FundingState Agency: OMH OPWDD OASAS

## **NEW YORK STATE**

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

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

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
Line	COLUMN NUMBER	Cost						TOTAL
No.	ITEM DESCRIPTION	Codes						
1	Accounting Method							
2	Program Type	00073						
3	Program Code (Program Code Index)	00013	(	) (	) (	) (	) ()	
	Total Persons Served/Month	00220		<i>.</i>		-	, <u>, , , , , , , , , , , , , , , , , , </u>	
5	Total Units of Service	00999						
6	Gross Cost/Unit of Service	70999						
	Net Cost/Unit of Service	71999						
	Please Check If Participant Specific Methodology Is Used (OPWDD ONLY)	72999						-
	A. Funding Source Code (Local Assistance) Index (OMH/OASAS only)		001	001	001	001	001	
10		00260						
11	Number Units of Service	00250						
12		50999						
13		61999						
14		62999						
15		00201						
	B. Funding Source Code Index (OMH/OASAS only)	00201						
17		00261	ļļ				- I	
18		00251						
19		50998						
20		61998						
21	Net Operating Costs	62998						
22		00202						
23	C. Funding Source Code Index (OMH/OASAS only)							
24		00262						
25	Number Units of Service	00252						
26		50997						
27		61997						
28		62997						
29		00203						
	D. Totals From A-C Above							
30		51999						
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. DMH-3							

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