(05/18)

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

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

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)
									MBE WBE	
									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**	$ 0.00	$ 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 #: