FundingState Agency: ☐ OMH ☐ OPWDD

☐ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2017 to June 30, 2018 SCHEDULE DMH-3
AID TO LOCALITIES AND DIRECT CONTRACTS
PROGRAM FUNDING SOURCE SUMMARY

														Page	
AGENCY NAME:			PREPARED BY: TELEPHONE: ()												
AGENCY CODE:			se check	the box if	the prepa	arer chan	ged from t	he previou	s submis	sion.		,			
COUNTY NAME & CODE:()			PLEASE CHECK: FINAL CLAIM												
Line	COLUMN NUMBER	Cost												TOTAL	
No.		Codes													
1	Accounting Method														
2	Program Type	00073													
	Program Code (Program Code Index)	00013		()		()	()		()		()			
	Total Persons Served/Year	00220				,	1								
	Total Units of Service	00999													
	Gross Cost/Unit of Service	70999													
	Net Cost/Unit of Service	71999													
	Reserved for Future Use	72999													
9	A. Funding Source Code (Local Assistance) Index (OMH/OASAS only)		001		001		001		001		001				
10		00260										ı			
11	Number Units of Service	00250													
12	Total Adjusted Expenses	50999													
13	• •	61999													
14		62999													
15		00201													
_	B. Funding Source Code Index (OMH/OASAS only)	00201													
17		00261				!						ļ			
18		00251							1						
19		50998													
20		61998													
21	Net Operating Costs	62998													
22	State Contract Number / LGU Contract Number *	00202													
23	C. Funding Source Code Index (OMH/OASAS only)														
24		00262										ı			
25	Number Units of Service	00252													
26	Total Adjusted Expenses	50997													
27	Less Applied Net Revenue	61997													
28		62997													
29		00203													
	D. Totals From A-C Above														
30	Total Adjusted Expenses	51999													
31	Less Net Revenue	63999													
32	Net Operating Costs	52999											_		

DMH-3

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^{*} For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.