| Funding State Agency: | | | | | | | | | |
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| | ОМН | | SED | | | | | | |
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NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2013 to June 30, 2014

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

| | | | | | | | | | | | Page | |
|---|--|---------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|--|
| AGENCY NA | AME: | | | | | | | | | | | |
| AGENCY CO | | | | | | | | | | | | |
| SCHOOL CO | DDE: (SED ONLY) | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| Position | PROGRAM/SITE ADDRESS (Line One) | | | | | | | | | | | |
| Title Code | PROGRAM/SITE ADDRESS (Line Two) | | | | | | | | | | | |
| Appendix | COUNTY CODE | | | | | | | | | | | |
| R | Position Title | Hours Paid | Amount Paid | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total "Hours | Paid" and "Amount Paid" for Positions. | | | | | | | | | | | |

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

CFR-4A May 2014

Rev.