

OASAS

OMH

OMRDD

LGU Fiscal Summary

Fiscal Period: 01/01/04 - 12/31/04

QUARTER REPORTED (Please Check):

_____1st

_____2nd

_____3rd

_____Mid-Year

_____Final

REVISION #_____

Page_____

PREPARED BY: _____

TITLE: _____

LGU: _____

USE WHOLE DOLLARS ONLY

TELEPHONE: _____

DATE: _____

		COLUMN NUMBER	1	2	3		4		5		6		7	
		AGENCY NAME		STATE AGENCY TOTAL	FUNDING SOURCE LA REGULAR		FUNDING SOURCE		FUNDING SOURCE		FUNDING SOURCE		FUNDING SOURCE	
Line No.					CODE	INDEX	CODE	INDEX	CODE	INDEX	CODE	INDEX	CODE	INDEX
1		AGENCY CODE	TOTAL EXPENSES											
2	()		REVENUES											
3			NET OPERATING COSTS											
4		AGENCY CODE	TOTAL EXPENSES											
5	()		REVENUES											
6			NET OPERATING COSTS											
7		AGENCY CODE	TOTAL EXPENSES											
8	()		REVENUES											
9			NET OPERATING COSTS											
10		AGENCY CODE	TOTAL EXPENSES											
11	()		REVENUES											
12			NET OPERATING COSTS											
13		AGENCY CODE	TOTAL EXPENSES											
14	()		REVENUES											
15			NET OPERATING COSTS											
16		AGENCY CODE	TOTAL EXPENSES											
17	()		REVENUES											
18			NET OPERATING COSTS											
19		AGENCY CODE	TOTAL EXPENSES											
20	()		REVENUES											
21			NET OPERATING COSTS											
22		PAGE	TOTAL EXPENSES											
23		TOTAL	REVENUES											
24			NET OPERATING COSTS											
25		COUNTY TOTAL	TOTAL EXPENSES											
26			REVENUES											
27			NET OPERATING COSTS											
28			REIMBURSEMENT RATE											
29			STATE AID SUBTOTAL											
30			EXTRA \$25,000											
31			STATE AID TOTAL											