NEW YORK STATE

CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2000 to June 30, 2001

SCHEDULE CFR-i
AGENCY IDENTIFICAT
AND CERTIFICATION
STATEMENT

AGENCY NAME: _____ **AGENCY CODE:** _____ **TYPE OF OWNERSHIP:**

AGENCY ADDRESS: _____ **COUNTY NAME:** _____ **NOT-FOR-PROFIT:** _____

_____ **COUNTY CODE:** _____ **PROPRIETARY:** _____

GOVERNMENTAL: _____

☐ **Please check the box if the agency address changed from the prior reporting period.**

FEDERAL EMPLOYER ID NUMBER (OMRDD Only): _____

Person to Contact with Regard to Questions Concerning this Report:

CHECK THE STATE AGENCY(IES):

OMH _____
OMRDD _____
OASAS _____
SED _____

_____ ( ) _____
Name **Telephone Number**

_____
Title

CHECK THE SUBMISSION TYPE:

FULL REPORT _____
ABBREVIATED REPORT _____
MINI-ABBREVIATED REPORT _____
ESTIMATED CLAIM _____

_____ ( ) _____
E-mail Address **FAX Number**

☐ **Please check the box if the person to contact changed from the prior reporting period.**

MISREPRESENTATION OF ANY INFORMATION CONTAINED IN THIS REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER NEW YORK STATE LAW.

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT, THAT THE INFORMATION FURNISHED IN THIS REPORT HAS BEEN COMPLETED IN ITS ENTIRETY, AND IS IN ACCORDANCE WITH THE INSTRUCTIONS AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER ATTEST TO THE FACT THAT THERE ARE RECORDS AND ALLOCATION WORKSHEETS TO SUPPORT ALL THE INFORMATION CONTAINED HEREIN, IN THE CUSTODY OF THE ABOVE NAMED SPONSORING AGENCY. I ACKNOWLEDGE THAT THE DEPARTMENT OF MENTAL HYGIENE, OR ANY OF ITS OFFICES OR DIVISIONS, OR THE STATE EDUCATION DEPARTMENT, OR ANY OF ITS OFFICES OR DIVISIONS, MAY REJECT THIS REPORT IF IT HAS NOT BEEN FULLY, OR ACCURATELY COMPLETED.

_____ _____
Date **Name and Title**

( ) _____ _____
Telephone Number **Signature of Chief Executive Officer**

☐ **Please check the box if the Chief Executive Officer changed from the prior reporting period.**

PLEASE NUMBER ALL PAGES CONSECUTIVELY. LIST THE TOTAL NUMBER OF PAGES SUBMITTED. _____

Rev.

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