Funding State Agency:

□ OMH □ SED

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2009 to June 30, 2010

SCHEDULE CFR-4A CONTRACTED DIRECT CARE AND CLINICAL PERSONAL SERVICES

Page ____ AGENCY NAME:_____ AGENCY CODE: Refer to Appendix R for Position Title Codes and definitions. Report only program/site specific positions (Position Title Codes 200-399 series). **COLUMN NUMBER** PROGRAM CODE (PROGRAM CODE INDEX)) **PROGRAM/SITE IDENTIFICATION NUMBER** PROGRAM/SITE NAME PROGRAM/SITE ADDRESS (Line One) Position PROGRAM/SITE ADDRESS (Line Two) Title Code COUNTY CODE Appendix Hours Hours Hours Amount Amount Amount Hours Amount Hours Amount R **Position Title** Paid Total "Hours Paid" and "Amount Paid" for Positions.

Totals are transferred to Schedule CFR-1 Line 35 (Program/Site).