

Funding State Agency:

- OMH DOH
- OPWDD OCFS
- OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
 For the Period: July 1, 2020 to June 30, 2021

COVID-19
Informational Schedule

Page _____

AGENCY NAME: _____ AGENCY CODE: _____
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- 1a** Did your Agency receive a **first draw Paycheck Protection Program (PPP1) loan** from the Small Business Administration? Yes or No
 Did your Agency receive a **second draw Paycheck Protection Program (PPP2) loan** from the Small Business Administration? Yes or No
- 1b** Enter the total amount of the PPP1 loan your Agency received. _____
 Enter the total amount of the PPP2 loan your Agency received. _____
- 1c** Enter the date your Agency received the PPP1 loan. _____
 Enter the date your Agency received the PPP2 loan. _____
- 2a** Was the PPP1 loan your Agency received forgiven in the current CFR reporting period? Yes or No
 Was the PPP2 loan your Agency received forgiven in the current CFR reporting period? Yes or No
- 2b** On what date was the PPP1 loan forgiven? _____
 On what date was the PPP2 loan forgiven? _____
- 2c** Enter the amount of the PPP1 loan that was forgiven. _____
 Enter the amount of the PPP2 loan that was forgiven. _____
- 3** Report the total amount of revenue and gains on the extinguishment of debt, recorded in the CFR reporting period, that was attributable to COVID-19 funding, grants, loan forgiveness, contributions/donations, awards and/or tax credits. _____

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AGENCY NAME: _____							
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
	Program Code (Program Code Index)	00010	()	()	()	()	()
	Program/Site Identification Number	00050					
EXPENSES - COVID-19							
PERSONAL SERVICES							
1	Personal Services - Program/Site & Program Admin						
2	Vacation Accruals - Program/Site & Program Admin						
FRINGE BENEFITS							
3	Mandated Fringe Benefits						
4	Non-Mandated Fringe Benefits						
5	Total Fringe Benefits (Sum Lines 3 & 4)						
OTHER THAN PERSONAL SERVICES (OTPS)							
6	Food						
7	Repairs and Maintenance						
8	Utilities						
9	Transportation Related-Participant						
10	Staff Travel						
11	Participant Incidentals						
12	Expensed Adaptive Equipment (OPWDD)						
13	Expensed Equipment						
14	Sub-Contract Raw Materials						
15	Participant Wages-Non-Contract						
16	Participant Wages-Contract						
17	Participant Fringe Benefits						
18	Section 43.04 Services Assessment (OPWDD only)						
19	Staff Development						
20	Contracted Direct Care and Clinical Personal Svs.						
21	Supplies and Materials - Non-Household						
22	Household Supplies						
23	Telephone, Cable and Internet						
24	Insurance - General						
25	Other (Detail Required)						
26	Total Other Than Personal Services (Sum Line 6-25)						
EQUIPMENT-PROVIDER PAID							
27	Lease/Rental Vehicle						
28	Lease/Rental Equipment						
29	Depreciation-Vehicle						
30	Depreciation-Equipment						
31	Interest-Vehicle						
32	Other (Detail Required)						
33	Total Equipment (Sum of Lines 27-32)						
PROPERTY-PROVIDER PAID							
34	Lease/Rental-Real Property						
35	Leasehold/Leasehold Improvements						
36	Depreciation-Building						
37	Depreciation Building/Land Improvements						
38	Mortgage/Capital Improvements Interest						
39	Mortgage Expenses						
40	Insurance-Property & Casualty						
41	Real Estate Taxes						
42	Interest on Capital Indebtedness						
43	Start-up Expenses						
44	MCFFA/DASNY Interest Expense						
45	MCFFA/DASNY Administration Fees						
46	Maintenance in Lieu of Rent (LGU only)						
47	Other (Detail Required)						
48	Total Property-Provider Paid (Sum of Lines 34-47)						
TOTALS							
49	Total Operating Costs (Sum lines 1, 2, 5, 26 minus 14)						
50	Agency Admin. Alloc.(Line 49 times .)						
51	Adjustments/Non-Allowable Costs (Detail Required)						
52	Total COVID-19 Prog/Site Costs (Sum lines 14, 33, 48-50 minus 51)						

