

NEW YORK STATE  
CONSOLIDATED FISCAL REPORT  
FOR THE PERIOD: July 1, 2013 TO June 30, 2014

AGENCY NAME: Any Agency  
AGENCY ADDRESS: 24 Phillips St  
New York, New York 10003-1234  
 Please check the box if the agency address changed from the prior reporting period.

AGENCY CODE: 10000  
COUNTY NAME: New York  
COUNTY CODE: 31

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

SCHOOL CODE (SED ONLY): 010205005555

FEDERAL EMPLOYER ID NUMBER: 01-2345678

Person to Contact with Regard to Questions Concerning this Report:

Ms. Sally Sanders 212 355-7778 Ext. 123  
-----  
Name Telephone Number

Controller 212 355-4242  
-----  
Title FAX Number

ssanders@anyagency.com  
-----  
E-mail Address

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

CERTIFIED FINANCIAL STATEMENT REPORTING PERIOD: 07/01/2013 - 06/30/2014

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

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

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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.

10/14/2014  
-----  
Date

212 355-7778 Ext. 133  
-----  
Telephone Number

Mrs. Mary Reynolds - Executive Director  
-----  
Name and Title

mreynolds@anyagency.com  
-----  
E-mail Address

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

NEW YORK STATE  
CONSOLIDATED FISCAL REPORT  
FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE CFR-ii  
ACCOUNTANT'S REPORT  
VOLUNTARY AGENCY or  
COUNTY GOVERNMENT  
PAGE 2

AGENCY NAME: Any Agency

AGENCY CODE: 10000

SCHOOL CODE (SED ONLY): (SED ONLY)

We have audited the accompanying financial statements of the the Agency listed above, which comprise the statement of financial position as of June 30, 2014, and the related statements of activities, changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Agency listed above as of June 30, 2014, and the changes in its net assets and/or equity and its cash flows for the year then ended in accordance with U.S. generally accepted accounting principles.

Other Matters

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The information included on Schedules (as applicable) CFR-1, lines 13, 16, 17, 20, 41, 48, 63-67, 69-107; CFR-2; CFR-3; CFR-4; CFR-4A; CFR-5; CFR-6, Section 3; DMH-1; OMH-1; OMH-4; OPWDD-3; OPWDD-4; SED-1; and SED-4, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information reported on the CFR with Document Control Number 66280608 has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole. The other information included in this Consolidated Fiscal Report identified by Document Control Number 66280608, was not audited by us and, accordingly, we express no opinion thereon.

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AGENCY NAME: Any Agency

AGENCY CODE: 10000

SCHOOL CODE (SED ONLY): (SED ONLY)

Report on Other Legal and Regulatory Requirements

We have examined the above detailed schedules' conformity with the applicable instructions relating to the preparation of those schedules contained within the Consolidated Fiscal Reporting and Claiming Manual for the year ended June 30, 2014. The Agency's management is responsible for the schedules' conformity with those instructions. Our responsibility is to express an opinion on the schedules' conformity with those instructions based upon our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, included examining, on a test basis, evidence supporting the above referenced CFR schedules' conformity with the applicable instructions and performing such other procedures as we considered necessary in the circumstances including following the procedures contained in Appendix AA of the Consolidated Fiscal Reporting and Claiming Manual. We believe our examination provides a reasonable basis for our opinion.

In our opinion, the schedules detailed above are, in all material respects, in conformity with the applicable instructions relating to the preparation of the Consolidated Fiscal Report as furnished by the New York State Office For People With Developmental Disabilities, New York State Office of Mental Health, New York State Office of Alcoholism and Substance Abuse Services, and New York State Education Department for the year ended June 30, 2014.

This report is intended solely for the information and use of the Agency's management, the New York State governmental funding agencies, and any funding Counties that are required to receive a copy of this report and is not intended to be and should not be used by anyone other than these specified parties.

The undersigned hereby certifies this opinion and that we have disclosed any and all material facts known to us, disclosure of which is necessary to make this opinion, the basic financial statements and the above referenced CFR schedules not misleading. The undersigned hereby further certifies that we will disclose any material fact discovered by us subsequent to this certification, which existed at the time of this certification and was not disclosed in the basic financial statements or the above referenced CFR schedules, the disclosure of which is necessary to make the basic financial statements or the CFR schedules not misleading and will disclose any material misstatement in said financial statements or the above referenced CFR schedules.

During the period of this professional engagement, at the time of expressing this opinion and during the period covered by the financial statements, we did not have nor were committed to acquire, any direct financial interest or material indirect financial interest in the ownership or operation of the facility and we were not connected in any way with the ownership, financing or operation of the facility as a director, officer or employee, or in any capacity other than as an independent certified public accountant or independent public accountant.

10/10/2104

-----  
Date CFR-ii signed

09/10/2014

-----  
Date of Report (Enter the date of the audit report on the financial statements.)

315 222-3535

-----  
Telephone Number

1234567

-----  
CPA Firm Registration Number

-----  
Signature of Independent Accountant, Firm, or Sole Practitioner  
Charles Salerno

C.Salerno Associates, CPA

-----  
Firm Name

66 Wall Street  
Homer, NY 13222

-----  
Address

-----  
Firm Contact Person

AGENCY NAME: Any Agency

AGENCY CODE: 10000

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 for People With 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: 10/14/2014 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  
Unit: \_\_\_\_\_

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

Funding State Agency:  
 OMH     SED  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
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SCHEDULE CFR-1  
 PROGRAM/SITE  
 DATA

-----  
 AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: (SED ONLY)  
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
SECTION A: GENERAL INFORMATION						
1)	Program Type	00070 Advocacy/Support Services		Advocacy/Support Services	Clinic Treatment	Community Residence, Children
2)	Program Code (Program Code Index)	00010 1760 (00)		1760 (00)	2100 (00)	7050 (00)
3)	Program/Site Identification Number	00050 1111050		1111276	1111052	1111975
4)	Program/Site Name	00020 OMH Answers		OMH Shoulders	Bunn Street Clinic	Regency House
5)	Program/Site Address (Line One)	00030 29 Stewart St		22 My Way Drive	25 Bunn St	200 East 105th St
6)	Program/Site Address (Line Two)	00040 New York, NY 10001-3101		New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1113
7a)	Medicaid Provider Agreement Number (DMH only)	00060			00257811	01504883
7b)	National Provider ID Number (DMH Only)	00061			180607777	1706623456
8)	County Code (See Appendix C)	00080 31		31	31	31
9)	Date Site Opened	00090 06/01/1996		01/01/2001	02/02/1992	01/16/1991
10)	Certified Capacity (OASAS, OPWDD and SED only)	00100	0	0	0	0
11)	Actual Capacity (OMH, OPWDD and SED only)	00110	0	0	0	0
12)	Actual Days Program/Site Open	00160	135	135	253	365
13)	Units Of Service	00120	632	673	5,621	2,508
14)	Respite or TUBS Units of Service (OPWDD only)	00130	0	0	0	0
15)	Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150	0	0	0	0

Funding State Agency:  
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SCHEDULE CFR-1  
 PROGRAM/SITE  
 DATA

-----  
 AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: (SED ONLY)  
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
SECTION B: EXPENSES						
PERSONAL SERVICES						
16)	Personal Services-Program/Site & Program Admin*	11999	22,987	22,994	372,548	578,598
17)	Vacation Accruals-Program/Site & Program Admin*	12999	414	431	685	1,312
FRINGE BENEFITS						
18)	Mandated Fringe Benefits	13200	2,281	2,283	36,957	57,397
19)	Non-Mandated Fringe Benefits	13300	3,968	3,969	64,302	99,866
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	6,249	6,252	101,259	157,263
OTHER THAN PERSONAL SERVICES (OTPS)						
21)	Food	14010	0	0	0	17,861
22)	Repairs and Maintenance	14020	272	272	21,412	11,204
23)	Utilities	14030	681	681	25,737	9,522
24)	Transportation Related - Participant**	14040	16	16	0	11,176
25)	Staff Travel	14250	1,950	1,211	120	134
26)	Participant Incidentals	14050	0	0	4,804	3,903
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0	0	0
28)	Expensed Equipment	14080	83	23	1,768	0
29)	Sub-Contract Raw Materials	14090	0	0	0	0
30)	Participant Wages - Non-Contract	14100	0	0	0	0

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SCHEDULE CFR-1  
 PROGRAM/SITE  
 DATA

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 AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: (SED ONLY)  
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
31)	Participant Wages-Contract	14110	0	0	0	0
32)	Participant Fringe Benefits	14120	0	0	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0	0	0
34)	Staff Development	14140	45	184	3,628	3,255
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	0	0	71,885	0
36)	Supplies and Materials - Non-Household	14160	81	43	8,748	1,587
37)	Household Supplies	14170	182	181	3,524	5,517
38)	Telephone	14190	231	228	7,911	7,033
39)	Insurance - General	14260	17	17	3,182	3,295
40)	Other (Detail Required)	14998	127	127	7,692	0
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	3,685	2,983	160,411	74,487
	EQUIPMENT - PROVIDER PAID					
42)	Lease/Rental Vehicle	15010	0	0	1,600	0
43)	Lease/Rental Equipment	15020	0	0	1,000	0
44)	Depreciation - Vehicle	15040	21	21	0	1,221
45)	Depreciation - Equipment	15050	126	126	0	0
46)	Interest - Vehicle	15070	0	0	0	0
47)	Other (Detail Required)	15998	0	0	0	0
48)	Total Equipment (Sum Lines 42-47)	15999	147	147	2,600	1,221
	PROPERTY - PROVIDER PAID					
49)	Lease/Rental - Real Property	16010	1,105	1,205	68,620	0
50)	Leasehold/Leasehold Improvements	16020	0	0	0	0
51)	Depreciation - Building	16030	0	0	0	14,674
52)	Depreciation - Building/Land Improvements	16040	0	0	0	0

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SCHEDULE CFR-1  
 PROGRAM/SITE  
 DATA

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	0	0	0	0
54)	Mortgage Expenses	16070	0	0	0	0
55)	Insurance - Property & Casualty	16080	243	292	998	1,013
56)	Real Estate Taxes	16090	0	0	0	847
57)	Interest on Capital Indebtedness	16100	0	0	0	0
58)	Start-Up Expenses	16110	0	0	0	0
59)	MCFFA/DASNY Interest Expense	16120	0	0	0	19,256
60)	MCFFA/DASNY Administration Fees	16130	0	0	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0	0	0
62)	Other (Detail Required)	16998	0	0	0	1,522
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	1,348	1,497	69,618	37,312
TOTALS						
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	33,335	32,660	634,903	811,660
65)	Agency Admin. Alloc.* (Line 64 times 0.097691)	19050	3,257	3,191	62,024	79,292
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	0	0	1,000	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	38,087	37,495	768,145	929,485
OPWDD Only - Informational						
68a)	Other Than To/From Transportation Allocation	19101	0	0	0	0
68b)	To/From Transportation Allocation	19102	0	0	0	0
68c)	ICF/DD SED Contract Liability	19103	0	0	0	0

\* The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0880, 0890 and state agency specific programs which are exempt from agency administration.

Funding State Agency:  
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SCHEDULE CFR-1  
 PROGRAM/SITE  
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 AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: (SED ONLY)  
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
SECTION C: REVENUES						
69)	Participant Fee (Less SSI & SSA)	20010	0	0	19,786	0
70)	SSI and SSA	20020	0	0	0	69,505
71)	Home Relief/Public Assistance	20030	0	0	0	0
72)	Medicaid	20040	0	0	756,882	868,526
73)	Medicare	20060	0	0	65,627	0
74)	Other Third Parties (Detail Required)	20070	0	0	4,279	0
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0	0	0
76)	Transportation, Medicaid	20090	0	0	0	0
77)	Transportation, Other (Detail Required)	20100	0	0	0	0
78)	Sales: Contract Total	21070	0	0	0	0
79)	Federal Grants (Detail Required)	22040	0	0	0	0
80)	State Grants (Detail Required)	22030	0	0	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0	0	0
83)	Gifts, Legacies, Bequests, Restricted Donations	22010	0	0	0	1,050
84)	Section 202/8/811 HUD Funds *	22020	0	0	0	0
85)	Interest/Dividend Income	22050	0	0	0	0
86)	Prior Period Rate Adjustments**	22090	0	0	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0	0	0
88)	LDSS County Revenue (SED only)	22110	0	0	0	0
89)	4402 Revenue (School District In-State) (SED only)	22120	0	0	0	0

\* For OPWDD programs, if this line is completed, complete Schedule OPWDD-3 (HUD Revenues and Expenses).  
 \*\* Refer to CFR manual for specific instructions.

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SCHEDULE CFR-1  
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 AGENCY NAME: Any Agency  
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	0	0	0	0
93)	Net Deficit Funding (State & LGU Funding only)*	20110	2,000	2,000	0	0
94)	Other (Detail Required)	22998	123	113	0	168
95)	Gross Revenues (Sum Lines 69-94)	23999	2,123	2,113	846,574	939,249
	GAAP ADJUSTMENTS TO REVENUE					
96)	Participant Allowance	24010	0	0	0	0
97)	Uncollectible Accounts Receivable	24040	0	0	0	0
98)	Other (Detail Required)	24996	0	0	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	2,123	2,113	846,574	939,249
	NON-GAAP ADJUSTMENTS TO REVENUE					
101)	Exempt Contract Income	24050	0	0	0	0
102)	Exempt LTSE Income	24060	0	0	0	0
103)	Net Deficit Funding**	24070	2,000	2,000	0	0
104)	Other (Detail Required)	24080	0	0	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	2,000	2,000	0	0
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	2,000	2,000	0	0
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	123	113	846,574	939,249

\* Do not include non-funded or voluntary contributions.

\*\* Amounts should equal the corresponding amounts reported as revenue on line 93 above.

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SCHEDULE CFR-1  
 PROGRAM/SITE  
 DATA

AGENCY NAME: Any Agency  
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
SECTION A: GENERAL INFORMATION						
1)	Program Type	00070	Family Support Services	HCBS Group Day Habilitation S	HCBS Supplemental Group Day H	Subcontract Service
2)	Program Code (Program Code Index)	00010	0150 (00)	0223 (00)	0224 (00)	0880 (00)
3)	Program/Site Identification Number	00050	1539150	1539223	1539151	1539880
4)	Program/Site Name	00020	Conseling Center	HCBS Conseling Center	HCBS Group Day Center	Transportation
5)	Program/Site Address (Line One)	00030	25 Bunn Street	25 Bunn Street	25 Bunn Street	25 Bunn Street
6)	Program/Site Address (Line Two)	00040	New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1111
7a)	Medicaid Provider Agreement Number (DMH only)	00060		2693052		
7b)	National Provider ID Number (DMH Only)	00061	133492890		133492890	
8)	County Code (See Appendix C)	00080	31	31	31	31
9)	Date Site Opened	00090	07/01/1997	11/17/1998	01/01/2008	
10)	Certified Capacity (OASAS, OPWDD and SED only)	00100	80	303	303	0
11)	Actual Capacity (OMH, OPWDD and SED only)	00110	25	308	272	0
12)	Actual Days Program/Site Open	00160	0	258	365	0
13)	Units Of Service	00120	2,030	56,831	27,159	0
14)	Respite or TUBS Units of Service (OPWDD only)	00130	0	0	0	0
15)	Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150	203	11,734	11,159	0

Funding State Agency:  
 OMH     SED  
 OPWDD  
 OASAS

NEW YORK STATE  
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 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE CFR-1  
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 AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: (SED ONLY)  
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Line No.	COLUMN NUMBER ITEM DESCRIPTION Program Code (Program Code Index) Program/Site Identification Number	Cost Codes	1 0150 (00) 1539150	2 0223 (00) 1539223	3 0224 (00) 1539151	4 0880 (00) 1539880
SECTION B: EXPENSES						
PERSONAL SERVICES						
16)	Personal Services-Program/Site & Program Admin*	11999	59,644	3,037,902	1,220,707	0
17)	Vacation Accruals-Program/Site & Program Admin*	12999	-6	-306	-123	0
FRINGE BENEFITS						
18)	Mandated Fringe Benefits	13200	4,900	249,588	100,291	0
19)	Non-Mandated Fringe Benefits	13300	2,799	392,393	84,295	0
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	7,699	641,981	184,586	0
OTHER THAN PERSONAL SERVICES (OTPS)						
21)	Food	14010	102	208,548	171,997	0
22)	Repairs and Maintenance	14020	325	52,334	46,220	0
23)	Utilities	14030	660	52,648	48,090	0
24)	Transportation Related - Participant**	14040	0	43,565	35,134	1,400,000
25)	Staff Travel	14250	172	36,850	11,653	0
26)	Participant Incidentals	14050	20	70,262	28,544	0
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0	0	0
28)	Expensed Equipment	14080	0	0	0	0
29)	Sub-Contract Raw Materials	14090	0	0	0	0
30)	Participant Wages - Non-Contract	14100	0	0	0	0

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		0150 (00)	0223 (00)	0224 (00)	0880 (00)
	Program/Site Identification Number		1539150	1539223	1539151	1539880
31)	Participant Wages-Contract	14110	0	0	0	0
32)	Participant Fringe Benefits	14120	0	0	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0	0	0
34)	Staff Development	14140	1,237	13,012	523	0
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	0	71,203	124,976	0
36)	Supplies and Materials - Non-Household	14160	4,082	113,294	59,840	0
37)	Household Supplies	14170	0	0	0	0
38)	Telephone	14190	912	21,663	9,846	0
39)	Insurance - General	14260	0	37,414	29,870	0
40)	Other (Detail Required)	14998	4,393	208,364	103,138	0
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	11,903	929,157	669,831	1,400,000
EQUIPMENT - PROVIDER PAID						
42)	Lease/Rental Vehicle	15010	0	18,196	0	1,266,493
43)	Lease/Rental Equipment	15020	0	149	146	0
44)	Depreciation - Vehicle	15040	5,325	63,743	9,911	0
45)	Depreciation - Equipment	15050	612	96,696	11,751	0
46)	Interest - Vehicle	15070	0	4,653	3,376	0
47)	Other (Detail Required)	15998	0	0	0	0
48)	Total Equipment (Sum Lines 42-47)	15999	5,937	183,437	25,184	1,266,493
PROPERTY - PROVIDER PAID						
49)	Lease/Rental - Real Property	16010	0	158,372	133,652	0
50)	Leasehold/Leasehold Improvements	16020	12	21,687	4,374	0
51)	Depreciation - Building	16030	136	60,191	47,988	0
52)	Depreciation - Building/Land Improvements	16040	0	480	0	0

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 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		0150 (00)	0223 (00)	0224 (00)	0880 (00)
	Program/Site Identification Number		1539150	1539223	1539151	1539880
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	0	0	0	0
54)	Mortgage Expenses	16070	0	0	0	0
55)	Insurance - Property & Casualty	16080	148	56,435	0	0
56)	Real Estate Taxes	16090	0	66,525	0	0
57)	Interest on Capital Indebtedness	16100	0	0	52,473	0
58)	Start-Up Expenses	16110	0	0	63,389	0
59)	MCFFA/DASNY Interest Expense	16120	0	0	0	0
60)	MCFFA/DASNY Administration Fees	16130	0	0	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0	0	0
62)	Other (Detail Required)	16998	0	0	0	0
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	296	363,690	301,876	0
TOTALS						
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	79,240	4,608,734	2,075,001	1,400,000
65)	Agency Admin. Alloc.* (Line 64 times 0.097691)	19050	7,741	450,233	202,709	0
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	0	0	0	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	93,214	5,606,094	2,604,770	2,666,493
OPWDD Only - Informational						
68a)	Other Than To/From Transportation Allocation	19101	0	0	0	0
68b)	To/From Transportation Allocation	19102	0	1,266,493	0	0
68c)	ICF/DD SED Contract Liability	19103	0	0	0	0

\* The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0880, 0890 and state agency specific programs which are exempt from agency administration.

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AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION Program Code (Program Code Index) Program/Site Identification Number	Cost Codes	1 0150 (00) 1539150	2 0223 (00) 1539223	3 0224 (00) 1539151	4 0880 (00) 1539880
SECTION C: REVENUES						
69)	Participant Fee (Less SSI & SSA)	20010	0	0	0	0
70)	SSI and SSA	20020	0	0	0	0
71)	Home Relief/Public Assistance	20030	0	0	0	0
72)	Medicaid	20040	0	4,054,809	2,057,134	0
73)	Medicare	20060	0	0	0	0
74)	Other Third Parties (Detail Required)	20070	0	177,136	0	0
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0	0	0
76)	Transportation, Medicaid	20090	0	936,171	730,322	2,666,493
77)	Transportation, Other (Detail Required)	20100	0	0	0	0
78)	Sales: Contract Total	21070	0	0	0	0
79)	Federal Grants (Detail Required)	22040	0	131,846	104,081	0
80)	State Grants (Detail Required)	22030	0	0	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0	0	0
83)	Gifts, Legacies, Bequests, Restricted Donations	22010	0	1,262	0	0
84)	Section 202/8/811 HUD Funds *	22020	0	0	0	0
85)	Interest/Dividend Income	22050	27	0	714	0
86)	Prior Period Rate Adjustments**	22090	0	0	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0	0	0
88)	LDSS County Revenue (SED only)	22110	0	0	0	0
89)	4402 Revenue (School District In-State) (SED only)	22120	0	0	0	0

\* For OPWDD programs, if this line is completed, complete Schedule OPWDD-3 (HUD Revenues and Expenses).  
 \*\* Refer to CFR manual for specific instructions.

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AGENCY NAME: Any Agency  
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		0150 (00)	0223 (00)	0224 (00)	0880 (00)
	Program/Site Identification Number		1539150	1539223	1539151	1539880
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	0	0	0	0
93)	Net Deficit Funding (State & LGU Funding only)*	20110	92,645	0	0	0
94)	Other (Detail Required)	22998	518	21,505	11,469	0
95)	Gross Revenues (Sum Lines 69-94)	23999	93,190	5,322,729	2,903,720	2,666,493
	GAAP ADJUSTMENTS TO REVENUE					
96)	Participant Allowance	24010	0	0	0	0
97)	Uncollectible Accounts Receivable	24040	0	0	0	0
98)	Other (Detail Required)	24996	0	0	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	93,190	5,322,729	2,903,720	2,666,493
	NON-GAAP ADJUSTMENTS TO REVENUE					
101)	Exempt Contract Income	24050	0	0	0	0
102)	Exempt LTSE Income	24060	0	0	0	0
103)	Net Deficit Funding**	24070	92,645	0	0	0
104)	Other (Detail Required)	24080	0	0	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	92,645	0	0	0
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	92,645	0	0	0
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	545	5,322,729	2,903,720	2,666,493

\* Do not include non-funded or voluntary contributions.

\*\* Amounts should equal the corresponding amounts reported as revenue on line 93 above.

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
SECTION A: GENERAL INFORMATION				
1)	Program Type	00070	Medically Supervised Outpatie	Medically Supervised Outpatie
2)	Program Code (Program Code Index)	00010	3520 (00)	3520 (01)
3)	Program/Site Identification Number	00050	12345	54321
4)	Program/Site Name	00020	Help On The Way Clinic	Wharf Rats Clinic
5)	Program/Site Address (Line One)	00030	300 West Broadway	349 West 125th Street
6)	Program/Site Address (Line Two)	00040	New York, NY 10012-1122	New York, NY 10012-1221
7a)	Medicaid Provider Agreement Number (DMH only)	00060	01010101	01010101
7b)	National Provider ID Number (DMH Only)	00061	1111111111	2222222222
8)	County Code (See Appendix C)	00080	31	31
9)	Date Site Opened	00090	01/01/1981	01/01/1987
10)	Certified Capacity (OASAS, OPWDD and SED only)	00100	0	0
11)	Actual Capacity (OMH, OPWDD and SED only)	00110	0	0
12)	Actual Days Program/Site Open	00160	301	301
13)	Units Of Service	00120	15,124	24,891
14)	Respite or TUBS Units of Service (OPWDD only)	00130	0	0
15)	Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150	11,250	13,744

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
SECTION B: EXPENSES				
PERSONAL SERVICES				
16)	Personal Services-Program/Site & Program Admin*	11999	441,036	1,243,035
17)	Vacation Accruals-Program/Site & Program Admin*	12999	7,800	10,902
FRINGE BENEFITS				
18)	Mandated Fringe Benefits	13200	44,453	140,500
19)	Non-Mandated Fringe Benefits	13300	57,388	268,000
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	101,841	408,500
OTHER THAN PERSONAL SERVICES (OTPS)				
21)	Food	14010	437	1,211
22)	Repairs and Maintenance	14020	21,279	45,000
23)	Utilities	14030	15,019	34,866
24)	Transportation Related - Participant**	14040	0	3,150
25)	Staff Travel	14250	460	1,945
26)	Participant Incidentals	14050	0	0
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0
28)	Expensed Equipment	14080	0	1,539
29)	Sub-Contract Raw Materials	14090	0	0
30)	Participant Wages - Non-Contract	14100	0	0

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
31)	Participant Wages-Contract	14110	0	0
32)	Participant Fringe Benefits	14120	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0
34)	Staff Development	14140	546	1,223
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	27,660	38,330
36)	Supplies and Materials - Non-Household	14160	65,496	55,302
37)	Household Supplies	14170	2,015	12,911
38)	Telephone	14190	3,277	29,414
39)	Insurance - General	14260	5,688	8,758
40)	Other (Detail Required)	14998	75,204	61,374
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	217,081	295,023
	EQUIPMENT - PROVIDER PAID			
42)	Lease/Rental Vehicle	15010	3,594	0
43)	Lease/Rental Equipment	15020	1,860	6,151
44)	Depreciation - Vehicle	15040	0	0
45)	Depreciation - Equipment	15050	7,554	11,001
46)	Interest - Vehicle	15070	0	0
47)	Other (Detail Required)	15998	797	37
48)	Total Equipment (Sum Lines 42-47)	15999	13,805	17,189
	PROPERTY - PROVIDER PAID			
49)	Lease/Rental - Real Property	16010	76,230	30,000
50)	Leasehold/Leasehold Improvements	16020	0	0
51)	Depreciation - Building	16030	0	0
52)	Depreciation - Building/Land Improvements	16040	0	0

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	0	0
54)	Mortgage Expenses	16070	0	0
55)	Insurance - Property & Casualty	16080	1,312	2,500
56)	Real Estate Taxes	16090	0	0
57)	Interest on Capital Indebtedness	16100	0	0
58)	Start-Up Expenses	16110	0	0
59)	MCFFA/DASNY Interest Expense	16120	0	0
60)	MCFFA/DASNY Administration Fees	16130	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0
62)	Other (Detail Required)	16998	0	0
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	77,542	32,500
TOTALS				
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	767,758	1,957,460
65)	Agency Admin. Alloc.* (Line 64 times 0.097691)	19050	75,003	191,227
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	0	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	934,108	2,198,376
OPWDD Only - Informational				
68a)	Other Than To/From Transportation Allocation	19101	0	0
68b)	To/From Transportation Allocation	19102	0	0
68c)	ICF/DD SED Contract Liability	19103	0	0

\* The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0880, 0890 and state agency specific programs which are exempt from agency administration.

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
SECTION C: REVENUES				
69)	Participant Fee (Less SSI & SSA)	20010	58,119	91,500
70)	SSI and SSA	20020	0	0
71)	Home Relief/Public Assistance	20030	0	0
72)	Medicaid	20040	275,392	2,117,207
73)	Medicare	20060	0	0
74)	Other Third Parties (Detail Required)	20070	159,123	111,555
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0
76)	Transportation, Medicaid	20090	0	0
77)	Transportation, Other (Detail Required)	20100	0	0
78)	Sales: Contract Total	21070	0	0
79)	Federal Grants (Detail Required)	22040	0	0
80)	State Grants (Detail Required)	22030	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0
83)	Gifts, Legacies, Bequests, Restricted Donations	22010	0	0
84)	Section 202/8/811 HUD Funds *	22020	0	0
85)	Interest/Dividend Income	22050	0	3,164
86)	Prior Period Rate Adjustments**	22090	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0
88)	LDSS County Revenue (SED only)	22110	0	0
89)	4402 Revenue (School District In-State) (SED only)	22120	0	0

\* For OPWDD programs, if this line is completed, complete Schedule OPWDD-3 (HUD Revenues and Expenses).  
 \*\* Refer to CFR manual for specific instructions.

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	0	0
93)	Net Deficit Funding (State & LGU Funding only)*	20110	426,369	0
94)	Other (Detail Required)	22998	0	1,326
95)	Gross Revenues (Sum Lines 69-94)	23999	919,003	2,324,752
	GAAP ADJUSTMENTS TO REVENUE			
96)	Participant Allowance	24010	0	0
97)	Uncollectible Accounts Receivable	24040	0	0
98)	Other (Detail Required)	24996	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	919,003	2,324,752
	NON-GAAP ADJUSTMENTS TO REVENUE			
101)	Exempt Contract Income	24050	0	0
102)	Exempt LTSE Income	24060	0	0
103)	Net Deficit Funding**	24070	426,369	0
104)	Other (Detail Required)	24080	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	426,369	0
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	426,369	0
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	492,634	2,324,752

\* Do not include non-funded or voluntary contributions.

\*\* Amounts should equal the corresponding amounts reported as revenue on line 93 above.

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 AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: 010205005555  
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
SECTION A: GENERAL INFORMATION						
1) Program Type	00070	Preschool-Special Class over		Preschool-Sp Ed Itinerant Tea	Preschool-Evaluations	Federal Grants (611)
2) Program Code (Program Code Index)	00010	9100 (YY)		9135 (YY)	9190 (YY)	9805 (YY)
3) Program/Site Identification Number	00050	1111910		1111913	1111919	1111980
4) Program/Site Name	00020	Center (based 5 hours)		Pre Sch Spec Ed Itinerant	Preschool Evaluations	611 Grants
5) Program/Site Address (Line One)	00030	53 Bunn Street		50 East 42nd Street	53 Bunn St	53 Bunn Street
6) Program/Site Address (Line Two)	00040	New York, NY 10003-1111		New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1111
7a) Medicaid Provider Agreement Number (DMH only)	00060					
7b) National Provider ID Number (DMH Only)	00061					
8) County Code (See Appendix C)	00080	31		31		31
9) Date Site Opened	00090					
10) Certified Capacity (OASAS, OPWDD and SED only)	00100		45	0	0	0
11) Actual Capacity (OMH, OPWDD and SED only)	00110		22	0	0	0
12) Actual Days Program/Site Open	00160		0	0	0	0
13) Units Of Service	00120		0	2,324	265	0
14) Respite or TUBS Units of Service (OPWDD only)	00130		0	0	0	0
15) Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150		3,000	0	0	0

Funding State Agency:  
 OMH     SED  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
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SCHEDULE CFR-1  
 PROGRAM/SITE  
 DATA

-----  
 AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: 010205005555  
 -----

Line No.	COLUMN NUMBER ITEM DESCRIPTION Program Code (Program Code Index) Program/Site Identification Number	Cost Codes	1 9100 (YY) 1111910	2 9135 (YY) 1111913	3 9190 (YY) 1111919	4 9805 (YY) 1111980
SECTION B: EXPENSES						
PERSONAL SERVICES						
16)	Personal Services-Program/Site & Program Admin*	11999	308,295	46,133	37,314	0
17)	Vacation Accruals-Program/Site & Program Admin*	12999	6,045	202	816	0
FRINGE BENEFITS						
18)	Mandated Fringe Benefits	13200	27,747	4,648	3,381	0
19)	Non-Mandated Fringe Benefits	13300	52,410	7,842	6,343	0
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	80,157	12,490	9,724	0
OTHER THAN PERSONAL SERVICES (OTPS)						
21)	Food	14010	800	0	0	0
22)	Repairs and Maintenance	14020	120	213	261	0
23)	Utilities	14030	3,072	0	828	0
24)	Transportation Related - Participant**	14040	375	0	106	0
25)	Staff Travel	14250	250	17	61	0
26)	Participant Incidentals	14050	0	0	0	0
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0	0	0
28)	Expensed Equipment	14080	931	0	264	0
29)	Sub-Contract Raw Materials	14090	0	0	0	0
30)	Participant Wages - Non-Contract	14100	0	0	0	0

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 DATA

-----  
 AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: 010205005555  
 -----

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1 9100 (YY) 1111910	2 9135 (YY) 1111913	3 9190 (YY) 1111919	4 9805 (YY) 1111980
31)	Participant Wages-Contract	14110	0	0	0	0
32)	Participant Fringe Benefits	14120	0	0	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0	0	0
34)	Staff Development	14140	574	0	174	0
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	5,250	0	1,490	0
36)	Supplies and Materials - Non-Household	14160	3,430	0	973	0
37)	Household Supplies	14170	280	0	79	0
38)	Telephone	14190	1,155	791	319	0
39)	Insurance - General	14260	900	0	256	0
40)	Other (Detail Required)	14998	550	32	156	0
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	17,687	1,053	4,967	0
EQUIPMENT - PROVIDER PAID						
42)	Lease/Rental Vehicle	15010	102	0	29	0
43)	Lease/Rental Equipment	15020	375	0	106	1,500
44)	Depreciation - Vehicle	15040	625	0	177	0
45)	Depreciation - Equipment	15050	677	30	192	0
46)	Interest - Vehicle	15070	250	0	16	0
47)	Other (Detail Required)	15998	950	0	270	0
48)	Total Equipment (Sum Lines 42-47)	15999	2,979	30	790	1,500
PROPERTY - PROVIDER PAID						
49)	Lease/Rental - Real Property	16010	21,000	1,038	5,960	0
50)	Leasehold/Leasehold Improvements	16020	250	0	142	0
51)	Depreciation - Building	16030	3,000	0	852	0
52)	Depreciation - Building/Land Improvements	16040	1,080	0	306	0

Funding State Agency:  
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SCHEDULE CFR-1  
 PROGRAM/SITE  
 DATA

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1 9100 (YY) 1111910	2 9135 (YY) 1111913	3 9190 (YY) 1111919	4 9805 (YY) 1111980
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	388	0	110	0
54)	Mortgage Expenses	16070	290	0	17	0
55)	Insurance - Property & Casualty	16080	250	198	71	0
56)	Real Estate Taxes	16090	1,020	0	289	0
57)	Interest on Capital Indebtedness	16100	1,044	0	296	0
58)	Start-Up Expenses	16110	100	0	28	0
59)	MCFFA/DASNY Interest Expense	16120	0	0	0	0
60)	MCFFA/DASNY Administration Fees	16130	0	0	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0	0	0
62)	Other (Detail Required)	16998	692	0	396	0
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	29,114	1,236	8,467	0
TOTALS						
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	412,184	59,878	52,821	0
65)	Agency Admin. Alloc.* (Line 64 times 0.097691)	19050	40,266	5,850	5,160	0
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	324	0	0	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	484,219	66,994	67,238	1,500
OPWDD Only - Informational						
68a)	Other Than To/From Transportation Allocation	19101	0	0	0	0
68b)	To/From Transportation Allocation	19102	0	0	0	0
68c)	ICF/DD SED Contract Liability	19103	0	0	0	0

\* The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0880, 0890 and state agency specific programs which are exempt from agency administration.

Funding State Agency:  
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SCHEDULE CFR-1  
 PROGRAM/SITE  
 DATA

-----  
 AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: 010205005555  
 -----

Line No.	COLUMN NUMBER ITEM DESCRIPTION Program Code (Program Code Index) Program/Site Identification Number	Cost Codes	1 9100 (YY) 1111910	2 9135 (YY) 1111913	3 9190 (YY) 1111919	4 9805 (YY) 1111980
SECTION C: REVENUES						
69)	Participant Fee (Less SSI & SSA)	20010	0	0	0	0
70)	SSI and SSA	20020	0	0	0	0
71)	Home Relief/Public Assistance	20030	0	0	0	0
72)	Medicaid	20040	0	0	0	0
73)	Medicare	20060	0	0	0	0
74)	Other Third Parties (Detail Required)	20070	0	0	0	0
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0	0	0
76)	Transportation, Medicaid	20090	0	0	0	0
77)	Transportation, Other (Detail Required)	20100	0	0	0	0
78)	Sales: Contract Total	21070	0	0	0	0
79)	Federal Grants (Detail Required)	22040	0	0	0	0
80)	State Grants (Detail Required)	22030	0	0	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0	0	0
83)	Gifts, Legacies, Bequests, Restricted Donations	22010	0	0	0	0
84)	Section 202/8/811 HUD Funds *	22020	0	0	0	0
85)	Interest/Dividend Income	22050	400	0	143	0
86)	Prior Period Rate Adjustments**	22090	0	0	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0	0	0
88)	LDSS County Revenue (SED only)	22110	0	0	0	0
89)	4402 Revenue (School District In-State) (SED only)	22120	0	0	0	0

\* For OPWDD programs, if this line is completed, complete Schedule OPWDD-3 (HUD Revenues and Expenses).  
 \*\* Refer to CFR manual for specific instructions.

Funding State Agency:  
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NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
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SCHEDULE CFR-1  
 PROGRAM/SITE  
 DATA

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1 9100 (YY) 1111910	2 9135 (YY) 1111913	3 9190 (YY) 1111919	4 9805 (YY) 1111980
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	409,717	61,955	72,965	0
93)	Net Deficit Funding (State & LGU Funding only)*	20110	0	0	0	0
94)	Other (Detail Required)	22998	25	0	9	1,500
95)	Gross Revenues (Sum Lines 69-94)	23999	410,142	61,955	73,117	1,500
GAAP ADJUSTMENTS TO REVENUE						
96)	Participant Allowance	24010	0	0	0	0
97)	Uncollectible Accounts Receivable	24040	0	0	0	0
98)	Other (Detail Required)	24996	0	0	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	410,142	61,955	73,117	1,500
NON-GAAP ADJUSTMENTS TO REVENUE						
101)	Exempt Contract Income	24050	0	0	0	0
102)	Exempt LTSE Income	24060	0	0	0	0
103)	Net Deficit Funding**	24070	0	0	0	0
104)	Other (Detail Required)	24080	0	0	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	0	0	0	0
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	0	0	0	0
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	410,142	61,955	73,117	1,500

\* Do not include non-funded or voluntary contributions.

\*\* Amounts should equal the corresponding amounts reported as revenue on line 93 above.

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SCHEDULE CFR-2  
 AGENCY FISCAL  
 SUMMARY

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: 010205005555

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 ITEM DESCRIPTION	Cost Codes	1 AGENCY TOTALS (Sum Col. 2-7)	2 OASAS TOTALS	3 OMH TOTALS	4 OPWDD TOTALS	5 SED TOTALS	6 SHARED PRG. TOTALS	7 OTHER PROGRAMS TOTALS*
EXPENSES									
1)	Personal Services (CFR-1, Line 16)	31999	11,091,193	1,684,071	997,127	4,318,253	391,742	0	3,700,000
2)	Vacation Leave Accruals (CFR-1, Line 17)	32999	187,122	18,702	2,842	-435	7,063	0	158,950
3)	Fringe Benefits (CFR-1, Line 20)	33999	2,844,001	510,341	271,023	834,266	102,371	0	1,126,000
4)	OTPS (CFR-1, Line 41)	34999	4,796,208	512,104	241,566	3,010,891	23,707	0	1,007,940
5)	Equipment-Provider Paid (CFR-1, Line 48)	35999	1,855,459	30,994	4,115	1,481,051	5,299	0	334,000
6)	Property-Provider Paid (CFR-1, Line 63)	36999	1,799,496	110,042	109,775	665,862	38,817	0	875,000
7)	Net Agency Admin. (CFR-1, Line 65)	38050	1,711,406	266,230	147,764	660,683	51,276	0	585,453
8)	Adj./Non-Allow. Costs (CFR-1, Line 66)	38030	1,824	0	1,000	0	324	0	500
9)	Total Adj. Expenses (Sum Lines 1-7 minus 8)	38999	24,283,061	3,132,484	1,773,212	10,970,571	619,951	0	7,786,843
REVENUES									
10)	Gross Revenues (CFR-1, Line 95)	40999	24,356,005	3,243,755	1,790,059	10,986,132	546,714	0	7,789,345
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	24,356,005	3,243,755	1,790,059	10,986,132	546,714	0	7,789,345

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

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SCHEDULE CFR-3  
 AGENCY  
 ADMINISTRATION

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: 010205005555

Line No.	ITEM DESCRIPTION	Cost Codes	AGENCY ADMIN TOTALS	Line No.	ITEM DESCRIPTION	Cost Codes	AGENCY ADMIN TOTALS
	PERSONAL SERVICES			21)	Depreciation - Vehicle	15041	0
1)	Total Personal Services (from CFR-4, Agency Admin.)	11998	1,070,000	22)	Depreciation - Equipment	15060	0
2)	Vacation Leave Accruals	12998	7,565	23)	Interest - Vehicle	15071	0
	FRINGE BENEFITS			24)	Other (Detail Required)	15997	0
3)	Mandated Fringe Benefits	13201	295,000	25)	Total Equipment (Sum Lines 19-24)	15996	1,200
4)	Non-Mandated Fringe Benefits	13301	48,000		PROPERTY - PROVIDER PAID		
5)	Total Fringe Benefits (Sum Lines 3-4)	13998	343,000	26)	Lease/Rental - Real Property	16011	0
	OTHER THAN PERSONAL SERVICES (OTPS)			27)	Leasehold/Leasehold Improvements	16021	0
6)	Audit/Legal	14200	103,326	28)	Depreciation - Building	16031	1,749
7)	Utilities	14210	3,097	29)	Depreciation - Building/Land Improvements	16050	12,648
8)	Telephone	14220	5,362	30)	Mortgage Interest	16061	0
9)	Repairs and Maintenance	14021	18,643	31)	Mortgage Expenses	16071	0
10)	Office Supplies and Postage	14161	7,130	32)	Insurance - Property & Casualty	16081	0
11)	Organizational Expense	14230	0	33)	Real Estate Taxes	16091	8,953
12)	Interest - Working Capital	14240	8,323	34)	Maintenance in Lieu of Rent (LGU only)	16141	0
13)	Expensed Equipment	14081	0	35)	Interest on Capital Indebtedness	16101	0
14)	Contracted Personal Services	14151	33,598	36)	Other (Detail Required)	16997	962
15)	Staff Travel	14251	5,178	37)	Total Property (Sum Lines 26-36)	16996	24,312
16)	Insurance - General	14261	0		-----		
17)	Other (Detail Required)	14997	81,872	38)	Parent Agency Administration Allocation	19070	0
18)	Total OTPS (Sum Lines 6-17)	14996	266,529	39)	County Wide Cost Allocation (LGU Only)	19080	0
	EQUIPMENT - PROVIDER PAID			40)	Total Agency Administration (Sum Lines 1,2,5,18,25,37,38,39)	19090	1,712,606
19)	Lease/Rental - Vehicle	15011	1,200	41)	Adjustments/Non-Allowable Costs (Detail Required)	19031	1,200
20)	Lease/Rental - Equipment	15030	0	42)	Net Agency Administration (Line 40 minus 41)	19998	1,711,406

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SCHEDULE CFR-3  
AGENCY  
ADMINISTRATION

AGENCY NAME: Any Agency  
AGENCY CODE: 10000  
SCHOOL CODE: 010205005555

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 ****			
43)	OASAS Subtotal	19110	2,725,218	60)	OASAS Adjusted Subtotal	19310	2,725,218
44)	OMH Subtotal	19120	1,512,558	61)	OMH Adjusted Subtotal	19320	1,512,558
45)	OPWDD Subtotal	19130	6,762,975	62)	OPWDD Adjusted Subtotal	19330	6,762,975
46)	SED Subtotal	19140	524,883	63)	SED Adjusted Subtotal	19340	524,883
47)	Shared Programs Subtotal	19150	0	64)	Shared Programs Adjusted Subtotal	19350	0
48)	Other Programs Subtotal**	19160	5,992,890				
49)	Total Agency Operating Costs	19170	17,518,524				
CALCULATION OF RATIO VALUE FACTOR				CALCULATION OF ADJUSTED RATIO VALUE FACTOR *****			
50)	Net Agency Administration (CFR-3, Line 42)	19999	1,711,406	65)	OASAS Ratio Value Factor (line 53 divided by line 60)	19410	0.097691
51)	Total Agency Operating Costs (CFR-3, Line 49)	19171	17,518,524	66)	OMH Ratio Value Factor (line 54 divided by line 61)	19420	0.097691
52)	Ratio Value Factor (Line 50 divided by Line 51)	19180	0.097691	67)	OPWDD Ratio Value Factor (line 55 divided by line 62)	19430	0.097691
ALLOCATION OF AGENCY ADMINISTRATION USING RATIO VALUE ***				ALLOCATION OF ADJUSTED RATIO VALUE FACTOR *****			
53)	OASAS Allocation (line 43 x line 52)	19210	266,230	68)	SED Ratio Value Factor (line 56 divided by line 63)	19440	0.097691
54)	OMH Allocation (line 44 x line 52)	19220	147,764	69)	Shared Programs Ratio Value Factor (line 57 divided by line 64)	19450	0.000000
55)	OPWDD Allocation (line 45 x line 52)	19230	660,683				
56)	SED Allocation (line 46 x line 52)	19240	51,276				
57)	Shared Programs Allocation (line 47 x line 52)	19250	0				
58)	Other Programs Allocation (line 48 x line 52)	19260	585,453				
59)	Total Agency Administration (sum lines 53 - 58)	19270	1,711,406				

\* Totals by State Agency from CFR-1, Line 64. Do not report operating costs for programs 0880 and 0890.  
\*\* This amount must equal the sum of lines 1 through 4 of column 7 on schedule CFR-2. These amounts are not detailed elsewhere in the CFR and, therefore, will not cross foot to CFR-1.  
\*\*\* For each state agency, the sum of agency administration allocated to each program/site on CFR-1, line 65, must equal the agency administration calculated below.  
\*\*\*\* Totals by State Agency from CFR-1, Line 64. Do not report operating cost for programs 0190, 0880 and 0890 and programs which are exempt from agency administration.  
For OMH (line 61), do not include operating costs for programs 0860, 0870, 0920, 1230, 1690, 1910, 2740, 2850, 2860, 2980, 6910, 6920, 8810 and programs with an "A" program code index (startup).  
For OPWDD (line 62), do not include operating costs for programs 2091, 5091 and 7091.  
\*\*\*\*\* The adjusted ratio value factor for each State Agency should appear in the item description column of that State Agency specific CFR-1, line 65.



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SCHEDULE CFR-4  
 PERSONAL  
 SERVICES

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 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	Appendix R	COLUMN NUMBER	1			2			3			4					
			Standard Work Week	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid		
102 Housekeeping and Maintenance	X																
201 Mental Hygiene Worker (not	X				980	0.503	10,642	970	0.497	10,525	236	0.130	3,708				
203 Counselor (OMH CR only)				X									13,520	6.500	260,961		
205 Senior Counselor (OMH CR o	X												1,820	1.000	46,389		
205 Senior Counselor (OMH CR o				X									6,825	3.500	156,498		
206 Supervisor (OMH CR only)				X									1,950	1.000	55,333		
301 Case Manager				X									1,950	1.000	59,417		
318 Psychiatrist											841	0.404	78,843				
324 Social Worker, Licensed (L	X										3,812	2.095	145,533				
325 Social Worker Master's Lev	X										1,157	0.636	45,123				
343 Intake/Screening	X										460	0.253	9,605				
501 Program or Site Director	X										900	0.495	36,458				
501 Program or Site Director				X	970	0.497	11,695	980	0.503	11,818							
505 Office Worker	X										2,456	1.349	47,745				

Total "Hours Paid", "FTE" and "Amount Paid" for Positions.

\* 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:  
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SCHEDULE CFR-4  
 PERSONAL  
 SERVICES

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 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	35	Standard Work Week			1		2		3		4		Hours Paid	FTE	Amount Paid	
			37.5	40	Other	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE				Amount Paid
	505 Office Worker		X			75	0.038	650	75	0.038	651						
	590 Other Program Administrati	X									126	0.069	5,533				
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.																	
						2,025	1.038	22,987	2,025	1.038	22,994	9,988	5.431	372,548	26,065	13.000	578,598

\* 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  
 OPWDD  
 OASAS

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SCHEDULE CFR-4  
 PERSONAL  
 SERVICES

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 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	PROGRAM/SITE ADDRESS (Line One)	PROGRAM/SITE IDENTIFICATION NUMBER **	1			2			3			4		
			Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
101 Food Service Worker						2,161	1.108	56,666	4,071	2.088	70,390			
102 Housekeeping and Maintenanc			73	0.037	1,304	9,377	4.809	187,255	3,112	1.596	52,435			
104 Transportation Worker						15,222	7.806	259,605	11,589	5.943	167,863			
207 Developmental Disabilities						48,574	24.910	851,858	32,226	16.526	546,097			
290 Other Direct Care Staff			1,423	0.730	27,117	45,081	23.118	611,973	18,817	9.650	247,068			
324 Social Worker, Licensed (L						1,225	0.628	31,874						
343 Intake/Screening						4,605	2.362	114,991						
349 Utilization Review/Quality						20,306	10.413	443,964	2,028	1.040	39,696			
501 Program or Site Director			1,830	0.938	30,030	6,719	3.446	252,240						
502 Assistant Program or Assis						1,973	1.012	45,642	2,835	1.454	66,615			
505 Office Worker			41	0.021	1,193	10,676	5.475	181,834	2,271	1.165	30,543			
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.			3,367	1.726	59,644	165,919	85.087	3,037,902	76,949	39.462	1,220,707	0	0.000	0

\* 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  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE CFR-4  
 PERSONAL  
 SERVICES

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 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	35	Standard Work Week			Column 1		Column 2		Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
			37.5	40	Other	Hours Paid	FTE	Amount Paid	Hours Paid									
	590 Other Program Administrati	X				914	0.502	28,555	2,376	1.305	69,285							

Total "Hours Paid", "FTE" and "Amount Paid" for Positions. 17,457 9.593 441,036 51,839 28.483 1,243,035

\* 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  
 OPWDD  
 OASAS

NEW YORK STATE  
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 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE CFR-4  
 PERSONAL  
 SERVICES

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: 010205005555

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	Appendix R	COLUMN NUMBER	1				2				3				4														
			PROGRAM CODE **	PROGRAM/SITE IDENTIFICATION NUMBER **	PROGRAM/SITE NAME	PROGRAM/SITE ADDRESS (Line One)	PROGRAM/SITE ADDRESS (Line Two)	COUNTY CODE	Standard Work Week	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid								
218 Teacher - Special Educati	X		9100 (YY)	1111910	Center (based 5 hours)	53 Bunn Street	31	4,841	2.660	122,185	Pre Sch Spec Ed Itinerant	50 East 42nd Street	31	1,406	0.773	40,740	Preschool Evaluations	53 Bunn St	31	448	0.246	7,586	611 Grants	53 Bunn Street	31	0	0.000	0	
228 Teacher Aide	X		9135 (YY)	1111913				8,084	4.442	81,365																			
322 Psychologist (Master's Lev	X																			448	0.246	7,586							
333 Therapist - Occupational		X						44	0.023	832									12	0.006	236								
334 Therapist - Physical		X						1,754	0.899	44,166									498	0.255	12,535								
335 Therapist - Speech		X						1,916	0.983	40,000									544	0.279	11,353								
390 Other Clinical Staff/Assis																			257	0.124	5,604								
501 Program or Site Director								906	0.436	19,747																			
505 Office Worker	X													282	0.155	5,393													
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.								17,545	9.443	308,295				1,688	0.928	46,133				1,759	0.910	37,314			0	0.000	0		

\* 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.

Report only program/site specific positions (Position Title Codes 200-399 series).

Funding State Agency:  
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 OPWDD  
 OASAS

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SCHEDULE CFR-4A  
 CONTRACTED DIRECT  
 CARE AND CLINICAL  
 PERSONAL SERVICES  
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-----  
 AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: (SED ONLY)  
 -----

Refer to Appendix R for Position Title Codes and definitions.

	1	2	3	4						
COLUMN NUMBER	1	2	3	4						
PROGRAM CODE (PROGRAM CODE INDEX)	1760 (00)	1760 (00)	2100 (00)	7050 (00)						
PROGRAM/SITE IDENTIFICATION NUMBER	1111050	1111276	1111052	1111975						
PROGRAM/SITE NAME	OMH Answers	OMH Shoulders	Bunn Street Clinic	Regency House						
Position PROGRAM/SITE ADDRESS (Line One)	29 Stewart St	22 My Way Drive	25 Bunn St	200 East 105th St						
Title PROGRAM/SITE ADDRESS (Line Two)	New York, New York									
Code COUNTY CODE	10001-31	10003-11	10003-11	10003-11						
Appendix R	31	31	31	31						
Position Title	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid
318 Psychiatrist					359	71,885				

Total "Hours Paid" and "Amount Paid" for Positions.

0                    0                    0                    0                    359                    71,885                    0                    0

Totals are transferred to Schedule CFR-1 Line 35 (Program/Site).

Report only program/site specific positions (Position Title Codes 200-399 series).

Funding State Agency:  
 OMH     SED  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
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AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: (SED ONLY)

Refer to Appendix R for Position Title Codes and definitions.

Position Title Code	1		2		3		4		Hours Paid	Amount Paid
	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER		
207 Developmental Disabilities Specialist QIPD - Direc	0150 (00)	1539150	0223 (00)	1539223	0224 (00)	1539151	0880 (00)	1539880	60	1,324
309 QIPD - Clinical Developmental Disabilities Special	0150 (00)	1539150	0223 (00)	1539223	0224 (00)	1539151	0880 (00)	1539880	3,376	69,879

Total "Hours Paid" and "Amount Paid" for Positions.

0                      0                      3,436                      71,203                      6,109                      124,976                      0                      0

Totals are transferred to Schedule CFR-1 Line 35 (Program/Site).



Report only program/site specific positions (Position Title Codes 200-399 series).

Funding State Agency:  
 OMH     SED  
 OPWDD  
 OASAS

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SCHEDULE CFR-4A  
 CONTRACTED DIRECT  
 CARE AND CLINICAL  
 PERSONAL SERVICES  
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-----  
 AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 SCHOOL CODE: 010205005555  
 -----

Refer to Appendix R for Position Title Codes and definitions.

Position Title Code	1		2		3		4		Hours Paid	Amount Paid
	PROGRAM CODE (PROGRAM CODE INDEX)	9100 (YY)	PROGRAM/SITE IDENTIFICATION NUMBER	9135 (YY)	PROGRAM/SITE IDENTIFICATION NUMBER	9190 (YY)	PROGRAM/SITE IDENTIFICATION NUMBER	9805 (YY)		
224 Teacher - Substitute	1111910	1111910	1111913	1111913	1111919	1111919	1111980		40	3,250
318 Psychiatrist										
322 Psychologist (Master's Level)/Behavioral Specialis										
335 Therapist - Speech									30	2,000

Total "Hours Paid" and "Amount Paid" for Positions.

70                      5,250                      0                      0                      22                      1,490                      0                      0

Totals are transferred to Schedule CFR-1 Line 35 (Program/Site).

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SCHEDULE CFR-5  
TRANSACTIONS WITH RELATED  
ORGANIZATIONS/INDIVIDUALS

AGENCY NAME: Any Agency AGENCY CODE: 10000 SCHOOL CODE: (SED ONLY)

SECTION A: NOTE: (OASAS and OPWDD 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, OPWDD 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 OPWDD 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 Line No.	2 Item No.	3 PROGRAM/SITES AFFECTED ENTER PROG/SITE ID# (CODE) OR ADMINISTRATION	4 DESCRIPTION OF TRANSACTION	5 NAME OF RELATED ORGANIZATION/INDIVIDUAL	6 RELATIONSHIP TO PROVIDER*	7 AMOUNT OF TRANSACTION REPORTED	8 ALLOWABLE COSTS	9 ADJUSTMENTS TO COSTS (COL.7 MINUS 8)
1.	1	2100 (00)/1111052	leased space	Any Agency Foundation	G	68,620	67,620	1,000

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 Line No.	2 Item No.	3 PROGRAM/SITES AFFECTED ENTER PROG/SITE ID# (CODE) OR ADMIN.	4 DEPRECIATION	5 MORTGAGE INTEREST	6 INSURANCE	7 PROPERTY TAXES	8 OTHER (SPECIFY)	9 TOTAL ALLOWABLE COSTS
1.	1	2100 (00)/1111052	41,620	14,000	5,500	6,500	0	67,620

SECTION D: (This section applies only to OASAS and OPWDD 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 Line No.	2 Item No.	3 Name of Related Party/Individual	4 Street Address	5 City, State	6 Type of Financial Support/Aid	7 Funding To/From	8 Funding To/From Amount
1.	1	Marcus Welby	242 West 42nd St	New York	loan	FROM	5,000

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

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SCHEDULE CFR-6  
GOVERNING BOARD AND  
COMPENSATION SUMMARY

PAGE 44

-----  
AGENCY NAME: Any Agency  
AGENCY CODE: 10000  
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]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]
NAME	POSITION TITLE CODE*	AMOUNT PAID	FTE	ANNUALIZED SALARY	CONTRACTED PAYMENT AMOUNT	TOTAL ANNUALIZED SALARY AND CONTRACTED PAYMENT	FRINGE BENEFITS	OTHER BENEFITS**
1. Mary Reynolds	601	225,000	1.000	225,000	0	225,000	60,750	1,200
2. Robert House	602	195,000	1.000	195,000	0	195,000	52,650	0
3. Marcus Welby	318	195,000	1.000	195,000	0	195,000	43,264	0
4. John P Morgan	521	110,000	1.000	110,000	20,000	130,000	40,301	0
5. Shirley Maldowny	604	125,000	1.000	125,000	0	125,000	44,995	0
6. Robert H Smith	604	125,000	1.000	125,000	0	125,000	42,647	0
7. Lewis Knowberry	603	110,000	1.000	110,000	0	110,000	34,100	0
8. Dennis Steele	609 X	76,500	0.850	90,000	0	90,000	29,703	0
9. Paul Ryan	621 X	63,750	0.750	85,000	0	85,000	28,051	0

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

[1]	[2]	[3]
NAME	TYPE OF SERVICE	AMOUNT PAID
1. Ed Norton	Medical	71,885

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, Health Insurance, Pension Contributions, and Tuition Reimbursement)

Funding State Agency:  
 OMH  
 OPWDD  
 OASAS

NEW YORK STATE  
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SCHEDULE DMH-1  
 PROGRAM FISCAL  
 SUMMARY

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
1)	Program Type	00071	Advocacy/Support Serv	Clinic Treatment	Community Residence,
2)	Program Code (Program Code Index)	00011	1760 (00)	2100 (00)	7050 (00)
UNITS OF SERVICE					
3)	OMH Units of Service	00121	1,305	5,621	2,508
4)	OPWDD Units of Service	00161	0	0	0
5)	OASAS Units of Service	00170	0	0	0
EXPENSES *					
6)	Personal Services	17010	45,981	372,548	578,598
7)	Vacation Leave Accruals	17020	845	685	1,312
8)	Fringe Benefits	17030	12,501	101,259	157,263
9)	Other Than Personal Services	17040	6,668	160,411	74,487
10)	Equipment - Provider Paid	17050	294	2,600	1,221
11)	Property - Provider Paid	17060	2,845	69,618	37,312
12)	Agency Administration	17080	6,448	62,024	79,292
13)	Adjustments/Non-Allowable Costs	17090	0	1000	0
14)	Total Adjusted Expenses (Lines 6-12 Minus 13)	17999	75,582	768,145	929,485
REVENUES *					
15)	Participant Fees (less SSI and SSA)	26010	0	19,786	0
16)	SSI and SSA	26020	0	0	69,505
17)	Home Relief/Public Assistance	26030	0	0	0
18)	Medicaid	26040	0	756,882	868,526
19)	Medicare	26060	0	65,627	0
20)	Other Third Parties	26070	0	4,279	0
21)	OPWDD Residential Room and Board/NYS OPTS	26080	0	0	0
22)	Transportation, Medicaid	26090	0	0	0
23)	Transportation, Other	26100	0	0	0
24)	Sales: Contract Total	26140	0	0	0
25)	Federal Grants (Detail Required)	26160	0	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  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
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SCHEDULE DMH-1  
 PROGRAM FISCAL  
 SUMMARY

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
	Program Type	00071	Advocacy/Support Serv	Clinic Treatment	Community Residence,
	Program Code (Program Code Index)	00011	1760 (00)	2100 (00)	7050 (00)
26)	State Grants (Detail Required)	26190	0	0	0
27)	LTSE Income Total (OMH and OPWDD only)	26220	0	0	0
28)	SNAP (OASAS, OPWDD)	26240	0	0	0
29)	Net Deficit Funding (State & LGU Funding only)*	26110	4,000	0	0
30)	Other (Detail Required)	26230	236	0	1,218
31)	Total Gross Revenues (Sum Lines 15-30)	26999	4,236	846,574	939,249
GAAP ADJUSTMENTS TO REVENUE **					
32)	Participant Allowance	27010	0	0	0
33)	Uncollectible Accounts Receivable	27040	0	0	0
34)	Other (Detail Required)	27045	0	0	0
35)	Total GAAP Adjustments (Sum Lines 32-34)	27049	0	0	0
36)	Net GAAP Revenues (Line 31 minus 35)	27025	4,236	846,574	939,249
NON-GAAP ADJUSTMENTS TO REVENUE **					
37)	Exempt Contract Income	27050	0	0	0
38)	Exempt LTSE Income	27060	0	0	0
39)	Net Deficit Funding***	27070	4,000	0	0
40)	Other (Detail Required)	27080	0	0	0
41)	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998	4,000	0	0
42)	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999	4,000	0	0
43)	Total Net Revenues (Line 31 Minus 42)	28999	236	846,574	939,249
44)	Net Operating Cost (Line 14 Minus 43)	29999	75,346	-78,429	-9,764

\* 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  
 OPWDD  
 OASAS

NEW YORK STATE  
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SCHEDULE DMH-1  
 PROGRAM FISCAL  
 SUMMARY

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
1) Program Type		00071	Family Support Servic	HCBS Group Day Habili	HCBS Supplemental Gro	Subcontract Service
2) Program Code (Program Code Index)		00011	0150 (00)	0223 (00)	0224 (00)	0880 (00)
UNITS OF SERVICE						
3) OMH Units of Service		00121	0	0	0	0
4) OPWDD Units of Service		00161	2,030	56,831	27,159	0
5) OASAS Units of Service		00170	0	0	0	0
EXPENSES *						
6) Personal Services		17010	59,644	3,037,902	1,220,707	0
7) Vacation Leave Accruals		17020	-6	-306	-123	0
8) Fringe Benefits		17030	7,699	641,981	184,586	0
9) Other Than Personal Services		17040	11,903	929,157	669,831	1,400,000
10) Equipment - Provider Paid		17050	5,937	183,437	25,184	1,266,493
11) Property - Provider Paid		17060	296	363,690	301,876	0
12) Agency Administration		17080	7,741	450,233	202,709	0
13) Adjustments/Non-Allowable Costs		17090	0	0	0	0
14) Total Adjusted Expenses (Lines 6-12 Minus 13)		17999	93,214	5,606,094	2,604,770	2,666,493
REVENUES *						
15) Participant Fees (less SSI and SSA)		26010	0	0	0	0
16) SSI and SSA		26020	0	0	0	0
17) Home Relief/Public Assistance		26030	0	0	0	0
18) Medicaid		26040	0	4,054,809	2,057,134	0
19) Medicare		26060	0	0	0	0
20) Other Third Parties		26070	0	177,136	0	0
21) OPWDD Residential Room and Board/NYS OPTS		26080	0	0	0	0
22) Transportation, Medicaid		26090	0	936,171	730,322	2,666,493
23) Transportation, Other		26100	0	0	0	0
24) Sales: Contract Total		26140	0	0	0	0
25) Federal Grants (Detail Required)		26160	0	131,846	104,081	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 ] OPWDD  
 [ ] OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE DMH-1  
 PROGRAM FISCAL  
 SUMMARY

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Type	00071	Family Support Servic	HCBS Group Day Habili	HCBS Supplemental Gro	Subcontract Service
	Program Code (Program Code Index)	00011	0150 (00)	0223 (00)	0224 (00)	0880 (00)
26)	State Grants (Detail Required)	26190	0	0	0	0
27)	LTSE Income Total (OMH and OPWDD only)	26220	0	0	0	0
28)	SNAP (OASAS, OPWDD)	26240	0	0	0	0
29)	Net Deficit Funding (State & LGU Funding only)*	26110	92,645	0	0	0
30)	Other (Detail Required)	26230	545	22,767	12,183	0
31)	Total Gross Revenues (Sum Lines 15-30)	26999	93,190	5,322,729	2,903,720	2,666,493
GAAP ADJUSTMENTS TO REVENUE **						
32)	Participant Allowance	27010	0	0	0	0
33)	Uncollectible Accounts Receivable	27040	0	0	0	0
34)	Other (Detail Required)	27045	0	0	0	0
35)	Total GAAP Adjustments (Sum Lines 32-34)	27049	0	0	0	0
36)	Net GAAP Revenues (Line 31 minus 35)	27025	93,190	5,322,729	2,903,720	2,666,493
NON-GAAP ADJUSTMENTS TO REVENUE **						
37)	Exempt Contract Income	27050	0	0	0	0
38)	Exempt LTSE Income	27060	0	0	0	0
39)	Net Deficit Funding***	27070	92,645	0	0	0
40)	Other (Detail Required)	27080	0	0	0	0
41)	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998	92,645	0	0	0
42)	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999	92,645	0	0	0
43)	Total Net Revenues (Line 31 Minus 42)	28999	545	5,322,729	2,903,720	2,666,493
44)	Net Operating Cost (Line 14 Minus 43)	29999	92,669	283,365	-298,950	0

\* 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  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE DMH-1  
 PROGRAM FISCAL  
 SUMMARY

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
1)	Program Type	00071	Medically Supervised	Medically Supervised
2)	Program Code (Program Code Index)	00011	3520 (00)	3520 (01)
UNITS OF SERVICE				
3)	OMH Units of Service	00121	0	0
4)	OPWDD Units of Service	00161	0	0
5)	OASAS Units of Service	00170	15,124	24,891
EXPENSES *				
6)	Personal Services	17010	441,036	1,243,035
7)	Vacation Leave Accruals	17020	7,800	10,902
8)	Fringe Benefits	17030	101,841	408,500
9)	Other Than Personal Services	17040	217,081	295,023
10)	Equipment - Provider Paid	17050	13,805	17,189
11)	Property - Provider Paid	17060	77,542	32,500
12)	Agency Administration	17080	75,003	191,227
13)	Adjustments/Non-Allowable Costs	17090	0	0
14)	Total Adjusted Expenses (Lines 6-12 Minus 13)	17999	934,108	2,198,376
REVENUES *				
15)	Participant Fees (less SSI and SSA)	26010	58,119	91,500
16)	SSI and SSA	26020	0	0
17)	Home Relief/Public Assistance	26030	0	0
18)	Medicaid	26040	275,392	2,117,207
19)	Medicare	26060	0	0
20)	Other Third Parties	26070	159,123	111,555
21)	OPWDD 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  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE DMH-1  
 PROGRAM FISCAL  
 SUMMARY

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Type	00071	Medically Supervised	Medically Supervised
	Program Code (Program Code Index)	00011	3520 (00)	3520 (01)
26)	State Grants (Detail Required)	26190	0	0
27)	LTSE Income Total (OMH and OPWDD only)	26220	0	0
28)	SNAP (OASAS, OPWDD)	26240	0	0
29)	Net Deficit Funding (State & LGU Funding only)*	26110	426,369	0
30)	Other (Detail Required)	26230	0	4,490
31)	Total Gross Revenues (Sum Lines 15-30)	26999	919,003	2,324,752
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	919,003	2,324,752
NON-GAAP ADJUSTMENTS TO REVENUE **				
37)	Exempt Contract Income	27050	0	0
38)	Exempt LTSE Income	27060	0	0
39)	Net Deficit Funding***	27070	426,369	0
40)	Other (Detail Required)	27080	0	0
41)	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998	426,369	0
42)	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999	426,369	0
43)	Total Net Revenues (Line 31 Minus 42)	28999	492,634	2,324,752
44)	Net Operating Cost (Line 14 Minus 43)	29999	441,474	-126,376

\* 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  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE DMH-2  
 AID TO LOCALITIES/  
 DIRECT CONTRACT  
 SUMMARY

PAGE 51

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123\_\_

PLEASE CHECK: ESTIMATED CLAIM:  FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
1)	Accounting Method		Modified	Modified	Modified
2)	State Contract Number/LGU Contract Number *	00200	NEWYORK (Local)	NEWYORK (Local)	C008363 (State)
3)	Program Type	00072	Advocacy/Support Serv	Clinic Treatment	Community Residence,
4)	Program Code (Program Code Index)	00012	1760 (00)	2100 (00)	7050 (00)
EXPENSES					
5)	Personal Services	18010	45,981	372,548	578,598
6)	Vacation Leave Accruals **	18020	845	685	1,312
7)	Fringe Benefits	18030	12,501	101,259	157,263
8)	Other Than Personal Services (OTPS)	18040	6,668	160,411	74,487
9)	Equipment - Provider Paid ***	18050	6,006	6,427	5,995
10)	Property - Provider Paid ****	18060	2,845	69,618	37,312
11)	Agency Administration	18080	6,448	62,024	79,292
12)	Adjustments/Non-Allowable Costs (Detail Required)	18090	0	1,000	0
13)	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	81,294	771,972	934,259
REVENUES					
14)	Participant Fees (less SSI & SSA)	46010	0	19,786	0
15)	SSI & SSA	46020	0	0	69,505
16)	Home Relief/Public Assistance	46030	0	0	0
17)	Medicaid	46040	76,500	680,382	868,526
18)	Medicare	46060	0	65,627	0
19)	Other Third Parties	46070	0	4,279	0
20)	OPWDD Residential Room and Board/NYS OPTS	46080	0	0	0
21)	Transportation, Medicaid	46090	0	0	0
22)	Transportation, Other	46100	0	0	0
23)	Sales: Contract Total	46140	0	0	0
24)	Federal Grants (Detail Required)	46160	0	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:

[ X ] OMH  
[ ] OPWDD  
[ ] OASAS

NEW YORK STATE  
CONSOLIDATED FISCAL REPORT  
FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE DMH-2  
AID TO LOCALITIES/  
DIRECT CONTRACT  
SUMMARY

PAGE 52

AGENCY NAME: Any Agency  
AGENCY CODE: 10000  
COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders  
[ ] Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123\_\_

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

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
	Program Type	00072	Advocacy/Support Serv	Clinic Treatment	Community Residence,
	Program Code (Program Code Index)	00012	1760 (00)	2100 (00)	7050 (00)
25)	State Grants (Detail Required)	46190	0	0	0
26)	LTSE Income Total (OMH and OPWDD only)	46220	0	0	0
27)	SNAP (OASAS, OPWDD)	46240	0	0	0
28)	Net Deficit Funding (State & LGU Funding only)*	46110	4,000	0	0
29)	Other (Detail Required)	46230	236	1,498	1,218
30)	Total Gross Revenues (Sum Lines 14-29)	46999	80,736	771,572	939,249
GAAP ADJUSTMENTS TO REVENUE					
31)	Participant Allowance	47010	0	0	0
32)	Uncollectible Accounts Receivable	47040	0	0	0
33)	Other (Detail Required)	47045	0	0	0
34)	Total GAAP Adjustments (Sum Lines 31-33)	47049	0	0	0
35)	Net GAAP Revenues (Line 30 minus 34)	47025	80,736	771,572	939,249
NON-GAAP ADJUSTMENTS TO REVENUE					
36)	Exempt Contract Income	47050	0	0	0
37)	Exempt LTSE Income	47060	0	0	0
38)	Net Deficit Funding**	47070	4,000	0	0
39)	Other (Detail Required)	47080	0	0	4,990
40)	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998	4,000	0	4,990
41)	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999	4,000	0	4,990
42)	Total Net Revenues (Line 30 minus 41)	48999	76,736	771,572	934,259
43)	Net Operating Cost (Line 13 minus 42)	49999	4,558	400	0
DEFICIT FUNDING					
44)	State Share	60010	4,000	0	0
45)	Local Government Share	60020	0	0	0
46)	Service Provider Share (Voluntary Contributions)	60030	0	0	0
47)	Total Approved Deficit Funding (Sum lines 44 - 46)	60039	4000	0	0
48)	Non-Funded	60040	558	400	0
49)	Total Deficit Funding (Sum Lines 47-48)	60999	4,558	400	0

\* 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  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE DMH-2  
 AID TO LOCALITIES/  
 DIRECT CONTRACT  
 SUMMARY

PAGE 53

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123\_\_

PLEASE CHECK: ESTIMATED CLAIM:  FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
1)	Accounting Method			
2)	State Contract Number/LGU Contract Number *	00200	C002345 (State)	NEWYORK (Local)
3)	Program Type	00072	Family Support Servic	Subcontract Service
4)	Program Code (Program Code Index)	00012	0150 (00)	0880 (00)
EXPENSES				
5)	Personal Services	18010	59,644	0
6)	Vacation Leave Accruals **	18020	-6	0
7)	Fringe Benefits	18030	7,699	0
8)	Other Than Personal Services (OTPS)	18040	11,903	2,666,493
9)	Equipment - Provider Paid ***	18050	6,001	0
10)	Property - Provider Paid ****	18060	296	0
11)	Agency Administration	18080	7,741	0
12)	Adjustments/Non-Allowable Costs (Detail Required)	18090	0	0
13)	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	93,278	2,666,493
REVENUES				
14)	Participant Fees (less SSI & SSA)	46010	0	0
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)	OPWDD Residential Room and Board/NYS OPTS	46080	0	0
21)	Transportation, Medicaid	46090	0	2,666,493
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
- OPWDD
- OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE DMH-2  
 AID TO LOCALITIES/  
 DIRECT CONTRACT  
 SUMMARY

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123\_\_

PLEASE CHECK: ESTIMATED CLAIM:  FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Type	00072	Family Support Servic	Subcontract Service
	Program Code (Program Code Index)	00012	0150 (00)	0880 (00)
25)	State Grants (Detail Required)	46190	0	0
26)	LTSE Income Total (OMH and OPWDD only)	46220	0	0
27)	SNAP (OASAS, OPWDD)	46240	0	0
28)	Net Deficit Funding (State & LGU Funding only)*	46110	92,645	0
29)	Other (Detail Required)	46230	545	0
30)	Total Gross Revenues (Sum Lines 14-29)	46999	93,190	2,666,493
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	93,190	2,666,493
NON-GAAP ADJUSTMENTS TO REVENUE				
36)	Exempt Contract Income	47050	0	0
37)	Exempt LTSE Income	47060	0	0
38)	Net Deficit Funding**	47070	92,645	0
39)	Other (Detail Required)	47080	0	0
40)	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998	92,645	0
41)	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999	92,645	0
42)	Total Net Revenues (Line 30 minus 41)	48999	545	2,666,493
43)	Net Operating Cost (Line 13 minus 42)	49999	92,733	0
DEFICIT FUNDING				
44)	State Share	60010	92,733	0
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	92733	0
48)	Non-Funded	60040	0	0
49)	Total Deficit Funding (Sum Lines 47-48)	60999	92,733	0

\* 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  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE DMH-2  
 AID TO LOCALITIES/  
 DIRECT CONTRACT  
 SUMMARY

PAGE 55

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123\_\_

PLEASE CHECK: ESTIMATED CLAIM:  FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
1)	Accounting Method		Modified	Modified
2)	State Contract Number/LGU Contract Number *	00200	C004532 (State)	C006543 (State)
3)	Program Type	00072	Medically Supervised	Medically Supervised
4)	Program Code (Program Code Index)	00012	3520 (00)	3520 (01)
EXPENSES				
5)	Personal Services	18010	441,036	1,243,035
6)	Vacation Leave Accruals **	18020	0	0
7)	Fringe Benefits	18030	101,841	408,500
8)	Other Than Personal Services (OTPS)	18040	217,081	295,023
9)	Equipment - Provider Paid ***	18050	6,500	0
10)	Property - Provider Paid ****	18060	77,542	32,500
11)	Agency Administration	18080	75,003	191,227
12)	Adjustments/Non-Allowable Costs (Detail Required)	18090	0	0
13)	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	919,003	2,170,285
REVENUES				
14)	Participant Fees (less SSI & SSA)	46010	58,119	91,500
15)	SSI & SSA	46020	0	0
16)	Home Relief/Public Assistance	46030	0	0
17)	Medicaid	46040	275,392	2,117,207
18)	Medicare	46060	0	0
19)	Other Third Parties	46070	159,123	111,555
20)	OPWDD 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  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE DMH-2  
 AID TO LOCALITIES/  
 DIRECT CONTRACT  
 SUMMARY

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123\_\_

PLEASE CHECK: ESTIMATED CLAIM:  FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Type	00072	Medically Supervised	Medically Supervised
	Program Code (Program Code Index)	00012	3520 (00)	3520 (01)
25)	State Grants (Detail Required)	46190	0	0
26)	LTSE Income Total (OMH and OPWDD only)	46220	0	0
27)	SNAP (OASAS, OPWDD)	46240	0	0
28)	Net Deficit Funding (State & LGU Funding only)*	46110	426,369	0
29)	Other (Detail Required)	46230	0	4,490
30)	Total Gross Revenues (Sum Lines 14-29)	46999	919,003	2,324,752
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	919,003	2,324,752
NON-GAAP ADJUSTMENTS TO REVENUE				
36)	Exempt Contract Income	47050	0	0
37)	Exempt LTSE Income	47060	0	0
38)	Net Deficit Funding**	47070	426,369	0
39)	Other (Detail Required)	47080	0	0
40)	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998	426,369	0
41)	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999	426,369	0
42)	Total Net Revenues (Line 30 minus 41)	48999	492,634	2,324,752
43)	Net Operating Cost (Line 13 minus 42)	49999	426,369	-154,467
DEFICIT FUNDING				
44)	State Share	60010	426,369	0
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	426369	0
48)	Non-Funded	60040	0	-154,467
49)	Total Deficit Funding (Sum Lines 47-48)	60999	426,369	-154,467

\* 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  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

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

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123\_\_

PLEASE CHECK: ESTIMATED CLAIM:  FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	TOTAL
1) Accounting Method		Modified		Modified	Modified	
2) Program Type		00073	Advocacy/Support Serv	Clinic Treatment	Community Residence,	
3) Program Code (Program Code Index)		00013	1760 (00)	2100 (00)	7050 (00)	
4) Total Persons Served/Month		00220	100	262	8	
5) Total Units of Service		00999	1,305	5,621	2,508	
6) Gross Cost/Unit of Service		70999	62.29	137.34	372.51	
7) Net Cost/Unit of Service		71999	3.49	0.07	0.00	
8) Please Check:						
9) A FUNDING SOURCE CO (Ongoing Int Spt Emp Serv.-OMH Only)   Index		037		037	037	
10) Number Persons Served/Month		00260	100			100
11) Number Units of Service		00250	1,305			1,305
12) Total Adjusted Expenses		50999	80,736			80,736
13) Less Applied Net Revenue		61999	76,736			76,736
14) Net Operating Costs		62999	4,000			4,000
15) Contract Number (State/LGU)*		00201	NEWYORK (Local)			
16) B FUNDING SOURCE CO (Children CR Operating (OMH Only))   Index		OM 072  B		072  B	072  B	
17) Number Persons Served/Month		00260			8	8
18) Number Units of Service		00250			2,508	2,508
19) Total Adjusted Expenses		50999			896,946	896,946
20) Less Applied Net Revenue		61999			896,946	896,946
21) Net Operating Costs		62999			0	0
22) Contract Number (State/LGU)*		00201			C008363 (State)	
23) C FUNDING SOURCE CO (Children CR Property (OMH Only))   Index		OMH 073  B		073  B	073  B	
24) Number Persons Served/Month		00260			0	0
25) Number Units of Service		00250			0	0
26) Total Adjusted Expenses		50999			37,313	37,313
27) Less Applied Net Revenue		61999			37,313	37,313
28) Net Operating Costs		62999			0	0
29) Contract Number (State/LGU)*		00201			C008363 (State)	

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

Funding State Agency:  
 OMH  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

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

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123\_\_

PLEASE CHECK: ESTIMATED CLAIM:  FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	TOTAL
1) Accounting Method		Modified		Modified	Modified	
2) Program Type		00073 Advocacy/Support Serv		Clinic Treatment	Community Residence,	
3) Program Code (Program Code Index)		00013 1760 (00)		2100 (00)	7050 (00)	
4) Total Persons Served/Month		00220	100	262	8	
5) Total Units of Service		00999	1,305	5,621	2,508	
6) Gross Cost/Unit of Service		70999	62.29	137.34	372.51	
7) Net Cost/Unit of Service		71999	3.49	0.07	0.00	
8) Please Check:						
9) D FUNDING SOURCE CO (Non-Funded)   Index (OMH/OASAS)			090	090	090	
10) Number Persons Served/Month		00260	0	262		262
11) Number Units of Service		00250	0	5,621		5,621
12) Total Adjusted Expenses		50999	558	771,972		772,530
13) Less Applied Net Revenue		61999	0	771,572		771,572
14) Net Operating Costs		62999	558	400		958
15) Contract Number (State/LGU)*		00201 NEWYORK (Local)		NEWYORK (Local)		
30) Total Adjusted Expenses		51999	81294	771972	934259	1,787,525
31) Less Net Revenue		63999	76736	771572	934259	1,782,567
32) Net Operating Costs		52999	4558	400	0	4,958

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

Funding State Agency:  
 OMH  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

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

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123\_\_

PLEASE CHECK: ESTIMATED CLAIM:  FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	TOTAL
1)	Accounting Method				
2)	Program Type	00073	Accrual	Modified	
3)	Program Code (Program Code Index)	00013	Family Support Servic	Subcontract Service	
4)	Total Persons Served/Month	00220	0150 (00)	0880 (00)	
5)	Total Units of Service	00999	6	0	
6)	Gross Cost/Unit of Service	70999	2,030	0	
7)	Net Cost/Unit of Service	71999	45.95	0.00	
8)	Please Check:		45.68	0.00	
			NON-PARTICIPANT SPECI	NON-PARTICIPANT SPECI	
9)	A FUNDING SOURCE CO (Fam Support Services)   Index (OMH/OASAS)	058		058	
10)	Number Persons Served/Month	00260	6	0	6
11)	Number Units of Service	00250	2,030	0	2,030
12)	Total Adjusted Expenses	50999	93,278	0	93,278
13)	Less Applied Net Revenue	61999	545	0	545
14)	Net Operating Costs	62999	92,733	0	92,733
15)	Contract Number (State/LGU)*	00201	C002345 (State)	NEWYORK (Local)	
16)	B FUNDING SOURCE CO (Non-Funded)   Index (OMH/OASAS)	090		090	
17)	Number Persons Served/Month	00260		0	0
18)	Number Units of Service	00250		0	0
19)	Total Adjusted Expenses	50999		2,666,493	2,666,493
20)	Less Applied Net Revenue	61999		2,666,493	2,666,493
21)	Net Operating Costs	62999		0	0
22)	Contract Number (State/LGU)*	00201		NEWYORK (Local)	
30)	Total Adjusted Expenses	51999	93278	2666493	2,759,771
31)	Less Net Revenue	63999	545	2666493	2,667,038
32)	Net Operating Costs	52999	92733	0	92,733

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

Funding State Agency:  
 OMH  
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NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

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

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 COUNTY NAME & CODE: New York 31

PREPARED BY: Sally Sanders  
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123\_\_\_

PLEASE CHECK: ESTIMATED CLAIM:  FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	TOTAL
1)	Accounting Method				
2)	Program Type	00073	Modified	Modified	
3)	Program Code (Program Code Index)	00013	Medically Supervised	Medically Supervised	
4)	Total Persons Served/Month	00220	3520 (00)	3520 (01)	
5)	Total Units of Service	00999	0	0	
6)	Gross Cost/Unit of Service	70999	15,124	24,891	
7)	Net Cost/Unit of Service	71999	60.76	87.19	
8)	Please Check:		28.19	-6.21	
9)	A FUNDING SOURCE CO (Federal SAPT)   Index (OMH/OASAS)				
10)	Number Persons Served/Month	00260	013  F	013  F	0
11)	Number Units of Service	00250	0		15,124
12)	Total Adjusted Expenses	50999	15,124		15,124
13)	Less Applied Net Revenue	61999	919,003		919,003
14)	Net Operating Costs	62999	492,634		492,634
15)	Contract Number (State/LGU)*	00201	426,369		426,369
			C004532 (State)		
16)	B FUNDING SOURCE CO (Non-Funded - State)   Index (OMH/OASAS)				
17)	Number Persons Served/Month	00260	090  S	090  S	0
18)	Number Units of Service	00250		0	24,891
19)	Total Adjusted Expenses	50999		24,891	24,891
20)	Less Applied Net Revenue	61999		2,170,285	2,170,285
21)	Net Operating Costs	62999		2,324,752	2,324,752
22)	Contract Number (State/LGU)*	00201		-154,467	-154,467
				C006543 (State)	
30)	Total Adjusted Expenses	51999	919003	2170285	3,089,288
31)	Less Net Revenue	63999	492634	2324752	2,817,386
32)	Net Operating Costs	52999	426369	-154467	271,902

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

NEW YORK STATE  
CONSOLIDATED FISCAL REPORT  
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AGENCY NAME: Any Agency  
AGENCY CODE: 10000

Line No.	COLUMN NUMBER PROGRAM CODE PROGRAM TYPE PROG/SITE ID.#	1 1760 (00) Advocacy/Support Services 1111050			2 1760 (00) Advocacy/Support Services 1111276			3 2100 (00) Clinic Treatment 1111052			4 7050 (00) Community Residence, Childre 1111975		
		TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS
Partial Hospitalization (2200)													
1)	Regular												
2)	Collateral												
3)	Group Collateral												
4)	Crisis												
Intensive Psychiatric Rehab (2320)													
5)	Regular												
Clinic Treatment (2100)													
6)	Service Days		1.00						5,621	5,621			
Continuing Day Treatment (1310)													
7)	Half Day		0.50										
8)	Full Day		1.00										
PROS (6340) (7340) (8340)													
9)	PROS Units		1.00										
Day Treatment (0200)													
Sheltered Workshop (0340)													
On Site Rehabilitation (0320)													
10)	Brief Day		0.33										
11)	Half Day		0.50										
12)	Full Day		1.00										
13)	Collateral		0.33										
Other / Residential / Total													
14)	All Other		1.00	632	632		673	673					
15)	Residential (Patient Days)		1.00								2,508	2,508	
16)	Total			632	632	0	673	673	0	5,621	5,621	0	2,508 2,508 0

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AGENCY NAME: Any Agency  
AGENCY CODE: 10000

Line No.	COLUMN NUMBER PROGRAM CODE PROGRAM TYPE PROG/SITE ID.#	1 1760 (00) Advocacy/Support Services 1111050			2 1760 (00) Advocacy/Support Services 1111276			3 2100 (00) Clinic Treatment 1111052			4 7050 (00) Community Residence, Childre 1111975			
		TYPE OF SERVICE (PROGRAM CODE)	WEIGHT FACTOR	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS
Partial Hospitalization (2200)														
1)	Regular													
2)	Collateral													
3)	Group Collateral													
4)	Crisis													
Intensive Psychiatric Rehab (2320)														
5)	Regular													
Clinic Treatment (2100)														
6)	Service Days		1.0						4,987	4,987				
Continuing Day Treatment (1310)														
7)	Half Day		0.50											
8)	Full Day		1.00											
PROS (6340) (7340) (8340)														
9)	PROS Units		1.00											
Day Treatment (0200)														
10)	Brief Day		0.33											
11)	Half Day		0.50											
12)	Full Day		1.00											
13)	Collateral		0.33											
Other / Residential / Total														
14)	All Other		1.00											
15)	Residential (Patient Days)		1.00								2,508	2,508		
16)	Total								4,987	4,987	0	2,508	2,508	0





NEW YORK STATE  
 CONSOLIDATED FISCAL REPORT  
 FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE OPWDD-1  
 SCHEDULE OF SERVICES  
 ICF/DDs Only

AGENCY NAME: Any Agency  
 AGENCY CODE: 10000  
 MEDICAID PROVIDER AGREEMENT NUMBER:

SITE ADDRESS:  
 PROGRAM TYPE & CODE NUMBER:  
 OPERATING CERTIFICATE NUMBER:

Complete a separate schedule for each site. For each service type or supply, check Cols. 1, 2 or 3. If Col. 2 or 3 is checked, show the dollar amount associated with Col. 2 or 3 in Column 4.

Line No.	SERVICE TYPE	Col. 1	Col. 2	Col. 3	Col. 4	Line No.	SERVICE TYPE	Col. 1	Col. 2	Col. 3	Col. 4
		Exclusively Purchased w/ Medicaid Card	Exclusively Purchased by ICF	ICF Purchases Made Only Where MA Card Did Not Cover Items	ICF Purchase Amount Associated w/ Col. 2 or 3			Exclusively Purchased w/ Medicaid Card	Exclusively Purchased by ICF	ICF Purchases Made Only Where MA Card Did Not Cover Items	ICF Purchase Amount Associated w/ Col. 2 or 3

NO DATA WAS FOUND FOR THIS SCHEDULE

NEW YORK STATE  
CONSOLIDATED FISCAL REPORT  
FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE OPWDD-2  
ICD/DD  
MEDICAL SUPPLIES

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AGENCY NAME: Any Agency  
AGENCY CODE: 10000  
MEDICAID PROVIDER AGREEMENT NUMBER:

PROGRAM TYPE & CODE NUMBER:  
OPERATING CERTIFICATE NUMBER:

-----  
If Schedule CFR-1 includes amounts for medical supplies, this schedule must be completed. In addition, medical supplies on Schedule OPWDD-1 should be marked in the column labeled "Included in Report - Yes". This schedule should show specifically which items of medical supplies are included or not included in the costs reported on Schedule CFR-1.

Line No.	MEDICAL SUPPLY DESCRIPTION	INCLUDED	NOT INCLUDED	Line No.	MEDICAL SUPPLY DESCRIPTION	INCLUDED	NOT INCLUDED
----------	----------------------------	----------	--------------	----------	----------------------------	----------	--------------

NO DATA WAS FOUND FOR THIS SCHEDULE

\* Include all Decubitus supplies here.

NEW YORK STATE  
CONSOLIDATED FISCAL REPORT  
FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE OPWDD-3  
HUD REVENUES  
AND EXPENSES

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-----  
AGENCY NAME: Any Agency  
AGENCY CODE: 10000  
MEDICAID PROVIDER AGREEMENT NUMBER:

PROGRAM TYPE & CODE NUMBER:  
OPERATING CERTIFICATE NUMBER:

-----  
AMOUNT

LINE # CFR-1

AMOUNT  
-----

NO DATA WAS FOUND FOR THIS SCHEDULE

\* HUD Section 8 Subsidy - Estimated project Gross Income based on number of units times Unit Rent per month at 100% occupancy.

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SCHEDULE OPWDD-4  
FRINGE BENEFIT EXPENSE AND  
PROGRAM ADMINISTRATION EXPENSE DETAIL

AGENCY NAME: Any Agency

AGENCY CODE: 10000

Line No.	COLUMN NUMBER PROGRAM/SITE ID PROGRAM TYPE & CODE ITEM DESCRIPTION	1 1539151 0224 (00)	2 1539223 0223 (00)
FRINGE BENEFITS			
1)	Social Security	98,036	219,090
2)	Workers' Compensation	8,710	21,676
3)	Unemployment Insurance	3,545	8,821
4)	NYS Disability	2,115	5,402
5)	Sick Leave Accruals	1,572	3,911
6)	Health/Dental Insurance	35,529	293,281
7)	Life Insurance	0	0
8)	Pension/Retirement	9,713	24,171
9)	Other (Detail Required)	25,366	65,629
10)	Total (Add lines 1-9)	184,586	641,981
PROGRAM ADMINISTRATION			
11)	Personal Services (CFR-1, Line 16)	97,158	479,716
12)	Vacation Leave Accruals (CFR-1, line 17)	0	0
13)	Fringe Benefits (CFR-1, line 20)	184,586	641,981
14)	Repairs and Maintenance (CFR-1, line 22)	0	0
15)	Utilities (CFR-1, line 23)	0	0
16)	Staff Travel (CFR-1 Line 25)	0	0
17)	Expensed Equipment (CFR-1, line 28)	0	0
18)	Staff Development (CFR-1, line 34)	523	13,012
19)	Supplies and Materials - non-Household (CFR-1, line 36)	0	0
20)	Telephone (CFR-1, line 38)	0	0
21)	Insurance General (CFR-1, line 39)	0	0
22)	Other OTPS (CFR-1, line 40) (Detail Required)	0	0
23)	Equipment (CFR-1, line 48)	0	0
24)	Property (CFR-1, line 63)	0	0
25)	Adjustments (CFR-1, line 66) (Detail Required)	0	0
26)	Total (Add lines 11-24 minus 25)*	282,267	1,134,709

\* This total must equal the portion of CFR-1, line 67, that is directly associated with program administration.

NEW YORK STATE  
CONSOLIDATED FISCAL REPORT  
FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE SED-1  
PROGRAM AND  
ENROLLMENT DATA

AGENCY NAME: Any Agency  
AGENCY CODE: 10000  
SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER PROGRAM NAME	1		2							
		Preschool-Special Class over 2		Preschool-Sp Ed Itinerant Teac							
	PROGRAM CODE (PROGRAM CODE INDEX)	9100 (YY)		9135 (YY)							
	ENROLLMENT (FTE) BY FUNDING SOURCE	SUMMER	SCHOOL YEAR	SUMMER	SCHOOL YEAR	SUMMER	SCHOOL YEAR	SUMMER	SCHOOL YEAR	SUMMER	SCHOOL YEAR
100	Non-disabled - UPK	0.000	0.000	0.000	0.000						
101	Non-disabled - Other	0.000	0.000	0.000	0.000						
102	Sec.4402 (Art.89) Sch. Dist. Placement	0.000	0.000	0.000	0.000						
103	Department of Health Chapter 428	0.000	0.000	0.000	0.000						
104	Sec.4408 (Art.89) Sch. Dist. Placement	0.000	0.000	0.000	0.000						
105	Sec.4410 (3-4 yr olds) Sch. Dist. Placement	19.681	21.351	5.000	4.250						
106	Local Social Services District	0.000	0.000	0.000	0.000						
107	Other	0.000	0.000	0.000	0.000						
108	Total by Funding Source (Sum Lines 102-107)	19.681	21.351	5.000	4.250						
109	Number of Days in Session	30	180	30	180						
110	Care Days (Line 108 times Line 109)	590	3,843	150	765						
115	Actual SEIS or SEIT Units Provided	0	0	593	1,695						
201	Approved Classroom Ratio	08:1:2.0	08:1:2.0								
202	Number of Classrooms	2.00	2.00	0.00	0.00						
203	Student FTE	14.520	15.451	0.000	0.000						
301	Approved Classroom Ratio										
302	Number of Classrooms	0.00	0.00	0.00	0.00						
303	Student FTE	0.000	0.000	0.000	0.000						
401	Approved Classroom Ratio	06:1:1.0	06:1:1.0								
402	Number of Classrooms	1.00	1.00	0.00	0.00						
403	Student FTE	5.161	5.900	0.000	0.000						
501	Approved Classroom Ratio										
502	Number of Classrooms	0.00	0.00	0.00	0.00						
503	Student FTE	0.000	0.000	0.000	0.000						
601	Approved Classroom Ratio										
602	Number of Classrooms	0.00	0.00	0.00	0.00						
603	Student FTE	0.000	0.000	0.000	0.000						
701	Approved Classroom Ratio										
702	Number of Classrooms	0.00	0.00	0.00	0.00						
703	Student FTE	0.000	0.000	0.000	0.000						
801	Approved Classroom Ratio										
802	Number of Classrooms	0.00	0.00	0.00	0.00						
803	Student FTE	0.000	0.000	0.000	0.000						
901	Approved Classroom Ratio										
902	Number of Classrooms	0.00	0.00	0.00	0.00						
903	Student FTE	0.000	0.000	0.000	0.000						
999	Total Student FTE	19.681	21.351	0.000	0.000						

NEW YORK STATE  
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FOR THE PERIOD: July 1, 2013 TO June 30, 2014

SCHEDULE SED-4  
Related Service Capacity  
Need and Productivity

Agency Name: Any Agency  
Agency Code: 10000  
School Code: 010205005555  
Program Code: 9100

Contact Person: Sally Sanders  
Phone Number: 212 355-7778 Ext. 123\_\_

Column 1	Capacity				Need					Productivity	
	Column 2a	Column 2b	Column 2c	Column 3	Column 4a	Column 4b	Column 4c	Column 4d	Column 4e	Column 5	Column 6
Related Service	Annual Related Service Employee FTE Allocated to Program	Annual Contracted Related Service Hours	Program Hours Per Week	Annual Capacity of Related Service Time in Half-Hour Units (Column 2a x 52 Weeks x column 2c x 2) + (Column 2b x 2)	Annual IEP Mandated Individual Related Service Sessions on All Students IEPs	Annual IEP Mandated Group Related Service Sessions on All Students IEPs	Average # of Students Served in Group	Annual Group Related Sessions (Column 4b divided by Column 4c)	Annual IEP Mandated Half-Hour Related Service Sessions (Sum Columns 4a and 4d)	Annual IEP Mandated Half-Hour Related Service Sessions (RS-2 col 7a + (RS-2 col 7b / SED-4 col 4c))	Percentage of Time Related Service Sessions Provided (Column 5 Divided By Column 3)
Speech Therapy	0.983	30	25	2,615.80	2,200.00	547.00	2.00	274	2,473.50	2,175.00	83.1486
Physical Therapy	0.899	0	25	2,337.40	2,015.00	375.00	3.00	125	2,140.00	1,977.00	84.5812
Occupational Therapy	0.023	0	25	59.80	50.00	0.00	0.00	0	50.00	47.00	78.5953
Counseling	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000
Skilled Nursing	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000
Other	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000

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RECONCILIATION

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-----  
AGENCY CODE: 10000

AGENCY NAME: Any Agency  
-----

Total agency expenses from Financial Statements	24,288,564
Additions:	0
Subtractions:	
Depreciation Variance	2,500
Total Subtractions:	2,500
Total adjustments:	-2,500
Adjusted Financial Statement Expenses	24,286,064
CFR-2, Col. 1, line 9	
CFR-2, Col. 1, line 8	
CFR-3, line 41	
Total CFR Expenses	
Difference	1,179

Total agency Revenues from Financial Statements	24,309,428
Additions:	
Prior Period Rate Adjustment	47,321
Total Additions:	47,321
Subtractions:	0
Total Adjustments:	47,321
Adjusted Financial Statement Revenues	24,356,749
Total agency Revenues from CFR-2, Col. 1, line 12	24,356,005
Difference	744

[ X ] OMH [ ] SED  
[ ] OPWDD  
[ ] OASAS

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WORKSHEET/OTHER  
DETAILS

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-----  
AGENCY CODE: 10000

AGENCY NAME: Any Agency  
-----

SCHEDULE: CFR-1

PROGRAM: 1760 (00)  
SITE: 1111050

PROGRAM: 1760 (00)  
SITE: 1111276

PROGRAM: 2100 (00)  
SITE: 1111052

Line 39	Other Insurance	17	Line 39	Other Insurance	17	Line 39	Other Insurance	3,182
Line 40	Contracted Support Personal Service	127	Line 40	Contracted Support Personal Service	127	Line 40	Data Processing	7,692
Line 94	All Items <\$1,000 Each	123	Line 94	All Items <\$1,000 Each	113	Line 66	Line [49] - adjustment to lease	1,000
						Line 74	Medicaid Managed Care Other Third Parties	3,001 1,278

[ X ] OMH [ ] SED  
[ ] OPWDD  
[ ] OASAS

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WORKSHEET/OTHER  
DETAILS

-----  
AGENCY CODE: 10000

AGENCY NAME: Any Agency  
-----

SCHEDULE: CFR-1

PROGRAM: 7050 (00)  
SITE: 1111975

Line 39	Other Insurance	3,295
Line 62	All Items <\$1,000 Each	1,522
Line 94	All Items <\$1,000 Each	168

[ ] OMH [ ] SED  
 [ X ] OPWDD  
 [ ] OASAS

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WORKSHEET/OTHER  
 DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 0150 (00)  
 SITE: 1539150

PROGRAM: 0223 (00)  
 SITE: 1539223

PROGRAM: 0224 (00)  
 SITE: 1539151

Line 40	All Items <\$1,000 Each	737	Line 39	Vehicle Insurance	37,414	Line 39	Vehicle Insurance	29,870
	Other Professional Fees	3,656						
Line 94	All Items <\$1,000 Each	518	Line 40	Data Processing	25,294	Line 40	Data Processing	10,164
				All Items <\$1,000 Each	807		All Items <\$1,000 Each	675
				Other Professional Fees	167,722		Other Professional Fees	88,199
				Pension Admin Expenses	10,204		Licensing, Permits, Dues	4,100
				Licensing, Permits, Dues	4,337			
			Line 74	Other Third Parties	177,136	Line 79	CACFP Food Reimbursement	104,081
			Line 79	CACFP Food Reimbursement	131,846	Line 94	All Items <\$1,000 Each	164
			Line 94	All Items <\$1,000 Each	-172		Vehicle Reimbursement (personal use)	7,158
				Sale of vehicle/other insurance ref	18,412		Insurance Dividend	1,100
				Insurance Dividend	1,949		Gain on Vehicle Sale	3,047
				Vending Machine	1,316			

[ ] OMH [ ] SED  
[ ] OPWDD  
[ X ] OASAS

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WORKSHEET/OTHER  
DETAILS

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-----  
AGENCY CODE: 10000

AGENCY NAME: Any Agency  
-----

SCHEDULE: CFR-1

PROGRAM: 3520 (00)  
SITE: 12345

PROGRAM: 3520 (01)  
SITE: 54321

Line 39 Vehicle Insurance 2,883  
Professional Malpractice 800  
Crime/Fidelity 10  
General Liability 854  
Umbrella 1,060  
Other Insurance 81

Line 39 Vehicle Insurance 3,968  
Professional Malpractice 1,310  
Crime/Fidelity 24  
General Liability 1,748  
Umbrella 1,500  
Other Insurance 208

Line 40 Lab Services 65,891  
All Items <\$1,000 Each 3,038  
Dues and Subscriptions 4,275  
Auditing and Legal 2,000

Line 40 Lab Services 37,810  
All Items <\$1,000 Each 1,896  
Printing 1,227  
Dues & Subscriptions 1,395  
Community Relations 2,052  
Rubbish Removal 3,999  
Moving & Storage 11,390  
MIscellaneous 1,605

Line 47 All Items <\$1,000 Each 797

Line 47 Auto Repair 37

Line 74 Other Third Parties 159,123

Line 74 Other Third Parties 111,555

Line 94 Miscellaneous Income 1,326

[ ] OMH [ X ] SED  
[ ] OPWDD  
[ ] OASAS

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AGENCY CODE: 10000

AGENCY NAME: Any Agency  
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SCHEDULE: CFR-1

PROGRAM: 9100 (YY)  
SITE: 1111910

PROGRAM: 9135 (YY)  
SITE: 1111913

PROGRAM: 9190 (YY)  
SITE: 1111919

Line 39 Other Insurance 900  
Line 40 Data Processing 200  
All Items <\$1,000 Each 350  
Line 47 All Items <\$1,000 Each 950  
Line 62 All Items <\$1,000 Each 692  
Line 66 Line [34] - other 324  
Line 94 All Items <\$1,000 Each 25

Line 40 Data Processing 15  
All Items <\$1,000 Each 17

Line 39 Other Insurance 256  
Line 40 Data Processing 66  
All Items <\$1,000 Each 90  
Line 47 All Items <\$1,000 Each 270  
Line 62 All Items <\$1,000 Each 396  
Line 94 All Items <\$1,000 Each 9

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AGENCY CODE: 10000

AGENCY NAME: Any Agency  
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SCHEDULE: CFR-1

PROGRAM: 9805 (YY)  
SITE: 1111980

Line 94 Section 611/619 IDEA Money 1,500

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SCHEDULE: CFR-3

Line 14	Security Contract	33,598
Line 17	Data Processing	15,252
	All Items <\$1,000 Each	156
	Training & Conferences	11,075
	PensionAdmin. Expense	4,137
	Licensing, Permits, Dues	3,154
	IT Professional Fees	38,547
	Bank Charges	9,551
Line 36	All Items <\$1,000 Each	962
Line 41	Line [19] - M Reynolds Auto Lease	1,200

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AGENCY CODE: 10000

AGENCY NAME: Any Agency  
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SCHEDULE: CFR-6 Section 3: Highest Paid Employees

Employee: Mary Reynolds  
Auto Lease

1,200

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AGENCY CODE: 10000

AGENCY NAME: Any Agency  
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SCHEDULE: DMH-2

PROGRAM: 1760 (00)  
COUNTY: 31 - New York

PROGRAM: 2100 (00)  
COUNTY: 31 - New York

PROGRAM: 7050 (00)  
COUNTY: 31 - New York

Line 17 CSP 76,500  
Line 29 All Items <\$1,000 Each 236

Line 12 Adjustment to Lease 1,000  
Line 17 Base Medicaid 611,882  
Level II COPS 68,500  
Line 19 Other Third Parties 4,279  
Line 29 All Items <\$1,000 Each 1,498

Line 17 Base Medicaid 868,526  
Line 29 Non-Medicaid CRs Prior years 1,218  
Line 39 OMH Share Medicaid CR Exempt Income 2,000  
Provider Share Medicaid CR Exempt I 2,990

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AGENCY CODE: 10000

AGENCY NAME: Any Agency  
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SCHEDULE: DMH-2

PROGRAM: 0150 (00)  
COUNTY: 31 - New York

Line 29 All Items <\$1,000 Each

545

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AGENCY CODE: 10000

AGENCY NAME: Any Agency  
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SCHEDULE: DMH-2

PROGRAM: 3520 (00)  
COUNTY: 31 - New York

PROGRAM: 3520 (01)  
COUNTY: 31 - New York

Line 17 Base Medicaid 275,392  
Line 19 Medicaid Managed Care 159,123

Line 17 Base Medicaid 2,117,207  
Line 19 Medicaid Managed Care 111,555  
Line 29 All Items <\$1,000 Each 4,490

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AGENCY CODE: 10000

AGENCY NAME: Any Agency  
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SCHEDULE: OPWDD-4

PROGRAM: 0223 (00)  
SITE: 1539223

PROGRAM: 0224 (00)  
SITE: 1539151

Line 9 All Items <\$1,000 Each

65,629

Line 9 All Items <\$1,000 Each

25,366