

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2007 to June 30, 2008*

**SCHEDULE CFR-2**  
**AGENCY FISCAL**  
**SUMMARY**

Page \_\_\_\_\_

<b>AGENCY NAME:</b> _____ <b>AGENCY CODE:</b> _____ <b>SCHOOL CODE: (SED ONLY)</b> _____	<b>PLEASE PROVIDE A DETAILED RECONCILIATION OF TOTAL EXPENSES AND REVENUES TO THE AGENCY'S AUDITED FINANCIAL STATEMENTS WHEN REPORTING PERIODS COINCIDE. USE WHOLE DOLLARS.</b>
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Line No.	COLUMN NUMBER	Cost Codes	1	2	3	4	5	6	7
	ITEM DESCRIPTION		AGENCY TOTALS	OASAS TOTALS	OMH TOTALS	OMRDD TOTALS	SED TOTALS	SHARED PROGRAM TOTALS	OTHER PROGRAMS TOTALS*
	EXPENSES		(Sum Col. 2-7)						
1	Personal Services (CFR-1, Line 16)	31999							
2	Vacation Leave Accruals (CFR-1, Line 17)	32999							
3	Fringe Benefits (CFR-1, Line 20)	33999							
4	OTPS (CFR-1, Line 41)	34999							
5	Equipment-Provider Paid (CFR-1, Line 48)	35999							
6	Property-Provider Paid (CFR-1, Line 63)	36999							
7	Net Agency Admin. (CFR-1, Line 65)	38050							
8	Adj./Non-Allow. Costs (CFR-1, Line 66)	38030							
9	Total Adj. Expenses (Sum Lines 1-7 minus 8)	38999							
	REVENUES								
10	Gross Revenues (CFR-1, Line 95)	40999							
11	GAAP Adj. to Revenue (CFR-1, Line 99)	43999							
12	Net GAAP Revenues (Line 10 minus Line 11)	44999							

\* These amounts are not detailed elsewhere in the CFR and, therefore, will not crossfoot to CFR-1.