(4/2025)

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

1. Grantee Name: _____ 2. Corresponding FCR Report #: _____

3. DHSES Number: _____ 4. Contract Number: _____

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.

5a Contract Budget Line	5b Items Purchased (per approved budget)	5c Quantity	5d Date Ordered	5e Date Received	5f Serial No.	5g Check No.	5h Payee	Amount Charged to: 5i Federal/State Amount	Amount Charged to: 5j Match Amount	5k NYS MWBE Certification Number (if applicable)	5l Procurement Method (Choose the applicable procurement method from the dropdown list)
										MBE / WBE	
										MBE / WBE	
										MBE / WBE	
										MBE / WBE	
										MBE / WBE	
										MBE / WBE	
*The totals should be carried forward to Category D of the Fiscal Cost Report Column C. →							5m *** Total**	$ 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).
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.

6. 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.

Acceptance for continued use and possession of equipment.

_____ _____

Division of Homeland Security and Emergency Services — Date