

**NEW YORK STATE
CONSOLIDATED FISCAL REPORT**
For the Period: July 1, 2009 to June 30, 2010

**SCHEDULE OMRDD-4
FRINGE BENEFIT EXPENSE AND
PROGRAM ADMINISTRATION EXPENSE DETAIL**

AGENCY NAME: _____ AGENCY CODE: _____

| Line No. | COLUMN NUMBER | | | | |
|----------|--|--|--|--|--|
| | PROGRAM/SITE ID# | | | | |
| | PROGRAM TYPE & CODE | | | | |
| | ITEM DESCRIPTION | | | | |
| | FRINGE BENEFITS | | | | |
| 1 | Social Security | | | | |
| 2 | Workers' Compensation | | | | |
| 3 | Unemployment Insurance | | | | |
| 4 | NYS Disability | | | | |
| 5 | Sick Leave Accruals | | | | |
| 6 | Health/Dental Insurance | | | | |
| 7 | Life Insurance | | | | |
| 8 | Pension/Retirement | | | | |
| 9 | Other (Detail Required) | | | | |
| 10 | Total (Add lines 1 - 9; must equal CFR-1, line 20) | | | | |

PROGRAM ADMINISTRATION (Report the amount included on each specified CFR-1 line that is associated with Program Administration for each site.)

| | | | | | |
|----|---|--|--|--|--|
| 11 | Personal Services (CFR-1, Line 16) | | | | |
| 12 | Vacation Leave Accruals (CFR-1, Line 17) | | | | |
| 13 | Fringe Benefits (CFR-1, Line 20) | | | | |
| 14 | Repairs and Maintenance (CFR-1, Line 22) | | | | |
| 15 | Utilities (CFR-1, Line 23) | | | | |
| 16 | Staff Travel (CFR-1, Line 25) | | | | |
| 17 | Expensed Equipment (CFR-1, Line 28) | | | | |
| 18 | Staff Development (CFR-1, Line 34) | | | | |
| 19 | Supplies and Materials - non-Household (CFR-1, Line 36) | | | | |
| 20 | Telephone (CFR-1, Line 38) | | | | |
| 21 | Insurance General (CFR-1, Line 39) | | | | |
| 22 | Other OTPS (CFR-1, Line 40) (Detail Required) | | | | |
| 23 | Equipment (CFR-1, Line 48) | | | | |
| 24 | Property (CFR-1, Line 63) | | | | |
| 25 | Adjustments (CFR-1, Line 66) (Detail Required) | | | | |
| 26 | Totals (Add lines 11 - 24 minus 25)* | | | | |

* This total must equal the portion of CFR-1, line 67, that is directly associated with program administration.