Funding State Agency:

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2014 to June 30, 2015

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

Page _____

AGENCY N	AME:										
AGENCY NAME:AGENCY CODE:											
SCHOOL CODE: (SED ONLY)											
	endix 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.											l

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

CFR-4A May 2015

Rev.