

Please Check State Agency:
 _____ OMH
 _____ OMRDD
 _____ OASAS

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

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

Page _____

AGENCY NAME: _____

USE WHOLE DOLLARS.

PLEASE CHECK: ESTIMATED CLAIM _____

AGENCY CODE: _____

COUNTY NAME & CODE: _____ ()

FINAL CLAIM _____

Line No.	COLUMN NUMBER	ITEM DESCRIPTION	Cost Codes									TOTAL
1	Accounting Method											
2	Program Type		00073									
3	Program Code		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: ()NON-PARTICIPANT SPECIFIC METHODOLOGY ()PARTICIPANT SPECIFIC METHODOLOGY											
9	A. Funding Source Code (Local Assistance)	Index (OMH/OASAS only)		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	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	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	Contract Number		00203									
	D. Totals From A-C Above											
30	Total Adjusted Expenses		51999									
31	Less Net Revenue		63999									
32	Net Operating Costs		52999									