

**REIMBURSEMENT CLAIM FOR SPECIAL PROJECTS**

LDSS-3922 (REV. 12/00)

<b>DISTRICT</b>		<b>PROJECT NAME</b>	<b>SYEP DSS 2010</b>	
<b>MONTH/YEAR</b>				
<b>ITEM</b>		<b>NON-ADMINISTRATION COSTS</b>	<b>ADMINISTRATION COSTS</b>	<b>TOTAL COSTS</b>
<b>TOTAL SALARY &amp; FRINGE BENEFITS</b>				
1. SALARY COSTS				0
2. FRINGE BENEFITS				0
<b>3. TOTAL SALARY &amp; FRINGE BENEFITS</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>NON-SALARY COSTS</b>				
4. CONTRACTUAL COSTS				0
5. TRAVEL COSTS				0
6. EQUIPMENT COSTS				0
7. SUPPLIES				0
8. OTHER DIRECT EXPENSES				0
<b>9. TOTAL NON-SALARY EXPENSES</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>10. OVERHEAD COSTS ALLOCATED</b>				<b>0</b>
<b>11. A-87 COSTS ALLOCATED</b>				<b>0</b>
<b>CLIENT RELATED COSTS</b>				
12. ASSISTANCE DIRECT TO CLIENTS				0
13. SELF-SUFFICIENCY BONUS				0
14. DIVERSION TRANSPORTATION				0
15. OTHER (Purged and NPA)				0
<b>16. TOTAL CLIENT RELATED COSTS</b>		<b>0</b>		<b>0</b>
<b>17. TOTAL PROJECT COSTS</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>18. FEDERAL SHARE</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>19. STATE SHARE</b>				
<b>20. LOCAL SHARE</b>				

**CERTIFICATE OF ADMINISTRATIVE OFFICIAL**

The undersigned of the \_\_\_\_\_ (County/City) certifies that the expenditures (and value of goods and services supplied) for public assistance and care as shown above and in the supporting schedules and rolls which are a part hereof are just, true, and correct and have been authorized by them; that the grantees to whom or in whose behalf the expenditures for public assistance and care shown above and in the schedules which are a part hereof were made, have been investigated and found in need of assistance or care provided and that such expenditures were made under the provisions of the Social Services Law and rules and regulations of the State Department of Family Assistance; that the expenditures (and value of goods and services supplied) for welfare administration as shown above, were necessary and required in the administration of public assistance and care pursuant to the Social Services Law and the rules and regulations of the State Department of Family Assistance and that the amounts shown are correct and approved; that no part of the expenditures stated above and in the attached schedules have been claimed previously except as stated herein.

DATE \_\_\_\_\_  
 TITLE \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF ADMINISTRATIVE OFFICER

**CERTIFICATE OF FISCAL OFFICER**

The undersigned of the \_\_\_\_\_ (County/City) certifies that they have made expenditures for public assistance and care and administration thereof in the amounts shown above and in the supporting schedules and rolls which are a part hereof; that such expenditures were made on the authority of the administrative official whose certificate appears herein; that the amounts stated above as Federal and State shares of expenditures are actually due and owing from the State of New York; that these amounts represent the claim of \_\_\_\_\_ (County/City) for the month of \_\_\_\_\_; that the amounts stated herein are just, true, and correct; that no part thereof has been paid; that such amounts are actually due and owing.

DATE \_\_\_\_\_  
 TITLE \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF FISCAL OFFICER