

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2021 to December 31, 2021*

SCHEDULE CFR-i  
AGENCY IDENTIFICATION  
AND CERTIFICATION  
STATEMENT

Page \_\_\_\_

AGENCY NAME: \_\_\_\_\_  
AGENCY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Please check the box if the agency address changed from the prior reporting period.

AGENCY CODE: \_\_\_\_\_  
COUNTY NAME: \_\_\_\_\_  
COUNTY CODE: \_\_\_\_\_

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

SCHOOL CODE (SED ONLY): \_\_\_\_\_

FEDERAL EMPLOYER ID NUMBER: \_\_\_\_\_

CERTIFIED FINANCIAL STATEMENT REPORTING PERIOD: \_\_\_\_\_

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

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

Person to Contact with Regard to Questions Concerning this Report:

\_\_\_\_\_  
Name ( ) Telephone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail Address ( ) Secondary Number

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

Contact Information for President/Chair, Board of Directors:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail Address

Please check the box if the President/Chair changed from the prior reporting period.

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

CERTIFICATION STATEMENT

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.

\_\_\_\_\_  
Date

( )  
\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Signature of Chief Executive Officer

Please check the box if the Chief Executive Officer changed from the prior reporting period.