

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2007 to December 31, 2007*

**SCHEDULE CFR-2**  
**AGENCY FISCAL**  
**SUMMARY**

Page \_\_\_\_\_

AGENCY NAME: _____ AGENCY CODE: _____ SCHOOL CODE: (SED ONLY) _____	<b>PLEASE PROVIDE A DETAILED RECONCILIATION OF TOTAL EXPENSES AND REVENUES TO THE AGENCY'S AUDITED FINANCIAL STATEMENTS WHEN REPORTING PERIODS COINCIDE. USE WHOLE DOLLARS.</b>
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Line No.	COLUMN NUMBER	Cost Codes	1	2	3	4	5	6	7
	ITEM DESCRIPTION		AGENCY TOTALS (Sum Col. 2-7)	OASAS TOTALS	OMH TOTALS	OMRDD TOTALS	SED TOTALS	SHARED PROGRAM TOTALS	OTHER PROGRAMS TOTALS*
<b>1</b>	Personal Services (CFR-1, Line 16)	<b>31999</b>							
<b>2</b>	Vacation Leave Accruals (CFR-1, Line 17)	<b>32999</b>							
<b>3</b>	Fringe Benefits (CFR-1, Line 20)	<b>33999</b>							
<b>4</b>	OTPS (CFR-1, Line 41)	<b>34999</b>							
<b>5</b>	Equipment-Provider Paid (CFR-1, Line 48)	<b>35999</b>							
<b>6</b>	Property-Provider Paid (CFR-1, Line 63)	<b>36999</b>							
<b>7</b>	Net Agency Admin. (CFR-1, Line 65)	<b>38050</b>							
<b>8</b>	Adj./Non-Allow. Costs (CFR-1, Line 66)	<b>38030</b>							
<b>9</b>	Total Adj. Expenses (Sum Lines 1-7 minus 8)	<b>38999</b>							
	<b>REVENUES</b>								
<b>10</b>	Gross Revenues (CFR-1, Line 95)	<b>40999</b>							
<b>11</b>	GAAP Adj. to Revenue (CFR-1, Line 99)	<b>43999</b>							
<b>12</b>	Net GAAP Revenues (Line 10 minus Line 11)	<b>44999</b>							

\* These amounts are not detailed elsewhere in the CFR and, therefore, will not crossfoot to CFR-1.