



**Department of Human Services
Office of Facilities and Support Services,
Transportation Services Section Report of Certified or In-Kind Cost**

SECTION I – TO BE COMPLETED BY CONTRACTOR

For the period: _____ 20 _____ to _____ 20 _____

From: _____ Through: _____
Name of Contractor Program Officer, DHS

TO: Accounting Services, DHS Certified Cost In-Kind Cost

Title of Program: _____

DHS Contract #: _____ Identification #: _____ Control #: _____

Name and Address of Provider of Certified or In-Kind Cost:

Cost:

A. Personnel (attach continuation, if needed)

NAME	TITLE	SALARY	FRINGE BENEFITS	%TIME	APPLICABLE AMOUNT
Subtotal.....					\$ _____

B. Other Cost (attach continuation, if needed)

Subtotal..... \$ _____
Grand Total..... \$ _____

I, the undersigned, hereby certify that the above certified or in-kind match cost have been provided/received in compliance with the requirements and Conditions of the applicable federal program. I further certify that my office has available a set of accounting records relative to these certified cost that specifically identifies each specific detailed transaction directly to this federal program and that these records are available for DHR or federal auditors review.

_____ (signed): _____
Date

_____ Title

SECTION II – TO BE COMPLETED BY PROGRAM STAFF, DHS

Organization Code: _____ Project Code: _____ Date _____

Fund Source: _____ (signed): _____

_____ Title