

Please Check State Agency:

____ OMRDD
____ OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2002 to December 31, 2002

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						
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19						
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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.