

Please Check State Agency:

- OMH     SED  
 OPWDD  
 OASAS

**NEW YORK STATE**  
 SA-111 SUPPLEMENTAL SCHEDULES  
 For the Period: July 1, 2014 to June 30, 2015

Schedule 8A (CFR-1)  
PROGRAM/SITE  
DATA

Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_  
 AGENCY CODE: \_\_\_\_\_  
 SCHOOL CODE: (SED ONLY) \_\_\_\_\_

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
<b>SECTION A: GENERAL INFORMATION</b>							
1	Program Type	00070					
2	Program Code (Program Code Index)	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					
7a	Medicaid Provider Agreement Number (DMH only)	00060					
7b	National Provider ID Number (DMH only)	00061					
8	County Code (See Appendix C)	00080					
9	Date Site Opened	00090					
10	Certified Capacity (OASAS, OPWDD, and SED only)	00100					
11	Actual Capacity (OMH, OPWDD, and SED only)	00110					
12	Actual Days Program/Site Open	00160					
13	Units of Service	00120					
14	Respite or TUBS Units of Service (OPWDD only)	00130					
15	Program/Site Square Footage (OASAS, OPWDD, and SED only)	00150					

Please Check State Agency:

- OMH     SED  
 OPWDD  
 OASAS

**NEW YORK STATE**  
**SA-111 SUPPLEMENTAL SCHEDULES**  
 For the Period: July 1, 2014 to June 30, 2015

**Schedule 8A (CFR-1)**  
**PROGRAM/SITE**  
**DATA**

Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_  
 AGENCY CODE: \_\_\_\_\_  
 SCHOOL CODE: (SED ONLY) \_\_\_\_\_

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					

**SECTION B: EXPENSES**

<b>PERSONAL SERVICES</b>							
16	Personal Services - Program/Site & Program Admin (from CFR-4)	11999					
17	Vacation Accruals - Program/Site & Program Admin	12999					
<b>FRINGE BENEFITS</b>							
18	Mandated Fringe Benefits	13200					
19	Non-Mandated Fringe Benefits	13300					
20	Total Fringe Benefits (Sum Lines 18 & 19)	13999					
<b>OTHER THAN PERSONAL SERVICES (OTPS)</b>							
21	Food	14010					
22	Repairs and Maintenance	14020					
23	Utilities	14030					
24	Transportation Related-Participant (Travel - Direct Care)	14040					
25	Staff Travel (Travel - Program Administration)	14250					
26	Participant Incidentals	14050					
27	Expensed Adaptive Equipment (Payments to BOCES/School Districts)	14070					
28	Expensed Equipment	14080					
29	Sub-Contract Raw Materials	14090					
30	Participant Wages-Non-Contract	14100					

Please Check State Agency:

- OMH     SED  
 OPWDD  
 OASAS

**NEW YORK STATE**  
**SA-111 SUPPLEMENTAL SCHEDULES**  
 For the Period: July 1, 2014 to June 30, 2015

**Schedule 8A (CFR-1)**  
**PROGRAM/SITE**  
**DATA**

Page \_\_\_\_\_

**AGENCY NAME:** \_\_\_\_\_  
**AGENCY CODE:** \_\_\_\_\_  
**SCHOOL CODE: (SED ONLY)** \_\_\_\_\_

Line	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
No.	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
31	Participant Wages-Contract	14110					
32	Participant Fringe Benefits	14120					
33	Section 43.04 Services Assessment (Other Internal Service Activity Prog)	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 (Detail Required)	14998					
41	Total Other Than Personal Services (Sum Lines 21-40)	14999					
<b>EQUIPMENT-PROVIDER PAID</b>							
42	Lease/Rental Vehicle	15010					
43	Lease/Rental Equipment	15020					
44	Depreciation-Vehicle	15040					
45	Depreciation-Equipment	15050					
46	Interest-Vehicle	15070					
47	Other (Detail Required)	15998					
48	Total Equipment (Sum of Lines 42-47)	15999					
<b>PROPERTY-PROVIDER PAID</b>							
49	Lease/Rental-Real Property	16010					
50	Leasehold/Leasehold Improvements	16020					
51	Depreciation-Building	16030					
52	Depreciation Building/Land Improvements	16040					

Please Check State Agency:

- OMH     SED  
 OPWDD  
 OASAS

**NEW YORK STATE**  
**SA-111 SUPPLEMENTAL SCHEDULES**  
 For the Period: July 1, 2014 to June 30, 2015

**Schedule 8A (CFR-1)**  
**PROGRAM/SITE**  
**DATA**

Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY CODE: \_\_\_\_\_

SCHOOL CODE: (SED ONLY) \_\_\_\_\_

Line	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
No.	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
<b>53</b>	Mortgage/Capital Improvements Interest (Rpt. MCFFA/DASNY Bond Int. on Ln 59)	<b>16060</b>					
<b>54</b>	Mortgage Expenses	<b>16070</b>					
<b>55</b>	Insurance-Property & Casualty	<b>16080</b>					
<b>56</b>	Real Estate Taxes	<b>16090</b>					
<b>57</b>	Interest on Capital Indebtedness	<b>16100</b>					
<b>58</b>	Start-Up Expenses	<b>16110</b>					
<b>59</b>	MCFFA/DASNY Interest Expense	<b>16120</b>					
<b>60</b>	MCFFA/DASNY Administration Fees	<b>16130</b>					
<b>61</b>	Maintenance in Lieu of Rent (Operation & Maintenance Transfer)	<b>16140</b>					
<b>62</b>	Other (Detail Required)	<b>16998</b>					
<b>63</b>	Total Property-Provider Paid (Sum of Lines 49-62)	<b>16999</b>					
<b>TOTALS</b>							
<b>64</b>	Total Operating Costs (Sum lines 16, 17, 20, 41 minus 29)	<b>19010</b>					
<b>65</b>	Agency Admin. Alloc.(Line 64 times _____)*	<b>19050</b>					
<b>66</b>	Adjustments/Non-Allowable Costs (Detail Required)	<b>19030</b>					
<b>67</b>	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	<b>19060</b>					
<b>OPWDD Only - Informational</b>							
<b>68a</b>	Other Than To/From Transportation Allocation	<b>19101</b>					
<b>68b</b>	To/From Transportation Allocation	<b>19102</b>					
<b>68c</b>	ICF/DD SED Contract Liability	<b>19103</b>					
<b>68d</b>	Program Administration Property	<b>19104</b>					

\* The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0880, 0890 and state agency specific programs which are exempt from agency administration.

Please Check State Agency:

- OMH     SED  
 OPWDD  
 OASAS

**NEW YORK STATE**  
**SA-111 SUPPLEMENTAL SCHEDULES**  
 For the Period: July 1, 2014 to June 30, 2015

**Schedule 8A (CFR-1)**  
**PROGRAM/SITE**  
**DATA**

Page \_\_\_\_\_

**AGENCY NAME:** \_\_\_\_\_  
**AGENCY CODE:** \_\_\_\_\_  
**SCHOOL CODE: (SED ONLY)** \_\_\_\_\_

Line	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
No.	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					

**SECTION C: REVENUES**

69	Participant Fee (less SSI & SSA)	20010					
70	SSI & SSA	20020					
71	Home Relief/Public Assistance	20030					
72	Medicaid	20040					
73	Medicare	20060					
74	Other Third Parties (Detail Required)	20070					
75	OPWDD Residential Room and Board/NYS OPTS	20080					
76	Transportation, Medicaid	20090					
77	Transportation, Other (Detail Required)	20100					
78	Sales: Contract Total	21070					
79	Federal Grants (Detail Required)	22040					
80	State Grants (Detail Required)	22030					
81	LTSE Income Total (OMH and OPWDD only)	22080					
82	SNAP (OASAS, OPWDD)/Food Revenue (SED Only)	22160					
83	Gifts, Legacies, Bequests, Restricted Donations	22010					
84	Section 202/8/811 HUD Funds*	22020					
85	Interest/Dividend Income	22050					
86	Prior Period Rate Adjustments**	22090					
87	Excessive Teacher Turnover Prevention Grant (SED only)	22100					
88	LDSS County Revenue (SED only)	22110					
89	4402 Revenue (School District In-State) (SED only)	22120					

\* For OPWDD programs, if this line is completed, complete Schedule OPWDD-3 (HUD Revenues and Expenses).

\*\* Refer to CFR manual for specific instructions.

Please Check State Agency:

- OMH     SED  
 OPWDD  
 OASAS

**NEW YORK STATE**  
 SA-111 SUPPLEMENTAL SCHEDULES  
 For the Period: July 1, 2014 to June 30, 2015

Schedule 8A (CFR-1)  
PROGRAM/SITE  
DATA

Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_  
 AGENCY CODE: \_\_\_\_\_  
 SCHOOL CODE: (SED ONLY) \_\_\_\_\_

Line	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
No.	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
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 Revenue (Detail Required)	22998					
95	Gross Revenues (Sum Lines 69-94)	23999					
	<b>GAAP ADJUSTMENTS TO REVENUE</b>						
96	Participant Allowance	24010					
97	Uncollectible Accounts Receivable	24040					
98	Other (Detail Required)	24996					
99	Total GAAP Adjustments (Sum Lines 96-98)	24997					
100	Net GAAP Revenues (Line 95 minus 99)	24998					
	<b>NON-GAAP ADJUSTMENTS TO REVENUE</b>						
101	Exempt Contract Income	24050					
102	Exempt LTSE Income	24060					
103	Net Deficit Funding**	24070					
104	Other (Detail Required)	24080					
105	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097					
106	<b>TOTAL ADJ. TO REVENUE (Sum Lines 99 &amp; 105)</b>	24999					
107	<b>TOTAL NET REVENUES (Line 95 minus 106)</b>	25999					

\* Do not include non-funded or voluntary contributions.

\*\* Amounts should equal the corresponding amounts reported as revenue on line 93 above.