AGENCY NAME: ________________________________
AGENCY CODE: ________________________________
SCHOOL CODE: __ __ __ __ __ __ __ __ __ __ __ __

1a  Did your Agency receive a loan from the Small Business Administration (SBA), Paycheck Protection Program (PPP)? Yes or No
1b  Enter the total amount of the PPP loan your Agency received. ________________
1c  Enter the date your Agency received the PPP loan. ________________

2a  Was the PPP loan your Agency received forgiven in the current CFR reporting period? Yes or No
2b  Enter the date the PPP loan was forgiven. ________________
2c  Enter the amount of the PPP 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. ________________

4  Does your Agency need to report a net change in an SED funded program(s) in response to the COVID-19 pandemic? Yes or No.

COVID-19S
Rev. Dec. 2020
**NEW YORK STATE**

**CONSOLIDATED FISCAL REPORT**

**For the Period: January 1, 2020 to December 31, 2020**

**Informational Schedule**

<table>
<thead>
<tr>
<th>Line No.</th>
<th>COLUMN NUMBER</th>
<th>ITEM DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Cost Codes</td>
</tr>
<tr>
<td></td>
<td>Program Code (Program Code Index)</td>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td></td>
<td>Program/Site Identification Number</td>
<td>[ ] [ ] [ ] [ ]</td>
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</tbody>
</table>

**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. Staff Travel
   - [ ] [ ] [ ] [ ] [ ] [ ]

10. Participant Incidents
    - [ ] [ ] [ ] [ ] [ ] [ ]

11. Expensed Adaptive Equipment
    - [ ] [ ] [ ] [ ] [ ] [ ]

12. Expensed Equipment
    - [ ] [ ] [ ] [ ] [ ] [ ]

13. Sub-Contract Raw Materials
    - [ ] [ ] [ ] [ ] [ ] [ ]

14. Participant Wages-Non-Contract
    - [ ] [ ] [ ] [ ] [ ] [ ]

15. Participant Wages-Contract
    - [ ] [ ] [ ] [ ] [ ] [ ]

16. Participant Fringe Benefits
    - [ ] [ ] [ ] [ ] [ ] [ ]

17. Section 43.04 Services Assessment (OPWDD only)
    - [ ] [ ] [ ] [ ] [ ] [ ]

18. Staff Development
    - [ ] [ ] [ ] [ ] [ ] [ ]

19. Contracted Direct Care and Clinical Personal Svcs.
    - [ ] [ ] [ ] [ ] [ ] [ ]

20. Supplies and Materials - Non-Household
    - [ ] [ ] [ ] [ ] [ ] [ ]

21. Household Supplies
    - [ ] [ ] [ ] [ ] [ ] [ ]

22. Telephone, Cable and Internet
    - [ ] [ ] [ ] [ ] [ ] [ ]

23. Insurance - General
    - [ ] [ ] [ ] [ ] [ ] [ ]

24. Other (Detail Required)
    - [ ] [ ] [ ] [ ] [ ] [ ]

25. Total Other Than Personal Services (Sum Line 6-24)
    - [ ] [ ] [ ] [ ] [ ] [ ]

**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)
    - [ ] [ ] [ ] [ ] [ ] [ ]

**REVENUE - COVID-19**

53. Participant Fees (less SSI & SSA)
    - [ ] [ ] [ ] [ ] [ ] [ ]

54. SSI & SSA
    - [ ] [ ] [ ] [ ] [ ] [ ]

55. Home Relief/Public Assistance
    - [ ] [ ] [ ] [ ] [ ] [ ]

56. Medicaid Fee for Service
    - [ ] [ ] [ ] [ ] [ ] [ ]

57. Medicaid Managed Care
    - [ ] [ ] [ ] [ ] [ ] [ ]

58. Medicare
    - [ ] [ ] [ ] [ ] [ ] [ ]

59. Other Third Parties
    - [ ] [ ] [ ] [ ] [ ] [ ]

60. OPWDD Residential Room and Board
    - [ ] [ ] [ ] [ ] [ ] [ ]

61. Transportation, Medicaid
    - [ ] [ ] [ ] [ ] [ ] [ ]

62. Transportation, Other
    - [ ] [ ] [ ] [ ] [ ] [ ]

63. Sales/Contract Total
    - [ ] [ ] [ ] [ ] [ ] [ ]

64. Federal Grants (Detail Required)
    - [ ] [ ] [ ] [ ] [ ] [ ]

65. State Grants (Detail Required)
    - [ ] [ ] [ ] [ ] [ ] [ ]

66. LTSE Income Total (OMH and OPWDD only)
    - [ ] [ ] [ ] [ ] [ ] [ ]

67. SNAP (OASAS and OPWDD Only)
    - [ ] [ ] [ ] [ ] [ ] [ ]

68. Net Deficit Funding (State & LGU Funding only)?
    - [ ] [ ] [ ] [ ] [ ] [ ]

69. Other (Detail Required)
    - [ ] [ ] [ ] [ ] [ ] [ ]

70. Total COVID-19 Revenues (Sum Lines 53-69)
    - [ ] [ ] [ ] [ ] [ ] [ ]
Provide all applicable information. Refer to Appendix R for Position Title Codes and Definitions. Indicate the standard work week or provide the number of hours in the "other" column.

Indicate the applicable staffing category on the line below to which each page applies.

**PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 series):**

<table>
<thead>
<tr>
<th>COLUMN NUMBER</th>
<th>PROGRAM CODE ** (PROGRAM CODE INDEX)</th>
<th>PROGRAM/SITE IDENTIFICATION NUMBER **</th>
<th>PROGRAM/SITE NAME</th>
<th>PROGRAM/SITE ADDRESS (Line One)</th>
<th>PROGRAM/SITE ADDRESS (Line Two)</th>
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<tr>
<td>Position</td>
<td>Standard Work Week</td>
<td>Hours Paid</td>
<td>FTE</td>
<td>Amount Paid</td>
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<td>35</td>
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<td>40</td>
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<td>Other</td>
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Total "Hours Paid", "FTE" and "Amount Paid" for Positions.
For the Period: January 1, 2020 to December 31, 2020

Refer to Appendix R for Position Title Codes and definitions.

Report only program/site specific positions (Position Title Codes 200-399 series).

<table>
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<tr>
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Position Title

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Total "Hours Paid" and "Amount Paid" for Positions.

Totals are transferred to Schedule COVID-19S Line 20 (Program/Site).