

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

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2008 to December 31, 2008

AGENCY NAME: _____

AGENCY CODE: _____

SCHOOL CODE: (SED ONLY) _____

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

Provide all applicable information. Refer to Appendix R for Position Title Codes and Definitions. Indicate the standard work week or provide the number of hours in the "other" column.
Indicate the applicable staffing category on the line below to which each page applies.

PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 series) _____																		AGENCY ADMINISTRATION (Position Title Codes 600-699 series) _____*											
Position Title Code Appendix R	COLUMN NUMBER																												
	PROGRAM CODE ** (PROGRAM CODE INDEX)					()			()			()			()			()											
	PROGRAM/SITE IDENTIFICATION NUMBER **																												
	PROGRAM/SITE NAME																												
	PROGRAM/SITE ADDRESS (Line One)																												
	PROGRAM/SITE ADDRESS (Line Two)																												
	COUNTY CODE																												
	Position Title		Standard Work Week			Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid									
		35	37.5	40	Other																								

* Report Agency Administration in one column on a separate page.

** For OASAS, program code = service level and program/site = PRU level.

Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).

Note: FTE's do not get transferred.

Rev.

CFR-4
1-Oct-2008