Funding State Agency:
- ☐ OMH ☐ SED
- ☐ OPWDD
- ☐ OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2012 to June 30, 2013

SCHEDULE CFR-1
PROGRAM/SITE DATA

Page _____

AGENCY NAME:_____
AGENCY CODE:_____
SCHOOL CODE: (SED ONLY) __ __ __ __ __ __ __ __ __ __ __ __

Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes					
SECTION A: GENERAL INFORMATION							
1	Program Type	00070					
2	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
3	Program/Site Identification Number	00050					
4	Program/Site Name	00020					
5	Program/Site Address (Line One)	00030					
6	Program/Site Address (Line Two)	00040					
7a	Medicaid Provider Agreement Number (DMH only)	00060					
7b	National Provider ID Number (DMH Only)	00061					
8	County Code (See Appendix C)	00080					
9	Date Site Opened	00090					
10	Certified Capacity (OASAS, OPWDD and SED only)	00100					
11	Actual Capacity (OMH, OPWDD and SED only)	00110					
12	Actual Days Program/Site Open	00160					
13	Units of Service	00120					
14	Respite or TUBS Units of Service (OPWDD only)	00130					
15	Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150					

Funding State Agency:
- ☐ OMH ☐ SED
- ☐ OPWDD
- ☐ OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2012 to June 30, 2013

SCHEDULE CFR-1
PROGRAM/SITE DATA

Page _____

AGENCY NAME:_____

AGENCY CODE:_____

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

Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes					
	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
SECTION B: EXPENSES							
	PERSONAL SERVICES						
16	Personal Services - Program/Site & Program Admin (from CFR-4)	11999					
17	Vacation Accruals - Program/Site & Program Admin	12999					
	FRINGE BENEFITS						
18	Mandated Fringe Benefits	13200					
19	Non-Mandated Fringe Benefits	13300					
20	Total Fringe Benefits (Sum Lines 18 & 19)	13999					
	OTHER THAN PERSONAL SERVICES (OTPS)						
21	Food	14010					
22	Repairs and Maintenance	14020					
23	Utilities	14030					
24	Transportation Related-Participant	14040					
25	Staff Travel	14250					
26	Participant Incidentals	14050					
27	Expensed Adaptive Equipment (OPWDD and SED only)	14070					
28	Expensed Equipment	14080					
29	Sub-Contract Raw Materials	14090					
30	Participant Wages-Non-Contract	14100					

Funding State Agency:
☐ OMH ☐ SED
☐ OPWDD
☐ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2012 to June 30, 2013

SCHEDULE CFR-1
PROGRAM/SITE
DATA

Page _____

AGENCY NAME:_____
AGENCY CODE:_____
SCHOOL CODE: (SED ONLY) __ __ __ __ __ __ __ __ __ __ __ __

Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes					
	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
31	Participant Wages-Contract	14110					
32	Participant Fringe Benefits	14120					
33	Section 43.04 Services Assessment (OPWDD only)	14130					
34	Staff Development	14140					
35	Contracted Direct Care and Clinical Personal Svs. (from CFR-4A)	14150					
36	Supplies and Materials - Non-Household	14160					
37	Household Supplies	14170					
38	Telephone	14190					
39	Insurance - General	14260					
40	Other (Detail Required)	14998					
41	Total Other Than Personal Services (Sum Lines 21-40)	14999					
	EQUIPMENT-PROVIDER PAID						
42	Lease/Rental Vehicle	15010					
43	Lease/Rental Equipment	15020					
44	Depreciation-Vehicle	15040					
45	Depreciation-Equipment	15050					
46	Interest-Vehicle	15070					
47	Other (Detail Required)	15998					
48	Total Equipment (Sum of Lines 42-47)	15999					
	PROPERTY-PROVIDER PAID						
49	Lease/Rental-Real Property	16010					
50	Leasehold/Leasehold Improvements	16020					
51	Depreciation-Building	16030					
52	Depreciation Building/Land Improvements	16040					

Funding State Agency:
- ☐ OMH ☐ SED
- ☐ OPWDD
- ☐ OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2012 to June 30, 2013

SCHEDULE CFR-1
PROGRAM/SITE DATA

Page _____

AGENCY NAME:_____

AGENCY CODE:_____

SCHOOL CODE: (SED ONLY) __ __ __ __ __ __ __ __ __ __ __ __

Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes					
	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
53	Mortgage/Capital Improvements Interest (Report MCFFA/DASNY Bond Int. on Line 59)	16060					
54	Mortgage Expenses	16070					
55	Insurance-Property & Casualty	16080					
56	Real Estate Taxes	16090					
57	Interest on Capital Indebtedness	16100					
58	Start-up Expenses	16110					
59	MCFFA/DASNY Interest Expense	16120					
60	MCFFA/DASNY Administration Fees	16130					
61	Maintenance in Lieu of Rent (LGU only)	16140					
62	Other (Detail Required)	16998					
63	Total Property-Provider Paid (Sum of Lines 49-62)	16999					
	TOTALS						
64	Total Operating Costs (Sum lines 16, 17, 20, 41 minus 29)	19010					
65	Agency Admin. Alloc.(Line 64 times .__ __ __ __ __ __)*	19050					
66	Adjustments/Non-Allowable Costs (Detail Required)	19030					
67	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060					
	OPWDD Only - Informational						
68a	Other Than To/From Transportation Allocation	19101					
68b	To/From Transportation Allocation	19102					
68c	ICF/DD SED Contract Liability	19103					
68d	ICF/DD Day Services Liability	19104					

*** The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0880 and 0890 and state agency specific programs which are exempt from agency administration.**

Funding State Agency:
- ☐ OMH ☐ SED
- ☐ OPWDD
- ☐ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2012 to June 30, 2013

SCHEDULE CFR-1
PROGRAM/SITE DATA

Page _____

AGENCY NAME:_____

AGENCY CODE:_____

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

Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes					
	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
SECTION C: REVENUES							
69	Participant Fee (less SSI & SSA)	20010					
70	SSI & SSA	20020					
71	Home Relief/Public Assistance	20030					
72	Medicaid	20040					
73	Medicare	20060					
74	Other Third Parties (Detail Required)	20070					
75	OPWDD Residential Room and Board/NYS OPTS	20080					
76	Transportation, Medicaid	20090					
77	Transportation, Other (Detail Required)	20100					
78	Sales: Contract Total	21070					
79	Federal Grants (Detail Required)	22040					
80	State Grants (Detail Required)	22030					
81	LTSE Income Total (OMH and OPWDD only)	22080					
82	Food Stamps (OASAS, OPWDD)/Food Revenue (SED Only)	22160					
83	Gifts, Legacies, Bequests, Restricted Donations	22010					
84	Section 202/8/811 HUD Funds*	22020					
85	Interest/Dividend Income	22050					
86	Prior Period Rate Adjustments**	22090					
87	Excessive Teacher Turnover Prevention Grant (SED only)	22100					
88	LDSS County Revenue (SED only)	22110					
89	4402 Revenue (School District In-State) (SED only)	22120					

*** For OPWDD programs, if this line is completed, complete Schedule OPWDD-3 (HUD Revenues and Expenses).**

**** Refer to CFR manual for specific instructions.**

Funding State Agency:
- ☐ OMH ☐ SED
- ☐ OPWDD
- ☐ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2012 to June 30, 2013

SCHEDULE CFR-1
PROGRAM/SITE DATA

Page _____

AGENCY NAME:_____

AGENCY CODE:_____

SCHOOL CODE: (SED ONLY) __ __ __ __ __ __ __ __ __ __ __ __

Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes					
	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
90	Department of Health Chapter 428 Revenue (SED only)	22130					
91	4408 Revenue (School District) (SED only)	22140					
92	4410 Revenue (Preschool) (SED only)	22150					
93	Net Deficit Funding (State & LGU Funding only)*	20110					
94	Other (Detail Required)	22998					
95	Gross Revenues (Sum Lines 69-94)	23999					
	GAAP ADJUSTMENTS TO REVENUE						
96	Participant Allowance	24010					
97	Uncollectible Accounts Receivable	24040					
98	Other (Detail Required)	24996					
99	Total GAAP Adjustments (Sum Lines 96-98)	24997					
100	Net GAAP Revenues (Line 95 minus 99)	24998					
	NON-GAAP ADJUSTMENTS TO REVENUE						
101	Exempt Contract Income	24050					
102	Exempt LTSE Income	24060					
103	Net Deficit Funding**	24070					
104	Other (Detail Required)	24080					
105	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097					
106	**TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)**	24999					
107	**TOTAL NET REVENUES (Line 95 minus 106)**	25999					

*** Do not include non-funded or voluntary contributions.**
**** Amounts should equal the corresponding amounts reported as revenue on line 93 above.**