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

AGENCY NAME:_____

AGENCY CODE:_____

USE WHOLE DOLLARS.

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.

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SCHEDULE DMH-1
PROGRAM FISCAL SUMMARY

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.