

Funding State Agency:

- OMH     SED  
 OPWDD  
 OASAS

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2010 to June 30, 2011*

**SCHEDULE CFR-1**  
**PROGRAM/SITE**  
**DATA**

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AGENCY NAME: _____
AGENCY CODE: _____
SCHOOL CODE: (SED ONLY) _____

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes				
<b>SECTION A: GENERAL INFORMATION</b>						
1	Program Type	00070				
2	Program Code (Program Code Index)	00010	( )	( )	( )	( )
3	Program/Site Identification Number	00050				
4	Program/Site Name	00020				
5	Program/Site Address (Line One)	00030				
6	Program/Site Address (Line Two)	00040				
7a	Medicaid Provider Agreement Number (DMH only)	00060				
7b	National Provider ID Number (DMH Only)	00061				
8	County Code (See Appendix C)	00080				
9	Date Site Opened	00090				
10	Certified Capacity (OASAS, OPWDD and SED only)	00100				
11	Actual Capacity (OMH, OPWDD and SED only)	00110				
12	Actual Days Program/Site Open	00160				
13	Units of Service	00120				
14	Respite or TUBS Units of Service (OPWDD only)	00130				
15	Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150				

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	ITEM DESCRIPTION						
	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
<b>SECTION B: EXPENSES</b>							
<b>PERSONAL SERVICES</b>							
16	Personal Services - Program/Site & Program Admin (from CFR-4)	11999					
17	Vacation Accruals - Program/Site & Program Admin	12999					
<b>FRINGE BENEFITS</b>							
18	Mandated Fringe Benefits	13200					
19	Non-Mandated Fringe Benefits	13300					
20	Total Fringe Benefits (Sum Lines 18 & 19)	13999					
<b>OTHER THAN PERSONAL SERVICES (OTPS)</b>							
21	Food	14010					
22	Repairs and Maintenance	14020					
23	Utilities	14030					
24	Transportation Related-Participant	14040					
25	Staff Travel	14250					
26	Participant Incidentals	14050					
27	Expensed Adaptive Equipment (OPWDD and SED only)	14070					
28	Expensed Equipment	14080					
29	Sub-Contract Raw Materials	14090					
30	Participant Wages-Non-Contract	14100					

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	ITEM DESCRIPTION						
	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
31	Participant Wages-Contract	14110					
32	Participant Fringe Benefits	14120					
33	Section 43.04 Services Assessment (OPWDD only)	14130					
34	Staff Development	14140					
35	Contracted Direct Care and Clinical Personal Svs. (from CFR-4A)	14150					
36	Supplies and Materials - Non-Household	14160					
37	Household Supplies	14170					
38	Telephone	14190					
39	Insurance - General	14260					
40	Other (Detail Required)	14998					
41	Total Other Than Personal Services (Sum Lines 21-40)	14999					
	<b>EQUIPMENT-PROVIDER PAID</b>						
42	Lease/Rental Vehicle	15010					
43	Lease/Rental Equipment	15020					
44	Depreciation-Vehicle	15040					
45	Depreciation-Equipment	15050					
46	Interest-Vehicle	15070					
47	Other (Detail Required)	15998					
48	Total Equipment (Sum of Lines 42-47)	15999					
	<b>PROPERTY-PROVIDER PAID</b>						
49	Lease/Rental-Real Property	16010					
50	Leasehold/Leasehold Improvements	16020					
51	Depreciation-Building	16030					
52	Depreciation Building/Land Improvements	16040					

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Line No.	COLUMN NUMBER	Cost Codes					
	ITEM DESCRIPTION						
	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
53	Mortgage/Capital Improvements Interest (Report MCFFA/DASNY Bond Int. on Line 59)	16060					
54	Mortgage Expenses	16070					
55	Insurance-Property & Casualty	16080					
56	Real Estate Taxes	16090					
57	Interest on Capital Indebtedness	16100					
58	Start-up Expenses	16110					
59	MCFFA/DASNY Interest Expense	16120					
60	MCFFA/DASNY Administration Fees	16130					
61	Maintenance in Lieu of Rent (LGU only)	16140					
62	Other (Detail Required)	16998					
63	Total Property-Provider Paid (Sum of Lines 49-62)	16999					
	<b>TOTALS</b>						
64	Total Operating Costs (Sum lines 16, 17, 20, 41 minus 29)	19010					
65	Agency Admin. Alloc.(Line 64 times _____)*	19050					
66	Adjustments/Non-Allowable Costs (Detail Required)	19030					
67	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060					
	<b>OPWDD Only - Informational</b>						
68a	Other Than To/From Transportation Allocation	19101					
68b	To/From Transportation Allocation	19102					
68c	ICF/DD SED Contract Liability	19103					
68d	ICF/DD Day Services Liability	19104					

\* The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0190, 0880, 0890 and state agency specific programs which are exempt from agency administration.

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	ITEM DESCRIPTION						
	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					

**SECTION C: REVENUES**

69	Participant Fee (less SSI & SSA)	20010					
70	SSI & SSA	20020					
71	Home Relief/Public Assistance	20030					
72	Medicaid	20040					
73	Medicare	20060					
74	Other Third Parties (Detail Required)	20070					
75	OPWDD Residential Room and Board/NYS OPTS	20080					
76	Transportation, Medicaid	20090					
77	Transportation, Other (Detail Required)	20100					
78	Sales: Contract Total	21070					
79	Federal Grants (Detail Required)	22040					
80	State Grants (Detail Required)	22030					
81	LTSE Income Total (OMH and OPWDD only)	22080					
82	Food Stamps (OASAS, OPWDD)/Food Revenue (SED Only)	22160					
83	Gifts, Legacies, Bequests, Restricted Donations	22010					
84	Section 202/8/811 HUD Funds*	22020					
85	Interest/Dividend Income	22050					
86	Prior Period Rate Adjustments**	22090					
87	Excessive Teacher Turnover Prevention Grant (SED only)	22100					
88	LDSS County Revenue (SED only)	22110					
89	4402 Revenue (School District In-State) (SED only)	22120					

\* For OPWDD programs, if this line is completed, complete Schedule OPWDD-3 (HUD Revenues and Expenses).

\*\* Refer to CFR manual for specific instructions.

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	ITEM DESCRIPTION						
	<b>Program Code (Program Code Index)</b>	<b>00010</b>	( )	( )	( )	( )	( )
	<b>Program/Site Identification Number</b>	<b>00050</b>					
<b>90</b>	Department of Health Chapter 428 Revenue (SED only)	<b>22130</b>					
<b>91</b>	4408 Revenue (School District) (SED only)	<b>22140</b>					
<b>92</b>	4410 Revenue (Preschool) (SED only)	<b>22150</b>					
<b>93</b>	Net Deficit Funding (State & LGU Funding only)*	<b>20110</b>					
<b>94</b>	Other (Detail Required)	<b>22998</b>					
<b>95</b>	Gross Revenues (Sum Lines 69-94)	<b>23999</b>					
	<b>GAAP ADJUSTMENTS TO REVENUE</b>						
<b>96</b>	Participant Allowance	<b>24010</b>					
<b>97</b>	Uncollectible Accounts Receivable	<b>24040</b>					
<b>98</b>	Other (Detail Required)	<b>24996</b>					
<b>99</b>	Total GAAP Adjustments (Sum Lines 96-98)	<b>24997</b>					
<b>100</b>	Net GAAP Revenues (Line 95 minus 99)	<b>24998</b>					
	<b>NON-GAAP ADJUSTMENTS TO REVENUE</b>						
<b>101</b>	Exempt Contract Income	<b>24050</b>					
<b>102</b>	Exempt LTSE Income	<b>24060</b>					
<b>103</b>	Net Deficit Funding**	<b>24070</b>					
<b>104</b>	Other (Detail Required)	<b>24080</b>					
<b>105</b>	Total NON-GAAP Adjustments (Sum Lines 101-104)	<b>24097</b>					
<b>106</b>	<b>TOTAL ADJ. TO REVENUE (Sum Lines 99 &amp; 105)</b>	<b>24999</b>					
<b>107</b>	<b>TOTAL NET REVENUES (Line 95 minus 106)</b>	<b>25999</b>					

\* Do not include non-funded or voluntary contributions.

\*\* Amounts should equal the corresponding amounts reported as revenue on line 93 above.