

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

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 1998 to June 30, 1999

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 | 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 and OMRDD only) | 00100 | | | | |
| 11 | Actual Capacity (OMH and OMRDD 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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|---------------------|---|------------|--|--|--|--|--|
| | ITEM DESCRIPTION | | | | | | |
| | Program Code | 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. 31-Mar-99

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| Line No. | COLUMN NUMBER | Cost Codes | | | | | |
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| | ITEM DESCRIPTION | | | | | | |
| | Program Code | 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 | 00010 | | | | | |
| | Program/Site Identification Number | 00050 | | | | | |
| 53 | Mortgage Interest (Report MCFFA 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 Interest Expense | 16120 | | | | | |
| 60 | MCFFA 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 | | | | | |
| 68 | Vehicle Insurance (OMRDD only) (Informational) | 19100 | | | | | |

* Enter the 6 digit ratio value factor from CFR-3.2, line 52. Agency administration should not be allocated to Program Development Grants or to programs 0860, 0870, 0880, 0890, 4810, 5810.
Note: Keep program columns consistent throughout the CFR document.

CFR-1.4
Rev. 31-Mar-99

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| Line No. | COLUMN NUMBER | Cost Codes | | | | | |
|---------------------|--|---------------|--|--|--|--|--|
| | ITEM DESCRIPTION | | | | | | |
| | Program Code | 00010 | | | | | |
| | Program/Site Identification Number | 00050 | | | | | |
| SECTION C: REVENUES | | | | | | | |
| 69 | Participant Fee (less SSI & SSA) | 20010 | | | | | |
| 70 | SSI & SSA | 20020 | | | | | |
| 71 | Home Relief | 20030 | | | | | |
| 72 | Medicaid | 20040 | | | | | |
| 73 | Medicare | 20060 | | | | | |
| 74 | Other Third Parties | 20070 | | | | | |
| 75 | OMRDD Residential Room and Board | 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 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.
Note: Keep program columns consistent throughout the CFR document.

CFR-1.5

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| | ITEM DESCRIPTION | | | | | | |
| | Program Code | | | | | | |
| | Program/Site Identification Number | | | | | | |
| 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.