

Please Check State Agency:

- OMRDD
- OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2006 to June 30, 2007

SCHEDULE DMH-2A
**AID TO LOCALITIES/
 DIRECT CONTRACT
 EQUIPMENT SUMMARY**

Page _____

AGENCY NAME: _____
 AGENCY CODE: _____

Line No.	COLUMN NUMBER ITEM DESCRIPTION				
1	PROGRAM TYPE				
2	PROGRAM CODE (Program Code Index)	()	()	()	()
	EQUIPMENT > \$2,500 (LIST INDIVIDUALLY)				
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23	EQUIPMENT < \$2,500 EACH (AGGREGATE TOTAL)				
24	TOTAL EQUIPMENT				

Note: Do not include any expensed equipment reported in the OTPS line on this schedule.