

Legislative Grants Expenditure Claim Report
Cover Page

Organization Name:

Contract Number:

Report Period of Claim:

From: To:

This request is for (check all that apply):

- Quarterly Payment Request
- Resubmission of Prior Payment Request
- Final Payment & Close Out

A completed *OCFS Legislative Grants Project Report* is required to be submitted with the claim. The report shows the deliverables completed under the contract for the time period claimed. The claim cannot be paid until a completed Project Report is also provided. If Final Payment & Close Out is selected, once the claim request is approved for payment and processed, the contract will be closed. However, if the claim includes an adjustment or reduction, the contract will be kept open to permit a subsequent claim request for the unpaid balance.

By submitting this claim for payment, I certify that:

1. The related expenditures under the referenced contract above were managed and expended in accordance with all applicable laws, regulations, project agreement terms, and program/project guidelines.
2. All figures are true and correct.
3. NYS Sales tax is not included as it is not a reimbursable expense. Use your organization's Form ST-119, Exempt Organization Certificate issued by the NYS Tax Department. To obtain a ST-119 certificate, use this link - <https://www.tax.ny.gov/bus/st/exempt.htm>
4. All items listed:
 - a. are eligible costs as listed in *Attachment B (Budget)* of the contract;
 - b. supported the project outlined within the contract workplan;
 - c. comply with the terms and conditions of the contract;
 - d. are expenses for services rendered and/or goods delivered within the contract term; and
 - e. are not duplicates of any items reimbursed under another grant or previously submitted for reimbursement to OCFS.
5. All required payment documentation (receipts, invoices, canceled checks, etc.) are on file and will be available for inspection upon request for a period of 6 years from the ending of the calendar year in which the final payment is made by the State to the vendor on this contract.

Certifying Officer's Signature:

Print Name:

Date:

Certifying Officer's Contact Email:

Total Payment Requested:

Legislative Grants Expenditure Claim Report
Summary Page

Organization Name: _____

Contract Number: _____

Report Period of Claim: From: _____ To: _____

Category of Expense	Total Requested for Reimbursement
1. Personal Services	
a) Salary	
b) Fringe Benefits and Payroll Taxes	
Subtotal	
2. Non Personal Services	
a) Consultant/Contractual Services	
b) Equipment/Supplies	
c) Other Expenses	
Subtotal	
TOTAL	

Legislative Grants Expenditure Claim Report
Non Personal Services - Equipment and Supplies Expenditures

Organization Name: _____

Contract Number: _____

Report Period of Claim: From: _____ To: _____

SUPPORTING DOCUMENTATION **MUST** BE ATTACHED FOR CONTRACTS OVER \$20,000

Equipment and Supplies Expenditures			
Date of Purchase MM/DD/YY	Name of Vendor Paid	Description of Purchase	Amount Requested for Reimbursement
Equipment and Supplies - TOTAL EXPENSES			

Legislative Grants Expenditure Claim Report
Non Personal Services - Other Expenses

Organization Name: _____

Contract Number: _____

Report Period of Claim: From: _____ To: _____

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Other Expenses			
Date of Purchase MM/DD/YY	Name of Vendor Paid	Description of Purchase	Amount Requested for Reimbursement
Other Expenses - TOTAL			