

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

SCHEDULE OMRDD-4
ICF/DD, CR, IRA, DAY TREATMENT
& HCBS WAIVER SERVICES
EXPENSE DETAIL (Including POP)

Page _____

AGENCY NAME: _____

AGENCY CODE: _____

Line No.	COLUMN NUMBER					
	PROGRAM/SITE ID#					
	PROGRAM TYPE & CODE					
	ITEM DESCRIPTION					
	FRINGE BENEFITS					
1	Social Security					
2	Workers' Compensation					
3	Unemployment Insurance					
4	NYS Disability					
5	Sick Leave Accruals					
6	Health/Dental Insurance					
7	Life Insurance					
8	Pension/Retirement					
9	Other (Attach detail for items costing > \$1,000)					
10	Total (Add lines 1 - 9; must equal CFR-1, line 20)					

PROGRAM ADMINISTRATION						
Report the amount included on each specified CFR-1 line that is associated with Program Administration for each site.						
11	Personal Services (CFR-1, Line 16)					
12	Vacation Leave Accruals (CFR-1, Line 17)					
13	Fringe Benefits (CFR-1, Line 20)					
14	Other Than Personal Services (CFR-1, Line 41)					
15	Equipment (CFR-1, Line 48)					
16	Property (CFR-1, Line 63)					
17	Adjustments (CFR-1, Line 66)					
18	Totals (Add lines 11 - 16 minus 17)*					

* This total must equal the portion of CFR-1, line 67, that is directly associated with program administration.