

Please Check State Agency:

____ OMRDD
____ OASAS

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

SCHEDULE DMH-2A
AID TO LOCALITIES/
DIRECT CONTRACT
EQUIPMENT SUMMARY

Page _____

AGENCY NAME: _____

AGENCY CODE: _____

Line No.	COLUMN NUMBER					
	ITEM DESCRIPTION					
1	PROGRAM TYPE					
2	PROGRAM CODE					
	EQUIPMENT > \$2,500 (LIST INDIVIDUALLY)					
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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14						
15						
16						
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18						
19						
20						
21						
22						
23	EQUIPMENT < \$2,500 EACH (AGGREGATE TOTAL)					
24	TOTAL EQUIPMENT					

Note: Do not include any expensed equipment reported in the OTPS line on this schedule.