



Department of Youth & Community Development

156 William Street
New York, NY 10038
(212) 442-5958

PROGRAM EXPENSE REPORT SUMMARY (PERS)

Instructions: Microsoft Excel

The Program Expense Report Summary (PERS) is the financial statement used to report CBO program expenses. It is the instrument used to determine reimbursement amounts to the CBO on a monthly and/or quarterly basis.

PERS submissions are required once the contract is registered. The PERS reports are due on the 10th day of the following month or quarter. Contracts less than \$50,000 have the option to submit PERS Quarterly. A PERS report received after the 15th day of the month or quarter may be recorded as a late submission.

Please mail your original PERS to:

**Department of Youth and Community Development
Contract Agency Finance Division
156 William Street 6th floor
New York, New York 10038**

The PERS is available via internet on DYCD's website at:

<http://www.nyc.gov/html/dycd/html/resources-pers.html>

Please review Section One of the Fiscal Manual – Budget Overview for a description of expenses to be charged to the appropriate budget categories.

PAGE 1: PERS SUMMARY (TAB: SUMMARY)

SUMMARY

1. Complete the top portion of the PERS by entering the CBO's Name, Address, Budget Period, DYCD ID# and Budget Code.
2. **OST Providers Only:** Please fill out the cash contribution budgeted and paid for the month or quarter for which you are submitting PERS. Please note that these expenses are in addition to the line item expenses reported on the PERS. The fields are on the top portion of the PERS Form. If there are no cash contributions, please reflect a zero.
3. Enter the Month and Year for which expenses are being reported. Quarterly PERS submission must reflect the quarter being reported.
4. Enter your approved line item budget under the column Approved Budget Total. Totals will be calculated automatically.
5. The bottom section of the PERS should be completed and signed by the preparer and the Executive Director. DYCD will only accept **original** PERS. Please be sure to include the telephone number and extension where you can be contacted by the Fiscal Analyst.
6. Complete Page 2 to Page 6. Individual category expenses will automatically calculate and transfer to Page 1 under the column Expended this Period.

SALARIES AND WAGES

PAGE 2: FULL-TIME (TAB: SALARIES FT)

SALARIES FT

Complete all fields for each full-time employee paid: Check Number, Direct Deposit Number, Check Date, Payee Name, Title Code (**select from pull down menu**), Payroll Period, Gross Salary and Total DYCD Cost.

Total Full-Time Salaries will calculate automatically and transfer to Page 1. **Please select the title code on your approved budget.** Pages 2A - 2E are available if additional entries are required.

PAGE 3: PART-TIME (TAB: SALARIES PT)

SALARIES PT

Complete all fields for each part-time employee paid: Check Number, Check Date, Payee Name, Title Code (**select from pull down menu**) Payroll Period, Hourly Rate, Hours Worked, and Salary charged to DYCD.

Total Part-Time Salaries will calculate automatically and transfer to Page 1. **Please select the title code on your approved budget.** Pages 3A - 3E are available if additional entries are required.

PAGE 4: FRINGE BENEFITS (TAB: FRINGE BENEFITS)

FRINGE BENEFITS

Complete the field for each check issued: Check Number, Check Date, Period Covered, Payee Name, Type of Fringe Benefits, Amount of Check and Amount Chargeable to DYCD.

Total Fringe Benefits will calculate automatically and transfer to Page 1. The maximum FICA payable against claimed salaries is reflected at the bottom of Page 4. Pages 4A is available if additional entries are required.

PAGE 5: NON STAFF SERVICES (TAB: NON STAFF SERVICES)

NON STAFF SERVICES

Enter the appropriate Account Code **from the pull down menu**. Enter the Check Number, Date, Service Period Covered, Payee Name, Title Service, and Number of hours/days if applicable, amount of check, amount chargeable to DYCD.

Total Non Staff Services will calculate automatically and transfer to Page 1. Pages 5A is available if additional entries are required.

PAGE 6: OTHER THAN PERSONNEL SERVICES (TAB: OTPS)

OTPS

Complete the field for each check issued: Check Number, Check Date, Account Code (**select from pull down menu**), Item Description, Payee/Vendor Name, Invoice Service Date, Check Amount, and DYCD Cost.

- Equipment Purchases must detail the individual item's make, model number, and serial number for all purchases \$500.00 or more.
- Indirect Cost 3720: indicate the Service Period and the amount under DYCD Cost. No other details are required. You may claim a monthly or quarterly prorated amount based on your budget allocation and budget operating period.

Total Other Then Personnel Services will calculate automatically and transfer to Page 1. Page 6A is available if additional entries are required.