## NEW YORK STATE CONSOLIDATED FISCAL REPORT For the Period: July 1, 2008 to June 30, 2009

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AGENCY NAME:

SCHOOL CODE: (SED ONLY) \_\_\_\_\_

AGENCY CODE:\_

		AGENCY ADMIN				AGENCY ADMIN
Line ITEM DESCRIPTION	COST	TOTALS	Line		COST	TOTALS
No. PERSONAL SERVICES	CODES			EQUIPMENT-PROVIDER PAID (CONTINUED)	CODES	
1 Total Personal Services (from CFR-4, Agency Admin.)	11998			Depreciation-Vehicle	15041	
2 Vacation Leave Accruals	12998		22	Depreciation-Equipment	15060	
				Interest-Vehicle	15071	
FRINGE BENEFITS				Other (Detail Required)	15997	
3 Mandated Fringe Benefits	13201		25	Total Equipment (Sum Lines 19 - 24)	15996	
4 Non-Mandated Fringe Benefits	13301					
5 Total Fringe Benefits (Sum Lines 3 - 4)	13998					
				PROPERTY-PROVIDER PAID		
OTHER THAN PERSONAL SERVICES (OTPS)			26	Lease/Rental-Real Property	16011	
6 Audit/Legal	14200		27	Leasehold/Leasehold Improvements	16021	
7 Utilities	14210		28	Depreciation-Building	16031	
8 Telephone	14220		29	Depreciation-Building/Land Improvements	16050	
9 Repairs and Maintenance	14021		30	Mortgage Interest	16061	
10 Office Supplies and Postage	14161		31	Mortgage Expenses	16071	
11 Organizational Expense	14230		32	Insurance-Property & Casualty	16081	
12 Interest - Working Capital	14240		33	Real Estate Taxes	16091	
13 Expensed Equipment	14081		34	Maintenance in Lieu of Rent (LGU only)	16141	
14 Contracted Personal Services	14151		35	Interest on Capital Indebtedness	16101	
15 Staff Travel	14251		36	Other (Detail Required)	16997	
16 Insurance - General	14261		37	Total Property (Sum Lines 26 - 36)	16996	
17 Other (Detail Required)	14997					
18 Total OTPS (Sum Lines 6 - 17)	14996		38	Parent Agency Administration Allocation	19070	
			39	County Wide Cost Allocation (LGU Only)	19080	
EQUIPMENT-PROVIDER PAID			40	Total Agency Administration (Sum Lines 1,2,5,18,25,37,38,39)	19090	
19 Lease/Rental-Vehicle	15011		41	Adjustments/Non-Allowable Costs (Detail Required)	19031	
20 Lease/Rental-Equipment	15030		42	Net Agency Administration (Line 40 minus 41)	19998	

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RATIO VALUE WORKSHEET (AGENCY-WIDE)				ADJUSTED RATIO VALUE WORKSHEET (WITHIN STATE AGENCY)					
Line No. State Agency	Cost Codes	Amount	Line No.		Cost Codes	Amount			
CALCULATION OF OPERATING COSTS *			CAL	CALCULATION OF ADJUSTED OPERATING COSTS ****					
43 OASAS Subtotal	19110		60	OASAS Adjusted Subtotal	19310				
44 OMH Subtotal	19120		61	OMH Adjusted Subtotal	19320				
45 OMRDD Subtotal	19130		62	OMRDD Adjusted Subtotal	19330				
46 SED Subtotal	19140		63	SED Adjusted Subtotal	19340				
47 Shared Programs Subtotal	19150		64	Shared Programs Adjusted Subtotal	19350				
48 Other Programs Subtotal**	19160		CAL	CALCULATION OF ADJUSTED RATIO VALUE FACTOR *****					
49 Total Agency Operating Costs	19170			OASAS Ratio Value Factor (line 53 divided by line 60)	19410				
CALCULATION OF RATIO VALUE FACTOR			66	OMH Ratio Value Factor (line 54 divided by line 61)	19420				
50 Net Agency Administration (CFR-3, Line 42)	19999		67	OMRDD Ratio Value Factor (line 55 divided by line 62)	19430				
51 Total Agency Operating Costs (CFR-3, Line 49)	19171		68	SED Ratio Value Factor (line 56 divided by line 63)	19440				
52 Ratio Value Factor (Line 50 divided by line 51)	19180		69	Shared Programs Ratio Value Factor (line 57 divided by line 64)	19450				
ALLOCATION OF AGENCY ADMINISTRATION USING RATIO	O VALUE ***								
53 OASAS Allocation (line 43 x line 52)	19210								
54 OMH Allocation (line 44 x line 52)	19220								
55 OMRDD Allocation (line 45 x line 52)	19230								
56 SED Allocation (line 46 x line 52)	19240								
57 Shared Programs Allocation (line 47 x line 52)	19250								
58 Other Programs Allocation (line 48 x line 52)	19260								
59 Total Agency Administration ( sum lines 53 - 58)	19270								

\* Totals by State Agency from CFR-1, Line 64. Do not report operating costs for programs 0190, 0880 and 0890.

\*\* This amount must equal the sum of lines 1 through 4 of column 7 on schedule CFR-2. These amounts are not detailed elsewhere in the CFR and, therefore, will not cross foot to CFR-1.

\*\*\* For each state agency, the sum of agency administration allocated to each program/site on CFR-1, line 65, must equal the agency administration calculated below.

\*\*\*\* Totals by State Agency from CFR-1, Line 64. Do not report operating costs for programs 0190, 0880 and 0890 and programs which are exempt from agency administration. For OMH (line 61), do not include operating costs for programs 0860, 0870, 1690, 2820, 2830, 2860, 8810 and programs with an "A" program code index (startup). For OMRDD Specific (line 62), do not include operating costs for programs 2091and 5091.

\*\*\*\*\* The adjusted ratio value factor for each State Agency should appear in the item description column of that State Agency specific CFR-1, line 65.