

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2011 TO December 31, 2011

SCHEDULE CFR-i
AGENCY IDENTIFICATION
AND CERTIFICATION
STATEMENT

PAGE 1

AGENCY NAME: Family Agency
AGENCY ADDRESS: 25 Euclid Street
Syracuse, New York 13211-2319
 Please check the box if the agency address changed from the prior reporting period.

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

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

Person to Contact with Regard to Questions Concerning this Report:

Ms. Joan Smith 315 576-2950 Ext. 12

Name Telephone Number
Controller 315 576-2900

Title FAX Number
smithj@familyagency.com

E-mail Address

SCHOOL CODE (SED ONLY):

FEDERAL EMPLOYER ID NUMBER: 01-2345678

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

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

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

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

CERTIFICATION STATEMENT

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

04/12/2012

Date

315 576-2950 Ext. 11

Telephone Number

Mr. William Reynolds - Executive Director

Name and Title

reynoldsw@familyagency.com

E-mail Address

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

AGENCY NAME: Family Agency

AGENCY CODE: 12345

COUNTY/NYC - OPERATED OR VOLUNTARY LOCAL SERVICE PROVIDER CERTIFICATION

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: 04/12/2012 Date: _____

LOCAL GOVERNMENTAL UNIT CERTIFICATION

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

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

Signed: _____
Director of Community Mental Health Services

Local Governmental Onondaga - 34
Unit: _____

Date: _____

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2011 TO December 31, 2011

SCHEDULE CFR-2
AGENCY FISCAL
SUMMARY

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

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

Line No.	COLUMN NUMBER 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	689,749	81,525	0	133,212	0	0	475,012
2)	Vacation Leave Accruals (CFR-1, Line 17)	32999	670	0	0	105	0	0	565
3)	Fringe Benefits (CFR-1, Line 20)	33999	188,620	24,400	0	35,967	0	0	128,253
4)	OTPS (CFR-1, Line 41)	34999	277,904	68,204	0	4,839	0	0	204,861
5)	Equipment-Provider Paid (CFR-1, Line 48)	35999	35,450	4,100	0	27,000	0	0	4,350
6)	Property-Provider Paid (CFR-1, Line 63)	36999	48,483	12,000	0	13,337	0	0	23,146
7)	Net Agency Admin. (CFR-1, Line 65)	38050	236,274	35,561	0	35,560	0	0	165,153
8)	Adj./Non-Allow. Costs (CFR-1, Line 66)	38030	0	0	0	0	0	0	0
9)	Total Adj. Expenses (Sum Lines 1-7 minus 8)	38999	1,477,150	225,790	0	250,020	0	0	1,001,340
REVENUES									
10)	Gross Revenues (CFR-1, Line 95)	40999	1,500,884	238,029	0	238,020	0	0	1,024,835
11)	GAAP Adj. to Revenue (CFR-1, Line 99)	43999	0	0	0	0	0	0	0
12)	Net GAAP Revenues (Line 10 minus Line 11)	44999	1,500,884	238,029	0	238,020	0	0	1,024,835

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

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

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2011 TO December 31, 2011

SCHEDULE CFR-4
 PERSONAL
 SERVICES

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

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

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

PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 series) [] AGENCY ADMINISTRATION (Position Title Codes 600-699 series) [X] *

Position Title	PROGRAM/SITE ADDRESS (Line One)	PROGRAM/SITE ADDRESS (Line Two)	COUNTY CODE	COLUMN NUMBER 1				ADMINISTRATION									
				35	37.5	40	Other	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	
601 Executive Director/Chief E	X					1,210	0.665	54,000									
603 Comptroller/Controller	X					910	0.500	22,000									
605 Office Worker	X					1,365	0.750	23,250									

Total "Hours Paid", "FTE" and "Amount Paid" for Positions. 3,485 1.915 99,250

* Report Agency Administration in one column on a separate page.
 ** For OASAS, program code = service level and program/site = PRU level.
 Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).
 Note: FTE's DO NOT get transferred.

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2011 TO December 31, 2011

SCHEDULE CFR-4
 PERSONAL
 SERVICES

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

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

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

PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 series) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Appendix R	Position Title	Standard Work Week				Column 1		Column 2		Column 3		Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
		35	37.5	40	Other	Hours Paid	FTE	Hours Paid	FTE	Hours Paid	FTE						
	201 Mental Hygiene Worker (not	X				2,191	1.204	2,191	1.204	2,191	1.204	2,191	1.204	29,583			29,583
	207 Developmental Disabilities	X				292	0.160	292	0.160	292	0.160	292	0.160	3,947			3,947
	301 Case Manager	X				37	0.020	37	0.020	37	0.020	37	0.020	498			498
	501 Program or Site Director	X				300	0.165	300	0.165	300	0.165	300	0.165	7,689			7,689
	505 Office Worker	X				138	0.076	138	0.076	138	0.076	138	0.076	2,687			2,687
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.						2,958	1.625	2,958	1.625	2,958	1.625	2,958	1.625	44,404			44,404

* 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: January 1, 2011 TO December 31, 2011

SCHEDULE CFR-4
 PERSONAL
 SERVICES

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

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

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

PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 series) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Column Number	1																
PROGRAM CODE ** (PROGRAM CODE INDEX)	5550 (01)																
PROGRAM/SITE IDENTIFICATION NUMBER **	99999																
PROGRAM/SITE NAME	Just Say No 1																
Position PROGRAM/SITE ADDRESS (Line One)	25 Euclid Street																
Title PROGRAM/SITE ADDRESS (Line Two)	Syracuse, New York 13211-2319																
Code COUNTY CODE	34																
Appendix R	Position Title	Standard Work Week	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
		35 37.5 40 Other															
	345 Prevention/Education	X			3,687	2.026	61,525										
	505 Office Worker	X			1,820	1.000	20,000										

Total "Hours Paid", "FTE" and "Amount Paid" for Positions. 5,507 3.026 81,525

* Report Agency Administration in one column on a separate page.
 ** For OASAS, program code = service level and program/site = PRU level.
 Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).
 Note: FTE's DO NOT get transferred.

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2011 TO December 31, 2011

SCHEDULE CFR-5
TRANSACTIONS WITH RELATED
ORGANIZATIONS/INDIVIDUALS

AGENCY NAME: Family Agency AGENCY CODE: 12345 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 Item No.	2 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.	2	0150 (01)/1234150	Salary	Sarah Reynolds	H	8,650	8,650	0

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

1 Line Item No.	2 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
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NO DATA WAS FOUND FOR THIS SECTION

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 Item No.	2 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.	2	Family Agency Foundation	25 Euclid Street	Syracuse, NY	Fundraising	FROM	5,000

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

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2011 TO December 31, 2011

SCHEDULE CFR-6
 GOVERNING BOARD AND
 COMPENSATION SUMMARY

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

MEMBERS OF THE GOVERNING AUTHORITY

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

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

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

NAME	AMOUNT PAID	CONTRACTED PAYMENT AMOUNT	FRINGE BENEFITS	OTHER BENEFITS**	TOTAL COMPENSATION
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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] NAME	[2] POSITION TITLE CODE*	[3] AMOUNT PAID	[4] FTE	[5] ANNUALIZED SALARY	[6] CONTRACTED PAYMENT AMOUNT	[7] TOTAL ANNUALIZED SALARY AND CONTRACTED PAYMENT	[8] FRINGE BENEFITS	[9] OTHER BENEFITS**
1. William Reynolds	601	54,000	0.665	81,203	0	81,203	21,924	0

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

[1] NAME	[2] TYPE OF SERVICE	[3] AMOUNT PAID
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NO DATA WAS FOUND FOR THIS SECTION

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

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

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

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2011 TO December 31, 2011

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Family Agency
 AGENCY CODE: 12345

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
1)	Program Type	00071	Family Support Servic	Family Support Servic	Family Support Servic
2)	Program Code (Program Code Index)	00011	0150 (01)	0150 (02)	0150 (03)
UNITS OF SERVICE					
3)	OMH Units of Service	00121	0	0	0
4)	OPWDD Units of Service	00161	1,643	1,643	1,643
5)	OASAS Units of Service	00170	0	0	0
EXPENSES *					
6)	Personal Services	17010	44,404	44,404	44,404
7)	Vacation Leave Accruals	17020	35	35	35
8)	Fringe Benefits	17030	11,989	11,989	11,989
9)	Other Than Personal Services	17040	1,613	1,613	1,613
10)	Equipment - Provider Paid	17050	9,000	9,000	9,000
11)	Property - Provider Paid	17060	4,445	4,446	4,446
12)	Agency Administration	17080	11,854	11,853	11,853
13)	Adjustments/Non-Allowable Costs	17090	0	0	0
14)	Total Adjusted Expenses (Lines 6-12 Minus 13)	17999	83,340	83,340	83,340
REVENUES *					
15)	Participant Fees (less SSI and SSA)	26010	0	0	0
16)	SSI and SSA	26020	0	0	0
17)	Home Relief/Public Assistance	26030	0	0	0
18)	Medicaid	26040	0	0	0
19)	Medicare	26060	0	0	0
20)	Other Third Parties	26070	0	0	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
 [X] OPWDD
 [] OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2011 TO December 31, 2011

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Family Agency
 AGENCY CODE: 12345

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
	Program Type	00071	Family Support Servic	Family Support Servic	Family Support Servic
	Program Code (Program Code Index)	00011	0150 (01)	0150 (02)	0150 (03)
26)	State Grants (Detail Required)	26190	0	0	0
27)	LTSE Income Total (OMH and OPWDD only)	26220	0	0	0
28)	Food Stamps (OASAS, OPWDD)	26240	0	0	0
29)	Net Deficit Funding (State & LGU Funding only)*	26110	79,340	79,340	79,340
30)	Other (Detail Required)	26230	0	0	0
31)	Total Gross Revenues (Sum Lines 15-30)	26999	79,340	79,340	79,340
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	79,340	79,340	79,340
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	79,340	79,340	79,340
40)	Other (Detail Required)	27080	0	0	0
41)	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998	79,340	79,340	79,340
42)	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999	79,340	79,340	79,340
43)	Total Net Revenues (Line 31 Minus 42)	28999	0	0	0
44)	Net Operating Cost (Line 14 Minus 43)	29999	83,340	83,340	83,340

* 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
 [X] OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2011 TO December 31, 2011

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

 AGENCY NAME: Family Agency
 AGENCY CODE: 12345

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1
1)	Program Type	00071	Chemical Dependence P
2)	Program Code (Program Code Index)	00011	5550 (01)
UNITS OF SERVICE			
3)	OMH Units of Service	00121	0
4)	OPWDD Units of Service	00161	0
5)	OASAS Units of Service	00170	0
EXPENSES *			
6)	Personal Services	17010	81,525
7)	Vacation Leave Accruals	17020	0
8)	Fringe Benefits	17030	24,400
9)	Other Than Personal Services	17040	68,204
10)	Equipment - Provider Paid	17050	4,100
11)	Property - Provider Paid	17060	12,000
12)	Agency Administration	17080	35,561
13)	Adjustments/Non-Allowable Costs	17090	0
14)	Total Adjusted Expenses (Lines 6-12 Minus 13)	17999	225,790
REVENUES *			
15)	Participant Fees (less SSI and SSA)	26010	0
16)	SSI and SSA	26020	0
17)	Home Relief/Public Assistance	26030	0
18)	Medicaid	26040	0
19)	Medicare	26060	0
20)	Other Third Parties	26070	0
21)	OPWDD Residential Room and Board/NYS OPTS	26080	0
22)	Transportation, Medicaid	26090	0
23)	Transportation, Other	26100	0
24)	Sales: Contract Total	26140	0
25)	Federal Grants (Detail Required)	26160	15,000

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

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

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2011 TO December 31, 2011

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Family Agency
 AGENCY CODE: 12345

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1
	Program Type	00071	Chemical Dependence P
	Program Code (Program Code Index)	00011	5550 (01)
26)	State Grants (Detail Required)	26190	0
27)	LTSE Income Total (OMH and OPWDD only)	26220	0
28)	Food Stamps (OASAS, OPWDD)	26240	0
29)	Net Deficit Funding (State & LGU Funding only)*	26110	223,029
30)	Other (Detail Required)	26230	0
31)	Total Gross Revenues (Sum Lines 15-30)	26999	238,029
GAAP ADJUSTMENTS TO REVENUE **			
32)	Participant Allowance	27010	0
33)	Uncollectible Accounts Receivable	27040	0
34)	Other (Detail Required)	27045	0
35)	Total GAAP Adjustments (Sum Lines 32-34)	27049	0
36)	Net GAAP Revenues (Line 31 minus 35)	27025	238,029
NON-GAAP ADJUSTMENTS TO REVENUE **			
37)	Exempt Contract Income	27050	0
38)	Exempt LTSE Income	27060	0
39)	Net Deficit Funding***	27070	223,029
40)	Other (Detail Required)	27080	0
41)	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998	223,029
42)	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999	223,029
43)	Total Net Revenues (Line 31 Minus 42)	28999	15,000
44)	Net Operating Cost (Line 14 Minus 43)	29999	210,790

* 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: January 1, 2011 TO December 31, 2011

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

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

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

TELEPHONE: 315 576-2950 Ext. 12_____

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

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	ONONDAG	ONONDAG	ONONDAG
3)	Program Type	00072	Family Support Servic	Family Support Servic	Family Support Servic
4)	Program Code (Program Code Index)	00012	0150 (01)	0150 (02)	0150 (03)
EXPENSES					
5)	Personal Services	18010	44,404	44,404	44,404
6)	Vacation Leave Accruals **	18020	35	35	35
7)	Fringe Benefits	18030	11,989	11,989	11,989
8)	Other Than Personal Services (OTPS)	18040	1,613	1,613	1,613
9)	Equipment - Provider Paid ***	18050	7,000	0	5,000
10)	Property - Provider Paid ****	18060	4,445	4,446	4,446
11)	Agency Administration	18080	11,854	11,853	11,853
12)	Adjustments/Non-Allowable Costs (Detail Required)	18090	0	0	0
13)	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	81,340	74,340	79,340
REVENUES					
14)	Participant Fees (less SSI & SSA)	46010	0	0	0
15)	SSI & SSA	46020	0	0	0
16)	Home Relief/Public Assistance	46030	0	0	0
17)	Medicaid	46040	0	0	0
18)	Medicare	46060	0	0	0
19)	Other Third Parties	46070	0	0	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:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2011 TO December 31, 2011

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

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

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

TELEPHONE: 315 576-2950 Ext. 12

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
	Program Type	00072	Family Support Servic	Family Support Servic	Family Support Servic
	Program Code (Program Code Index)	00012	0150 (01)	0150 (02)	0150 (03)
25)	State Grants (Detail Required)	46190	0	0	0
26)	LTSE Income Total (OMH and OPWDD only)	46220	0	0	0
27)	Food Stamps (OASAS, OPWDD)	46240	0	0	0
28)	Net Deficit Funding (State & LGU Funding only)*	46110	79,340	74,340	79,340
29)	Other (Detail Required)	46230	0	0	0
30)	Total Gross Revenues (Sum Lines 14-29)	46999	79,340	74,340	79,340
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	79,340	74,340	79,340
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	79,340	74,340	79,340
39)	Other (Detail Required)	47080	0	0	0
40)	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998	79,340	74,340	79,340
41)	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999	79,340	74,340	79,340
42)	Total Net Revenues (Line 30 minus 41)	48999	0	0	0
43)	Net Operating Cost (Line 13 minus 42)	49999	81,340	74,340	79,340
DEFICIT FUNDING					
44)	State Share	60010	79,340	74,340	79,340
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	79,340	74,340	79,340
48)	Non-Funded	60040	2,000	0	0
49)	Total Deficit Funding (Sum Lines 47-48)	60999	81,340	74,340	79,340

* 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: January 1, 2011 TO December 31, 2011

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

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

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

TELEPHONE: 315 576-2950 Ext. 12_____

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

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

EXPENSES

5)	Personal Services	18010	81,525
6)	Vacation Leave Accruals **	18020	0
7)	Fringe Benefits	18030	24,400
8)	Other Than Personal Services (OTPS)	18040	68,204
9)	Equipment - Provider Paid ***	18050	5,856
10)	Property - Provider Paid ****	18060	12,000
11)	Agency Administration	18080	35,561
12)	Adjustments/Non-Allowable Costs (Detail Required)	18090	0
13)	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	227,546

REVENUES

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

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

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

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

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

Funding State Agency:
] OMH
] OPWDD
] OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2011 TO December 31, 2011

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY
 PAGE 16

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

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

TELEPHONE: 315 576-2950 Ext. 12

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

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

* Do not include non funded or voluntary contributions.

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

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2011 TO December 31, 2011

AGENCY
 ADMINISTRATION
 WORKSHEET

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

USE WHOLE DOLLARS.

RATIO VALUE WORKSHEET (AGENCY-WIDE)				ADJUSTED RATIO VALUE WORKSHEET (WITHIN STATE AGENCY)			
Line No.	State Agency	Cost Codes	Amount	Line No.	State Agency	Cost Codes	Amount
CALCULATION OF OPERATING COSTS *				CALCULATION OF ADJUSTED OPERATING COSTS ****			
1)	OASAS Subtotal	19110	174,129	18)	OASAS Adjusted Subtotal	19310	174,129
2)	OMH Subtotal	19120	0	19)	OMH Adjusted Subtotal	19320	0
3)	OPWDD Subtotal	19130	174,123	20)	OPWDD Adjusted Subtotal	19330	174,123
4)	SED Subtotal	19140	0	21)	SED Adjusted Subtotal	19340	0
5)	Shared Programs Subtotal	19150	0	22)	Shared Programs Adjusted Subtotal	19350	0
6)	Other Programs Subtotal**	19160	808,691				
6b)	Sub-Contract Raw Materials		0	CALCULATION OF ADJUSTED RATIO VALUE FACTOR *****			
7)	Total Agency Operating Costs	19170	1,156,943	23)	OASAS Ratio Value Factor (line 11 divided by line 18)	19410	0.204223
CALCULATION OF RATIO VALUE FACTOR				24)	OMH Ratio Value Factor (line 12 divided by line 19)	19420	0.000000
8)	Net Agency Administration	19999	236,274	25)	OPWDD Ratio Value Factor (line 13 divided by line 20)	19430	0.204223
9)	Total Agency Operating Costs (Line 7)	19171	1,156,943	26)	SED Ratio Value Factor (line 14 divided by line 21)	19440	0.000000
10)	Ratio Value Factor (Line 8 divided by Line 9)	19180	0.204223	27)	Shared Programs Ratio Value Factor (line 15 divided by line 22)	19450	0.000000
ALLOCATION OF AGENCY ADMINISTRATION USING RATIO VALUE ***							
11)	OASAS Allocation (line 1 x line 10)	19210	35,561				
12)	OMH Allocation (line 2 x line 10)	19220	0				
13)	OPWDD Allocation (line 3 x line 10)	19230	35,560				
14)	SED Allocation (line 4 x line 10)	19240	0				
15)	Shared Programs Allocation (line 5 x line 10)	19250	0				
16)	Other Programs Allocation (line 6 x line 10)	19260	165,153				
17)	Total Agency Administration (sum lines 11 - 16)	19270	236,274				

* Totals by State Agency for all programs. This equals the sum of lines 6 through 9 on schedule DMH-1. Do not report operating costs for programs 0190, 0880, 0890.

** This amount must equal the sum of lines 1 through 4 of column 7 on schedule CFR-2.

*** Totals by State Agency. This equals the sum of agency administration allocated to each program on DMH-1, line 12.

**** Totals by State Agency. This equals the sum of lines 6 through 9 on schedule DMH-1. Do not report operating cost for programs 0190, 0880 and 0890 and programs which are exempt from agency administration. For OMH (line 19), do not include operating costs for programs 0860, 0870, 1690, 2820, 2860, 7810, 8810 and programs with an "A" program code index (startup).

For OPWDD (line 20), do not include operating costs for programs 2091, 3091, 5091 and 7091.

***** The adjusted ratio value factor can be different for each State Agency.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2011 TO December 31, 2011

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

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

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

TELEPHONE: 315 576-2950 Ext. 12

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	Family Support Servic	Family Support Servic	Family Support Servic	
3)	Program Code (Program Code Index)	00013	0150 (01)	0150 (02)	0150 (03)	
4)	Total Persons Served/Month	00220	10	10	10	
5)	Total Units of Service	00999	1,643	1,643	1,643	
6)	Gross Cost/Unit of Service	70999	49.51	45.25	48.29	
7)	Net Cost/Unit of Service	71999	49.51	45.25	48.29	
8)	Please Check:		NON-PARTICIPANT SPECI	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	10	10	10	30
11)	Number Units of Service	00250	1,643	1,643	1,643	4,929
12)	Total Adjusted Expenses	50999	75,840	70,840	75,840	222,520
13)	Less Applied Net Revenue	61999	0	0	0	0
14)	Net Operating Costs	62999	75,840	70,840	75,840	222,520
15)	Contract Number (State/LGU)*	00201	ONONDAG	ONONDAG	ONONDAG	
16)	B FUNDING SOURCE CO (Non-Funded) Index (OMH/OASAS)	090		090		
17)	Number Persons Served/Month	00260	0	0	0	0
18)	Number Units of Service	00250	0	0	0	0
19)	Total Adjusted Expenses	50999	1,340	0	0	1,340
20)	Less Applied Net Revenue	61999	0	0	0	0
21)	Net Operating Costs	62999	1,340	0	0	1,340
22)	Contract Number (State/LGU)*	00201	ONONDAG			
23)	C FUNDING SOURCE CO (Federal Medical Assistance Percentage (FMAP)	095		095		
24)	Number Persons Served/Month	00260	0	0	0	0
25)	Number Units of Service	00250	0	0	0	0
26)	Total Adjusted Expenses	50999	660	0	0	660
27)	Less Applied Net Revenue	61999	0	0	0	0
28)	Net Operating Costs	62999	660	0	0	660
29)	Contract Number (State/LGU)*	00201	ONONDAG			

* 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: January 1, 2011 TO December 31, 2011

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

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

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

TELEPHONE: 315 576-2950 Ext. 12_____

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 Family Support Servic		00073 Family Support Servic	00073 Family Support Servic	
3) Program Code (Program Code Index)		00013 0150 (01)		00013 0150 (02)	00013 0150 (03)	
4) Total Persons Served/Month		00220	10	10	10	
5) Total Units of Service		00999	1,643	1,643	1,643	
6) Gross Cost/Unit of Service		70999	49.51	45.25	48.29	
7) Net Cost/Unit of Service		71999	49.51	45.25	48.29	
8) Please Check:			NON-PARTICIPANT SPECI	NON-PARTICIPANT SPECI	NON-PARTICIPANT SPECI	
9) D FUNDING SOURCE CO (Health Care Adjustment VI - 2010 OPWDD Only)		184		184	184	
10) Number Persons Served/Month		00260	0	0	0	0
11) Number Units of Service		00250	0	0	0	0
12) Total Adjusted Expenses		50999	3,500	3,500	3,500	10,500
13) Less Applied Net Revenue		61999	0	0	0	0
14) Net Operating Costs		62999	3,500	3,500	3,500	10,500
15) Contract Number (State/LGU)*		00201 ONONDAG		00201 ONONDAG	00201 ONONDAG	
30) Total Adjusted Expenses		51999	81340	74340	79340	235,020
31) Less Net Revenue		63999	0	0	0	0
32) Net Operating Costs		52999	81340	74340	79340	235,020

* 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: January 1, 2011 TO December 31, 2011

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

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

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

TELEPHONE: 315 576-2950 Ext. 12_____

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

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

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

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2011 TO December 31, 2011

RECONCILIATION

PAGE 21

AGENCY CODE: 12345

AGENCY NAME: Family Agency

Total agency expenses from Financial Statements	1,476,855	Total agency Revenues from Financial Statements	1,500,786
Additions:		Additions:	0
Depreciation Variance	288	Subtractions:	0
Total Additions:	288	Total Adjustments:	0
Subtractions:	0	Adjusted Financial Statement Revenues	1,500,786
Total adjustments:	288	Total agency Revenues from CFR-2, Col. 1, line 12	1,500,884
Adjusted Financial Statement Expenses	1,477,143	Difference	-98
Total agency Expenses from CFR-2, Col. 1, lines 8 + 9	1,477,150		
Difference	-7		

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

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2011 TO December 31, 2011

WORKSHEET/OTHER
DETAILS

PAGE 22

AGENCY CODE: 12345

AGENCY NAME: Family Agency

SCHEDULE: DMH-1

PROGRAM: 5550 (01)

Line 25 CSAP Community Ed. Grant

15,000

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

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2011 TO December 31, 2011

WORKSHEET/OTHER
DETAILS

PAGE 23

AGENCY CODE: 12345

AGENCY NAME: Family Agency

SCHEDULE: DMH-2

PROGRAM: 5550 (01)
COUNTY: 34 - Onondaga

Line 24 CSAP Community Ed. Grant 15,000