Funding State Agency:									
	ОМН		SED						
	OPWDD								
	OASAS								

## **NEW YORK STATE**

## CONSOLIDATED FISCAL REPORT For the Period: January 1, 2016 to December 31, 2016

SCHEDULE CFR-4A
CONTRACTED DIRECT
CARE AND CLINICAL
PERSONAL SERVICES

											Page		
AGENCY NA													
AGENCY CO			<del></del>										
SCHOOL CODE: (SED ONLY)													
Refer to Appendix R for Position Title Codes and definitions.  Report only program/site specific positions (Position Title Codes 200-399 series).													
	COLUMN NUMBER												
	PROGRAM CODE (PROGRAM CODE INDEX)		( )		( )		( )		( )		( )		
	PROGRAM/SITE IDENTIFICATION NUMBER												
	PROGRAM/SITE NAME												
Position	PROGRAM/SITE ADDRESS (Line One)												
Title Code	PROGRAM/SITE ADDRESS (Line Two)												
Appendix	COUNTY CODE												
R	Position Title	Hours Paid	Amount Paid										
Total "Hours Paid" and "Amount Paid" for Positions.													

Totals are transferred to Schedule CFR-1 Line 35 (Program/Site).

CFR-4A Nov. 2016

Rev.