

FISCAL COST REPORT

Submit to: Division of Homeland Security and Emergency Services DHSESgpfiscal@dhses.ny.gov	1. Grantee:				2. Contract No:			
	3. Implementing Agency:				4. FCR #:		Final Report: Yes No	
	5: DHSES No:				6. Program Title:			
	7. Contract Period: To:				8. Contract Amount:			
	9. Report Period: To:				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								
B. FRINGE BENEFITS								
C. CONSULTANTS								
D. EQUIPMENT								
E. SUPPLIES								
F. TRAVEL								
G. RENT								
H. ALT & RENOVATIONS								
I. ALL OTHER								
TOTAL								
12. CASH REQUEST			Certification					
A. Advance Requested		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). GRANTEE: _____ (Signature) _____ (Date) (Title) _____ (Phone Number) FISCAL OFFICER: _____ (Signature) _____ (Date) (Title) _____ (Phone Number)						
B. Expenditures for this Reporting Period (Total of Column C above)								
C. Cash requested from DHSES (A + B) (Voucher Amount)								
D. Voucher Attached	Yes No							
13. Interest Earned - Advanced Funds								
DHSES USE ONLY								
FCR APPROVED BY PROGRAM REPRESENTATIVE:			_____ (Signature)			_____ (Date)		
DHSES FISCAL OFFICE: ___ Approved ___ Rejected			_____ (Signature)			_____ (Date)		