**INSTRUCTIONS FOR SUBMITTING PERFORMANCE-BASED CLAIMS FOR PAYMENT**

Claims submitted for payment on NYS Division of Criminal Justice Services (DCJS) performance-based contracts must contain the following:

1. A completed State Aid Voucher with original signatures.
2. Two sets of *Performance-Based Contracting Quarterly Fiscal Cost Report* (DCJS-3304)
3. One copy of the *Quarterly Detailed Itemization for Performance-Based Contracts* (DCJS-3308)

The *Performance-Based Contracting Quarterly Fiscal Cost Report,* summarizes the achievements of the quarter. The following instructions should assist in completing the Fiscal Cost Report.

Program: Enter the title of the contract program.

Implementing Agency: Enter the name of the Agency that is implementing the program. In the instance of multiple implementing agencies, please submit all reports as one in a summary.

Contract Number: Enter the contract number.

Reporting Period: Using the MM/DD/YYYY format enter the start date of the reporting period and the end date of the reporting period.

Contract Term: Enter the current contract term.

Indicate if the submission is the quarterly or the final submission.

Milestone: List each milestone and any outcomes from Appendix B1 of the contract.

Annual Goal: List the annual milestone goal numbers from Appendix B1 of the contract.

Number Completed: Provide the total number of completions for each milestone or outcome for the reporting period.

Unit Cost: The unit cost is the contractual price per milestone or outcome also from Appendix B1.

Subtotal Amount: A subtotal amount is the number of milestones achieved for the quarter multiplied by the unit cost.

Total the Subtotal Amounts column.

Reimbursement Rate: This reimbursement rate is found on the Appendix B1 of the contract. It is expressed as a percentage, and this percentage should be applied after the total is calculated.

Payment Request: Multiple the Total Amount by the Reimbursement Rate. This is the total amount of the payment request. This amount should be carried forward to the State Aid Voucher/Claim for Payment form.

In the Preparer Information Box, please enter the name, telephone number and email address of the person who prepared the claim. Please note that this is the person we would be contacting if there are any issues or questions with the claim, this will include contacts about the backup provided, the claim itself, and/or changes in amounts paid.

Signatures: Fiscal Cost Report must be signed and dated by the grantee and/or the fiscal officer. Original signatures are required.

**Completed claims are to be mailed to the NYS DCJS, Alfred E Smith Building, 80 South Swan Street, Finance**

**Office 10th Floor, Albany NY, 12210.**

**New York State Division of Criminal Justice Services**

**Performance-Based Contracting Quarterly Fiscal Cost Report**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program: |  | | | | | | | | | |
| Implementing Agency: |  | | | | | | | | | |
| Contract Number: |  | | | | | | Reporting Period  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MM/DD/YYYY MM/DD/YYYY | | | |
| Contract Term: |  | | | | | | Quarterly  Final | | | |
|  |  | | | | | | | | | |
| Milestone  (from Appendix B1  of Contract) | | | Annual Goal  (from Appendix B1  of Contract) | | | | Number Completed | Unit Cost  (from Appendix B1 of Contract) | Subtotal  Amounts | |
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| **Total** | | | | | | | | |  | |
| **Reimbursement Rate** | | | | | | | | | **\_\_\_\_\_%** | |
| **Payment Request** | | | | | | | | |  | |
|  | | | | | | | | | | |
| **SUBMIT IN DUPLICATE TO:**  NYS DCJS  Alfred E Smith Building  Finance Office 10th Floor  80 South Swan Street  Albany, New York 12210 | | |  | | **CERTIFICATION**  ***I certify that the above milestones are made in accordance with the pertinent grant, are appropriate to the goals and objectives of the project described therein, and are not duplicative of milestones claimed on this or any other grants.*** | | | | | |
| PREPARER’S NAME: | | | **GRANTEE:** |  | | | | |
|  | | |  | ORIGINAL SIGNATURE REQUIRED | | | | |
|  | | |  |  |  | | | |
| NAME | | | DATE |  | PRINT NAME & TITLE | | | |
|  | | |  |  | | | | |
| TELEPHONE | | |  |  | | | | |
|  | | | **FISCAL OFFICER**: |  | | | | |
|  | ORIGINAL SIGNATURE REQUIRED | | | | |
| EMAIL ADDRESS | | |  |  |  | | | |
|  | | | DATE |  | PRINT NAME & TITLE | | | |