

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2018 to June 30, 2019

SCHEDULE CFR-2
AGENCY FISCAL
SUMMARY

AGENCY NAME: _____ AGENCY CODE: _____ 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.
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4	5	6	7
			AGENCY TOTALS (Sum Col. 2-7)	OASAS TOTALS	OMH TOTALS	OPWDD TOTALS	SED TOTALS	SHARED PROGRAM TOTALS	OTHER PROGRAMS TOTALS*
EXPENSES									
1	Personal Services (CFR-1, Line 16)	31999							
2	Vacation Leave Accruals (CFR-1, Line 17)	32999							
3	Fringe Benefits (CFR-1, Line 20)	33999							
4	OTPS (CFR-1, Line 41)	34999							
5	Equipment-Provider Paid (CFR-1, Line 48)	35999							
6	Property-Provider Paid (CFR-1, Line 63)	36999							
7	Net Agency Admin. (CFR-1, Line 65)	38050							
8	Adj./Non-Allow. Costs (CFR-1, Line 66)	38030							
9	Total Adj. Expenses (Sum Lines 1-7 minus 8)	38999							
REVENUES									
10	Gross Revenues (CFR-1, Line 95)	40999							
11	GAAP Adj. to Revenue (CFR-1, Line 99)	43999							
12	Net GAAP Revenues (Line 10 minus Line 11)	44999							

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