

OASAS
 OMH
 OMRDD

NEW YORK STATE
CONSOLIDATED FISCAL REPORTING SYSTEM

SCHEDULE CQR-3

LGU FISCAL SUMMARY

LGU Fiscal Summary
Fiscal Period: 01/01/05 - 12/31/05

QUARTER REPORTED (Please Check):

____ 1st ____ 2nd ____ 3rd ____ Mid-Year ____ Final REVISION # ____

Page ____

PREPARED BY: _____ TITLE: _____ LGU: _____ USE WHOLE DOLLARS ONLY
TELEPHONE: _____ DATE: _____

Line No.	AGENCY NAME	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	
					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			TOTAL EXPENSES											
26			REVENUES											
27	COUNTY		NET OPERATING COSTS											
28	TOTAL		REIMBURSEMENT RATE											
29			STATE AID SUBTOTAL											
30			EXTRA \$25,000											
31			STATE AID TOTAL											