Please Check State Age
_____ OMH
_____ OMRDD
_____ OASAS

NEW YORK STATE
CONSOLIDATED BUDGET REPORT
For the Period: 01/01/04 - 12/31/04

SCHEDULE DMH-3 - BUDGET
AID TO LOCALITIES AND DIRECT CONTRACTS
PROGRAM FUNDING SOURCE SUMMARY

B U D G E T

AGENCY NAME: _____ PREPARED BY: _____ TELEPHONE: ( )
AGENCY CODE: _____ ( ) Please check the box if the preparer changed from the prior reporting period.
COUNTY NAME & CODE: USE WHOLE DOLLARS.

B U D G E T

Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes						TOTAL
1	Accounting Method							
2	Program Type	00073						
3	Program Code (Program Code Index)	00013						
4	Total Persons Served/Month	00220						
5	Total Units of Service	00999						
6	Gross Cost/Unit of Service	70999						
7	Net Cost/Unit of Service	71999						
8	Please Check if Participant Specific Methodology is Used (OMRDD Only)							
9	A. Funding Source Index (OMH/OASAS only)							
10	Number Persons Served/Month	00260						
11	Number Units of Service	00250						
12	Total Adjusted Expenses	50999						
13	Less Applied Net Revenue	61999						
14	Net Operating Costs	62999						
15	Contract Number *	00201						
16	B. Funding Source Index (OMH/OASAS only)							
17	Number Persons Served/Month	00261						
18	Number Units of Service	00251						
19	Total Adjusted Expenses	50998						
20	Less Applied Net Revenue	61998						
21	Net Operating Costs	62998						
22	Contract Number *	00202						
23	C. Funding Source Index (OMH/OASAS only)							
24	Number Persons Served/Month	00262						
25	Number Units of Service	00252						
26	Total Adjusted Expenses	50997						
27	Less Applied Net Revenue	61997						
28	Net Operating Costs	62997						
29	Contract Number *	00203						
	D. Totals From A-C Above							
30	Total Adjusted Expenses	51999						
31	Less Net Revenue	63999						
32	Net Operating Costs	52999						

* For direct contracts, enter the State contract number. For local contracts, enter the local contract number, if applicable.