## **NEW YORK STATE**

## CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2008 to June 30, 2009

SCHEDULE CFR-ii
INDEPENDENT ACCOUNTANT'S REPORT
VOLUNTARY AGENCY or
COUNTY GOVERNMENT

Page\_\_\_\_

AGENCY NAME:	AGENCY CODE:	SCHOOL CODE (SED ONLY):	
We have audited the accompanying balance sheet of the Agency/Co- These financial statements are the responsibility of the Agency's/County		g related statements of operations, changes in net assets or equity, and cash flows for san opinion on these financial statements based on our audit.	or the year then ended.
the financial statements are free of material misstatement. An audit in	cludes examining, on a test basis, evidence s	Those standards require that we plan and perform the audit to obtain reasonable as supporting the amounts and disclosures in the financial statements. An audit also it tatement presentation. We believe our audit provides a reasonable basis for our opini	includes assessing the
In our opinion, the aforementioned financial statements present fairly and its cash flows, for the year then ended, in conformity with accounting	• • • • • • • • • • • • • • • • • • • •	n of the Agency/County as of June 30, 2009 and the results of its operations, changes rates of America.	in net assets or equity
CFR-3; CFR-4; CFR-4A; CFR-5; DMH-1; OMRDD-3; OMRDD-4; OMH-1; an	d SED-1, which is the responsibility the Agency on the CFR with Document Control Number	e information included on Schedules (as applicable) CFR-1, lines 13, 16, 17, 20, 41, 48 y's/County's management, is presented for purposes of additional analysis and is no has been subjected to the auditing procedures applied in c financial statements taken as a whole.	ot a required part of the
The other information included in this Consolidated Fiscal Report ide opinion thereon.	entified by Document Control Number	, not detailed in the preceding paragraph, was not audited by us and, according	rdingly, we express no
	• • • • • • • • • • • • • • • • • • • •	ion of those schedules contained within the Consolidated Fiscal Reporting and Claimi structions. Our responsibility is to express an opinion on the schedules' conformity v	•
	ctions and performing such other procedures a	Certified Public Accountants and, accordingly, included examining, on a test basis, exams we considered necessary in the circumstances including following the procedures or our opinion.	
• • •	, , , , , , , , , , , , , , , , , , , ,	ns relating to the preparation of the Consolidated Fiscal Report as furnished by the Ne coholism and Substance Abuse, and New York State Education Department for the yea	

This report is intended solely for the information and use of management of the Agency/County, the New York State governmental funding agencies, and any funding Counties that are required to receive a copy of this report and is not intended to be and should not be used by anyone other than these specified parties.

The undersigned hereby certifies this opinion and that we have disclosed any and all material facts known to us, disclosure of which is necessary to make this opinion, the basic financial statements and the above referenced CFR schedules not misleading. The undersigned hereby further certifies that we will disclose any material fact discovered by us subsequent to this certification, which existed at the time of this certification and was not disclosed in the basic financial statements or the above referenced CFR schedules, the disclosure of which is necessary to make the basic financial statements or the CFR schedules not misleading and will disclose any material misstatement in said financial statements or the above referenced CFR schedules.

During the period of this professional engagement, at the time of expressing this opinion and during the period covered by the financial statements, we did not have nor were committed to acquire, any direct financial interest or material indirect financial interest in the ownership or operation of the facility and we were not connected in any way with the ownership, financing or operation of the facility as a director, officer or employee, or in any capacity other than as an independent certified public accountant or independent public accountant.

Date CFR-ii Signed	Signature of Independent Accountant, Firm, or Sole Practitioner	CPA Firm Registration Numb	per
*Date of Report (Enter the date of the audit report on the financial statements.)	Firm Name		
	Firm Address		
Telephone Number	Firm Contact Person		CFR-ii
* The Auditor has not performed any audit procedures since the date of the Auditor's Report on the financial statements.		Rev.	8-May-2009