We have audited the accompanying financial statements of (Agency Name) which comprise the statements of financial position at June 30, 2018, 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 of 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 financial statement presentation.

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 statement of financial position of (Agency Name) at June 30, 2018, and the changes in its net assets or equity and its cash flows for the year then ended in conformity 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; CFR2A; CFR-3; CFR-4; CFR-4A; CFR-5; CFR-6; Section 3; DMH-1; OMH-1; OMH-4; OPWDD-5; 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   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 the Consolidated Fiscal Report identified by Document Control Number   , was not audited by us, and, accordingly, we express no opinion thereon.
NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2017 to June 30, 2018

AGENCY NAME: ___________________________ AGENCY CODE: ___________ SCHOOL CODE (SED ONLY): ___________

Report on Other Legal and Regulatory Requirements

We have examined the following schedules' conformity with the applicable instructions relating to the preparation of those schedules contained within the Consolidated Fiscal Reporting and Claiming Manual of (Agency Name) for the year ended June 30, 2018: Schedules CFR-1, lines 13, 16, 17, 20, 41, 48, 63-67, 69-107; CFR-2; CFR-2A; CFR-3; CFR-4; CFR-4A; CFR-5; CFR-6, Section 3; DMH-1; OMH-1; OMH-4; OPWDD-5; SED-1; and SED-4 (collectively, "CFR Schedules") as reported on the CFR with Document Control Number ___________, (Agency Name)’s management is responsible for the CFR schedules’ 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, 2018. Our responsibility is to express an opinion on the CFR 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. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the CFR schedules are 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, 2018 in all material respects. An examination involves performing procedures to obtain evidence about the CFR schedules. The nature, timing and extent of the procedures selected depend on our judgement, including an assessment of the risks of material misstatement of the CFR schedules, whether due to fraud or error, and such procedures included in Appendix AA of the Consolidated Fiscal Reporting and Claiming Manual for the year ended June 30, 2016. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

In our opinion, the above referenced CFR schedules are prepared 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, 2018, in all material respects.

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.

Date CFR-ii Signed ___________________________ Signature of Independent Accountant, Firm, or Sole Practitioner ___________________________ CPA Firm Registration Number ___________________________

Firm Name ___________________________

Firm Address ___________________________

Telephone # ___________________________

Firm Contact Person ___________________________

*Date of Report (Enter the date of the audit report on the financial state report) ___________________________

Date CFR-ii Signed ___________________________ Signature of Independent Accountant, Firm, or Sole Practitioner ___________________________ CPA Firm Registration Number ___________________________

Firm Name ___________________________

Firm Address ___________________________

Telephone # ___________________________

Firm Contact Person ___________________________

Date CFR-ii Signed ___________________________ Signature of Independent Accountant, Firm, or Sole Practitioner ___________________________ CPA Firm Registration Number ___________________________

Firm Name ___________________________

Firm Address ___________________________

Telephone # ___________________________

Firm Contact Person ___________________________

Date CFR-ii Signed ___________________________ Signature of Independent Accountant, Firm, or Sole Practitioner ___________________________ CPA Firm Registration Number ___________________________

Firm Name ___________________________

Firm Address ___________________________

Telephone # ___________________________

Firm Contact Person ___________________________

Date CFR-ii Signed ___________________________ Signature of Independent Accountant, Firm, or Sole Practitioner ___________________________ CPA Firm Registration Number ___________________________

Firm Name ___________________________

Firm Address ___________________________

Telephone # ___________________________

Firm Contact Person ___________________________

Date CFR-ii Signed ___________________________ Signature of Independent Accountant, Firm, or Sole Practitioner ___________________________ CPA Firm Registration Number ___________________________

Firm Name ___________________________

Firm Address ___________________________

Telephone # ___________________________

Firm Contact Person ___________________________

Date CFR-ii Signed ___________________________ Signature of Independent Accountant, Firm, or Sole Practitioner ___________________________ CPA Firm Registration Number ___________________________

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Firm Address ___________________________

Telephone # ___________________________

Firm Contact Person ___________________________