

Please Check State Agency:
☐ OMH
☐ OMRDD
☐ OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2006 to December 31, 2006

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.