NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2003 to June 30, 2004

SCHEDULE OMRDD-4

FRINGE BENEFIT EXPENSE AND PROGRAM ADMINISTRATION EXPENSE DETAIL

Page _____

AGENCY CODE: _____ AGENCY NAME: _____

Line No.	COLUMN NUMBER					
	PROGRAM/SITE ID#					
	PROGRAM TYPE & CODE					
	ITEM DESCRIPTION					
	FRINGE BENEFITS					
1	Social Security					
2	Workers' Compensation					
3	Unemployment Insurance					
4	NYS Disability					
5	Sick Leave Accruals					
6	Health/Dental Insurance					
7	Life Insurance					
8	Pension/Retirement					
9	Other (Attach detail for items costing > $1,000)					
10	Total (Add lines 1 - 9; must equal CFR-1, line 20)					
PROGRAM ADMINISTRATION (Report the amount included on each specified CFR-1 line that is associated with Program Administration for each site.)						
11	Personal Services (CFR-1, Line 16)					
12	Vacation Leave Accruals (CFR-1, Line 17)					
13	Fringe Benefits (CFR-1, Line 20)					
14	Repairs and Maintenance (CFR-1, Line 22)					
15	Utilities (CFR-1, Line 23)					
16	Staff Travel (CFR-1, Line 25)					
17	Expensed Equipment (CFR-1, Line 28)					
18	Staff Development (CFR-1, Line 34)					
19	Supplies and Materials - non-Household (CFR-1, Line 36)					
20	Telephone (CFR-1, Line 38)					
21	Insurance General (CFR-1, Line 39)					
22	Other OTPS (CFR-1, Line 40)					
23	Equipment (CFR-1, Line 48)					
24	Property (CFR-1, Line 63)					
25	Adjustments (CFR-1, Line 66)					
26	Totals (Add lines 11 - 24 minus 25)*					

* This total must equal the portion of CFR-1, line 67, that is directly associated with program administration.