

Contractor:

Oneida County through the Health Department
 185 Genesee St.
 Adirondack Bank Building
 Utica, NY, 13501



HEALTH RESEARCH INCORPORATED

HRI Account Number(s):

GR150068611

Contract Date:

07/01/2023 - 06/30/2024

HRI Contract Number:

1577-17

Contractor Project Director**Payee's Reference #:****Report for Period:** _____ **to** _____**Cumulative
Expenditures
Prior Periods****Expenditures
Current Period****Expenditures
to Date****Balances**

Budget Items	Budget Amount	Cumulative Expenditures Prior Periods	Expenditures Current Period	Expenditures to Date	Balances
* Salary	\$79,361				
Fringe	\$39,879				
Supplies	\$4,670				
Travel	\$0				
* Equipment	\$0				
* Miscellaneous	\$3,806				
* Contractual	\$0				
* Admin/Indirect	\$0				
Deliverable	\$0				
Restricted	\$1,000,000				
Total Costs:	\$1,127,716				
Reimbursement Requested: \$					

Expenditures under this contract may NOT exceed the maximum reimbursable amount of \$77,716.

* **NOTE:** Please attach REPORT OF EXPENDITURES to provide detail.

By signing this report, I hereby certify to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)

Approvals:

**Contractor
Signature:**

HRI PI/Contract Manager:**Name:**

(Please Print)

Program Administration:**Title:****HRI:****Email:****Phone #:** _____**Date:** _____