

Please Check State Agency:

OMH SED
 OMRDD
 OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
 For the Period: January 1, 2000 to December 31, 2000

SCHEDULE CFR-1
PROGRAM/SITE
DATA

Page _____

AGENCY NAME: _____
 AGENCY CODE: _____
 SCHOOL CODE: (SED ONLY) _____

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes				
SECTION A: GENERAL INFORMATION						
1	Program Type	00070				
2	Program Code	00010				
3	Program/Site Identification Number	00050				
4	Program/Site Name	00020				
5	Program/Site Address (Line One)	00030				
6	Program/Site Address (Line Two)	00040				
7	Medicaid Provider Agreement Number (DMH only)	00060				
8	County Code (See Appendix C)	00080				
9	Date Site Opened	00090				
10	Certified Capacity (OASAS and OMRDD only)	00100				
11	Actual Capacity (OMH and OMRDD only)	00110				
12	Actual Days Program/Site Open	00160				
13	Units of Service	00120				
14	Respite or TUBS Units of Service (OMRDD only)	00130				
15	Program/Site Square Footage (OASAS and OMRDD only)	00150				

Note: Keep program columns consistent throughout the CFR document.

CFR-1.1
 Rev. 01-Sep-00

Please Check State Agency:
 OMH SED

NEW YORK STATE
CONSOLIDATED FISCAL REPORT

SCHEDULE CFR-1
PROGRAM/SITE

AGENCY NAME: _____ USE WHOLE DOLLARS.
 AGENCY CODE: _____
 SCHOOL CODE: (SED ONLY) _____

Line No.	COLUMN NUMBER	Cost Codes					
	ITEM DESCRIPTION						
	Program Code	00010					
	Program/Site Identification Number	00050					
SECTION B: EXPENSES							
PERSONAL SERVICES							
16	Personal Services - Program/Site & Program Admin*	11999					
17	Vacation Accruals - Program/Site & Program Admin*	12999					
FRINGE BENEFITS							
18	Mandated Fringe Benefits	13200					
19	Non-Mandated Fringe Benefits	13300					
20	Total Fringe Benefits (Sum Lines 18 & 19)	13999					
OTHER THAN PERSONAL SERVICES (OTPS)							
21	Food	14010					
22	Repairs and Maintenance	14020					
23	Utilities	14030					
24	Transportation Related-Participant**	14040					
25	Staff Travel	14250					
26	Participant Incidentals	14050					
27	Expensed Adaptive Equipment (OMRDD and SED only)	14070					
28	Expensed Equipment	14080					
29	Sub-Contract Raw Materials	14090					
30	Participant Wages-Non-Contract	14100					

* Must equal program/site specific totals (Support, Direct Care, Clinical, Production, LGU Admin) and Program Administration totals. Do not include agency administration amounts.

** Include only expenses associated with this program/site, not expenses associated with a transportation cost center.

Note: Keep program columns consistent throughout the CFR document.

Please Check State Agency:

OMH SED
 OMRDD
 OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
 For the Period: January 1, 2000 to December 31, 2000

SCHEDULE CFR-1
PROGRAM/SITE
DATA

Page _____

AGENCY NAME: _____ AGENCY CODE: _____ SCHOOL CODE: (SED ONLY) _____	USE WHOLE DOLLARS.
---	--------------------

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes				
	Program Code	00010				
	Program/Site Identification Number	00050				
31	Participant Wages-Contract	14110				
32	Participant Fringe Benefits	14120				
33	Section 43.04 Services Assessment (OMRDD only)	14130				
34	Staff Development	14140				
35	Contracted Direct Care and Clinical Personal Svs. (from CFR-4A)	14150				
36	Supplies and Materials - Non-Household	14160				
37	Household Supplies	14170				
38	Telephone	14190				
39	Insurance - General	14260				
40	Other (Attach detail for individual items costing > \$1,000)	14998				
41	Total Other Than Personal Services (Sum Lines 21-40)	14999				
	EQUIPMENT-PROVIDER PAID					
42	Lease/Rental Vehicle	15010				
43	Lease/Rental Equipment	15020				
44	Depreciation-Vehicle	15040				
45	Depreciation-Equipment	15050				
46	Interest-Vehicle	15070				
47	Other (Attach detail for individual items costing > \$1,000)	15998				
48	Total Equipment (Sum of Lines 42-47)	15999				
	PROPERTY-PROVIDER PAID					
49	Lease/Rental-Real Property	16010				
50	Leasehold/Leasehold Improvements	16020				
51	Depreciation-Building	16030				
52	Depreciation Building/Land Improvements	16040				

Note: Keep program columns consistent throughout the CFR document.

Please Check State Agency:

OMH SED
 OMRDD
 OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
 For the Period: January 1, 2000 to December 31, 2000

SCHEDULE CFR-1
PROGRAM/SITE
DATA

Page _____

AGENCY NAME: _____
 AGENCY CODE: _____
 SCHOOL CODE: (SED ONLY) _____

USE WHOLE DOLLARS.

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes				
	Program Code	00010				
	Program/Site Identification Number	00050				
53	Mortgage/Capital Improvements Interest (Report MCFFA Bond Int. on Line 59)	16060				
54	Mortgage Expenses	16070				
55	Insurance-Property & Casualty	16080				
56	Real Estate Taxes	16090				
57	Interest on Capital Indebtedness	16100				
58	Start-up Expenses	16110				
59	MCFFA Interest Expense	16120				
60	MCFFA Administration Fees	16130				
61	Maintenance in Lieu of Rent (LGU only)	16140				
62	Other (Attach detail for individual items costing > \$1,000)	16998				
63	Total Property-Provider Paid (Sum of Lines 49-62)	16999				
	TOTALS					
64	Total Operating Costs (Sum lines 16, 17, 20, 41 minus 29)	19010				
65	Agency Admin. Alloc.(Line 64 times _____)*	19050				
66	Adjustments/Non-Allowable Costs	19030				
67	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060				
Transportation Allocation (OMRDD Only - Informational)						
68a	Other Than To/From Transportation Allocation	19101				
68b	Day Treatment/HCBS Day Habilitation To/From Trans. Allocation	19102				

* Enter the 6 digit ratio value factor from CFR-3.2, line 52. Agency administration should not be allocated to Program Development Grants or to programs 0860, 0870, 0880, 0890, 4810, 5810.

Note: Keep program columns consistent throughout the CFR document.

Please Check State Agency:

OMH SED
 OMRDD
 OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
 For the Period: January 1, 2000 to December 31, 2000

SCHEDULE CFR-1
PROGRAM/SITE
DATA

Page _____

AGENCY NAME: _____	USE WHOLE DOLLARS.
AGENCY CODE: _____	
SCHOOL CODE: (SED ONLY) _____	

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes				
	Program Code	00010				
	Program/Site Identification Number	00050				
SECTION C: REVENUES						
69	Participant Fee (less SSI & SSA)	20010				
70	SSI & SSA	20020				
71	Home Relief	20030				
72	Medicaid	20040				
73	Medicare	20060				
74	Other Third Parties	20070				
75	OMRDD Residential Room and Board	20080				
76	Transportation, Medicaid	20090				
77	Transportation, Other (Specify)	20100				
78	Sales: Contract Total	21070				
79	Federal Grants (Attach detail)	22040				
80	State Grants (Attach detail)	22030				
81	LTSE Income Total (OMH and OMRDD only)	22080				
82	Food Stamps (OASAS Only)/Food Revenue (SED Only)	22160				
83	Gifts, Legacies, Bequests, Restricted Donations	22010				
84	Section 202/8 HUD Funds*	22020				
85	Interest/Dividend Income	22050				
86	Prior Period Rate Adjustments**	22090				
87	VESID Revenue (SED only)	22100				
88	LDSS County Revenue (SED only)	22110				
89	4402 Revenue (School District In-State) (SED only)	22120				

* For OMRDD programs, if this line is completed, complete Schedule OMRDD-3 (HUD Revenues and Expenses).

** Refer to CFR manual for specific instructions.

Note: Keep program columns consistent throughout the CFR document.

Please Check State Agency:

OMH SED
 OMRDD
 OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
 For the Period: January 1, 2000 to December 31, 2000

SCHEDULE CFR-1
PROGRAM/SITE
DATA

Page _____

AGENCY NAME: _____	USE WHOLE DOLLARS.
AGENCY CODE: _____	
SCHOOL CODE: (SED ONLY) _____	

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes				
	Program Code	00010				
	Program/Site Identification Number	00050				
90	Department of Health Chapter 428 Revenue (SED only)	22130				
91	4408 Revenue (School District) (SED only)	22140				
92	4410 Revenue (Preschool) (SED only)	22150				
93	Net Deficit Funding (State & LGU Funding only)*	20110				
94	Other (Attach detail for revenue items > \$1,000)	22998				
95	Gross Revenues (Sum Lines 69-94)	23999				
	GAAP ADJUSTMENTS TO REVENUE					
96	Participant Allowance	24010				
97	Uncollectible Accounts Receivable	24040				
98	Other (Attach detail for adjustment items > \$1,000)	24996				
99	Total GAAP Adjustments (Sum Lines 96-98)	24997				
100	Net GAAP Revenues (Line 95 minus 99)	24998				
	NON-GAAP ADJUSTMENTS TO REVENUE					
101	Exempt Contract Income	24050				
102	Exempt LTSE Income	24060				
103	Net Deficit Funding**	24070				
104	Other (Attach detail for adjustment items > \$1,000)	24080				
105	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097				
106	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999				
107	TOTAL NET REVENUES (Line 95 minus 106)	25999				

* Do not include non-funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 93 above.

Note: Keep program columns consistent throughout the CFR document.