

Please Check State Agency:
☐ OMH
☐ OMRDD
☐ OASAS

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

SCHEDULE DMH-1
PROGRAM FISCAL
SUMMARY

Page _____

AGENCY NAME: _____
AGENCY CODE: _____

USE WHOLE DOLLARS.

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
1	Program Type	00071					
2	Program Code	00011					
	UNITS OF SERVICE						
3	OMH Units of Service	00121					
4	OMRDD Units of Service	00161					
5	OASAS Units of Service	00170					
	EXPENSES*						
6	Personal Services	17010					
7	Vacation Leave Accruals	17020					
8	Fringe Benefits	17030					
9	Other Than Personal Services	17040					
10	Equipment-Provider Paid	17050					
11	Property-Provider Paid	17060					
12	Agency Administration	17080					
13	Adjustments/Non-Allowable Costs	17090					
14	Total Adjusted Expenses (Lines 6-12 minus 13)	17999					
	REVENUES*						
15	Participant Fees (less SSI & SSA)	26010					
16	SSI & SSA	26020					
17	Home Relief	26030					
18	Medicaid	26040					
19	Medicare	26060					
20	Other Third Parties	26070					
21	OMRDD Residential Room and Board	26080					
22	Transportation, Medicaid	26090					
23	Transportation, Other	26100					
24	Sales: Contract Total	26140					
25	Federal Grants (Attach detail)	26160					

* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
	Program Type	00071					
	Program Code	00011					
26	State Grants (Attach detail)	26190					
27	LTSE Income Total (OMH and OMRDD only)	26220					
28	Food Stamps (OASAS Only)	26240					
29	Net Deficit Funding (State & LGU Funding only)*	26110					
30	Other (Attach detail for revenue items > \$1,000)	26230					
31	Total Gross Revenues (Sum Lines 15-30)	26999					
	GAAP ADJUSTMENTS TO REVENUE**						
32	Participant Allowance	27010					
33	Uncollectible Accounts Receivable	27040					
34	Other (Attach detail for adjustment items > \$1,000)	27045					
35	Total GAAP Adjustments (Sum Lines 32-34)	27049					
36	Net GAAP Revenues (Line 31 minus 35)	27025					
	NON-GAAP ADJUSTMENTS TO REVENUE**						
37	Exempt Contract Income	27050					
38	Exempt LTSE Income	27060					
39	Net Deficit Funding***	27070					
40	Other (Attach detail for adjustment items > \$1,000)	27080					
41	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998					
42	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999					
43	Total Net Revenues (Line 31 minus 42)	28999					
44	Net Operating Cost (Line 14 minus 43)	29999					
	DEFICIT FUNDING						
45	State	45010					
46	Local Government	45020					
47	Voluntary Contributions	45030					
48	Non-Funded	45040					
49	Total Deficit Funding (Sum Lines 45-48)	45999					

* Do not include non-funded or voluntary contributions.

** These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

*** Amounts should equal the corresponding amounts reported as revenue on line 29 above.