

Please Check State Agency:

- OMH
- OMRDD
- OASAS

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2006 to June 30, 2007*

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

Page \_\_\_\_\_

AGENCY NAME: _____	PREPARED BY: _____	TELEPHONE: (____) _____
AGENCY CODE: _____	<input type="checkbox"/> Please check the box if the preparer changed from the previous submission.	
COUNTY NAME & CODE: _____ (____)	USE WHOLE DOLLARS	PLEASE CHECK: ESTIMATED CLAIM ____ FINAL CLAIM ____

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