

**NEW YORK STATE**  
SA-111 SUPPLEMENTAL SCHEDULES  
For the Period: July 1, 2016 to June 30, 2017

SCHEDULE 8-i  
AGENCY IDENTIFICATION  
AND CERTIFICATION  
STATEMENT

Page \_\_\_\_\_

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

AGENCY CODE: \_\_\_\_\_  
COUNTY NAME: \_\_\_\_\_  
COUNTY CODE: \_\_\_\_\_

**TYPE OF OWNERSHIP:**  
NOT-FOR-PROFIT:   
PROPRIETARY:   
GOVERNMENTAL:

Please check the box if the agency address changed from the prior reporting period.

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

FEDERAL EMPLOYER ID NUMBER: \_\_\_\_\_

CERTIFIED FINANCIAL STATEMENT REPORTING PERIOD: \_\_\_\_\_

**Person to Contact with Regard to Questions Concerning this Report:**

\_\_\_\_\_  
Name (\_\_\_\_\_) Telephone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail Address (\_\_\_\_\_) FAX Number

Please check the box if the person to contact changed from the prior reporting period.

CHECK THE STATE AGENCY(IES):  OMH  
 OPWDD  
 OASAS  
 SED

CHECK THE SUBMISSION TYPE:  FULL CFR  
 ABBREVIATED CFR  
 ARTICLE 28 ABBREVIATED CFR  
 MINI-ABBREVIATED CFR  
 ESTIMATED CLAIM

MISREPRESENTATION OF ANY INFORMATION CONTAINED IN THIS REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER NEW YORK STATE LAW.

**CERTIFICATION STATEMENT**

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT, THAT THE INFORMATION FURNISHED IN THIS REPORT HAS BEEN COMPLETED IN ITS ENTIRETY, AND IS IN ACCORDANCE WITH THE INSTRUCTIONS AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER ATTEST TO THE FACT THAT THERE ARE RECORDS AND ALLOCATION WORKSHEETS TO SUPPORT ALL THE INFORMATION CONTAINED HEREIN, IN THE CUSTODY OF THE ABOVE NAMED SPONSORING AGENCY. I ACKNOWLEDGE THAT THE DEPARTMENT OF MENTAL HYGIENE, OR ANY OF ITS OFFICES OR DIVISIONS, OR THE STATE EDUCATION DEPARTMENT, OR ANY OF ITS OFFICES OR DIVISIONS, MAY REJECT THIS REPORT IF IT HAS NOT BEEN FULLY, OR ACCURATELY COMPLETED.

\_\_\_\_\_  
Date

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Signature of District Superintendent

Please check the box if the District Superintendent changed from the prior reporting period.

PLEASE NUMBER ALL PAGES CONSECUTIVELY. LIST THE TOTAL NUMBER OF PAGES SUBMITTED. \_\_\_\_\_

Rev. 27-Jul-17

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