

OASAS

OMH

OMRDD

NYC Fiscal Summary

Fiscal Period: 07/01/05 - 06/30/06

QUARTER REPORTED (Please Check):

_____1st

_____2nd

_____3rd

_____Mid-Year

_____Final

REVISION # _____

PREPARED BY: _____

TITLE: _____

TELEPHONE: _____

TITLE: _____

USE WHOLE DOLLARS ONLY

		COLUMN NUMBER	1	2	3		4		5		6		7	
		AGENCY NAME		STATE AGENCY TOTAL	FUNDING SOURCE LA REGULAR		FUNDING SOURCE		FUNDING SOURCE		FUNDING SOURCE		FUNDING SOURCE	
Line No.					CODE	INDEX	CODE	INDEX	CODE	INDEX	CODE	INDEX	CODE	INDEX
1	AGENCY CODE		TOTAL EXPENSES											
2	()		REVENUES											
3	NYC CONTRACT NO.		NET OPERATING COSTS											
4	()		ADVANCES											
5	AGENCY CODE		TOTAL EXPENSES											
6	()		REVENUES											
7	NYC CONTRACT NO.		NET OPERATING COSTS											
8	()		ADVANCES											
9	AGENCY CODE		TOTAL EXPENSES											
10	()		REVENUES											
11	NYC CONTRACT NO.		NET OPERATING COSTS											
12	()		ADVANCES											
13	AGENCY CODE		TOTAL EXPENSES											
14	()		REVENUES											
15	NYC CONTRACT NO.		NET OPERATING COSTS											
16	()		ADVANCES											
17	AGENCY CODE		TOTAL EXPENSES											
18	()		REVENUES											
19	NYC CONTRACT NO.		NET OPERATING COSTS											
20	()		ADVANCES											
21	PAGE TOTAL		TOTAL EXPENSES											
22			REVENUES											
23			NET OPERATING COSTS											
24			ADVANCES											
25	NYC TOTAL		TOTAL EXPENSES											
26			REVENUES											
27			NET OPERATING COSTS											
28			ADVANCE AMOUNT											
29			TOTAL NET/ADVANCES											
30			REIMBURSEMENT RATE											
31			STATE AID TOTAL											