

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

1. Grantee Name: \_\_\_\_\_

2. Corresponding FCR Report: \_\_\_\_\_

3. DHSES Number: \_\_\_\_\_

4. Contract Number: \_\_\_\_\_

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.

5a Contract Budget Line	5b Dates of Payroll Period (MM/DD/YYYY - MM/DD/YYYY)	5c Employee Name	5d Salary Charged to Grant Federal/State/Match	5e Fringe Rate Enter as a decimal	5f Total Fringe Allotted to Grant	Fringe Charged to Grant	
						5g Federal/State	5h Match
5i						* Total	

\* The totals should be carried forward to Category B 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).

6. Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_