

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2015 to December 31, 2015

SCHEDULE OPWDD-5
CAPITAL SCHEDULE

Page _____

AGENCY NAME: _____		AGENCY CODE: _____					
		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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		DASNY DEBT SERVICE			51/59		
		DASNY OPWDD FEE			60		
		DORMITORY AUTHORITY FEE			60		

OPWDD-5
Nov. 2015

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.

