

Please Check State Agency:
☐ OMH ☐ SED
☐ OMRDD
☐ OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2002 to June 30, 2003

SCHEDULE CFR-1
PROGRAM/SITE
DATA

Page _____

AGENCY NAME: _____

AGENCY CODE: _____

SCHOOL CODE: (SED ONLY) _____

Line No.	COLUMN NUMBER	Cost					
	ITEM DESCRIPTION	Codes					
SECTION A: GENERAL INFORMATION							
1	Program Type	00070					
2	Program Code (Program Code Index)	00010	()	()	()	()	()
3	Program/Site Identification Number	00050					
4	Program/Site Name	00020					
5	Program/Site Address (Line One)	00030					
6	Program/Site Address (Line Two)	00040					
7	Medicaid Provider Agreement Number (DMH only)	00060					
8	County Code (See Appendix C)	00080					
9	Date Site Opened	00090					
10	Certified Capacity (OASAS, OMRDD and SED only)	00100					
11	Actual Capacity (OMH, OMRDD and SED only)	00110					
12	Actual Days Program/Site Open	00160					
13	Units of Service	00120					
14	Respite or TUBS Units of Service (OMRDD only)	00130					
15	Program/Site Square Footage (OASAS and OMRDD only)	00150					

Note: Keep program columns consistent throughout the CFR document.

Please Check State Agency:
☐ OMH ☐ SED
☐ OMRDD
☐ OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2002 to June 30, 2003

SCHEDULE CFR-1
PROGRAM/SITE
DATA

AGENCY NAME: _____

AGENCY CODE: _____

SCHOOL CODE: (SED ONLY) _____

USE WHOLE DOLLARS.

Line No.	COLUMN NUMBER	Cost					
	ITEM DESCRIPTION	Codes					
	Program Code (Program Code Index)	00010	()	()	()	()	()
	Program/Site Identification Number	00050					
SECTION B: EXPENSES							
	PERSONAL SERVICES						
16	Personal Services - Program/Site & Program Admin*	11999					
17	Vacation Accruals - Program/Site & Program Admin*	12999					
	FRINGE BENEFITS						
18	Mandated Fringe Benefits	13200					
19	Non-Mandated Fringe Benefits	13300					
20	Total Fringe Benefits (Sum Lines 18 & 19)	13999					
	OTHER THAN PERSONAL SERVICES (OTPS)						
21	Food	14010					
22	Repairs and Maintenance	14020					
23	Utilities	14030					
24	Transportation Related-Participant**	14040					
25	Staff Travel	14250					
26	Participant Incidentals	14050					
27	Expensed Adaptive Equipment (OMRDD and SED only)	14070					
28	Expensed Equipment	14080					
29	Sub-Contract Raw Materials	14090					
30	Participant Wages-Non-Contract	14100					

* Must equal program/site specific totals (Support, Direct Care, Clinical, Production, LGU Admin) and Program Administration totals. Do not include agency administration amounts.

** Include only expenses associated with this program/site, not expenses associated with a transportation cost center.

Note: Keep program columns consistent throughout the CFR document.

CFR-1.2
Rev. 21-May-2003

Please Check State Agency:
☐ OMH ☐ SED
☐ OMRDD
☐ OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2002 to June 30, 2003

SCHEDULE CFR-1
PROGRAM/SITE
DATA

Page _____

AGENCY NAME: _____

AGENCY CODE: _____

SCHOOL CODE: (SED ONLY) _____

USE WHOLE DOLLARS.

Line	COLUMN NUMBER	Cost					
No.	ITEM DESCRIPTION	Codes					
	Program Code (Program Code Index)	00010	()	()	()	()	()
	Program/Site Identification Number	00050					
31	Participant Wages-Contract	14110					
32	Participant Fringe Benefits	14120					
33	Section 43.04 Services Assessment (OMRDD only)	14130					
34	Staff Development	14140					
35	Contracted Direct Care and Clinical Personal Svs. (from CFR-4A)	14150					
36	Supplies and Materials - Non-Household	14160					
37	Household Supplies	14170					
38	Telephone	14190					
39	Insurance - General	14260					
40	Other (Attach detail for individual items costing > \$1,000)	14998					
41	Total Other Than Personal Services (Sum Lines 21-40)	14999					
	EQUIPMENT-PROVIDER PAID						
42	Lease/Rental Vehicle	15010					
43	Lease/Rental Equipment	15020					
44	Depreciation-Vehicle	15040					
45	Depreciation-Equipment	15050					
46	Interest-Vehicle	15070					
47	Other (Attach detail for individual items costing > \$1,000)	15998					
48	Total Equipment (Sum of Lines 42-47)	15999					
	PROPERTY-PROVIDER PAID						
49	Lease/Rental-Real Property	16010					
50	Leasehold/Leasehold Improvements	16020					
51	Depreciation-Building	16030					
52	Depreciation Building/Land Improvements	16040					

Note: Keep program columns consistent throughout the CFR document.

Please Check State Agency:
☐ OMH ☐ SED
☐ OMRDD
☐ OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2002 to June 30, 2003

SCHEDULE CFR-1
PROGRAM/SITE
DATA

AGENCY NAME: _____			USE WHOLE DOLLARS.				
AGENCY CODE: _____							
SCHOOL CODE: (SED ONLY) _____							
Line	COLUMN NUMBER	Cost Codes					
	ITEM DESCRIPTION						
No.	Program Code (Program Code Index)	00010	()	()	()	()	()
	Program/Site Identification Number	00050					
53	Mortgage/Capital Improvements Interest (Report MCFFA/DASNY Bond Int. on Line 59)	16060					
54	Mortgage Expenses	16070					
55	Insurance-Property & Casualty	16080					
56	Real Estate Taxes	16090					
57	Interest on Capital Indebtedness	16100					
58	Start-up Expenses	16110					
59	MCFFA/DASNY Interest Expense	16120					
60	MCFFA/DASNY Administration Fees	16130					
61	Maintenance in Lieu of Rent (LGU only)	16140					
62	Other (Attach detail for individual items costing > \$1,000)	16998					
63	Total Property-Provider Paid (Sum of Lines 49-62)	16999					
	TOTALS						
64	Total Operating Costs (Sum lines 16, 17, 20, 41 minus 29)	19010					
65	Agency Admin. Alloc.(Line 64 times _____)*	19050					
66	Adjustments/Non-Allowable Costs	19030					
67	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060					
Transportation Allocation (OMRDD Only - Informational)							
68a	Other Than To/From Transportation Allocation	19101					
68b	To/From Transportation Allocation	19102					

* Enter the applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0190, 0880, 0890 and state agency specific programs which are exempt from agency administration.

Note: Keep program columns consistent throughout the CFR document.

CFR-1.4
Rev. 21-May-2003

Please Check State Agency:
☐ OMH ☐ SED
☐ OMRDD
☐ OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2002 to June 30, 2003

SCHEDULE CFR-1
PROGRAM/SITE
DATA

Page _____

AGENCY NAME: _____ USE WHOLE DOLLARS.

AGENCY CODE: _____

SCHOOL CODE: (SED ONLY) _____

Line No.	COLUMN NUMBER	Cost Codes					
	ITEM DESCRIPTION						
	Program Code (Program Code Index)		()	()	()	()	()
	Program/Site Identification Number		00010	00050			

SECTION C: REVENUES

69	Participant Fee (less SSI & SSA)	20010					
70	SSI & SSA	20020					
71	Home Relief/Public Assistance	20030					
72	Medicaid	20040					
73	Medicare	20060					
74	Other Third Parties	20070					
75	OMRDD Residential Room and Board	20080					
76	Transportation, Medicaid	20090					
77	Transportation, Other (Specify)	20100					
78	Sales: Contract Total	21070					
79	Federal Grants (Attach detail)	22040					
80	State Grants (Attach detail)	22030					
81	LTSE Income Total (OMH and OMRDD only)	22080					
82	Food Stamps (OASAS Only)/Food Revenue (SED Only)	22160					
83	Gifts, Legacies, Bequests, Restricted Donations	22010					
84	Section 202/8/811 HUD Funds*	22020					
85	Interest/Dividend Income	22050					
86	Prior Period Rate Adjustments**	22090					
87	VESID Revenue (SED only)	22100					
88	LDSS County Revenue (SED only)	22110					
89	4402 Revenue (School District In-State) (SED only)	22120					

* For OMRDD programs, if this line is completed, complete Schedule OMRDD-3 (HUD Revenues and Expenses).
** Refer to CFR manual for specific instructions.
Note: Keep program columns consistent throughout the CFR document.

Please Check State Agency:
☐ OMH ☐ SED
☐ OMRDD
☐ OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2002 to June 30, 2003

SCHEDULE CFR-1
PROGRAM/SITE
DATA

Page _____

AGENCY NAME: _____

AGENCY CODE: _____

SCHOOL CODE: (SED ONLY) _____

USE WHOLE DOLLARS.

Line No.	COLUMN NUMBER	Cost Codes					
	ITEM DESCRIPTION						
	Program Code (Program Code Index)	00010	()	()	()	()	()
	Program/Site Identification Number	00050					
90	Department of Health Chapter 428 Revenue (SED only)	22130					
91	4408 Revenue (School District) (SED only)	22140					
92	4410 Revenue (Preschool) (SED only)	22150					
93	Net Deficit Funding (State & LGU Funding only)*	20110					
94	Other (Attach detail for revenue items > \$1,000)	22998					
95	Gross Revenues (Sum Lines 69-94)	23999					
	GAAP ADJUSTMENTS TO REVENUE						
96	Participant Allowance	24010					
97	Uncollectible Accounts Receivable	24040					
98	Other (Attach detail for adjustment items > \$1,000)	24996					
99	Total GAAP Adjustments (Sum Lines 96-98)	24997					
100	Net GAAP Revenues (Line 95 minus 99)	24998					
	NON-GAAP ADJUSTMENTS TO REVENUE						
101	Exempt Contract Income	24050					
102	Exempt LTSE Income	24060					
103	Net Deficit Funding**	24070					
104	Other (Attach detail for adjustment items > \$1,000)	24080					
105	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097					
106	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999					
107	TOTAL NET REVENUES (Line 95 minus 106)	25999					

* Do not include non-funded or voluntary contributions.
** Amounts should equal the corresponding amounts reported as revenue on line 93 above.
Note: Keep program columns consistent throughout the CFR document.