

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

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2004 to June 30, 2005

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.

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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. 29-Apr-2005

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Line No.	COLUMN NUMBER	Cost Codes					
	ITEM DESCRIPTION						
	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					

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Line No.	COLUMN NUMBER	Cost Codes					
	ITEM DESCRIPTION						
	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					

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

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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.