

FISCAL COST REPORT

Submit to: Division of Homeland Security and Emergency Services State Campus - Building 7A 1220 Washington Ave. Rm 610 Albany, NY 12242	1. Grantee: _____	2. Contract No.: _____	
	3. Implementing Agency: _____	4. FCR #: _____	Final Report: <input type="checkbox"/> Yes <input type="checkbox"/> No
	5. DHSES No.: _____	6. Program Title: _____	
	7. Contract Period: _____	8. Contract Amount: _____	
	9. Report Period: _____	10. Report Date: _____	

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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. FRINGE BENEFITS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. CONSULTANTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. EQUIPMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. SUPPLIES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. TRAVEL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. RENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. ALT & RENOVATIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I ALL OTHER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

12. CASH REQUEST		Certification	
A. Advance Requested	\$0.00	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).	
B. Expenditures for this Reporting Period (Total of Column C above)	\$0.00		
C. Cash requested from DHSES (A + B) (Voucher Amount)	\$0.00		
D. Voucher Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Interest Earned - Advanced Funds	\$0.00	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)