

NEW YORK STATE  
CONSOLIDATED FISCAL REPORT  
FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE CFR-i  
AGENCY IDENTIFICATION  
AND CERTIFICATION  
STATEMENT

PAGE 1

AGENCY NAME: Family Agency  
AGENCY ADDRESS: 25 Euclid Street  
Syracuse, New York 13203-1234  
 Please check the box if the agency address changed from the prior reporting period.

AGENCY CODE: 12345  
COUNTY NAME: Onondaga  
COUNTY CODE: 34

TYPE OF OWNERSHIP:  
NOT-FOR-PROFIT:    
PROPRIETARY:    
GOVERNMENTAL:

Person to Contact with Regard to Questions Concerning this Report:

Ms. Joan Smith 315 576-2950 Ext. 103  
-----  
Name Telephone Number  
Controller 315 576-2951  
-----  
Title FAX Number  
smithj@familyagency.com  
-----  
E-mail Address

SCHOOL CODE (SED ONLY):

FEDERAL EMPLOYER ID NUMBER: 01-2345678

CHECK THE STATE AGENCY(IES):  OMH  
 OMRDD  
 OASAS  
 SED

CHECK THE CFR SUBMISSION TYPE:  FULL CFR  
 ABBREVIATED CFR  
 ARTICLE 28 ABBREVIATED CFR  
 MINI-ABBREVIATED CFR  
 ESTIMATED CLAIM

Please check the box if the person to contact changed from the prior reporting period.

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MISREPRESENTATION OF ANY INFORMATION CONTAINED IN THIS REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER NEW YORK STATE LAW.

CERTIFICATION STATEMENT  
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I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT, THAT THE INFORMATION FURNISHED IN THIS REPORT HAS BEEN COMPLETED IN ITS ENTIRETY, AND IS IN ACCORDANCE WITH THE INSTRUCTIONS AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER ATTEST TO THE FACT THAT THERE ARE RECORDS AND ALLOCATION WORKSHEETS TO SUPPORT ALL THE INFORMATION CONTAINED HEREIN, IN THE CUSTODY OF THE ABOVE NAMED SPONSORING AGENCY. I ACKNOWLEDGE THAT THE DEPARTMENT OF MENTAL HYGIENE, OR ANY OF ITS OFFICES OR DIVISIONS, OR THE STATE EDUCATION DEPARTMENT, OR ANY OF ITS OFFICES OR DIVISIONS, MAY REJECT THIS REPORT IF IT HAS NOT BEEN FULLY, OR ACCURATELY COMPLETED.

04/13/2011  
-----  
Date

315 576-2950 Ext. 101  
-----  
Telephone Number

Mr. William Reynolds - Executive Director  
-----  
Name and Title  
  
reynoldsw@familyagency.com  
-----  
E-mail Address

-----  
Signature of Director  
 Please check the box if the Director changed from the prior reporting period.

AGENCY NAME: Family Agency

AGENCY CODE: 12345

COUNTY/NYC - OPERATED OR VOLUNTARY LOCAL SERVICE PROVIDER CERTIFICATION  
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I certify that the attached statement fully and accurately represents all reportable income and expenditures made for services performed in accordance with the provision of the Mental Hygiene Law and approved budgets.

There are records and worksheets to support this statement in the custody of the above named agency. Such records and worksheets include the necessary summaries of payrolls and time records, abstracts from ledgers, registers or other expense records. All income from fees, all payments by other State or Federal agencies and any other income have been recorded, included and summarized in support of the amounts reported herein.

Records and worksheets, including records which show that the agency has applied for and received, or received formal notification of refusal of, all forms of third party reimbursement and federal aid, which may be appropriate for such services, are on file at the above location and available for audit by the Office of the State Comptroller and/or representatives of the New York State Commissioner of the Office of Alcoholism and Substance Abuse Services, Commissioner of the Office of Mental Retardation and Developmental Disabilities, or the Commissioner of the Office of Mental Health.

I understand that the State Aid paid on the basis of this certification for local assistance providers may be adjusted, modified and reduced if the records referred to above do not support this financial statement, and that such a reduction may require a repayment to the State of any overpayments which are disclosed by audit.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
(For Voluntary Local Service Provider) (For County/City Operated Local Service Provider)

Title: Executive Director Title: \_\_\_\_\_  
(Service Provider's Chief Executive Officer) (LGU's Chief Fiscal Officer)

Date: 04/13/2011 Date: \_\_\_\_\_

LOCAL GOVERNMENTAL UNIT CERTIFICATION  
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I have verified that the costs and revenue reported in the Total column of Schedule DMH-3 are consistent with the contract expenditures and income amounts as approved by this local governmental unit. I also affirm that the expenditures were necessary to provide the services covered by the approved budget and that further review will establish if all income has been fully reported.

I understand that the State Aid paid to this local governmental unit on the basis of this certification may be adjusted, modified and reduced if records are not available, or do not support this financial statement. I hereby recommend that final reimbursement be approved.

Signed: \_\_\_\_\_  
Director of Community Mental Health Services

Local Governmental Onondaga - 34  
Unit: \_\_\_\_\_

Date: \_\_\_\_\_

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE CFR-2  
 AGENCY FISCAL  
 SUMMARY

AGENCY NAME: Family Agency  
 AGENCY CODE: 12345  
 SCHOOL CODE: (SED ONLY)

THE RECONCILIATION SCHEDULE MUST BE COMPLETED WHEN:  
 (1) the expenses and revenues in the CFR do not equal the expenses and revenues in the audited financial statements and  
 (2) the reporting periods of the CFR and financial statements coincide.

| Line No. | COLUMN NUMBER<br>ITEM DESCRIPTION           | Cost Codes | 1<br>AGENCY TOTALS<br>(Sum Col. 2-7) | 2<br>OASAS TOTALS | 3<br>OMH TOTALS | 4<br>OMRDD TOTALS | 5<br>SED TOTALS | 6<br>SHARED PRG.<br>TOTALS | 7<br>OTHER PROGRAMS<br>TOTALS* |
|----------|---|------------|--------------------------------------|-------------------|-----------------|-------------------|-----------------|----------------------------|--------------------------------|
| EXPENSES |   |            |                                      |                   |                 |                   |                 |                            |                                |
| 1)       | Personal Services (CFR-1, Line 16)          | 31999      | 698,271                              | 81,525            | 0               | 141,734           | 0               | 0                          | 475,012                        |
| 2)       | Vacation Leave Accruals (CFR-1, Line 17)    | 32999      | 677                                  | 0                 | 0               | 112               | 0               | 0                          | 565                            |
| 3)       | Fringe Benefits (CFR-1, Line 20)            | 33999      | 173,578                              | 24,400            | 0               | 16,175            | 0               | 0                          | 133,003                        |
| 4)       | OTPS (CFR-1, Line 41)                       | 34999      | 292,402                              | 68,204            | 0               | 24,087            | 0               | 0                          | 200,111                        |
| 5)       | Equipment-Provider Paid (CFR-1, Line 48)    | 35999      | 9,470                                | 4,100             | 0               | 1,020             | 0               | 0                          | 4,350                          |
| 6)       | Property-Provider Paid (CFR-1, Line 63)     | 36999      | 58,722                               | 12,000            | 0               | 23,576            | 0               | 0                          | 23,146                         |
| 7)       | Net Agency Admin. (CFR-1, Line 65)          | 38050      | 236,274                              | 35,317            | 0               | 36,936            | 0               | 0                          | 164,021                        |
| 8)       | Adj./Non-Allow. Costs (CFR-1, Line 66)      | 38030      | 0                                    | 0                 | 0               | 0                 | 0               | 0                          | 0                              |
| 9)       | Total Adj. Expenses (Sum Lines 1-7 minus 8) | 38999      | 1,469,394                            | 225,546           | 0               | 243,640           | 0               | 0                          | 1,000,208                      |
| REVENUES |   |            |                                      |                   |                 |                   |                 |                            |                                |
| 10)      | Gross Revenues (CFR-1, Line 95)             | 40999      | 1,478,128                            | 238,029           | 0               | 248,756           | 0               | 0                          | 991,343                        |
| 11)      | GAAP Adj. to Revenue (CFR-1, Line 99)       | 43999      | 0                                    | 0                 | 0               | 0                 | 0               | 0                          | 0                              |
| 12)      | Net GAAP Revenues (Line 10 minus Line 11)   | 44999      | 1,478,128                            | 238,029           | 0               | 248,756           | 0               | 0                          | 991,343                        |

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

Funding State Agency:  
 [ ] OMH [ ] SED  
 [ X ] OMRDD  
 [ X ] OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE CFR-4  
 PERSONAL  
 SERVICES

AGENCY NAME: Family Agency  
 AGENCY CODE: 12345  
 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) [ X ] \*

| COLUMN NUMBER                         |                                 | 1              |       |        |       |        |       |        |        |       |      |        |       |      |        |       |      |        |
|---------------------------------------|---------------------------------|----------------|-------|--------|-------|--------|-------|--------|--------|-------|------|--------|-------|------|--------|-------|------|--------|
| PROGRAM CODE ** (PROGRAM CODE INDEX)  |                                 | ADMINISTRATION |       |        |       |        |       |        |        |       |      |        |       |      |        |       |      |        |
| PROGRAM/SITE IDENTIFICATION NUMBER ** |                                 |                |       |        |       |        |       |        |        |       |      |        |       |      |        |       |      |        |
| PROGRAM/SITE NAME                     |                                 |                |       |        |       |        |       |        |        |       |      |        |       |      |        |       |      |        |
| Position                              | PROGRAM/SITE ADDRESS (Line One) |                |       |        |       |        |       |        |        |       |      |        |       |      |        |       |      |        |
| Title                                 | PROGRAM/SITE ADDRESS (Line Two) |                |       |        |       |        |       |        |        |       |      |        |       |      |        |       |      |        |
| Code                                  | COUNTY CODE                     |                |       |        |       |        |       |        |        |       |      |        |       |      |        |       |      |        |
| Appendix                              |                                 | Standard       | Hours | Amount | Hours | Amount | Hours | FTE    | Amount | Hours | FTE  | Amount | Hours | FTE  | Amount | Hours | FTE  | Amount |
| R                                     | Position Title                  | 35             | 37.5  | 40     | Other | Paid   | FTE   | Paid   | Paid   | FTE   | Paid | Paid   | FTE   | Paid | Paid   | FTE   | Paid | Paid   |
|                                       | 601 Executive Director/Chief E  | X              |       |        |       | 1,820  | 1.000 | 54,000 |        |       |      |        |       |      |        |       |      |        |
|                                       | 603 Comptroller/Controller      | X              |       |        |       | 910    | 0.500 | 22,000 |        |       |      |        |       |      |        |       |      |        |
|                                       | 605 Office Worker               | X              |       |        |       | 1,365  | 0.750 | 23,250 |        |       |      |        |       |      |        |       |      |        |

Total "Hours Paid", "FTE" and "Amount Paid" for Positions. 4,095 2.250 99,250

\* 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.

Funding State Agency:  
 OMH  SED  
 OMRDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE CFR-4  
 PERSONAL  
 SERVICES

AGENCY NAME: Family Agency  
 AGENCY CODE: 12345  
 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)  \*

| Appendix R   | Position Title                 | X | Standard Work Week |      |    |       | Column 1   |        | Column 2   |       | Column 3   |     | Column 4   |     | Column 5   |     | Column 6   |     |
|--|--------------------------------|---|--------------------|------|----|-------|------------|--------|------------|-------|------------|-----|------------|-----|------------|-----|------------|-----|
|  |                                |   | 35                 | 37.5 | 40 | Other | Hours Paid | FTE    | Hours Paid | FTE   | Hours Paid | FTE | Hours Paid | FTE | Hours Paid | FTE | Hours Paid | FTE |
|  | 201 Mental Hygiene Worker (not | X |                    |      |    | 2,191 | 1.204      | 29,583 | 4,928      | 2.708 | 66,526     |     |            |     |            |     |            |     |
|  | 207 Developmental Disabilities | X |                    |      |    | 292   | 0.160      | 3,947  |            |       |            |     |            |     |            |     |            |     |
|  | 218 Teacher - Special Educati  | X |                    |      |    |       |            |        | 75         | 0.041 | 1,015      |     |            |     |            |     |            |     |
|  | 301 Case Manager               | X |                    |      |    | 37    | 0.020      | 498    | 313        | 0.172 | 4,230      |     |            |     |            |     |            |     |
|  | 501 Program or Site Director   | X |                    |      |    | 300   | 0.165      | 7,689  | 300        | 0.165 | 7,689      |     |            |     |            |     |            |     |
|  | 505 Office Worker              | X |                    |      |    | 138   | 0.076      | 2,687  | 917        | 0.504 | 17,870     |     |            |     |            |     |            |     |
| Total "Hours Paid", "FTE" and "Amount Paid" for Positions. |                                |   |                    |      |    | 2,958 | 1.625      | 44,404 | 6,533      | 3.590 | 97,330     |     |            |     |            |     |            |     |

\* 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.



NEW YORK STATE  
CONSOLIDATED FISCAL REPORT  
FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE CFR-5  
TRANSACTIONS WITH RELATED  
ORGANIZATIONS/INDIVIDUALS

AGENCY NAME: Family Agency AGENCY CODE: 12345 SCHOOL CODE: (SED ONLY)

SECTION A: NOTE: (OASAS and OMRDD providers only): For purposes of this schedule, "related organizations and/or individuals" shall include closely allied entities as described and defined in Article 25.06 of Mental Hygiene Law and on page 18.2 of the CFR Manual. OASAS providers are also directed to refer to Local Services Bulletin 1999-02.  
Question #1: During the reporting period, were there any PAYMENTS TO related organizations or individuals associated with the provider that involved any OASAS, OMH, OMRDD and/or SED programs and/or agency administration? YES [X] NO [] If yes, Sections B and C of this schedule must be completed.  
Question #2: (Applies only to OASAS and OMRDD service providers) During the reporting period, were there any transactions with related organizations or individuals FROM WHICH the service provider received any financial aid/assistance or TO WHICH the service provider provided financial aid/assistance? YES [X] NO [] If yes, Section D must be completed.

SECTION B: Please list all PAYMENTS TO related organizations and/or individuals below:

| 1<br>Line Item No. | 2<br>No. | 3<br>PROGRAM/SITES AFFECTED<br>ENTER PROG/SITE ID# (CODE)<br>OR ADMINISTRATION | 4<br>DESCRIPTION OF<br>TRANSACTION | 5<br>NAME OF RELATED<br>ORGANIZATION/INDIVIDUAL | 6<br>RELATIONSHIP<br>TO<br>PROVIDER* | 7<br>AMOUNT OF<br>TRANSACTION<br>REPORTED | 8<br>ALLOWABLE<br>COSTS | 9<br>ADJUSTMENTS<br>TO COSTS<br>(COL.7 MINUS 8) |
|--------------------|----------|--|------------------------------------|---|--------------------------------------|---|-------------------------|---|
| 1.                 | 2        | 0150 (01)/1234150  | Salary                             | Sarah Reynolds                                  | H                                    | 8,650                                     | 8,650                   | 0   |

SECTION C: For space lease/rental agreements listed in section B above, detail the related organization's/individual's allowable costs reported in section B, col. 8 above:

| 1<br>Line Item No. | 2<br>No. | 3<br>PROGRAM/SITES AFFECTED<br>ENTER PROG/SITE ID# (CODE) OR ADMIN. | 4<br>DEPRECIATION | 5<br>MORTGAGE<br>INTEREST | 6<br>INSURANCE | 7<br>PROPERTY<br>TAXES | 8<br>OTHER<br>(SPECIFY) | 9<br>TOTAL ALLOWABLE<br>COSTS |
|--------------------|----------|---|-------------------|---------------------------|----------------|------------------------|-------------------------|-------------------------------|
|--------------------|----------|---|-------------------|---------------------------|----------------|------------------------|-------------------------|-------------------------------|

NO DATA WAS FOUND FOR THIS SECTION

SECTION D: (This section applies only to OASAS and OMRDD service providers.) Report each related party/related individual FROM WHICH the service provider received any financial aid or assistance or TO WHICH the service provider provided any financial aid or assistance.

| 1<br>Line Item No. | 2<br>No. | 3<br>Name of Related<br>Party/Individual | 4<br>Street Address | 5<br>City, State | 6<br>Type of Financial<br>Support/Aid | 7<br>Funding<br>To/From | 8<br>Funding To/From<br>Amount |
|--------------------|----------|--|---------------------|------------------|---------------------------------------|-------------------------|--------------------------------|
| 1.                 | 2        | Family Agency Foundation                 | 25 Euclid Street    | Amber, NY        | Fundraising                           | FROM                    | 5,000                          |

\* See section 18.0 of the CFR Manual for the relationship key.

NEW YORK STATE  
CONSOLIDATED FISCAL REPORT  
FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE CFR-6  
GOVERNING BOARD AND  
COMPENSATION SUMMARY

-----  
AGENCY NAME: Family Agency  
AGENCY CODE: 12345  
SCHOOL CODE:(SED ONLY)  
-----

MEMBERS OF THE GOVERNING AUTHORITY

1. Do any employees of your agency also serve on the governing authority?  YES  NO  
If "YES", provide detail of the employee name and position title.

COMPENSATION OF BOARD OFFICERS, BOARD OF DIRECTORS, AND BOARD TRUSTEES

2. List the names of all individuals who receive compensation as Board Officers, Members of the Board of Directors or Board Trustees:

| NAME | AMOUNT PAID | CONTRACTED PAYMENT AMOUNT | FRINGE BENEFITS | OTHER BENEFITS** | TOTAL COMPENSATION |
|------|-------------|---------------------------|-----------------|------------------|--------------------|
|------|-------------|---------------------------|-----------------|------------------|--------------------|

NO DATA WAS FOUND FOR THIS SECTION

COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES AND INDEPENDENT CONTRACTORS

3. List the five highest paid - employees whose total annualized salary and contracted payment amount (column 7) is in excess of \$75,000 per year.

AND  
ALL employees whose total annualized salary and contracted payment amount (column 7) is in excess of \$125,000 per year:

| [1]<br>NAME         | [2]<br>POSITION TITLE<br>CODE* | [3]<br>AMOUNT PAID | [4]<br>FTE | [5]<br>ANNUALIZED SALARY | [6]<br>CONTRACTED PAYMENT AMOUNT | [7]<br>TOTAL ANNUALIZED SALARY AND CONTRACTED PAYMENT | [8]<br>FRINGE BENEFITS | [9]<br>OTHER BENEFITS** |
|---------------------|--------------------------------|--------------------|------------|--------------------------|----------------------------------|---|------------------------|-------------------------|
| 1. William Reynolds | 601                            | 54,000             | 1.000      | 54,000                   | 0                                | 54,000  | 10,800                 | 0                       |

4. List five highest paid independent contractors (individual or firm) that received payments in excess of \$50,000.

| [1]<br>NAME | [2]<br>TYPE OF SERVICE | [3]<br>AMOUNT PAID |
|-------------|------------------------|--------------------|
|-------------|------------------------|--------------------|

NO DATA WAS FOUND FOR THIS SECTION

5. Number of additional employees whose annualized salary and/or contracted payment amount is in excess of \$75,000: 0

\* If an individual is reported under more than one position title code on CFR-4, please check the box in column 2.

\*\* Cash value of awards, rewards, loans or other benefits made in lieu of, or in addition to, monetary compensation or regular fringe benefits.  
Regular fringe benefits are received by all classes or categories of employees. (e.g.: Payroll Taxes)

Funding State Agency:  
 [ ] OMH  
 [ X ] OMRDD  
 [ ] OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE DMH-1  
 PROGRAM FISCAL  
 SUMMARY

AGENCY NAME: Family Agency  
 AGENCY CODE: 12345

| Line No.         | COLUMN NUMBER<br>ITEM DESCRIPTION             | Cost Codes | 1                     | 2                     |
|------------------|---|------------|-----------------------|-----------------------|
| 1)               | Program Type                                  | 00071      | Family Support Servic | Family Support Servic |
| 2)               | Program Code (Program Code Index)             | 00011      | 0150 (01)             | 0150 (02)             |
| UNITS OF SERVICE |   |            |                       |                       |
| 3)               | OMH Units of Service                          | 00121      | 0                     | 0                     |
| 4)               | OMRDD Units of Service                        | 00161      | 1,643                 | 4,107                 |
| 5)               | OASAS Units of Service                        | 00170      | 0                     | 0                     |
| EXPENSES *       |   |            |                       |                       |
| 6)               | Personal Services                             | 17010      | 44,404                | 97,330                |
| 7)               | Vacation Leave Accruals                       | 17020      | 35                    | 77                    |
| 8)               | Fringe Benefits                               | 17030      | 5,067                 | 11,108                |
| 9)               | Other Than Personal Services                  | 17040      | 8,535                 | 15,552                |
| 10)              | Equipment - Provider Paid                     | 17050      | 420                   | 600                   |
| 11)              | Property - Provider Paid                      | 17060      | 6,471                 | 17,105                |
| 12)              | Agency Administration                         | 17080      | 11,772                | 25,164                |
| 13)              | Adjustments/Non-Allowable Costs               | 17090      | 0                     | 0                     |
| 14)              | Total Adjusted Expenses (Lines 6-12 Minus 13) | 17999      | 76,704                | 166,936               |
| REVENUES *       |   |            |                       |                       |
| 15)              | Participant Fees (less SSI and SSA)           | 26010      | 860                   | 1,257                 |
| 16)              | SSI and SSA                                   | 26020      | 0                     | 0                     |
| 17)              | Home Relief/Public Assistance                 | 26030      | 0                     | 0                     |
| 18)              | Medicaid                                      | 26040      | 0                     | 0                     |
| 19)              | Medicare                                      | 26060      | 0                     | 0                     |
| 20)              | Other Third Parties                           | 26070      | 0                     | 0                     |
| 21)              | OMRDD Residential Room and Board/NYS OPTS     | 26080      | 0                     | 0                     |
| 22)              | Transportation, Medicaid                      | 26090      | 0                     | 0                     |
| 23)              | Transportation, Other                         | 26100      | 0                     | 0                     |
| 24)              | Sales: Contract Total                         | 26140      | 0                     | 0                     |
| 25)              | Federal Grants (Detail Required)              | 26160      | 0                     | 0                     |

\* 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.

Funding State Agency:  
 [ ] OMH  
 [ X ] OMRDD  
 [ ] OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE DMH-1  
 PROGRAM FISCAL  
 SUMMARY

AGENCY NAME: Family Agency  
 AGENCY CODE: 12345

| Line No.                           | COLUMN NUMBER<br>ITEM DESCRIPTION               | Cost Codes | 1                     | 2                     |
|------------------------------------|---|------------|-----------------------|-----------------------|
|                                    | Program Type                                    | 00071      | Family Support Servic | Family Support Servic |
|                                    | Program Code (Program Code Index)               | 00011      | 0150 (01)             | 0150 (02)             |
| 26)                                | State Grants (Detail Required)                  | 26190      | 0                     | 0                     |
| 27)                                | LTSE Income Total (OMH and OMRDD only)          | 26220      | 0                     | 0                     |
| 28)                                | Food Stamps (OASAS, OMRDD)                      | 26240      | 0                     | 0                     |
| 29)                                | Net Deficit Funding (State & LGU Funding only)* | 26110      | 79,844                | 166,795               |
| 30)                                | Other (Detail Required)                         | 26230      | 0                     | 0                     |
| 31)                                | Total Gross Revenues (Sum Lines 15-30)          | 26999      | 80,704                | 168,052               |
| GAAP ADJUSTMENTS TO REVENUE **     |   |            |                       |                       |
| 32)                                | Participant Allowance                           | 27010      | 0                     | 0                     |
| 33)                                | Uncollectible Accounts Receivable               | 27040      | 0                     | 0                     |
| 34)                                | Other (Detail Required)                         | 27045      | 0                     | 0                     |
| 35)                                | Total GAAP Adjustments (Sum Lines 32-34)        | 27049      | 0                     | 0                     |
| 36)                                | Net GAAP Revenues (Line 31 minus 35)            | 27025      | 80,704                | 168,052               |
| NON-GAAP ADJUSTMENTS TO REVENUE ** |   |            |                       |                       |
| 37)                                | Exempt Contract Income                          | 27050      | 0                     | 0                     |
| 38)                                | Exempt LTSE Income                              | 27060      | 0                     | 0                     |
| 39)                                | Net Deficit Funding***                          | 27070      | 79,844                | 166,795               |
| 40)                                | Other (Detail Required)                         | 27080      | 0                     | 0                     |
| 41)                                | Total NON-GAAP Adjustments (Sum Lines 37-40)    | 27998      | 79,844                | 166,795               |
| 42)                                | Subtotal Adj. to Revenue (Sum Lines 35 & 41)    | 27999      | 79,844                | 166,795               |
| 43)                                | Total Net Revenues (Line 31 Minus 42)           | 28999      | 860                   | 1,257                 |
| 44)                                | Net Operating Cost (Line 14 Minus 43)           | 29999      | 75,844                | 165,679               |

\* 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.

Funding State Agency:  
 OMH  
 OMRDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE DMH-1  
 PROGRAM FISCAL  
 SUMMARY

-----  
 AGENCY NAME: Family Agency  
 AGENCY CODE: 12345

| Line No.         | COLUMN NUMBER<br>ITEM DESCRIPTION             | Cost Codes | 1                     |
|------------------|---|------------|-----------------------|
| 1)               | Program Type                                  | 00071      | Chemical Dependence P |
| 2)               | Program Code (Program Code Index)             | 00011      | 5550 (01)             |
| UNITS OF SERVICE |   |            |                       |
| 3)               | OMH Units of Service                          | 00121      | 0                     |
| 4)               | OMRDD Units of Service                        | 00161      | 0                     |
| 5)               | OASAS Units of Service                        | 00170      | 0                     |
| EXPENSES *       |   |            |                       |
| 6)               | Personal Services                             | 17010      | 81,525                |
| 7)               | Vacation Leave Accruals                       | 17020      | 0                     |
| 8)               | Fringe Benefits                               | 17030      | 24,400                |
| 9)               | Other Than Personal Services                  | 17040      | 68,204                |
| 10)              | Equipment - Provider Paid                     | 17050      | 4,100                 |
| 11)              | Property - Provider Paid                      | 17060      | 12,000                |
| 12)              | Agency Administration                         | 17080      | 35,317                |
| 13)              | Adjustments/Non-Allowable Costs               | 17090      | 0                     |
| 14)              | Total Adjusted Expenses (Lines 6-12 Minus 13) | 17999      | 225,546               |
| REVENUES *       |   |            |                       |
| 15)              | Participant Fees (less SSI and SSA)           | 26010      | 0                     |
| 16)              | SSI and SSA                                   | 26020      | 0                     |
| 17)              | Home Relief/Public Assistance                 | 26030      | 0                     |
| 18)              | Medicaid                                      | 26040      | 0                     |
| 19)              | Medicare                                      | 26060      | 0                     |
| 20)              | Other Third Parties                           | 26070      | 0                     |
| 21)              | OMRDD Residential Room and Board/NYS OPTS     | 26080      | 0                     |
| 22)              | Transportation, Medicaid                      | 26090      | 0                     |
| 23)              | Transportation, Other                         | 26100      | 0                     |
| 24)              | Sales: Contract Total                         | 26140      | 0                     |
| 25)              | Federal Grants (Detail Required)              | 26160      | 15,000                |

\* 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.

Funding State Agency:  
 [ ] OMH  
 [ ] OMRDD  
 [ X ] OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE DMH-1  
 PROGRAM FISCAL  
 SUMMARY

AGENCY NAME: Family Agency  
 AGENCY CODE: 12345

| Line No.                           | COLUMN NUMBER<br>ITEM DESCRIPTION               | Cost Codes | 1                     |
|------------------------------------|---|------------|-----------------------|
|                                    | Program Type                                    | 00071      | Chemical Dependence P |
|                                    | Program Code (Program Code Index)               | 00011      | 5550 (01)             |
| 26)                                | State Grants (Detail Required)                  | 26190      | 0                     |
| 27)                                | LTSE Income Total (OMH and OMRDD only)          | 26220      | 0                     |
| 28)                                | Food Stamps (OASAS, OMRDD)                      | 26240      | 0                     |
| 29)                                | Net Deficit Funding (State & LGU Funding only)* | 26110      | 223,029               |
| 30)                                | Other (Detail Required)                         | 26230      | 0                     |
| 31)                                | Total Gross Revenues (Sum Lines 15-30)          | 26999      | 238,029               |
| GAAP ADJUSTMENTS TO REVENUE **     |   |            |                       |
| 32)                                | Participant Allowance                           | 27010      | 0                     |
| 33)                                | Uncollectible Accounts Receivable               | 27040      | 0                     |
| 34)                                | Other (Detail Required)                         | 27045      | 0                     |
| 35)                                | Total GAAP Adjustments (Sum Lines 32-34)        | 27049      | 0                     |
| 36)                                | Net GAAP Revenues (Line 31 minus 35)            | 27025      | 238,029               |
| NON-GAAP ADJUSTMENTS TO REVENUE ** |   |            |                       |
| 37)                                | Exempt Contract Income                          | 27050      | 0                     |
| 38)                                | Exempt LTSE Income                              | 27060      | 0                     |
| 39)                                | Net Deficit Funding***                          | 27070      | 223,029               |
| 40)                                | Other (Detail Required)                         | 27080      | 0                     |
| 41)                                | Total NON-GAAP Adjustments (Sum Lines 37-40)    | 27998      | 223,029               |
| 42)                                | Subtotal Adj. to Revenue (Sum Lines 35 & 41)    | 27999      | 223,029               |
| 43)                                | Total Net Revenues (Line 31 Minus 42)           | 28999      | 15,000                |
| 44)                                | Net Operating Cost (Line 14 Minus 43)           | 29999      | 210,546               |

\* 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.

Funding State Agency:  
 OMH  
 OMRDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE DMH-2  
 AID TO LOCALITIES/  
 DIRECT CONTRACT  
 SUMMARY

AGENCY NAME: Family Agency  
 AGENCY CODE: 12345  
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Joan Smith  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 315 576-2950 Ext. 103

PLEASE CHECK: ESTIMATED CLAIM:  FINAL CLAIM:

| Line No. | COLUMN NUMBER<br>ITEM DESCRIPTION           | Cost Codes | 1                     | 2                     |
|----------|---|------------|-----------------------|-----------------------|
| 1)       | Accounting Method                           |            | Modified              | Modified              |
| 2)       | State Contract Number/LGU Contract Number * | 00200      | C056789               | C056789               |
| 3)       | Program Type                                | 00072      | Family Support Servic | Family Support Servic |
| 4)       | Program Code (Program Code Index)           | 00012      | 0150 (01)             | 0150 (02)             |

EXPENSES

|     |   |       |        |         |
|-----|---|-------|--------|---------|
| 5)  | Personal Services                                 | 18010 | 44,404 | 97,330  |
| 6)  | Vacation Leave Accruals **                        | 18020 | 35     | 77      |
| 7)  | Fringe Benefits                                   | 18030 | 5,067  | 11,108  |
| 8)  | Other Than Personal Services (OTPS)               | 18040 | 8,535  | 15,552  |
| 9)  | Equipment - Provider Paid ***                     | 18050 | 6,100  | 7,000   |
| 10) | Property - Provider Paid ****                     | 18060 | 6,471  | 17,105  |
| 11) | Agency Administration                             | 18080 | 11,772 | 25,164  |
| 12) | Adjustments/Non-Allowable Costs (Detail Required) | 18090 | 0      | 0       |
| 13) | Total Adjusted Expenses (Lines 5-11 Minus 12)     | 18999 | 82,384 | 173,336 |

REVENUES

|     |   |       |     |       |
|-----|---|-------|-----|-------|
| 14) | Participant Fees (less SSI & SSA)         | 46010 | 860 | 1,257 |
| 15) | SSI & SSA                                 | 46020 | 0   | 0     |
| 16) | Home Relief/Public Assistance             | 46030 | 0   | 0     |
| 17) | Medicaid                                  | 46040 | 0   | 0     |
| 18) | Medicare                                  | 46060 | 0   | 0     |
| 19) | Other Third Parties                       | 46070 | 0   | 0     |
| 20) | OMRDD Residential Room and Board/NYS OPTS | 46080 | 0   | 0     |
| 21) | Transportation, Medicaid                  | 46090 | 0   | 0     |
| 22) | Transportation, Other                     | 46100 | 0   | 0     |
| 23) | Sales: Contract Total                     | 46140 | 0   | 0     |
| 24) | Federal Grants (Detail Required)          | 46160 | 0   | 0     |

\* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

\*\* OASAS funded service providers cannot report vacation leave accruals for State aid reimbursement.

\*\*\* OASAS funded service providers cannot report equipment depreciations for State aid reimbursement.

\*\*\*\* OASAS funded service providers cannot report property related depreciation for State aid reimbursement.

Funding State Agency:  
 OMH  
 OMRDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE DMH-2  
 AID TO LOCALITIES/  
 DIRECT CONTRACT  
 SUMMARY

AGENCY NAME: Family Agency  
 AGENCY CODE: 12345  
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Joan Smith  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 315 576-2950 Ext. 103

PLEASE CHECK: ESTIMATED CLAIM:  FINAL CLAIM:

| Line No.                        | COLUMN NUMBER<br>ITEM DESCRIPTION                  | Cost Codes | 1                     | 2                     |
|---------------------------------|--|------------|-----------------------|-----------------------|
|                                 | Program Type                                       | 00072      | Family Support Servic | Family Support Servic |
|                                 | Program Code (Program Code Index)                  | 00012      | 0150 (01)             | 0150 (02)             |
| 25)                             | State Grants (Detail Required)                     | 46190      | 0                     | 0                     |
| 26)                             | LTSE Income Total (OMH and OMRDD only)             | 46220      | 0                     | 0                     |
| 27)                             | Food Stamps (OASAS, OMRDD)                         | 46240      | 0                     | 0                     |
| 28)                             | Net Deficit Funding (State & LGU Funding only)*    | 46110      | 79,844                | 166,795               |
| 29)                             | Other (Detail Required)                            | 46230      | 0                     | 0                     |
| 30)                             | Total Gross Revenues (Sum Lines 14-29)             | 46999      | 80,704                | 168,052               |
| GAAP ADJUSTMENTS TO REVENUE     |  |            |                       |                       |
| 31)                             | Participant Allowance                              | 47010      | 0                     | 0                     |
| 32)                             | Uncollectible Accounts Receivable                  | 47040      | 0                     | 0                     |
| 33)                             | Other (Detail Required)                            | 47045      | 0                     | 0                     |
| 34)                             | Total GAAP Adjustments (Sum Lines 31-33)           | 47049      | 0                     | 0                     |
| 35)                             | Net GAAP Revenues (Line 30 minus 34)               | 47025      | 80,704                | 168,052               |
| NON-GAAP ADJUSTMENTS TO REVENUE |  |            |                       |                       |
| 36)                             | Exempt Contract Income                             | 47050      | 0                     | 0                     |
| 37)                             | Exempt LTSE Income                                 | 47060      | 0                     | 0                     |
| 38)                             | Net Deficit Funding**                              | 47070      | 79,844                | 166,795               |
| 39)                             | Other (Detail Required)                            | 47080      | 0                     | 0                     |
| 40)                             | Total NON-GAAP Adjustments (Sum Lines 36-39)       | 47998      | 79,844                | 166,795               |
| 41)                             | Subtotal Adj. to Revenue (Sum Lines 34 & 40)       | 47999      | 79,844                | 166,795               |
| 42)                             | Total Net Revenues (Line 30 minus 41)              | 48999      | 860                   | 1,257                 |
| 43)                             | Net Operating Cost (Line 13 minus 42)              | 49999      | 81,524                | 172,079               |
| DEFICIT FUNDING                 |  |            |                       |                       |
| 44)                             | State Share  | 60010      | 79,844                | 166,795               |
| 45)                             | Local Government Share                             | 60020      | 0                     | 0                     |
| 46)                             | Service Provider Share (Voluntary Contributions)   | 60030      | 0                     | 0                     |
| 47)                             | Total Approved Deficit Funding (Sum lines 44 - 46) | 60039      | 79,844                | 166,795               |
| 48)                             | Non-Funded   | 60040      | 1,680                 | 5,284                 |
| 49)                             | Total Deficit Funding (Sum Lines 47-48)            | 60999      | 81,524                | 172,079               |

\* Do not include non funded or voluntary contributions.

\*\* Amounts should equal the corresponding amounts reported as revenue on line 28 above.

Funding State Agency:  
 OMH  
 OMRDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE DMH-2  
 AID TO LOCALITIES/  
 DIRECT CONTRACT  
 SUMMARY

AGENCY NAME: Family Agency  
 AGENCY CODE: 12345  
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Joan Smith  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 315 576-2950 Ext. 103\_\_\_\_

PLEASE CHECK: ESTIMATED CLAIM: [ ] FINAL CLAIM: [ X ]

| Line No. | COLUMN NUMBER<br>ITEM DESCRIPTION           | Cost Codes | 1                     |
|----------|---|------------|-----------------------|
| 1)       | Accounting Method                           |            | Modified              |
| 2)       | State Contract Number/LGU Contract Number * | 00200      | ONONDAG               |
| 3)       | Program Type                                | 00072      | Chemical Dependence P |
| 4)       | Program Code (Program Code Index)           | 00012      | 5550 (01)             |

EXPENSES

|     |   |       |         |
|-----|---|-------|---------|
| 5)  | Personal Services                                 | 18010 | 81,525  |
| 6)  | Vacation Leave Accruals **                        | 18020 | 0       |
| 7)  | Fringe Benefits                                   | 18030 | 24,400  |
| 8)  | Other Than Personal Services (OTPS)               | 18040 | 68,204  |
| 9)  | Equipment - Provider Paid ***                     | 18050 | 6,100   |
| 10) | Property - Provider Paid ****                     | 18060 | 12,000  |
| 11) | Agency Administration                             | 18080 | 35,317  |
| 12) | Adjustments/Non-Allowable Costs (Detail Required) | 18090 | 0       |
| 13) | Total Adjusted Expenses (Lines 5-11 Minus 12)     | 18999 | 227,546 |

REVENUES

|     |   |       |        |
|-----|---|-------|--------|
| 14) | Participant Fees (less SSI & SSA)         | 46010 | 0      |
| 15) | SSI & SSA                                 | 46020 | 0      |
| 16) | Home Relief/Public Assistance             | 46030 | 0      |
| 17) | Medicaid                                  | 46040 | 0      |
| 18) | Medicare                                  | 46060 | 0      |
| 19) | Other Third Parties                       | 46070 | 0      |
| 20) | OMRDD Residential Room and Board/NYS OPTS | 46080 | 0      |
| 21) | Transportation, Medicaid                  | 46090 | 0      |
| 22) | Transportation, Other                     | 46100 | 0      |
| 23) | Sales: Contract Total                     | 46140 | 0      |
| 24) | Federal Grants (Detail Required)          | 46160 | 15,000 |

\* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

\*\* OASAS funded service providers cannot report vacation leave accruals for State aid reimbursement.

\*\*\* OASAS funded service providers cannot report equipment depreciations for State aid reimbursement.

\*\*\*\* OASAS funded service providers cannot report property related depreciation for State aid reimbursement.

Funding State Agency:  
 ] OMH  
 ] OMRDD  
 ] OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE DMH-2  
 AID TO LOCALITIES/  
 DIRECT CONTRACT  
 SUMMARY

AGENCY NAME: Family Agency  
 AGENCY CODE: 12345  
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Joan Smith  
 ] Please check the box if the preparer changed from the previous submission.

TELEPHONE: 315 576-2950 Ext. 103\_\_\_\_

PLEASE CHECK: ESTIMATED CLAIM: [ ] FINAL CLAIM: [ X ]

| Line No.                        | COLUMN NUMBER<br>ITEM DESCRIPTION                  | Cost Codes | 1                     |
|---------------------------------|--|------------|-----------------------|
|                                 | Program Type                                       | 00072      | Chemical Dependence P |
|                                 | Program Code (Program Code Index)                  | 00012      | 5550 (01)             |
| 25)                             | State Grants (Detail Required)                     | 46190      | 0                     |
| 26)                             | LTSE Income Total (OMH and OMRDD only)             | 46220      | 0                     |
| 27)                             | Food Stamps (OASAS, OMRDD)                         | 46240      | 0                     |
| 28)                             | Net Deficit Funding (State & LGU Funding only)*    | 46110      | 223,029               |
| 29)                             | Other (Detail Required)                            | 46230      | 0                     |
| 30)                             | Total Gross Revenues (Sum Lines 14-29)             | 46999      | 238,029               |
| GAAP ADJUSTMENTS TO REVENUE     |  |            |                       |
| 31)                             | Participant Allowance                              | 47010      | 0                     |
| 32)                             | Uncollectible Accounts Receivable                  | 47040      | 0                     |
| 33)                             | Other (Detail Required)                            | 47045      | 0                     |
| 34)                             | Total GAAP Adjustments (Sum Lines 31-33)           | 47049      | 0                     |
| 35)                             | Net GAAP Revenues (Line 30 minus 34)               | 47025      | 238,029               |
| NON-GAAP ADJUSTMENTS TO REVENUE |  |            |                       |
| 36)                             | Exempt Contract Income                             | 47050      | 0                     |
| 37)                             | Exempt LTSE Income                                 | 47060      | 0                     |
| 38)                             | Net Deficit Funding**                              | 47070      | 223,029               |
| 39)                             | Other (Detail Required)                            | 47080      | 0                     |
| 40)                             | Total NON-GAAP Adjustments (Sum Lines 36-39)       | 47998      | 223,029               |
| 41)                             | Subtotal Adj. to Revenue (Sum Lines 34 & 40)       | 47999      | 223,029               |
| 42)                             | Total Net Revenues (Line 30 minus 41)              | 48999      | 15,000                |
| 43)                             | Net Operating Cost (Line 13 minus 42)              | 49999      | 212,546               |
| DEFICIT FUNDING                 |  |            |                       |
| 44)                             | State Share  | 60010      | 212,546               |
| 45)                             | Local Government Share                             | 60020      | 0                     |
| 46)                             | Service Provider Share (Voluntary Contributions)   | 60030      | 0                     |
| 47)                             | Total Approved Deficit Funding (Sum lines 44 - 46) | 60039      | 212,546               |
| 48)                             | Non-Funded   | 60040      | 0                     |
| 49)                             | Total Deficit Funding (Sum Lines 47-48)            | 60999      | 212,546               |

\* Do not include non funded or voluntary contributions.

\*\* Amounts should equal the corresponding amounts reported as revenue on line 28 above.

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

AGENCY  
 ADMINISTRATION  
 WORKSHEET

AGENCY NAME: Family Agency  
 AGENCY CODE: 12345  
 SCHOOL CODE: (SED ONLY)

USE WHOLE DOLLARS.

| RATIO VALUE WORKSHEET (AGENCY-WIDE)                       |   |            |           | ADJUSTED RATIO VALUE WORKSHEET (WITHIN STATE AGENCY)      |   |            |          |
|---|---|------------|-----------|---|---|------------|----------|
| Line No.  | State Agency                                    | Cost Codes | Amount    | Line No.  | State Agency  | Cost Codes | Amount   |
| CALCULATION OF OPERATING COSTS *                          |   |            |           | CALCULATION OF ADJUSTED OPERATING COSTS ****              |   |            |          |
| 1)  | OASAS Subtotal                                  | 19110      | 174,129   | 18)   | OASAS Adjusted Subtotal   | 19310      | 174,129  |
| 2)  | OMH Subtotal                                    | 19120      | 0         | 19)   | OMH Adjusted Subtotal   | 19320      | 0        |
| 3)  | OMRDD Subtotal                                  | 19130      | 182,108   | 20)   | OMRDD Adjusted Subtotal   | 19330      | 182,108  |
| 4)  | SED Subtotal                                    | 19140      | 0         | 21)   | SED Adjusted Subtotal   | 19340      | 0        |
| 5)  | Shared Programs Subtotal                        | 19150      | 0         | 22)   | Shared Programs Adjusted Subtotal                               | 19350      | 0        |
| 6)  | Other Programs Subtotal**                       | 19160      | 808,691   | CALCULATION OF ADJUSTED RATIO VALUE FACTOR *****          |   |            |          |
| 6b)   | Sub-Contract Raw Materials                      |            | 0         | 23)   | OASAS Ratio Value Factor (line 11 divided by line 18)           | 19410      | 0.202823 |
| 7)  | Total Agency Operating Costs                    | 19170      | 1,164,928 | 24)   | OMH Ratio Value Factor (line 12 divided by line 19)             | 19420      | 0.000000 |
| CALCULATION OF RATIO VALUE FACTOR                         |   |            |           | 25)   | OMRDD Ratio Value Factor (line 13 divided by line 20)           | 19430      | 0.202823 |
| 8)  | Net Agency Administration                       | 19999      | 236,274   | 26)   | SED Ratio Value Factor (line 14 divided by line 21)             | 19440      | 0.000000 |
| 9)  | Total Agency Operating Costs (Line 7)           | 19171      | 1,164,928 | 27)   | Shared Programs Ratio Value Factor (line 15 divided by line 22) | 19450      | 0.000000 |
| 10)   | Ratio Value Factor (Line 8 divided by Line 9)   | 19180      | 0.202823  | ALLOCATION OF AGENCY ADMINISTRATION USING RATIO VALUE *** |   |            |          |
| ALLOCATION OF AGENCY ADMINISTRATION USING RATIO VALUE *** |   |            |           | 11)   | OASAS Allocation (line 1 x line 10)                             | 19210      | 35,317   |
| 11)   | OASAS Allocation (line 1 x line 10)             | 19210      | 35,317    | 12)   | OMH Allocation (line 2 x line 10)                               | 19220      | 0        |
| 12)   | OMH Allocation (line 2 x line 10)               | 19220      | 0         | 13)   | OMRDD Allocation (line 3 x line 10)                             | 19230      | 36,936   |
| 13)   | OMRDD Allocation (line 3 x line 10)             | 19230      | 36,936    | 14)   | SED Allocation (line 4 x line 10)                               | 19240      | 0        |
| 14)   | SED Allocation (line 4 x line 10)               | 19240      | 0         | 15)   | Shared Programs Allocation (line 5 x line 10)                   | 19250      | 0        |
| 15)   | Shared Programs Allocation (line 5 x line 10)   | 19250      | 0         | 16)   | Other Programs Allocation (line 6 x line 10)                    | 19260      | 164,021  |
| 16)   | Other Programs Allocation (line 6 x line 10)    | 19260      | 164,021   | 17)   | Total Agency Administration (sum lines 11 - 16)                 | 19270      | 236,274  |
| 17)   | Total Agency Administration (sum lines 11 - 16) | 19270      | 236,274   |   |   |            |          |

\* Totals by State Agency for all programs. This equals the sum of lines 6 through 9 on schedule DMH-1. Do not report operating costs for programs 0190, 0880, 0890.  
 \*\* This amount must equal the sum of lines 1 through 4 of column 7 on schedule CFR-2.  
 \*\*\* Totals by State Agency. This equals the sum of agency administration allocated to each program on DMH-1, line 12.  
 \*\*\*\* Totals by State Agency. This equals the sum of lines 6 through 9 on schedule DMH-1. Do not report operating cost for programs 0190, 0880 and 0890 and programs which are exempt from agency administration. For OMH (line 19), do not include operating costs for programs 0860, 0870, 1690, 2820, 2860, 7810, 8810 and programs with an "A" program code index (startup). For OMRDD (line 20), do not include operating costs for programs 2091, 3091, 5091 and 7091.  
 \*\*\*\*\* The adjusted ratio value factor can be different for each State Agency.

Funding State Agency:  
 OMH  
 OMRDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE DMH-3  
 AID TO LOCALITIES AND DIRECT CONTRACTS  
 PROGRAM FUNDING SOURCE SUMMARY

AGENCY NAME: Family Agency  
 AGENCY CODE: 12345  
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Joan Smith  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 315 576-2950 Ext. 103

PLEASE CHECK: ESTIMATED CLAIM:  FINAL CLAIM:

| Line No. | COLUMN NUMBER<br>ITEM DESCRIPTION                                   | Cost Codes | 1                    | 2                     | TOTAL   |
|----------|---|------------|----------------------|-----------------------|---------|
| 1)       | Accounting Method   |            | Modified             | Modified              |         |
| 2)       | Program Type  | 00073      | Family Support Serv  | Family Support Serv   |         |
| 3)       | Program Code (Program Code Index)                                   | 00013      | 0150 (01)            | 0150 (02)             |         |
| 4)       | Total Persons Served/Month  | 00220      | 10                   | 25                    |         |
| 5)       | Total Units of Service  | 00999      | 1,643                | 4,107                 |         |
| 6)       | Gross Cost/Unit of Service  | 70999      | 50.14                | 42.21                 |         |
| 7)       | Net Cost/Unit of Service  | 71999      | 49.62                | 41.90                 |         |
| 8)       | Please Check:   |            | PARTICIPANT SPECIFIC | NON-PARTICIPANT SPECI |         |
| 9)       | A FUNDING SOURCE CO (Fam Support Services)   Index (OMH/OASAS)      |            | 058                  | 058                   |         |
| 10)      | Number Persons Served/Month   | 00260      | 10                   | 25                    | 35      |
| 11)      | Number Units of Service   | 00250      | 1,643                | 4,107                 | 5,750   |
| 12)      | Total Adjusted Expenses   | 50999      | 77,105               | 160,567               | 237,672 |
| 13)      | Less Applied Net Revenue  | 61999      | 860                  | 1,257                 | 2,117   |
| 14)      | Net Operating Costs   | 62999      | 76,245               | 159,310               | 235,555 |
| 15)      | Contract Number (State/LGU)*  | 00201      | C056789              | C056789               |         |
| 16)      | B FUNDING SOURCE CO (Non-Funded)   Index (OMH/OASAS)                |            | 090                  | 090                   |         |
| 17)      | Number Persons Served/Month   | 00260      | 0                    | 0                     | 0       |
| 18)      | Number Units of Service   | 00250      | 0                    | 0                     | 0       |
| 19)      | Total Adjusted Expenses   | 50999      | 1,680                | 5,284                 | 6,964   |
| 20)      | Less Applied Net Revenue  | 61999      | 0                    | 0                     | 0       |
| 21)      | Net Operating Costs   | 62999      | 1,680                | 5,284                 | 6,964   |
| 22)      | Contract Number (State/LGU)*  | 00201      | C056789              | C056789               |         |
| 23)      | C FUNDING SOURCE CO (Health Care Adjustment VI)   Index (OMH/OASAS) |            | 184                  | 184                   |         |
| 24)      | Number Persons Served/Month   | 00260      | 0                    | 0                     | 0       |
| 25)      | Number Units of Service   | 00250      | 0                    | 0                     | 0       |
| 26)      | Total Adjusted Expenses   | 50999      | 3,599                | 7,485                 | 11,084  |
| 27)      | Less Applied Net Revenue  | 61999      | 0                    | 0                     | 0       |
| 28)      | Net Operating Costs   | 62999      | 3,599                | 7,485                 | 11,084  |
| 29)      | Contract Number (State/LGU)*  | 00201      | C056789              | C056789               |         |
| 30)      | Total Adjusted Expenses   | 51999      | 82384                | 173336                | 255,720 |
| 31)      | Less Net Revenue  | 63999      | 860                  | 1257                  | 2,117   |
| 32)      | Net Operating Costs   | 52999      | 81524                | 172079                | 253,603 |

\* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

Funding State Agency:  
 OMH  
 OMRDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: January 1, 2010 TO December 31, 2010

SCHEDULE DMH-3  
 AID TO LOCALITIES AND DIRECT CONTRACTS  
 PROGRAM FUNDING SOURCE SUMMARY

AGENCY NAME: Family Agency  
 AGENCY CODE: 12345  
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Joan Smith  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 315 576-2950 Ext. 103\_\_\_\_

PLEASE CHECK: ESTIMATED CLAIM: [ ] FINAL CLAIM: [ X ]

| Line No. | COLUMN NUMBER<br>ITEM DESCRIPTION                      | Cost Codes | 1                     | TOTAL   |
|----------|--|------------|-----------------------|---------|
| 1)       | Accounting Method                                      |            | Modified              |         |
| 2)       | Program Type   | 00073      | Chemical Dependence P |         |
| 3)       | Program Code (Program Code Index)                      | 00013      | 5550 (01)             |         |
| 4)       | Total Persons Served/Month                             | 00220      | 0                     |         |
| 5)       | Total Units of Service                                 | 00999      | 0                     |         |
| 6)       | Gross Cost/Unit of Service                             | 70999      | 0.00                  |         |
| 7)       | Net Cost/Unit of Service                               | 71999      | 0.00                  |         |
| 8)       | Please Check:  |            |                       |         |
| 9)       | A FUNDING SOURCE CO (Federal SAPT)   Index (OMH/OASAS) |            | 013  F                |         |
| 10)      | Number Persons Served/Month                            | 00260      | 0                     | 0       |
| 11)      | Number Units of Service                                | 00250      | 0                     | 0       |
| 12)      | Total Adjusted Expenses                                | 50999      | 227,546               | 227,546 |
| 13)      | Less Applied Net Revenue                               | 61999      | 15,000                | 15,000  |
| 14)      | Net Operating Costs                                    | 62999      | 212,546               | 212,546 |
| 15)      | Contract Number (State/LGU)*                           | 00201      | ONONDAG               |         |
| 30)      | Total Adjusted Expenses                                | 51999      | 227546                | 227,546 |
| 31)      | Less Net Revenue                                       | 63999      | 15000                 | 15,000  |
| 32)      | Net Operating Costs                                    | 52999      | 212546                | 212,546 |

\* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

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RECONCILIATION

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AGENCY CODE: 12345

AGENCY NAME: Family Agency  
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|   |           |
|---|-----------|
| Total agency expenses from Financial Statements       | 1,469,104 |
| Additions:  |           |
| Depreciation Variance                                 | 288       |
| Total Additions:                                      | 288       |
| Subtractions:   | 0         |
| Total adjustments:                                    | 288       |
| Adjusted Financial Statement Expenses                 | 1,469,392 |
| Total agency Expenses from CFR-2, Col. 1, lines 8 + 9 | 1,469,394 |
| Difference  | -2        |

|   |           |
|---|-----------|
| Total agency Revenues from Financial Statements   | 1,477,996 |
| Additions:  | 0         |
| Subtractions:                                     | 0         |
| Total Adjustments:                                | 0         |
| Adjusted Financial Statement Revenues             | 1,477,996 |
| Total agency Revenues from CFR-2, Col. 1, line 12 | 1,478,128 |
| Difference  | -132      |

[ ] OMH [ ] SED  
[ ] OMRDD  
[ X ] OASAS

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WORKSHEET/OTHER  
DETAILS

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AGENCY CODE: 12345

AGENCY NAME: Family Agency  
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SCHEDULE: DMH-1

PROGRAM: 5550 (01)

Line 25 CSAP Community Ed. Grant

15,000

[ ] OMH [ ] SED  
[ ] OMRDD  
[ X ] OASAS

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AGENCY CODE: 12345

AGENCY NAME: Family Agency  
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SCHEDULE: DMH-2

PROGRAM: 5550 (01)  
COUNTY: 34 - Onondaga

Line 24 CSAP Community Ed. Grant 15,000