Please Check State Agency:
____ OMH
____ OMRDD
____ OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 1999 to December 31, 1999

SCHEDULE DMH-2
AID TO LOCALITIES/
DIRECT CONTRACT
SUMMARY

AGENCY NAME:_____ COUNTY NAME & CODE: _____(____) PLEASE CHECK:

AGENCY CODE:_____ PREPARED BY:_____ ESTIMATED CLAIM ____

TELEPHONE:( )_____ USE WHOLE DOLLARS. FINAL CLAIM ____

Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes					
1	Accounting Method						
2	Contract Number	00200					
3	Program Type	00072					
4	Program Code	00012					
	EXPENSES						
5	Personal Services	18010					
6	Vacation Leave Accruals	18020					
7	Fringe Benefits	18030					
8	Other Than Personal Services (OTPS)	18040					
9	Equipment-Provider Paid	18050					
10	Property-Provider Paid	18060					
11	Agency Administration	18080					
12	Adjustments/Non-Allowable Costs	18090					
13	Total Adjusted Expenses (Lines 5-11 minus 12)	18999					
	REVENUES						
14	Participant Fees (less SSI & SSA)	46010					
15	SSI & SSA	46020					
16	Home Relief	46030					
17	Medicaid	46040					
18	Medicare	46060					
19	Other Third Parties	46070					
20	OMRDD Residential Room and Board	46080					
21	Transportation, Medicaid	46090					
22	Transportation, Other	46100					
23	Sales: Contract Total	46140					
24	Federal Grants (Attach detail)	46160					

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Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes					
	Program Type	00072					
	Program Code	00012					
25	State Grants (Attach detail)	46190					
26	LTSE Income Total (OMH and OMRDD only)	46220					
27	Food Stamps (OASAS Only)	46240					
28	Net Deficit Funding (State & LGU Funding only)*	46110					
29	Other (Attach detail for revenue items > $1,000)	46230					
30	Total Gross Revenue (Sum Lines 14-29)	46999					
	GAAP ADJUSTMENTS TO REVENUE						
31	Participant Allowance	47010					
32	Uncollectible Accounts Receivable	47040					
33	Other (Attach detail for adjustment items > $1,000)	47045					
34	Total GAAP Adjustments (Sum Lines 31-33)	47049					
35	Net GAAP Revenues (Line 30 minus 34)	47025					
	NON-GAAP ADJUSTMENTS TO REVENUE						
36	Exempt Contract Income	47050					
37	Exempt LTSE Income	47060					
38	Net Deficit Funding**	47070					
39	Other (Attach detail for adjustment items > $1,000)	47080					
40	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998					
41	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999					
42	Total Net Revenues (Line 30 minus 41)	48999					
43	Net Operating Costs (Line 13 minus 42)	49999					
	DEFICIT FUNDING						
44	State	60010					
45	Local Government	60020					
46	Voluntary Contributions	60030					
47	Non-Funded	60040					
48	Total Deficit Funding (Sum Lines 44-47)	60999					

* Do not include non-funded or voluntary contributions.
** Amounts should equal the corresponding amounts reported as revenue on line 28 above.