

Please Check State Agency:

- OMRDD
- OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2005 to June 30, 2006

SCHEDULE DMH-2A
**AID TO LOCALITIES/
 DIRECT CONTRACT
 EQUIPMENT SUMMARY**

Page _____

AGENCY NAME: _____
 AGENCY CODE: _____

Line No.	COLUMN NUMBER					
	ITEM DESCRIPTION					
1	PROGRAM TYPE					
2	PROGRAM CODE (Program Code Index)	()	()	()	()	()
	EQUIPMENT > \$2,500 (LIST INDIVIDUALLY)					
3						
4						
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21						
22						
23	EQUIPMENT < \$2,500 EACH (AGGREGATE TOTAL)					
24	TOTAL EQUIPMENT					

Note: Do not include any expensed equipment reported in the OTPS line on this schedule.