FundingState Agency:

□ ОМН

## NEW YORK STATE

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

## SCHEDULE DMH-3 AID TO LOCALITIES AND DIRECT CONTRACTS PROGRAM FUNDING SOURCE SUMMARY

Page \_

AGENCY NAME:		PREPARED BY:									TELEPHONE: ()					
AGENCY CODE:		$\square$ Please check the box if the preparer changed from the previous submission.														
COUNTY NAME & CODE:()			PLEASE CHECK: ESTIMATED CLAIM FINAL CLAIM												_AIM	
Line COLUMN NUMBER		Cost													TOTAL	
No. ITEM DESCRIPTION		Codes														
1 Accounting Method																
2 Program Type		00073														
3 Program Code (Program Code Index)		00013		()		()		()		(	)	(	)			
4 Total Persons Served/Month		00220								•		•	_			
5 Total Units of Service		00999														
6 Gross Cost/Unit of Service		70999														
7 Net Cost/Unit of Service		71999														
8 Please Check If Participant Specific Methodology Is Used (OMRDD ONLY)		72999														
9 A. Funding Source Code (Local Assistance)	Index (OMH/OASAS only)		001		001		001		001		001					
10 Number Persons Served/Month		00260														
11 Number Units of Service		00250														
12 Total Adjusted Expenses		50999														
13 Less Applied Net Revenue		61999														
14 Net Operating Costs		62999														
15 State Contract Number / LGU Contract Number *		00201														
16 B. Funding Source Code	Index (OMH/OASAS only)															
17 Number Persons Served/Month	· · ·	00261														
18 Number Units of Service		00251														
19 Total Adjusted Expenses		50998														
20 Less Applied Net Revenue		61998														
21 Net Operating Costs		62998														
22 State Contract Number / LGU Contract Number *		00202								-						
23 C. Funding Source Code	Index (OMH/OASAS only)															
24 Number Persons Served/Month		00262											_			
25 Number Units of Service		00252											_			
26 Total Adjusted Expenses		50997											_			
27 Less Applied Net Revenue		61997											_			
28 Net Operating Costs		62997							_		_		_			
29 State Contract Number / LGU Contract Number * D. Totals From A-C Above		00203														
		51999														
30 Total Adjusted Expenses   31 Less Net Revenue		63999											_			
													_			
32 Net Operating Costs		52999														

\* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.