

**NEW YORK STATE
CONSOLIDATED FISCAL REPORT**
For the Period: January 1, 2009 to December 31, 2009

SCHEDULE OMRDD-4
FRINGE BENEFIT EXPENSE AND
PROGRAM ADMINISTRATION EXPENSE DETAIL

Page _____

AGENCY NAME: _____ AGENCY CODE: _____

Line No.	COLUMN NUMBER				
	PROGRAM/SITE ID#				
	PROGRAM TYPE & CODE				
	ITEM DESCRIPTION				
	FRINGE BENEFITS				
1	Social Security				
2	Workers' Compensation				
3	Unemployment Insurance				
4	NYS Disability				
5	Sick Leave Accruals				
6	Health/Dental Insurance				
7	Life Insurance				
8	Pension/Retirement				
9	Other (Detail Required)				
10	Total (Add lines 1 - 9; must equal CFR-1, line 20)				

PROGRAM ADMINISTRATION (Report the amount included on each specified CFR-1 line that is associated with Program Administration for each site.)

11	Personal Services (CFR-1, Line 16)				
12	Vacation Leave Accruals (CFR-1, Line 17)				
13	Fringe Benefits (CFR-1, Line 20)				
14	Repairs and Maintenance (CFR-1, Line 22)				
15	Utilities (CFR-1, Line 23)				
16	Staff Travel (CFR-1, Line 25)				
17	Expensed Equipment (CFR-1, Line 28)				
18	Staff Development (CFR-1, Line 34)				
19	Supplies and Materials - non-Household (CFR-1, Line 36)				
20	Telephone (CFR-1, Line 38)				
21	Insurance General (CFR-1, Line 39)				
22	Other OTPS (CFR-1, Line 40) (Detail Required)				
23	Equipment (CFR-1, Line 48)				
24	Property (CFR-1, Line 63)				
25	Adjustments (CFR-1, Line 66) (Detail Required)				
26	Totals (Add lines 11 - 24 minus 25)*				

* This total must equal the portion of CFR-1, line 67, that is directly associated with program administration.