

Please Check State Agency:

- ☐ OMRDD
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NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2003 to December 31, 2003

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 (Program Code Index)	()	()	()	()	()
	EQUIPMENT > \$2,500 (LIST INDIVIDUALLY)					
3						
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21						
22						
23	EQUIPMENT < \$2,500 EACH (AGGREGATE TOTAL)					
24	TOTAL EQUIPMENT					