emergency Services

(516)

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

1. Grantee Name: Empire County
2. Implementing Agency: Empire County Sheriff's Office
3. Report Period: From: 1/1/2021 To: 3/31/2021
4. Corresponding FCR Report #: 1
5. Contract Period: From: 9/1/2020 To: 8/31/2023
6. Contract Number: C123456
7. DHSES Number: WM20123456

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

8a Contract Budget Line	8b Check No.	8c Date	8d Payee	8e Description	8f Dates of Service	Amount Charged to 8g Federal/State Amount	Amount Charged to 8h Match Amount	8i NYS MWBE Certification Number (if applicable)	8j Procurement Method (Choose the applicable procurement method from the dropdown box)
3	24458	12/192020	NVG Unlimited Inc	Night Vision Goggle Repair	12/20-12/23/2020	$3,000.00		MBE / WBE	Single/Sole Source
								MBE / WBE	
								MBE / WBE	
								MBE / WBE	
								MBE / WBE	
								MBE / WBE	
								MBE / WBE	
*The totals should be carried forward to Category I of the Fiscal Cost Report Column C.					8k * Total	$3,000.00	$0.00		

SAMPLE

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 #: _____

Reminder: Single/Sole Source Procurements must have been pre-approved by DHSES if this Procurement Method has been selected.

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Fiscal Reporting

Fiscal Reporting Tips

- All expenditures must be in accordance with approved budget in E-Grants.
  - Any changes to the budget MUST be pre-approved through your contract representative before procurement can take place.
- All fields must be completed in order to ensure prompt payment.
- The Date Ordered and Date Received MUST be within the contract period and must be reflected on the Detailed Itemization Forms (DIF).
- Include Serial Numbers for all items $5,000 and higher or your local capitalization level if it is lower than $5,000. If multiple like items are being reported, simply state “see attached” in the space and attach a list of items and their serial numbers.
- Be mindful that the amount listed at the bottom of each DIF, under Total, is the same amount that is reflected on the FCR and Voucher.
- Submit MWBE reporting forms, if required.

Navigating E-Grants and Quarterly Reporting

Questions?

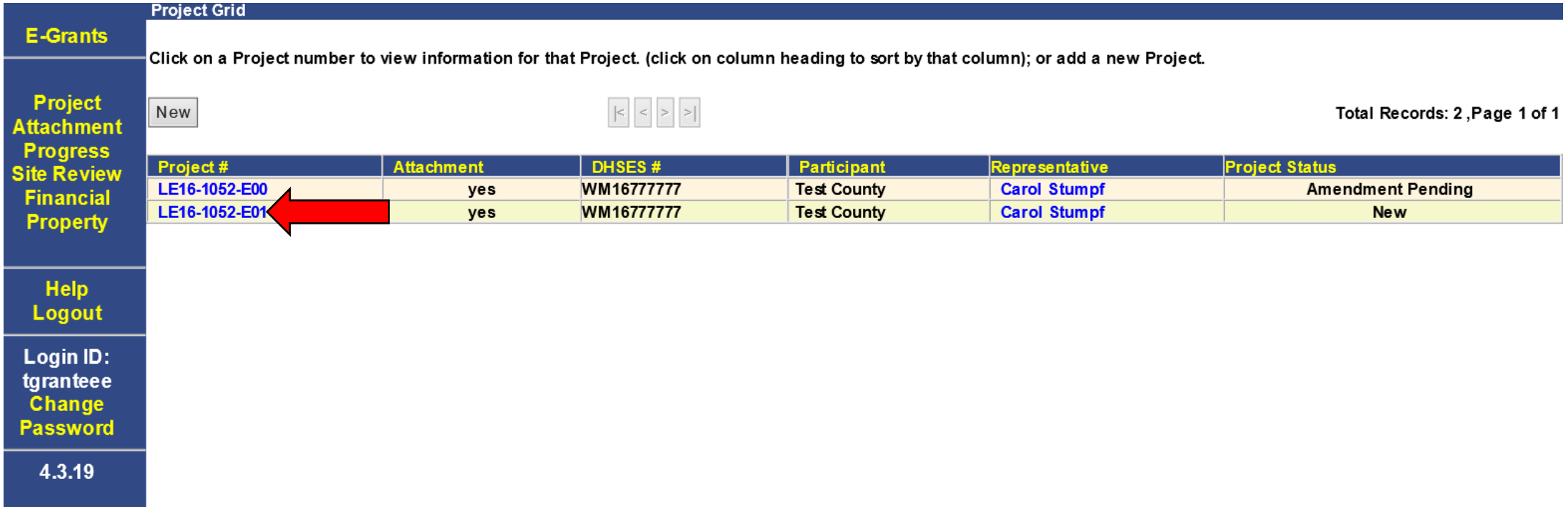
Amendments

Amendments

Amendment Reminders

- Once your contract is executed, it may be necessary to request an amendment. Common amendment types include:
  - Reallocation to update budget category amounts or revise items outlined in your current budget
  - Extension of period of performance to allow additional time to complete your project
  - Workplan change to update project activities and objectives
- You must contact your contract representative to discuss and obtain approval for any changes to your contract.

Amendments



- All amendment requests must be submitted in writing.
- Your contract representative will review the request and initiate the amendment in E-Grants.
- The Project ID# is incremented with each amendment. In the example above, one amendment has been requested.

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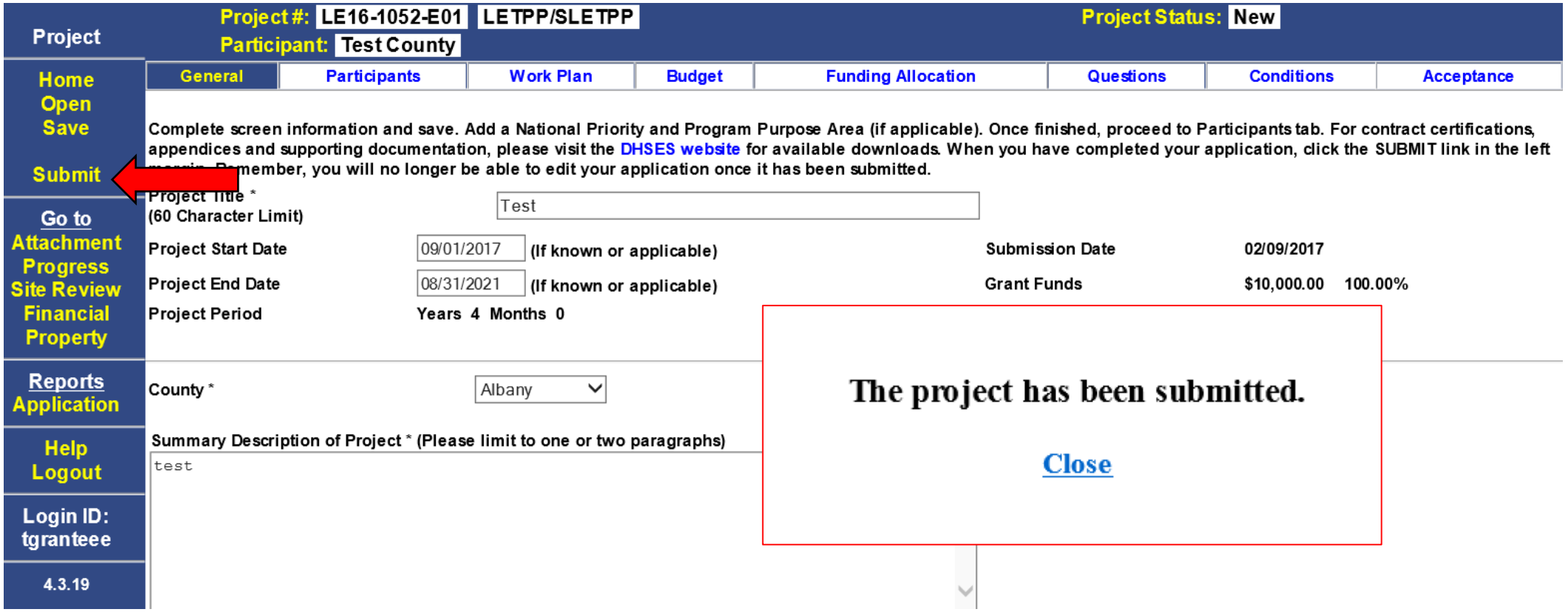

- Once the requested changes have been made in E-Grants, your contract representative will notify you to review the changes and submit the amended project.

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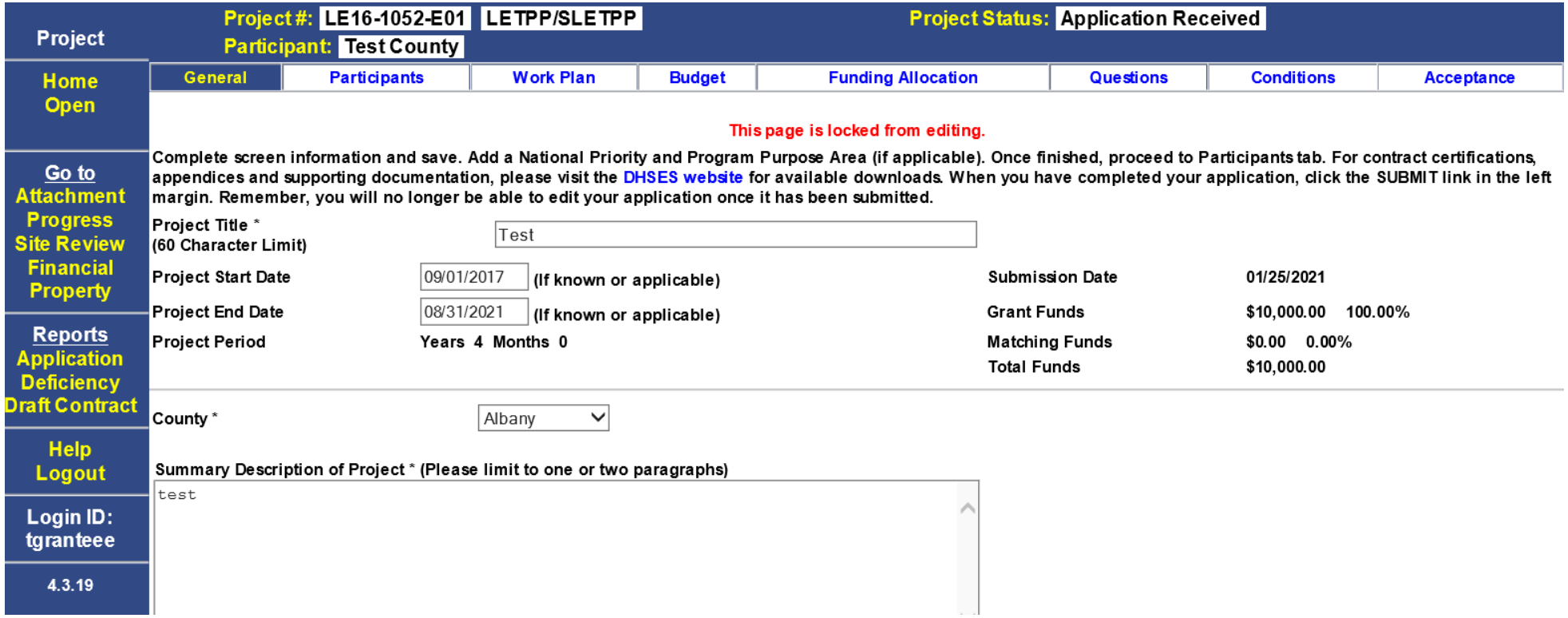

- The status of the amended project will change to Application Received.
- The amendment will be reviewed and processed in the same manner as the original contract.

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Navigating E-Grants and Quarterly Reporting

Questions?

THANK YOU!

DHSES Grants Program Administration (GPA)

Grants Hotline: 866-837-9133

E-Mail: Grant.Info@dhses.ny.gov

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