# NEW YORK STATE

**CONSOLIDATED FISCAL REPORT**

***For the Period: July 1, 2017 to June 30, 2018***

**SCHEDULE CFR-iv**

**SUPPLEMENTAL**

**ATTESTATION SCHEDULE**

**TYPE OF OWNERSHIP:**

**NOT-FOR-PROFIT** ☐

**PROPRIETARY** ☐

| Agency Name: | Agency Code: |
|---|---|
| Document Control Number (DCN): | FEIN: |

**Please answer all questions below regarding the activities of your organization.**

**Has your organization:**

1. a) filed its most recently required federal tax form 990? ☐ Yes ☐ No ☐ N/A
   b) If "No", what was the end date of the period covered by the most recent filing? _____

2. a) filed its most recently required NYS form CHAR500? ☐ Yes ☐ No ☐ N/A
   b) If "No", what was the end date of the period covered by the most recent filing? _____

3. filed all required Consolidated Fiscal Reports (CFRs) to date, including all required certification schedules? ☐ Yes ☐ No ☐ N/A

4. submitted financial statements corresponding with the CFR reporting period, or those with an end date within the CFR reporting period? ☐ Yes ☐ No ☐ N/A

5. accurately reported all revenue received, including Medicaid and Other Third Parties revenue? ☐ Yes ☐ No ☐ N/A

6. properly disclosed all financial transactions with related organizations/individuals on schedule CFR-5? ☐ Yes ☐ No ☐ N/A

7. accurately calculated agency administration expenses using the ratio value methodology on the CFR, including on schedule DMH-2? ☐ Yes ☐ No ☐ N/A

8. a) reported and adjusted out all non-allowable expenses on the CFR core and claiming documents as required by your funding agency? ☐ Yes ☐ No ☐ N/A
   b) OASAS Service Providers Only: adjusted out all OASAS non-reimbursable expenses from the OASAS State Aid claiming schedules? ☐ Yes ☐ No ☐ N/A

9. complied with all required competitive bidding requirements as detailed in your funding agency's administrative and/or fiscal guidelines for funded providers? ☐ Yes ☐ No ☐ N/A

10. remained current with all federal, state, and local employment tax obligations and workers' compensation requirements? ☐ Yes ☐ No ☐ N/A

11. a) OASAS and OPWDD Service Providers: remained current with all rental payments and other occupancy requirements? ☐ Yes ☐ No ☐ N/A
    b) OMH Service Providers Only: remained current with all rental payments and other occupancy requirements related to residents in OMH residential programs? ☐ Yes ☐ No ☐ N/A

12. OASAS Service Providers Only: complied with all aspects of your property leasing requirements? ☐ Yes ☐ No ☐ N/A

**Under the penalties prescribed in accordance with Article 175 of the New York State Penal Law (False Written Statements), I hereby certify that the information provided above is true and correct to the best of my knowledge. I further attest that there are records and documentation that support the responses given to all questions and that said documentation will be kept in the custody of the above-named agency for the prescribed records retention period. I understand that failure to timely submit an accurately and properly completed Schedule CFR-iv may result in a delay of the approval and acceptance of the submitted Consolidated Fiscal Report and the final year-end state aid claiming schedules DMH-2 and DMH-3 for this and future fiscal reporting periods. Additionally, I acknowledge and accept that non-compliance with the requirement to timely submit a properly and accurately completed Schedule CFR-iv may, at the sole discretion of the NYS funding agency, delay the provision of state aid funding to the above-named organization and may also have an adverse impact on the above-named Agency's issued Operating Certificate.**

| **Name:** | **Official Title:** | **Telephone Number:** |
|---|---|---|
| **Signature of Chief Executive Officer:** | **E-Mail Address:** | **Date Signed:** |