

NEW YORK STATE

For the Period: July 1, 2017 to June 30, 2018

**SCHEDULE OPWDD-5
CAPITAL SCHEDULE**

Page _____

AGENCY NAME: _____		AGENCY CODE: _____				
CONSOLIDATED FISCAL REPORT						
		COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
		CATEGORY PER DOH PROVIDED SCHEDULE	REIMBURSEMENT PER DOH PROVIDED SCHEDULE	RELATING AMOUNT REPORTED ON CFR-1	CFR-1 LINE NUMBER	DIFFERENCE BETWEEN REIMBURSEMENT AND CFR-1
						DETAIL OF COLUMN 4
PROGRAM CODE		LEASE/RENTAL-REAL PROPERTY			49	
PROGRAM TYPE		DEPRECIATION-BUILDINGS/PRINCIPAL			51	
OP CERT #		DEPRECIATION-IMPROVEMENTS/LEASEHOLD IMPROVEMENTS			50/52	
SITE ADDRESS (Line One)		MORTGAGE INTEREST			53	
SITE ADDRESS (Line Two)		SHORT TERM LOAN INTEREST			51	
		OTHER LOAN INTEREST			53	
		START-UP AMORTIZATION			58	
		CO-OP/CONDO FEES			62	
		OTHER (EX. REAL ESTATE TAXES)			56/62	
		DASNY DEBT SERVICE			51/59	
		DASNY OPWDD FEE			60	
		DORMITORY AUTHORITY FEE			60	
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		OTHER (EX. REAL ESTATE TAXES)			56/62	
		DASNY DEBT SERVICE			51/59	
		DASNY OPWDD FEE			60	
		DORMITORY AUTHORITY FEE			60	

This schedule must be completed on a site specific basis for each ICF/DD, Day Treatment, Group Day Habilitation and Prevocational Services site.
The corresponding line reported on the CFR-1 does not have to agree with the amount entered in Column 2. See CFR Manual for further instructions.

Aug. 2018

OPWDD-5