

Funding State Agency:
☐ OMH
☐ OMRDD
☐ OASAS

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

SCHEDULE DMH-1
PROGRAM FISCAL
SUMMARY

Page _____

AGENCY NAME: _____
AGENCY CODE: _____

| Line No. | COLUMN NUMBER | Cost Codes | | | | | |
|----------|---|------------|-----|-----|-----|-----|-----|
| | ITEM DESCRIPTION | | | | | | |
| 1 | Program Type | 00071 | | | | | |
| 2 | Program Code (Program Code Index) | 00011 | () | () | () | () | () |
| | UNITS OF SERVICE | | | | | | |
| 3 | OMH Units of Service | 00121 | | | | | |
| 4 | OMRDD Units of Service | 00161 | | | | | |
| 5 | OASAS Units of Service | 00170 | | | | | |
| | EXPENSES* | | | | | | |
| 6 | Personal Services | 17010 | | | | | |
| 7 | Vacation Leave Accruals | 17020 | | | | | |
| 8 | Fringe Benefits | 17030 | | | | | |
| 9 | Other Than Personal Services | 17040 | | | | | |
| 10 | Equipment-Provider Paid | 17050 | | | | | |
| 11 | Property-Provider Paid | 17060 | | | | | |
| 12 | Agency Administration | 17080 | | | | | |
| 13 | Adjustments/Non-Allowable Costs | 17090 | | | | | |
| 14 | Total Adjusted Expenses (Lines 6-12 minus 13) | 17999 | | | | | |
| | REVENUES* | | | | | | |
| 15 | Participant Fees (less SSI & SSA) | 26010 | | | | | |
| 16 | SSI & SSA | 26020 | | | | | |
| 17 | Home Relief/Public Assistance | 26030 | | | | | |
| 18 | Medicaid | 26040 | | | | | |
| 19 | Medicare | 26060 | | | | | |
| 20 | Other Third Parties | 26070 | | | | | |
| 21 | OMRDD Residential Room and Board/NYS OPTS | 26080 | | | | | |
| 22 | Transportation, Medicaid | 26090 | | | | | |
| 23 | Transportation, Other | 26100 | | | | | |
| 24 | Sales: Contract Total | 26140 | | | | | |
| 25 | Federal Grants (Detail Required) | 26160 | | | | | |

* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

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AGENCY NAME: _____

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USE WHOLE DOLLARS.

| Line No. | COLUMN NUMBER | Cost Codes | | | | | |
|----------|---|------------|-----|-----|-----|-----|-----|
| | ITEM DESCRIPTION | | | | | | |
| | Program Type | | | | | | |
| | Program Code (Program Code Index) | 00011 | () | () | () | () | () |
| 26 | State Grants (Detail Required) | 26190 | | | | | |
| 27 | LTSE Income Total (OMH and OMRDD only) | 26220 | | | | | |
| 28 | Food Stamps (OASAS Only) | 26240 | | | | | |
| 29 | Net Deficit Funding (State & LGU Funding only)* | 26110 | | | | | |
| 30 | Other (Detail Required) | 26230 | | | | | |
| 31 | Total Gross Revenues (Sum Lines 15-30) | 26999 | | | | | |
| | GAAP ADJUSTMENTS TO REVENUE** | | | | | | |
| 32 | Participant Allowance | 27010 | | | | | |
| 33 | Uncollectible Accounts Receivable | 27040 | | | | | |
| 34 | Other (Detail Required) | 27045 | | | | | |
| 35 | Total GAAP Adjustments (Sum Lines 32-34) | 27049 | | | | | |
| 36 | Net GAAP Revenues (Line 31 minus 35) | 27025 | | | | | |
| | NON-GAAP ADJUSTMENTS TO REVENUE** | | | | | | |
| 37 | Exempt Contract Income | 27050 | | | | | |
| 38 | Exempt LTSE Income | 27060 | | | | | |
| 39 | Net Deficit Funding*** | 27070 | | | | | |
| 40 | Other (Detail Required) | 27080 | | | | | |
| 41 | Total NON-GAAP Adjustments (Sum Lines 37-40) | 27998 | | | | | |
| 42 | Subtotal Adj. to Revenue (Sum Lines 35 & 41) | 27999 | | | | | |
| 43 | Total Net Revenues (Line 31 minus 42) | 28999 | | | | | |
| 44 | Net Operating Cost (Line 14 minus 43) | 29999 | | | | | |

* Do not include non-funded or voluntary contributions.
** These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.
*** Amounts should equal the corresponding amounts reported as revenue on line 29 above.