

**New York State Division of Housing and Community Renewal  
Member Item Program**

Final Report  
(For voucher awards less than \$50,000)

**Instructions:** A final report is due to the Local Programs upon completion of the program activities, but no later than 60 days after the end of the contract term. The final report must indicate how the funds were spent and the program activities accomplished. *Copies of documentation supporting the expenses listed in the final report (receipts, canceled checks, allocation plan, general ledger record) must be kept on file and are subject to review by DHCR.*

Voucher Agreement Term:  /  /  to  /  /  SHARS ID#: \_\_\_\_\_

Award Amount: \$ \_\_\_\_\_ Contract Number: \_\_\_\_\_

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Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **NEW YORK** Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) - \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Legislative Intent:

**Company Name:** \_\_\_\_\_ **SHARS ID#:** \_\_\_\_\_

List accomplishments resulting from the Member Item Program award:



Company Name: \_\_\_\_\_ SHARS ID#: \_\_\_\_\_

**BUDGET TO ACTUAL**

Item	Approved MIP Budget	Increase/Decrease	Actual MIP Budget
<b>Total Salaries</b>			
<b>Total Fringe Benefits</b>			
<b>Total Personnel Services</b>			
<b>Regulated Other Than Personnel Services (OTPS)</b>			
Insurance/Bonding			
Professional Services: Accounting			
Audit			
Legal			
Other			
Equipment			
Other			
<b>Total Regulated OTPS</b>			
<b>General Other Than Personnel Services (OTPS)</b>			
Rent/Mortgage			
Telephone			
Office Supplies			
Printing/Postage			
Utilities			
Service Agreements & Maintenance			
Bank Charges (not interest)			
Other			
<b>Total General OTPS</b>			
<b>Non-Administrative Costs (specify and attach additional pages if necessary)</b>			
<b>Total Non-Administrative Costs</b>			
<b>TOTAL BUDGET</b>			

Company Name: \_\_\_\_\_ SHARS ID#: \_\_\_\_\_

I certify that all information contained in this document is true and correct and that funds were spent for the approved project during the Agreement term and did not duplicate payment from other sources.

Executive Director: \_\_\_\_\_  
(Signature) (Date)

Board Chair: \_\_\_\_\_  
(Signature) (Date)

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**DHCR USE ONLY**

Director, CSB: \_\_\_\_\_  
(Signature) (Date)

Deputy Director, CSB: \_\_\_\_\_  
(Signature) (Date)

Fiscal year of award: \_\_\_\_\_