Please Check State Agency:
- ☐ OMH
- ☐ OMRDD
- ☐ OASAS

# NEW YORK STATE

## CONSOLIDATED FISCAL REPORT

*For the Period: January 1, 2004 to December 31, 2004*

**SCHEDULE DMH-1**
**PROGRAM FISCAL SUMMARY**

Page _____

AGENCY NAME:_____ USE WHOLE DOLLARS.

AGENCY CODE:_____

| Line No. | COLUMN NUMBER / ITEM DESCRIPTION | Cost Codes | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | Program Type | 00071 | | | | | |
| 2 | Program Code (Program Code Index) | 00011 | ( ) | ( ) | ( ) | ( ) | ( ) |
| | UNITS OF SERVICE | | | | | | |
| 3 | OMH Units of Service | 00121 | | | | | |
| 4 | OMRDD Units of Service | 00161 | | | | | |
| 5 | OASAS Units of Service | 00170 | | | | | |
| | EXPENSES* | | | | | | |
| 6 | Personal Services | 17010 | | | | | |
| 7 | Vacation Leave Accruals | 17020 | | | | | |
| 8 | Fringe Benefits | 17030 | | | | | |
| 9 | Other Than Personal Services | 17040 | | | | | |
| 10 | Equipment-Provider Paid | 17050 | | | | | |
| 11 | Property-Provider Paid | 17060 | | | | | |
| 12 | Agency Administration | 17080 | | | | | |
| 13 | Adjustments/Non-Allowable Costs | 17090 | | | | | |
| 14 | Total Adjusted Expenses (Lines 6-12 minus 13) | 17999 | | | | | |
| | REVENUES* | | | | | | |
| 15 | Participant Fees (less SSI & SSA) | 26010 | | | | | |
| 16 | SSI & SSA | 26020 | | | | | |
| 17 | Home Relief/Public Assistance | 26030 | | | | | |
| 18 | Medicaid | 26040 | | | | | |
| 19 | Medicare | 26060 | | | | | |
| 20 | Other Third Parties | 26070 | | | | | |
| 21 | OMRDD Residential Room and Board/NYS OPTS | 26080 | | | | | |
| 22 | Transportation, Medicaid | 26090 | | | | | |
| 23 | Transportation, Other | 26100 | | | | | |
| 24 | Sales: Contract Total | 26140 | | | | | |
| 25 | Federal Grants (Attach detail) | 26160 | | | | | |

* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

Please Check State Agency:
- ☐ OMH
- ☐ OMRDD
- ☐ OASAS

# NEW YORK STATE

**CONSOLIDATED FISCAL REPORT**

***For the Period: January 1, 2004 to December 31, 2004***

**SCHEDULE DMH-1**
**PROGRAM FISCAL SUMMARY**

Page _____

AGENCY NAME:_____ USE WHOLE DOLLARS.

AGENCY CODE:_____

| Line No. | COLUMN NUMBER / ITEM DESCRIPTION | Cost Codes | | | | | |
|---|---|---|---|---|---|---|---|
| | Program Type | 00071 | | | | | |
| | Program Code (Program Code Index) | 00011 | ( ) | ( ) | ( ) | ( ) | ( ) |
| 26 | State Grants (Attach detail) | 26190 | | | | | |
| 27 | LTSE Income Total (OMH and OMRDD only) | 26220 | | | | | |
| 28 | Food Stamps (OASAS Only) | 26240 | | | | | |
| 29 | Net Deficit Funding (State & LGU Funding only)* | 26110 | | | | | |
| 30 | Other (Attach detail for revenue items > $1,000) | 26230 | | | | | |
| 31 | Total Gross Revenues (Sum Lines 15-30) | 26999 | | | | | |
| | GAAP ADJUSTMENTS TO REVENUE** | | | | | | |
| 32 | Participant Allowance | 27010 | | | | | |
| 33 | Uncollectible Accounts Receivable | 27040 | | | | | |
| 34 | Other (Attach detail for adjustment items > $1,000) | 27045 | | | | | |
| 35 | Total GAAP Adjustments (Sum Lines 32-34) | 27049 | | | | | |
| 36 | Net GAAP Revenues (Line 31 minus 35) | 27025 | | | | | |
| | NON-GAAP ADJUSTMENTS TO REVENUE** | | | | | | |
| 37 | Exempt Contract Income | 27050 | | | | | |
| 38 | Exempt LTSE Income | 27060 | | | | | |
| 39 | Net Deficit Funding*** | 27070 | | | | | |
| 40 | Other (Attach detail for adjustment items > $1,000) | 27080 | | | | | |
| 41 | Total NON-GAAP Adjustments (Sum Lines 37-40) | 27998 | | | | | |
| 42 | Subtotal Adj. to Revenue (Sum Lines 35 & 41) | 27999 | | | | | |
| 43 | Total Net Revenues (Line 31 minus 42) | 28999 | | | | | |
| 44 | Net Operating Cost (Line 14 minus 43) | 29999 | | | | | |

* Do not include non-funded or voluntary contributions.
** These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.
*** Amounts should equal the corresponding amounts reported as revenue on line 29 above.

Please Check State Agency:
- ☐ OMH
- ☐ OMRDD
- ☐ OASAS

# NEW YORK STATE

## CONSOLIDATED FISCAL REPORT

*For the Period: January 1, 2004 to December 31, 2004*

**SCHEDULE DMH-2**
**AID TO LOCALITIES/**
**DIRECT CONTRACT**
**SUMMARY**

Page _____

AGENCY NAME:_____ PREPARED BY: _____ TELEPHONE: (____) _____

AGENCY CODE:_____ ☐ Please check the box if the preparer changed from the previous submission.

COUNTY NAME & CODE: _____(____) USE WHOLE DOLLARS PLEASE CHECK: ESTIMATED CLAIM ____ FINAL CLAIM _____

| Line No. | COLUMN NUMBER / ITEM DESCRIPTION | Cost Codes | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | Accounting Method | | | | | | |
| 2 | State Contract Number / LGU Contract Number * | 00200 | | | | | |
| 3 | Program Type | 00072 | | | | | |
| 4 | Program Code (Program Code Index) | 00012 | ( ) | ( ) | ( ) | ( ) | ( ) |
| | EXPENSES | | | | | | |
| 5 | Personal Services | 18010 | | | | | |
| 6 | Vacation Leave Accruals ** | 18020 | | | | | |
| 7 | Fringe Benefits | 18030 | | | | | |
| 8 | Other Than Personal Services (OTPS) | 18040 | | | | | |
| 9 | Equipment-Provider Paid *** | 18050 | | | | | |
| 10 | Property-Provider Paid **** | 18060 | | | | | |
| 11 | Agency Administration | 18080 | | | | | |
| 12 | Adjustments/Non-Allowable Costs | 18090 | | | | | |
| 13 | Total Adjusted Expenses (Lines 5-11 minus 12) | 18999 | | | | | |
| | REVENUES | | | | | | |
| 14 | Participant Fees (less SSI & SSA) | 46010 | | | | | |
| 15 | SSI & SSA | 46020 | | | | | |
| 16 | Home Relief/Public Assistance | 46030 | | | | | |
| 17 | Medicaid | 46040 | | | | | |
| 18 | Medicare | 46060 | | | | | |
| 19 | Other Third Parties | 46070 | | | | | |
| 20 | OMRDD Residential Room and Board/NYS OPTS | 46080 | | | | | |
| 21 | Transportation, Medicaid | 46090 | | | | | |
| 22 | Transportation, Other | 46100 | | | | | |
| 23 | Sales: Contract Total | 46140 | | | | | |
| 24 | Federal Grants (Attach detail) | 46160 | | | | | |

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.
** OASAS funded service providers cannot report vacation leave accruals for State aid reimbursement.
*** OASAS funded service providers cannot report equipment depreciation for State aid reimbursement.
**** OASAS funded service providers cannot report property related depreciation for State aid reimbursement.

Please Check State Agency:
- ☐ OMH
- ☐ OMRDD
- ☐ OASAS

# NEW YORK STATE

## CONSOLIDATED FISCAL REPORT

*For the Period: January 1, 2004 to December 31, 2004*

**SCHEDULE DMH-2**
**AID TO LOCALITIES/**
**DIRECT CONTRACT**
**SUMMARY**

Page _____

AGENCY NAME:_____ PREPARED BY: _____ TELEPHONE: (____) _____

AGENCY CODE:_____ ☐ Please check the box if the preparer changed from the previous submission.

COUNTY NAME & CODE: _____(____) USE WHOLE DOLLARS PLEASE CHECK: ESTIMATED CLAIM ____ FINAL CLAIM _____

| Line No. | COLUMN NUMBER / ITEM DESCRIPTION | Cost Codes | | | | | |
|---|---|---|---|---|---|---|---|
| | Program Type | 00072 | | | | | |
| | Program Code (Program Code Index) | 00012 | ( ) | ( ) | ( ) | ( ) | ( ) |
| 25 | State Grants (Attach detail) | 46190 | | | | | |
| 26 | LTSE Income Total (OMH and OMRDD only) | 46220 | | | | | |
| 27 | Food Stamps (OASAS Only) | 46240 | | | | | |
| 28 | Net Deficit Funding (State & LGU Funding only)* | 46110 | | | | | |
| 29 | Other (Attach detail) | 46230 | | | | | |
| 30 | Total Gross Revenue (Sum Lines 14-29) | 46999 | | | | | |
| | GAAP ADJUSTMENTS TO REVENUE | | | | | | |
| 31 | Participant Allowance | 47010 | | | | | |
| 32 | Uncollectible Accounts Receivable | 47040 | | | | | |
| 33 | Other (Attach detail for adjustment items > $1,000) | 47045 | | | | | |
| 34 | Total GAAP Adjustments (Sum Lines 31-33) | 47049 | | | | | |
| 35 | Net GAAP Revenues (Line 30 minus 34) | 47025 | | | | | |
| | NON-GAAP ADJUSTMENTS TO REVENUE | | | | | | |
| 36 | Exempt Contract Income | 47050 | | | | | |
| 37 | Exempt LTSE Income | 47060 | | | | | |
| 38 | Net Deficit Funding** | 47070 | | | | | |
| 39 | Other (Attach detail) | 47080 | | | | | |
| 40 | Total NON-GAAP Adjustments (Sum Lines 36-39) | 47998 | | | | | |
| 41 | Subtotal Adj. to Revenue (Sum Lines 34 & 40) | 47999 | | | | | |
| 42 | Total Net Revenues (Line 30 minus 41) | 48999 | | | | | |
| 43 | Net Operating Costs (Line 13 minus 42) | 49999 | | | | | |
| | DEFICIT FUNDING | | | | | | |
| 44 | State Share | 60010 | | | | | |
| 45 | Local Government Share | 60020 | | | | | |
| 46 | Service Provider Share (Voluntary Contributions) | 60030 | | | | | |
| 47 | Total Approved Deficit Funding (Sum lines 44 - 46) | 60039 | | | | | |
| 48 | Non-Funded | 60040 | | | | | |
| 49 | Total Net Deficit (Sum Lines 47-48) | 60999 | | | | | |

* Do not include non-funded or voluntary contributions.
** Amounts should equal the corresponding amounts reported as revenue on line 28 above.

Please Check State Agency:

☐ OMRDD
☐ OASAS

# NEW YORK STATE

## CONSOLIDATED FISCAL REPORT

*For the Period: January 1, 2004 to December 31, 2004*

**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 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
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| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 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.

Please Check State Agency:
- ☐ OMH
- ☐ OMRDD
- ☐ OASAS

# NEW YORK STATE

**CONSOLIDATED FISCAL REPORT**

***For the Period: January 1, 2004 to December 31, 2004***

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

Page _____

AGENCY NAME:_____ PREPARED BY: _____ TELEPHONE: (____) _____

AGENCY CODE:_____ ☐ Please check the box if the preparer changed from the previous submission.

COUNTY NAME & CODE: _____(_____) USE WHOLE DOLLARS PLEASE CHECK: ESTIMATED CLAIM ____ FINAL CLAIM _____

| 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) | 72999 | | | | | | |
| 9 | A. Funding Source Code (Local Assistance) / Index (OMH/OASAS only) | | 001 | 001 | 001 | 001 | 001 | |
| 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 | State Contract Number / LGU Contract Number * | 00201 | | | | | | |
| 16 | B. Funding Source Code / 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 | State Contract Number / LGU Contract Number * | 00202 | | | | | | |
| 23 | C. Funding Source Code / 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 | State Contract Number / LGU 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.