

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

SCHEDULE CFR-2
AGENCY FISCAL
SUMMARY

Page _____

AGENCY NAME: _____	PLEASE PROVIDE A DETAILED RECONCILIATION OF TOTAL EXPENSES AND REVENUES TO THE AGENCY'S AUDITED FINANCIAL STATEMENTS WHEN REPORTING PERIODS COINCIDE. USE WHOLE DOLLARS.
AGENCY CODE: _____	
SCHOOL CODE: (SED ONLY) _____	

Line No.	COLUMN NUMBER	Cost Codes	1	2	3	4	5	6	7
	ITEM DESCRIPTION		AGENCY TOTALS	OASAS TOTALS	OMH TOTALS	OMRDD TOTALS	SED TOTALS	SHARED PROGRAM TOTALS	OTHER PROGRAMS
	EXPENSES		(Sum Col. 2-7)						TOTALS*
1	Personal Services (CFR-1, Line 16)	31999							
2	Vacation Leave Accruals (CFR-1, Line 17)	32999							
3	Fringe Benefits (CFR-1, Line 20)	33999							
4	OTPS (CFR-1, Line 41)	34999							
5	Equipment-Provider Paid (CFR-1, Line 48)	35999							
6	Property-Provider Paid (CFR-1, Line 63)	36999							
7	Net Agency Admin. (CFR-1, Line 65)	38050							
8	Adj./Non-Allow. Costs (CFR-1, Line 66)	38030							
9	Total Adj. Expenses (Sum Lines 1-7 minus 8)	38999							
	REVENUES								
10	Gross Revenues (CFR-1, Line 95)	40999							
11	GAAP Adj. to Revenue (CFR-1, Line 99)	43999							
12	Net GAAP Revenues (Line 10 minus Line 11)	44999							

* These amounts are not detailed elsewhere in the CFR and, therefore, will not crossfoot to CFR-1.