

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-i
AGENCY IDENTIFICATION
AND CERTIFICATION
STATEMENT

PAGE 1

AGENCY NAME: Any Agency
AGENCY ADDRESS: 24 Phillips St
New York, New York 10003-1234
 Please check the box if the agency address changed from the prior reporting period.

AGENCY CODE: 10000
COUNTY NAME: New York
COUNTY CODE: 31

TYPE OF OWNERSHIP:
NOT-FOR-PROFIT:
PROPRIETARY:
GOVERNMENTAL:

SCHOOL CODE (SED ONLY): 010205005555

FEDERAL EMPLOYER ID NUMBER: 01-2345678

Person to Contact with Regard to Questions Concerning this Report:

Ms. Sally Sanders 212 355-7778 Ext. 123

Name Telephone Number

Controller 212 355-4242

Title FAX Number

ssanders@anyagency.com

E-mail Address

Please check the box if the person to contact changed from the prior reporting period.

CERTIFIED FINANCIAL STATEMENT REPORTING PERIOD: 01/01/2015 - 12/31/2015

CHECK THE STATE AGENCY (IES): OMH
 OPWDD
 OASAS
 SED

CHECK THE CFR SUBMISSION TYPE: FULL CFR
 ABBREVIATED CFR
 ARTICLE 28 ABBREVIATED CFR
 MINI-ABBREVIATED CFR
 ESTIMATED CLAIM

MISREPRESENTATION OF ANY INFORMATION CONTAINED IN THIS REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER NEW YORK STATE LAW.

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT, THAT THE INFORMATION FURNISHED IN THIS REPORT HAS BEEN COMPLETED IN ITS ENTIRETY, AND IS IN ACCORDANCE WITH THE INSTRUCTIONS AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER ATTEST TO THE FACT THAT THERE ARE RECORDS AND ALLOCATION WORKSHEETS TO SUPPORT ALL THE INFORMATION CONTAINED HEREIN, IN THE CUSTODY OF THE ABOVE NAMED SPONSORING AGENCY. I ACKNOWLEDGE THAT THE DEPARTMENT OF MENTAL HYGIENE, OR ANY OF ITS OFFICES OR DIVISIONS, OR THE STATE EDUCATION DEPARTMENT, OR ANY OF ITS OFFICES OR DIVISIONS, MAY REJECT THIS REPORT IF IT HAS NOT BEEN FULLY, OR ACCURATELY COMPLETED.

10/14/2014

Date

212 355-7778 Ext. 133

Telephone Number

Mrs. Mary Reynolds - Executive Director

Name and Title

mreynolds@anyagency.com

E-mail Address

Signature of Director
 Please check the box if the Director changed from the prior reporting period.

AGENCY NAME: Any Agency

AGENCY CODE: 10000

SCHOOL CODE (SED ONLY): 010205005555

We have examined the following schedules' conformity with the applicable instructions relating to the preparation of those schedules contained within the Consolidated Fiscal Reporting and Claiming Manual of the agency listed above for the year ended December 31, 2016: Schedules (as applicable) CFR-1, lines 13, 16, 17, 20, 41, 48, 63-67, 69-107; CFR-2; CFR-2A; CFR-3; CFR-4; CFR-4A; CFR-5; CFR-6, Section 3; DMH-1; OMH-1; OMH-4; OPWDD-5; SED-1; and SED-4 as reported on the CFR with Document Control Number 08266971 . Management is responsible for the schedules' conformity with those instructions. Our responsibility is to express an opinion on the schedules' conformity with those instructions based upon our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, included examining, on a test basis, evidence supporting the above referenced CFR schedules' conformity with the applicable instructions and performing such other procedures as we considered necessary in the circumstances including following the procedures contained in Appendix AA of the Consolidated Fiscal Reporting and Claiming Manual for the year ended December 31, 2016. We believe our examination provides a reasonable basis for our opinion.

In our opinion, the above referenced schedules are, in all material respects, in conformity with the applicable instructions relating to the preparation of the Consolidated Fiscal Report as furnished by the New York State Office for People With Developmental Disabilities, New York State Office of Mental Health, New York State Office of Alcoholism and Substance Abuse Services, and New York State Education Department for the year ended December 31, 2016.

This report is intended solely for the information and use of management of the Agency/County, the New York State governmental funding agencies, and any funding Counties that are required to receive a copy of this report and is not intended to be and should not be used by anyone other than these specified parties.

The undersigned hereby certifies this opinion and that we have disclosed any and all material facts known to us, disclosure of which is necessary to make this opinion and the above referenced CFR schedules not misleading. The undersigned hereby further certifies that we will disclose any material fact discovered by us subsequent to this certification, which existed at the time of this certification and was not disclosed in the above referenced CFR schedules, the disclosure of which is necessary to make the above referenced CFR schedules not misleading and will disclose any material misstatement in said CFR schedules.

During the period of this professional engagement and at the time of expressing this opinion, we did not have nor were committed to acquire, any direct financial interest or material indirect financial interest in the ownership or operation of the facility and we were not connected in any way with the ownership, financing or operation of the facility as a director, officer or employee, or in any capacity other than as an independent certified public accountant or independent public accountant.

10/10/2104

Date of Examination Report

Signature of Independent Accountant, Firm, or Sole Practitioner
Charles Salerno

C.Salerno Associates, CPA

CPA Firm Registration Number

Firm Name

315 222-3535 Ext. _____

66 Wall Street
Homer, NY 13222-____

Telephone Number

Firm Address

Firm Contact Person

AGENCY NAME: Any Agency

AGENCY CODE: 10000

SCHOOL CODE (SED ONLY): 010205005555

COUNTY/NYC - OPERATED OR VOLUNTARY LOCAL SERVICE PROVIDER CERTIFICATION

I certify that the attached statement fully and accurately represents all reportable income and expenditures made for services performed in accordance with the provision of the Mental Hygiene Law and approved budgets.

There are records and worksheets to support this statement in the custody of the above named agency. Such records and worksheets include the necessary summaries of payrolls and time records, abstracts from ledgers, registers or other expense records. All income from fees, all payments by other State or Federal agencies and any other income have been recorded, included and summarized in support of the amounts reported herein.

Records and worksheets, including records which show that the agency has applied for and received, or received formal notification of refusal of, all forms of third party reimbursement and federal aid, which may be appropriate for such services, are on file at the above location and available for audit by the Office of the State Comptroller and/or representatives of the New York State Commissioner of the Office of Alcoholism and Substance Abuse Services, Commissioner of the Office for People With Developmental Disabilities, or the Commissioner of the Office of Mental Health.

I understand that the State Aid paid on the basis of this certification for local assistance providers may be adjusted, modified and reduced if the records referred to above do not support this financial statement, and that such a reduction may require a repayment to the State of any overpayments which are disclosed by audit.

Signed: _____ Signed: _____
(For Voluntary Local Service Provider) (For County/City Operated Local Service Provider)
Executive Director
Title: _____ Title: _____
(Service Provider's Chief Executive Officer) (LGU's Chief Fiscal Officer)
Date: 10/14/2014 Date: _____

LOCAL GOVERNMENTAL UNIT CERTIFICATION

I have verified that the costs and revenue reported in the Total column of Schedule DMH-3 are consistent with the contract expenditures and income amounts as approved by this local governmental unit. I also affirm that the expenditures were necessary to provide the services covered by the approved budget and that further review will establish if all income has been fully reported.

I understand that the State Aid paid to this local governmental unit on the basis of this certification may be adjusted, modified and reduced if records are not available, or do not support this financial statement. I hereby recommend that final reimbursement be approved.

Signed: _____
Director of Community Mental Health Services
Local Governmental
Unit: _____
Date: _____

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-1
 PROGRAM/SITE
 DATA

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
SECTION A: GENERAL INFORMATION						
1)	Program Type	00070 Advocacy/Support Services		Advocacy/Support Services	Clinic Treatment	Community Residence, Children
2)	Program Code (Program Code Index)	00010 1760 (00)		1760 (00)	2100 (00)	7050 (00)
3)	Program/Site Identification Number	00050 1111050		1111276	1111052	1111975
4)	Program/Site Name	00020 OMH Answers		OMH Shoulders	Bunn Street Clinic	Regency House
5)	Program/Site Address (Line One)	00030 29 Stewart St		22 My Way Drive	25 Bunn St	200 East 105th St
6)	Program/Site Address (Line Two)	00040 New York, NY 10001-3101		New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1113
7a)	Medicaid Provider Agreement Number (DMH only)	00060			00257811	01504883
7b)	National Provider ID Number (DMH Only)	00061			180607777	1706623456
8)	County Code (See Appendix C)	00080 31		31	31	31
9)	Date Site Opened	00090 06/01/1996		01/01/2001	02/02/1992	01/16/1991
10)	Certified Capacity (OASAS, OPWDD and SED only)	00100	0	0	0	0
11)	Actual Capacity (OMH, OPWDD and SED only)	00110	0	0	0	0
12)	Actual Days Program/Site Open	00160	135	135	253	365
13)	Units Of Service	00120	94	87	3,350	4,185
14)	Respite or TUBS Units of Service (OPWDD only)	00130	0	0	0	0
15)	Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150	0	0	0	0

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 PROGRAM/SITE
 DATA

 AGENCY NAME: Any Agency
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 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
SECTION B: EXPENSES						
PERSONAL SERVICES						
16)	Personal Services-Program/Site & Program Admin*	11999	22,987	22,994	378,549	578,598
17)	Vacation Accruals-Program/Site & Program Admin*	12999	414	431	685	1,312
FRINGE BENEFITS						
18)	Mandated Fringe Benefits	13200	2,281	2,283	36,957	57,397
19)	Non-Mandated Fringe Benefits	13300	3,968	3,969	64,302	99,866
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	6,249	6,252	101,259	157,263
OTHER THAN PERSONAL SERVICES (OTPS)						
21)	Food	14010	0	0	0	17,861
22)	Repairs and Maintenance	14020	272	272	21,412	41,000
23)	Utilities	14030	681	681	25,737	9,522
24)	Transportation Related - Participant**	14040	16	16	0	11,176
25)	Staff Travel	14250	1,950	1,211	120	134
26)	Participant Incidentals	14050	0	0	4,804	3,903
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0	0	0
28)	Expensed Equipment	14080	83	23	1,768	0
29)	Sub-Contract Raw Materials	14090	0	0	0	0
30)	Participant Wages - Non-Contract	14100	0	0	0	0

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 PROGRAM/SITE
 DATA

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
31)	Participant Wages-Contract	14110	0	0	0	0
32)	Participant Fringe Benefits	14120	0	0	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0	0	0
34)	Staff Development	14140	45	184	3,628	3,255
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	0	0	71,885	0
36)	Supplies and Materials - Non-Household	14160	81	43	8,748	1,587
37)	Household Supplies	14170	182	181	3,524	5,517
38)	Telephone, Cable and Internet	14190	231	228	7,911	7,033
39)	Insurance - General	14260	170	170	3,182	3,295
40)	Other (Detail Required)	14998	127	127	7,692	15,000
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	3,838	3,136	160,411	119,283
	EQUIPMENT - PROVIDER PAID					
42)	Lease/Rental Vehicle	15010	0	0	1,600	0
43)	Lease/Rental Equipment	15020	0	0	1,000	0
44)	Depreciation - Vehicle	15040	21	21	0	1,221
45)	Depreciation - Equipment	15050	126	126	0	0
46)	Interest - Vehicle	15070	0	0	0	0
47)	Other (Detail Required)	15998	0	0	0	0
48)	Total Equipment (Sum Lines 42-47)	15999	147	147	2,600	1,221
	PROPERTY - PROVIDER PAID					
49)	Lease/Rental - Real Property	16010	1,105	1,205	68,620	0
50)	Leasehold/Leasehold Improvements	16020	0	0	0	0
51)	Depreciation - Building	16030	0	0	0	14,674
52)	Depreciation - Building/Land Improvements	16040	0	0	0	0

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 PROGRAM/SITE
 DATA

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	0	0	0	0
54)	Mortgage Expenses	16070	0	0	0	0
55)	Insurance - Property & Casualty	16080	243	292	998	1,013
56)	Real Estate Taxes	16090	0	0	0	847
57)	Interest on Capital Indebtedness	16100	0	0	0	0
58)	Start-Up Expenses	16110	0	0	0	0
59)	MCFFA/DASNY Interest Expense	16120	0	0	0	19,256
60)	MCFFA/DASNY Administration Fees	16130	0	0	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0	0	0
62)	Other (Detail Required)	16998	0	0	0	1,522
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	1,348	1,497	69,618	37,312
TOTALS						
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	33,488	32,813	640,904	856,456
65)	Agency Admin. Alloc.* (Line 64 times 0.107946)	19050	3,615	3,542	69,183	92,451
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	0	0	1,000	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	38,598	37,999	781,305	987,440
OPWDD Only - Informational						
68a)	Other Than To/From Transportation Allocation	19101	0	0	0	0
68b)	To/From Transportation Allocation	19102	0	0	0	0
68c)	ICF/IID SED Contract Liability	19103	0	0	0	0
68d)	Program Administration Property	19104	0	0	0	0

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

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
SECTION C: REVENUES						
69)	Participant Fee (Less SSI & SSA)	20010	0	0	19,786	0
70)	SSI and SSA	20020	0	0	0	69,505
71)	Home Relief/Public Assistance	20030	0	0	0	0
72a)	Medicaid Fee for Service	20045	0	0	756,882	868,526
72b)	Medicaid Managed Care	20050	0	0	0	0
73)	Medicare	20060	0	0	66,627	0
74)	Other Third Parties	20070	0	0	4,279	0
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0	0	0
76)	Transportation, Medicaid	20090	0	0	0	0
77)	Transportation, Other (Detail Required)	20100	0	0	0	0
78)	Sales: Contract Total	21070	0	0	0	0
79)	Federal Grants (Detail Required)	22040	0	0	0	0
80)	State Grants (Detail Required)	22030	0	0	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0	0	0
83)	Gifts, Legacies, Bequests, Donations	22010	0	0	0	1,050
84)	Section 202/8/811 HUD Funds	22020	0	0	0	0
85)	Interest/Dividend Income	22050	0	0	0	0
86)	Prior Period Rate Adjustments*	22090	0	0	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0	0	0
88)	LDSS County Revenue (SED only)	22110	0	0	0	0
89)	4402 Revenue (School District In-State) (SED only)	22120	0	0	0	0

* Refer to CFR manual for specific instructions.

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 AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		1760 (00)	1760 (00)	2100 (00)	7050 (00)
	Program/Site Identification Number		1111050	1111276	1111052	1111975
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	0	0	0	0
93)	Net Deficit Funding (State & LGU Funding only)*	20110	32,000	38,500	0	55,000
94)	Other Revenue (Detail Required)	22998	123	113	10,000	168
95)	Gross Revenues (Sum Lines 69-94)	23999	32,123	38,613	857,574	994,249
	GAAP ADJUSTMENTS TO REVENUE					
96)	Participant Allowance	24010	0	0	0	0
97)	Provision for Bad Debts - Revenue Deduction	24040	0	0	0	0
98)	Other (Detail Required)	24996	0	0	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	32,123	38,613	857,574	994,249
	NON-GAAP ADJUSTMENTS TO REVENUE					
101)	Exempt Contract Income	24050	0	0	0	0
102)	Exempt LTSE Income	24060	0	0	0	0
103)	Net Deficit Funding**	24070	32,000	38,500	0	55,000
104)	Other (Detail Required)	24080	0	0	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	32,000	38,500	0	55,000
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	32,000	38,500	0	55,000
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	123	113	857,574	939,249

* Do not include non-funded or voluntary contributions.

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

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 PROGRAM/SITE
 DATA

 AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
SECTION A: GENERAL INFORMATION						
1)	Program Type	00070	ICF/IIDs (30 Beds or Less)	Family Support Services	HCBS Site Based Prevocational	Subcontract Service
2)	Program Code (Program Code Index)	00010	0090 (00)	0150 (00)	0227 (00)	0880 (00)
3)	Program/Site Identification Number	00050	0090000	1539150	1539227	1539880
4)	Program/Site Name	00020	ICF 30 less	Conseling Center	HCBS Conseling Center	Transportation
5)	Program/Site Address (Line One)	00030	25 Bunn Street	25 Bunn Street	25 Bunn Street	25 Bunn Street
6)	Program/Site Address (Line Two)	00040	New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1111
7a)	Medicaid Provider Agreement Number (DMH only)	00060			12693052	
7b)	National Provider ID Number (DMH Only)	00061		133492890		
8)	County Code (See Appendix C)	00080	31	31	31	31
9)	Date Site Opened	00090		07/01/1997	11/17/1998	
10)	Certified Capacity (OASAS, OPWDD and SED only)	00100	0	80	303	0
11)	Actual Capacity (OMH, OPWDD and SED only)	00110	5	25	308	0
12)	Actual Days Program/Site Open	00160	0	0	258	0
13)	Units Of Service	00120	6	2,030	56,831	0
14)	Respite or TUBS Units of Service (OPWDD only)	00130	0	0	0	0
15)	Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150	0	203	11,734	0

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 AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		0090 (00)	0150 (00)	0227 (00)	0880 (00)
	Program/Site Identification Number		0090000	1539150	1539227	1539880
SECTION B: EXPENSES						
PERSONAL SERVICES						
16)	Personal Services-Program/Site & Program Admin*	11999	0	59,644	3,037,902	0
17)	Vacation Accruals-Program/Site & Program Admin*	12999	0	-6	-306	0
FRINGE BENEFITS						
18)	Mandated Fringe Benefits	13200	0	4,900	249,588	0
19)	Non-Mandated Fringe Benefits	13300	0	2,799	392,393	0
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	0	7,699	641,981	0
OTHER THAN PERSONAL SERVICES (OTPS)						
21)	Food	14010	0	102	0	0
22)	Repairs and Maintenance	14020	0	325	52,334	0
23)	Utilities	14030	0	660	52,648	0
24)	Transportation Related - Participant**	14040	875	0	43,565	1,200,000
25)	Staff Travel	14250	0	172	36,850	0
26)	Participant Incidentals	14050	0	20	70,262	0
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0	0	0
28)	Expensed Equipment	14080	0	0	0	0
29)	Sub-Contract Raw Materials	14090	0	0	0	0
30)	Participant Wages - Non-Contract	14100	0	0	0	0

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		0090 (00)	0150 (00)	0227 (00)	0880 (00)
	Program/Site Identification Number		0090000	1539150	1539227	1539880
31)	Participant Wages-Contract	14110	0	0	0	0
32)	Participant Fringe Benefits	14120	0	0	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0	0	0
34)	Staff Development	14140	0	1,237	13,012	0
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	0	0	71,203	0
36)	Supplies and Materials - Non-Household	14160	0	4,082	113,294	0
37)	Household Supplies	14170	0	0	0	0
38)	Telephone, Cable and Internet	14190	0	912	21,663	0
39)	Insurance - General	14260	0	0	37,414	0
40)	Other (Detail Required)	14998	0	4,393	208,364	0
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	875	11,903	720,609	1,200,000
	EQUIPMENT - PROVIDER PAID					
42)	Lease/Rental Vehicle	15010	0	0	18,196	0
43)	Lease/Rental Equipment	15020	0	0	149	0
44)	Depreciation - Vehicle	15040	0	5,325	63,743	0
45)	Depreciation - Equipment	15050	0	612	96,696	0
46)	Interest - Vehicle	15070	0	0	4,653	0
47)	Other (Detail Required)	15998	0	0	0	0
48)	Total Equipment (Sum Lines 42-47)	15999	0	5,937	183,437	0
	PROPERTY - PROVIDER PAID					
49)	Lease/Rental - Real Property	16010	0	0	0	0
50)	Leasehold/Leasehold Improvements	16020	0	12	0	0
51)	Depreciation - Building	16030	0	136	21,687	0
52)	Depreciation - Building/Land Improvements	16040	0	0	0	0

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AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		0090 (00)	0150 (00)	0227 (00)	0880 (00)
	Program/Site Identification Number		0090000	1539150	1539227	1539880
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	0	0	158,372	0
54)	Mortgage Expenses	16070	0	0	0	0
55)	Insurance - Property & Casualty	16080	0	148	56,435	0
56)	Real Estate Taxes	16090	0	0	66,525	0
57)	Interest on Capital Indebtedness	16100	0	0	0	0
58)	Start-Up Expenses	16110	0	0	0	0
59)	MCFFA/DASNY Interest Expense	16120	0	0	0	0
60)	MCFFA/DASNY Administration Fees	16130	0	0	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0	0	0
62)	Other (Detail Required)	16998	0	0	0	0
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	0	296	303,019	0
TOTALS						
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	875	79,240	4,400,186	1,200,000
65)	Agency Admin. Alloc.* (Line 64 times 0.107946)	19050	94	8,554	474,983	0
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	0	0	0	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	969	94,027	5,361,625	1,200,000
OPWDD Only - Informational						
68a)	Other Than To/From Transportation Allocation	19101	0	0	0	0
68b)	To/From Transportation Allocation	19102	0	0	1,200,000	0
68c)	ICF/IID SED Contract Liability	19103	0	0	0	0
68d)	Program Administration Property	19104	0	0	0	0

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

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 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		0090 (00)	0150 (00)	0227 (00)	0880 (00)
	Program/Site Identification Number		0090000	1539150	1539227	1539880
SECTION C: REVENUES						
69)	Participant Fee (Less SSI & SSA)	20010	0	0	0	0
70)	SSI and SSA	20020	0	0	0	0
71)	Home Relief/Public Assistance	20030	0	0	0	0
72a)	Medicaid Fee for Service	20045	0	0	5,054,809	0
72b)	Medicaid Managed Care	20050	0	0	0	0
73)	Medicare	20060	0	0	0	0
74)	Other Third Parties	20070	0	0	0	0
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0	0	0
76)	Transportation, Medicaid	20090	0	0	0	1,466,493
77)	Transportation, Other (Detail Required)	20100	0	0	0	0
78)	Sales: Contract Total	21070	0	0	0	0
79)	Federal Grants (Detail Required)	22040	0	0	131,846	0
80)	State Grants (Detail Required)	22030	0	0	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0	0	0
83)	Gifts, Legacies, Bequests, Donations	22010	0	0	1,262	0
84)	Section 202/8/811 HUD Funds	22020	0	0	0	0
85)	Interest/Dividend Income	22050	0	27	0	0
86)	Prior Period Rate Adjustments*	22090	0	0	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0	0	0
88)	LDSS County Revenue (SED only)	22110	0	0	0	0
89)	4402 Revenue (School District In-State)(SED only)	22120	0	0	0	0

* Refer to CFR manual for specific instructions.

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 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Code (Program Code Index)		0090 (00)	0150 (00)	0227 (00)	0880 (00)
	Program/Site Identification Number		0090000	1539150	1539227	1539880
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	0	0	0	0
93)	Net Deficit Funding (State & LGU Funding only)*	20110	0	92,645	0	0
94)	Other Revenue (Detail Required)	22998	0	518	21,505	0
95)	Gross Revenues (Sum Lines 69-94)	23999	0	93,190	5,209,422	1,466,493
GAAP ADJUSTMENTS TO REVENUE						
96)	Participant Allowance	24010	0	0	0	0
97)	Provision for Bad Debts - Revenue Deduction	24040	0	0	0	0
98)	Other (Detail Required)	24996	0	0	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	0	93,190	5,209,422	1,466,493
NON-GAAP ADJUSTMENTS TO REVENUE						
101)	Exempt Contract Income	24050	0	0	0	0
102)	Exempt LTSE Income	24060	0	0	0	0
103)	Net Deficit Funding**	24070	0	92,645	0	0
104)	Other (Detail Required)	24080	0	0	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	0	92,645	0	0
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	0	92,645	0	0
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	0	545	5,209,422	1,466,493

* Do not include non-funded or voluntary contributions.

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

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
SECTION A: GENERAL INFORMATION				
1)	Program Type	00070	Medically Supervised Outpatie	Medically Supervised Outpatie
2)	Program Code (Program Code Index)	00010	3520 (00)	3520 (01)
3)	Program/Site Identification Number	00050	12345	54321
4)	Program/Site Name	00020	Help On The Way Clinic	Wharf Rats Clinic
5)	Program/Site Address (Line One)	00030	300 West Broadway	349 West 125th Street
6)	Program/Site Address (Line Two)	00040	New York, NY 10012-1122	New York, NY 10012-1221
7a)	Medicaid Provider Agreement Number (DMH only)	00060	01010101	01010101
7b)	National Provider ID Number (DMH Only)	00061	1111111111	2222222222
8)	County Code (See Appendix C)	00080	31	31
9)	Date Site Opened	00090	01/01/1981	01/01/1987
10)	Certified Capacity (OASAS, OPWDD and SED only)	00100	0	0
11)	Actual Capacity (OMH, OPWDD and SED only)	00110	0	0
12)	Actual Days Program/Site Open	00160	301	301
13)	Units Of Service	00120	15,124	24,891
14)	Respite or TUBS Units of Service (OPWDD only)	00130	0	0
15)	Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150	11,250	13,744

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AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
SECTION B: EXPENSES				
PERSONAL SERVICES				
16)	Personal Services-Program/Site & Program Admin*	11999	441,036	1,243,035
17)	Vacation Accruals-Program/Site & Program Admin*	12999	7,800	10,902
FRINGE BENEFITS				
18)	Mandated Fringe Benefits	13200	44,453	140,500
19)	Non-Mandated Fringe Benefits	13300	57,388	268,000
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	101,841	408,500
OTHER THAN PERSONAL SERVICES (OTPS)				
21)	Food	14010	437	1,211
22)	Repairs and Maintenance	14020	21,279	45,000
23)	Utilities	14030	15,019	34,866
24)	Transportation Related - Participant**	14040	0	3,150
25)	Staff Travel	14250	460	1,945
26)	Participant Incidentals	14050	0	0
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0
28)	Expensed Equipment	14080	0	1,539
29)	Sub-Contract Raw Materials	14090	0	0
30)	Participant Wages - Non-Contract	14100	0	0

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 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
31)	Participant Wages-Contract	14110	0	0
32)	Participant Fringe Benefits	14120	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0
34)	Staff Development	14140	546	1,223
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	27,660	38,330
36)	Supplies and Materials - Non-Household	14160	65,496	55,302
37)	Household Supplies	14170	2,015	12,911
38)	Telephone, Cable and Internet	14190	3,277	29,414
39)	Insurance - General	14260	5,688	8,758
40)	Other (Detail Required)	14998	75,204	61,374
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	217,081	295,023
	EQUIPMENT - PROVIDER PAID			
42)	Lease/Rental Vehicle	15010	3,594	0
43)	Lease/Rental Equipment	15020	1,860	6,151
44)	Depreciation - Vehicle	15040	0	0
45)	Depreciation - Equipment	15050	7,554	11,001
46)	Interest - Vehicle	15070	0	0
47)	Other (Detail Required)	15998	797	37
48)	Total Equipment (Sum Lines 42-47)	15999	13,805	17,189
	PROPERTY - PROVIDER PAID			
49)	Lease/Rental - Real Property	16010	76,230	30,000
50)	Leasehold/Leasehold Improvements	16020	0	0
51)	Depreciation - Building	16030	0	0
52)	Depreciation - Building/Land Improvements	16040	0	0

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AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	0	0
54)	Mortgage Expenses	16070	0	0
55)	Insurance - Property & Casualty	16080	1,312	2,500
56)	Real Estate Taxes	16090	0	0
57)	Interest on Capital Indebtedness	16100	0	0
58)	Start-Up Expenses	16110	0	0
59)	MCFFA/DASNY Interest Expense	16120	0	0
60)	MCFFA/DASNY Administration Fees	16130	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0
62)	Other (Detail Required)	16998	0	0
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	77,542	32,500
TOTALS				
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	767,758	1,957,460
65)	Agency Admin. Alloc.* (Line 64 times 0.107946)	19050	82,876	211,300
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	0	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	941,981	2,218,449
OPWDD Only - Informational				
68a)	Other Than To/From Transportation Allocation	19101	0	0
68b)	To/From Transportation Allocation	19102	0	0
68c)	ICF/IID SED Contract Liability	19103	0	0
68d)	Program Administration Property	19104	0	0

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

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AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
SECTION C: REVENUES				
69)	Participant Fee (Less SSI & SSA)	20010	48,119	91,500
70)	SSI and SSA	20020	0	0
71)	Home Relief/Public Assistance	20030	0	0
72a)	Medicaid Fee for Service	20045	275,392	2,117,207
72b)	Medicaid Managed Care	20050	159,123	111,555
73)	Medicare	20060	0	0
74)	Other Third Parties	20070	10,000	0
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0
76)	Transportation, Medicaid	20090	0	0
77)	Transportation, Other (Detail Required)	20100	0	0
78)	Sales: Contract Total	21070	0	0
79)	Federal Grants (Detail Required)	22040	0	0
80)	State Grants (Detail Required)	22030	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0
83)	Gifts, Legacies, Bequests, Donations	22010	0	0
84)	Section 202/8/811 HUD Funds	22020	0	0
85)	Interest/Dividend Income	22050	0	3,164
86)	Prior Period Rate Adjustments*	22090	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0
88)	LDSS County Revenue (SED only)	22110	0	0
89)	4402 Revenue (School District In-State) (SED only)	22120	0	0

* Refer to CFR manual for specific instructions.

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 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Code (Program Code Index)		3520 (00)	3520 (01)
	Program/Site Identification Number		12345	54321
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	0	0
93)	Net Deficit Funding (State & LGU Funding only)*	20110	426,369	0
94)	Other Revenue (Detail Required)	22998	0	1,326
95)	Gross Revenues (Sum Lines 69-94)	23999	919,003	2,324,752
	GAAP ADJUSTMENTS TO REVENUE			
96)	Participant Allowance	24010	0	0
97)	Provision for Bad Debts - Revenue Deduction	24040	0	0
98)	Other (Detail Required)	24996	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	919,003	2,324,752
	NON-GAAP ADJUSTMENTS TO REVENUE			
101)	Exempt Contract Income	24050	0	0
102)	Exempt LTSE Income	24060	0	0
103)	Net Deficit Funding**	24070	426,369	0
104)	Other (Detail Required)	24080	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	426,369	0
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	426,369	0
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	492,634	2,324,752

* Do not include non-funded or voluntary contributions.

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

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 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4	5
SECTION A: GENERAL INFORMATION							
1) Program Type	00070 School Age-Special Class			School Age-Special Class	Preschool-Special Class over	Preschool-Special Class over	Preschool-Sp Ed Itinerant Tea
2) Program Code (Program Code Index)	00010 9000 (FF)			9000 (SS)	9100 (FF)	9100 (SS)	9135 (FF)
3) Program/Site Identification Number	00050 1000900			1000901	1000910	1000911	1000913
4) Program/Site Name	00020 Life Skills School			Life Skills School	Life Skills Home Training	Life Skills Home Training	Center (based 5 hours)
5) Program/Site Address (Line One)	00030 53 Bunn Street			53 Bunn Street	53 Bunn Street	53 Bunn Street	53 Bunn Street
6) Program/Site Address (Line Two)	00040 New York, NY 10003-1111			New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1111
7a) Medicaid Provider Agreement Number (DMH only)	00060						
7b) National Provider ID Number (DMH Only)	00061						
8) County Code (See Appendix C)	00080 31			31	31	31	31
9) Date Site Opened	00090 01/01/2009			01/01/2009	01/01/2009	01/01/2009	01/01/2009
10) Certified Capacity (OASAS, OPWDD and SED only)	00100		36	36	54	54	0
11) Actual Capacity (OMH, OPWDD and SED only)	00110		36	36	54	54	0
12) Actual Days Program/Site Open	00160		0	0	0	0	0
13) Units Of Service	00120		0	0	0	0	0
14) Respite or TUBS Units of Service (OPWDD only)	00130		0	0	0	0	0
15) Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150		260	260	3,559	3,559	0

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 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER ITEM DESCRIPTION Program Code (Program Code Index) Program/Site Identification Number	Cost Codes	1 9000 (FF) 1000900	2 9000 (SS) 1000901	3 9100 (FF) 1000910	4 9100 (SS) 1000911	5 9135 (FF) 1000913
SECTION B: EXPENSES							
PERSONAL SERVICES							
16)	Personal Services-Program/Site & Program Admin*	11999	49,955	49,955	222,326	222,326	23,066
17)	Vacation Accruals-Program/Site & Program Admin*	12999	408	408	3,024	3,022	101
FRINGE BENEFITS							
18)	Mandated Fringe Benefits	13200	1,690	1,690	13,873	13,873	2,324
19)	Non-Mandated Fringe Benefits	13300	3,171	3,171	26,205	26,205	3,921
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	4,861	4,861	40,078	40,078	6,245
OTHER THAN PERSONAL SERVICES (OTPS)							
21)	Food	14010	0	0	400	400	0
22)	Repairs and Maintenance	14020	130	130	60	60	107
23)	Utilities	14030	414	414	1,536	1,536	0
24)	Transportation Related - Participant**	14040	53	53	187	187	0
25)	Staff Travel	14250	30	30	125	125	8
26)	Participant Incidentals	14050	0	0	0	0	0
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0	0	465	0
28)	Expensed Equipment	14080	132	132	465	0	0
29)	Sub-Contract Raw Materials	14090	0	0	0	0	0
30)	Participant Wages - Non-Contract	14100	0	0	0	0	0

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 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1 9000 (FF) 1000900	2 9000 (SS) 1000901	3 9100 (FF) 1000910	4 9100 (SS) 1000911	5 9135 (FF) 1000913
31)	Participant Wages-Contract	14110	0	0	0	0	0
32)	Participant Fringe Benefits	14120	0	0	0	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0	0	0	0
34)	Staff Development	14140	87	87	287	287	0
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	745	745	2,625	2,625	0
36)	Supplies and Materials - Non-Household	14160	486	486	1,715	1,715	0
37)	Household Supplies	14170	40	40	140	140	0
38)	Telephone, Cable and Internet	14190	160	159	577	577	395
39)	Insurance - General	14260	128	128	450	450	125
40)	Other (Detail Required)	14998	78	78	367	367	158
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	2,483	2,482	8,934	8,934	793
EQUIPMENT - PROVIDER PAID							
42)	Lease/Rental Vehicle	15010	15	15	51	51	0
43)	Lease/Rental Equipment	15020	53	53	187	187	0
44)	Depreciation - Vehicle	15040	88	88	312	312	0
45)	Depreciation - Equipment	15050	96	96	338	338	15
46)	Interest - Vehicle	15070	8	8	125	125	0
47)	Other (Detail Required)	15998	135	135	475	475	0
48)	Total Equipment (Sum Lines 42-47)	15999	395	395	1,488	1,488	15
PROPERTY - PROVIDER PAID							
49)	Lease/Rental - Real Property	16010	2,980	2,980	10,500	10,500	519
50)	Leasehold/Leasehold Improvements	16020	71	71	125	125	0
51)	Depreciation - Building	16030	426	426	1,500	1,500	0
52)	Depreciation - Building/Land Improvements	16040	153	153	540	540	0

Funding State Agency:
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AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1 9000 (FF) 1000900	2 9000 (SS) 1000901	3 9100 (FF) 1000910	4 9100 (SS) 1000911	5 9135 (FF) 1000913
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	55	55	194	194	0
54)	Mortgage Expenses	16070	8	8	145	145	0
55)	Insurance - Property & Casualty	16080	35	35	125	125	99
56)	Real Estate Taxes	16090	145	144	510	510	0
57)	Interest on Capital Indebtedness	16100	148	148	522	522	0
58)	Start-Up Expenses	16110	14	14	50	50	0
59)	MCFFA/DASNY Interest Expense	16120	0	0	0	0	0
60)	MCFFA/DASNY Administration Fees	16130	0	0	0	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0	0	0	0
62)	Other (Detail Required)	16998	198	198	346	346	0
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	4,233	4,232	14,557	14,557	618
TOTALS							
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	57,707	57,706	274,362	274,360	30,205
65)	Agency Admin. Alloc.* (Line 64 times 0.107946)	19050	6,229	6,229	29,616	29,616	3,261
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	0	0	162	162	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	68,564	68,562	319,861	319,859	34,099
OPWDD Only - Informational							
68a)	Other Than To/From Transportation Allocation	19101	0	0	0	0	0
68b)	To/From Transportation Allocation	19102	0	0	0	0	0
68c)	ICF/IID SED Contract Liability	19103	0	0	0	0	0
68d)	Program Administration Property	19104	0	0	0	0	0

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

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AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1 9000 (FF) 1000900	2 9000 (SS) 1000901	3 9100 (FF) 1000910	4 9100 (SS) 1000911	5 9135 (FF) 1000913
SECTION C: REVENUES							
69)	Participant Fee (Less SSI & SSA)	20010	0	0	0	0	0
70)	SSI and SSA	20020	0	0	0	0	0
71)	Home Relief/Public Assistance	20030	0	0	0	0	0
72a)	Medicaid Fee for Service	20045	0	0	0	0	0
72b)	Medicaid Managed Care	20050	0	0	0	0	0
73)	Medicare	20060	0	0	0	0	0
74)	Other Third Parties	20070	0	0	0	0	0
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0	0	0	0
76)	Transportation, Medicaid	20090	0	0	0	0	0
77)	Transportation, Other (Detail Required)	20100	0	0	0	0	0
78)	Sales: Contract Total	21070	0	0	0	0	0
79)	Federal Grants (Detail Required)	22040	0	0	0	0	0
80)	State Grants (Detail Required)	22030	0	0	0	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0	0	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0	0	0	0
83)	Gifts, Legacies, Bequests, Donations	22010	0	0	0	0	0
84)	Section 202/8/811 HUD Funds	22020	0	0	0	0	0
85)	Interest/Dividend Income	22050	71	71	200	200	0
86)	Prior Period Rate Adjustments*	22090	0	0	0	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0	2,663	2,663	0
88)	LDSS County Revenue (SED only)	22110	0	0	0	0	0
89)	4402 Revenue (School District In-State)(SED only)	22120	52,600	52,600	0	0	0

* Refer to CFR manual for specific instructions.

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AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1 9000 (FF) 1000900	2 9000 (SS) 1000901	3 9100 (FF) 1000910	4 9100 (SS) 1000911	5 9135 (FF) 1000913
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0	0	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0	0	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	0	0	204,858	204,858	30,977
93)	Net Deficit Funding (State & LGU Funding only)*	20110	0	0	0	0	0
94)	Other Revenue (Detail Required)	22998	175	175	62	62	0
95)	Gross Revenues (Sum Lines 69-94)	23999	52,846	52,846	207,783	207,783	30,977
GAAP ADJUSTMENTS TO REVENUE							
96)	Participant Allowance	24010	0	0	0	0	0
97)	Provision for Bad Debts - Revenue Deduction	24040	0	0	0	0	0
98)	Other (Detail Required)	24996	0	0	0	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0	0	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	52,846	52,846	207,783	207,783	30,977
NON-GAAP ADJUSTMENTS TO REVENUE							
101)	Exempt Contract Income	24050	0	0	0	0	0
102)	Exempt LTSE Income	24060	0	0	0	0	0
103)	Net Deficit Funding**	24070	0	0	0	0	0
104)	Other (Detail Required)	24080	0	0	0	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	0	0	0	0	0
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	0	0	0	0	0
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	52,846	52,846	207,783	207,783	30,977

* Do not include non-funded or voluntary contributions.

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

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 AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	6	7	8	9	10
SECTION A: GENERAL INFORMATION							
1) Program Type	00070	Preschool-Sp Ed Itinerant Tea		Preschool-Integrated Special	Preschool-Integrated Special	Federal Grants (611)	Federal Grants (611)
2) Program Code (Program Code Index)	00010	9135 (SS)		9165 (FF)	9165 (SS)	9805 (FF)	9805 (SS)
3) Program/Site Identification Number	00050	1000914		1000916	1000917	1000980	1000981
4) Program/Site Name	00020	Center (based 5 hours)		Life Skills Home Training	Life Skills Home Training	Life Skills Home Training	Life Skills Home Training
5) Program/Site Address (Line One)	00030	53 Bunn Street		53 Bunn Street	53 Bunn Street	53 Bunn Street	53 Bunn Street
6) Program/Site Address (Line Two)	00040	New York, NY 10003-1111		New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1111	New York, NY 10003-1111
7a) Medicaid Provider Agreement Number (DMH only)	00060						
7b) National Provider ID Number (DMH Only)	00061						
8) County Code (See Appendix C)	00080	31		31	31	31	31
9) Date Site Opened	00090	01/01/2009		01/01/2009	01/01/2009	01/01/2009	01/01/2009
10) Certified Capacity (OASAS, OPWDD and SED only)	00100		0	6	6	0	0
11) Actual Capacity (OMH, OPWDD and SED only)	00110		0	6	6	0	0
12) Actual Days Program/Site Open	00160		0	0	0	0	0
13) Units Of Service	00120		0	0	0	0	0
14) Respite or TUBS Units of Service (OPWDD only)	00130		0	0	0	0	0
15) Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150		0	487	487	0	0

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 AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION Program Code (Program Code Index) Program/Site Identification Number	Cost Codes	6 9135 (SS) 1000914	7 9165 (FF) 1000916	8 9165 (SS) 1000917	9 9805 (FF) 1000980	10 9805 (SS) 1000981
SECTION B: EXPENSES							
PERSONAL SERVICES							
16)	Personal Services-Program/Site & Program Admin*	11999	23,066	58,997	58,997	93,446	93,446
17)	Vacation Accruals-Program/Site & Program Admin*	12999	101	0	0	0	0
FRINGE BENEFITS							
18)	Mandated Fringe Benefits	13200	2,324	5,568	5,568	8,150	8,150
19)	Non-Mandated Fringe Benefits	13300	3,921	4,730	4,730	6,575	6,575
20)	Total Fringe Benefits (Sum Lines 18 & 19)	13999	6,245	10,298	10,298	14,725	14,725
OTHER THAN PERSONAL SERVICES (OTPS)							
21)	Food	14010	0	172	172	0	0
22)	Repairs and Maintenance	14020	106	1,109	1,109	0	0
23)	Utilities	14030	0	702	703	0	0
24)	Transportation Related - Participant**	14040	0	0	0	0	0
25)	Staff Travel	14250	8	18	17	0	0
26)	Participant Incidentals	14050	0	0	0	0	0
27)	Expensed Adaptive Equipment (OPWDD and SED only)	14070	0	0	0	0	0
28)	Expensed Equipment	14080	0	0	0	0	0
29)	Sub-Contract Raw Materials	14090	0	0	0	0	0
30)	Participant Wages - Non-Contract	14100	0	0	0	0	0

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 AGENCY NAME: Any Agency
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	6	7	8	9	10
	Program Code (Program Code Index)		9135 (SS)	9165 (FF)	9165 (SS)	9805 (FF)	9805 (SS)
	Program/Site Identification Number		1000914	1000916	1000917	1000980	1000981
31)	Participant Wages-Contract	14110	0	0	0	0	0
32)	Participant Fringe Benefits	14120	0	0	0	0	0
33)	Section 43.04 Services Assessment (OPWDD only)	14130	0	0	0	0	0
34)	Staff Development	14140	0	137	137	0	0
35)	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	0	0	0	912	912
36)	Supplies and Materials - Non-Household	14160	0	415	415	1,456	1,456
37)	Household Supplies	14170	0	547	547	0	0
38)	Telephone, Cable and Internet	14190	395	613	613	0	0
39)	Insurance - General	14260	125	0	0	0	0
40)	Other (Detail Required)	14998	157	285	285	0	0
41)	Total Other Than Personal Services (Sum Lines 21-40)	14999	791	3,998	3,998	2,368	2,368
EQUIPMENT - PROVIDER PAID							
42)	Lease/Rental Vehicle	15010	0	0	0	0	0
43)	Lease/Rental Equipment	15020	0	596	596	750	750
44)	Depreciation - Vehicle	15040	15	0	0	0	0
45)	Depreciation - Equipment	15050	0	0	0	0	0
46)	Interest - Vehicle	15070	0	0	0	0	0
47)	Other (Detail Required)	15998	0	0	0	0	0
48)	Total Equipment (Sum Lines 42-47)	15999	15	596	596	750	750
PROPERTY - PROVIDER PAID							
49)	Lease/Rental - Real Property	16010	519	17,706	17,706	0	0
50)	Leasehold/Leasehold Improvements	16020	0	0	0	0	0
51)	Depreciation - Building	16030	0	0	0	0	0
52)	Depreciation - Building/Land Improvements	16040	0	0	0	0	0

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AGENCY NAME: Any Agency
 AGENCY CODE: 10000
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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	6	7	8	9	10
	Program Code (Program Code Index)		9135 (SS)	9165 (FF)	9165 (SS)	9805 (FF)	9805 (SS)
	Program/Site Identification Number		1000914	1000916	1000917	1000980	1000981
53)	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	0	0	0	0	0
54)	Mortgage Expenses	16070	0	0	0	0	0
55)	Insurance - Property & Casualty	16080	99	0	0	0	0
56)	Real Estate Taxes	16090	0	0	0	0	0
57)	Interest on Capital Indebtedness	16100	0	0	0	0	0
58)	Start-Up Expenses	16110	0	0	0	0	0
59)	MCFFA/DASNY Interest Expense	16120	0	0	0	0	0
60)	MCFFA/DASNY Administration Fees	16130	0	0	0	0	0
61)	Maintenance in Lieu of Rent (LGU Only)	16140	0	0	0	0	0
62)	Other (Detail Required)	16998	0	0	0	0	0
63)	Total Property-Provider Paid (Sum of Lines 49-62)	16999	618	17,706	17,706	0	0
TOTALS							
64)	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	30,203	73,293	73,293	110,539	110,539
65)	Agency Admin. Alloc.* (Line 64 times 0.107946)	19050	3,260	7,912	7,912	11,932	11,932
66)	Adjustments/Non-Allowable Costs (Detail Required)	19030	0	0	0	0	0
67)	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	34,096	99,507	99,507	123,221	123,221
OPWDD Only - Informational							
68a)	Other Than To/From Transportation Allocation	19101	0	0	0	0	0
68b)	To/From Transportation Allocation	19102	0	0	0	0	0
68c)	ICF/IID SED Contract Liability	19103	0	0	0	0	0
68d)	Program Administration Property	19104	0	0	0	0	0

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

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	6 9135 (SS) 1000914	7 9165 (FF) 1000916	8 9165 (SS) 1000917	9 9805 (FF) 1000980	10 9805 (SS) 1000981
SECTION C: REVENUES							
69)	Participant Fee (Less SSI & SSA)	20010	0	6,637	6,637	0	0
70)	SSI and SSA	20020	0	0	0	0	0
71)	Home Relief/Public Assistance	20030	0	0	0	0	0
72a)	Medicaid Fee for Service	20045	0	0	0	0	0
72b)	Medicaid Managed Care	20050	0	0	0	0	0
73)	Medicare	20060	0	0	0	0	0
74)	Other Third Parties	20070	0	0	0	0	0
75)	OPWDD Residential Room and Board/NYS OPTS	20080	0	0	0	0	0
76)	Transportation, Medicaid	20090	0	0	0	0	0
77)	Transportation, Other (Detail Required)	20100	0	0	0	0	0
78)	Sales: Contract Total	21070	0	0	0	0	0
79)	Federal Grants (Detail Required)	22040	0	0	0	0	0
80)	State Grants (Detail Required)	22030	0	0	0	0	0
81)	LTSE Income Total (OMH and OPWDD only)	22080	0	0	0	0	0
82)	SNAP (OASAS, OPWDD), Food Revenue (SED Only)	22160	0	0	0	0	0
83)	Gifts, Legacies, Bequests, Donations	22010	0	0	0	0	0
84)	Section 202/8/811 HUD Funds	22020	0	0	0	0	0
85)	Interest/Dividend Income	22050	0	0	0	0	0
86)	Prior Period Rate Adjustments*	22090	0	0	0	0	0
87)	Excessive Teacher Turnover Prevention Grant (SED only)	22100	0	0	0	0	0
88)	LDSS County Revenue (SED only)	22110	0	0	0	0	0
89)	4402 Revenue (School District In-State)(SED only)	22120	0	0	0	0	0

* Refer to CFR manual for specific instructions.

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AGENCY NAME: Any Agency
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 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	6	7	8	9	10
	Program Code (Program Code Index)		9135 (SS)	9165 (FF)	9165 (SS)	9805 (FF)	9805 (SS)
	Program/Site Identification Number		1000914	1000916	1000917	1000980	1000981
90)	Department of Health Chapter 428 Revenue (SED only)	22130	0	0	0	0	0
91)	4408 Revenue (School District) (SED only)	22140	0	0	0	0	0
92)	4410 Revenue (Preschool) (SED only)	22150	30,977	82,020	82,020	0	0
93)	Net Deficit Funding (State & LGU Funding only)*	20110	0	0	0	0	0
94)	Other Revenue (Detail Required)	22998	0	0	0	105,248	105,248
95)	Gross Revenues (Sum Lines 69-94)	23999	30,977	88,657	88,657	105,248	105,248
GAAP ADJUSTMENTS TO REVENUE							
96)	Participant Allowance	24010	0	0	0	0	0
97)	Provision for Bad Debts - Revenue Deduction	24040	0	0	0	0	0
98)	Other (Detail Required)	24996	0	0	0	0	0
99)	Total GAAP Adjustments (Sum Lines 96-98)	24997	0	0	0	0	0
100)	Net GAAP Revenues (Line 95 minus 99)	24998	30,977	88,657	88,657	105,248	105,248
NON-GAAP ADJUSTMENTS TO REVENUE							
101)	Exempt Contract Income	24050	0	0	0	0	0
102)	Exempt LTSE Income	24060	0	0	0	0	0
103)	Net Deficit Funding**	24070	0	0	0	0	0
104)	Other (Detail Required)	24080	0	0	0	0	0
105)	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	0	0	0	0	0
106)	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	0	0	0	0	0
107)	TOTAL NET REVENUES (Line 95 minus 106)	25999	30,977	88,657	88,657	105,248	105,248

* Do not include non-funded or voluntary contributions.

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

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SCHEDULE CFR-2
 AGENCY FISCAL
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

THE RECONCILIATION SCHEDULE MUST BE COMPLETED WHEN:
 (1) the expenses and revenues in the CFR do not equal the expenses and revenues in the audited financial statements and
 (2) the reporting periods of the CFR and financial statements coincide.

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1 AGENCY TOTALS (Sum Col. 2-7)	2 OASAS TOTALS	3 OMH TOTALS	4 OPWDD TOTALS	5 SED TOTALS	6 SHARED PRG. TOTALS	7 OTHER PROGRAMS TOTALS*
EXPENSES									
1)	Personal Services (CFR-1, Line 16)	31999	10,380,325	1,684,071	1,003,128	3,097,546	895,580	0	3,700,000
2)	Vacation Leave Accruals (CFR-1, Line 17)	32999	187,246	18,702	2,842	-312	7,064	0	158,950
3)	Fringe Benefits (CFR-1, Line 20)	33999	2,709,458	510,341	271,023	649,680	152,414	0	1,126,000
4)	OTPS (CFR-1, Line 41)	34999	3,777,248	512,104	286,668	1,933,387	37,149	0	1,007,940
5)	Equipment-Provider Paid (CFR-1, Line 48)	35999	564,971	30,994	4,115	189,374	6,488	0	334,000
6)	Property-Provider Paid (CFR-1, Line 63)	36999	1,472,359	110,042	109,775	303,315	74,227	0	875,000
7)	Net Agency Admin. (CFR-1, Line 65)	38050	1,711,406	294,176	168,791	483,631	117,899	0	646,909
8)	Adj./Non-Allow. Costs (CFR-1, Line 66)	38030	1,824	0	1,000	0	324	0	500
9)	Total Adj. Expenses (Sum Lines 1-7 minus 8)	38999	20,801,189	3,160,430	1,845,342	6,656,621	1,290,497	0	7,848,299
REVENUES									
10)	Gross Revenues (CFR-1, Line 95)	40999	20,695,786	3,243,755	1,922,559	6,769,105	971,022	0	7,789,345
11)	GAAP Adj. to Revenue (CFR-1, Line 99)	43999	0	0	0	0	0	0	0
12)	Net GAAP Revenues (Line 10 minus Line 11)	44999	20,695,786	3,243,755	1,922,559	6,769,105	971,022	0	7,789,345

* These amounts are not detailed elsewhere in the CFR and, therefore, will not crossfoot to CFR-1.

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AGENCY CODE: 10000
SCHOOL CODE: 010205005555

Complete the following schedule using data from your Financial Statements that were submitted in accordance with Section 2.0 and 6.0 of the CFR Manual and also data from the underlying year-end-adjusted accounting records that support these Financial Statements.

No.	Description	1 Value	2	3	4
Section A- Reports					
1	Year End Date of Financial Statements				
2	CPA or Audit Firm (skip if statements are not audited or reviewed)		12/31/2015		
3	Opinion--use drop-down (skip if statements are not audited)		CPA's Firm Name		
4	Type of Financial Statements		Unmodified		
			Consolidated		
Section B- Statement of Financial Position/Balance Sheet					
5	Cash and Cash Equivalents	4,075,441			
6	Accounts Receivable, net	2,332,239			
7	Related Party Receivables	120,000			
8	Investments	1,340,492			
9	Property & Equipment, net	75,355,725			
10	Total Assets	86,436,920			
11	Accounts Payable and Accrued Liabilities	5,153,464			
12	Debt-Current portion	2,000,010			
13	Long-term Debt, net of current portion	44,778,597			
14	Total Liabilities	53,637,232			
15	Total Current Assets	6,407,680			
16	Total Current Liabilities	5,153,464			
17	Retained Earnings, beginning of the year				
18	Retained Earnings, end of the year				
		Total	Unrestricted	Temporarily Restricted	Permanently Restricted
19	Net Assets /Stockholder's Equity, beginning of the year	8,885,968	8,885,968		
20	Change in Net Assets /Net income or Net Deficit/Net Loss	1,652,963	1,652,963		
21	Other Changes in Net Assets/Other Comprehensive Income	2,478,304	2,478,304		
22	Net Assets/Stockholder's Equity, end of the year	22,240,757	22,240,757		
Section C- Statement of Activities/Income Statement					
23	Total Revenue and Total Gains	20,685,005	20,685,005		
24	Management and General	1,711,406			
25	Interest Expense	12,000			
26	Income Tax Expense	0			
27	Total Expenses and Total Losses	21,459,000	21,459,000		
28	Supplemental Information (See Instructions)				
	A. The aggregate of all items included in Line 23 (Total Revenue and Total Gains).	20,575,250			
	B. The aggregate of all items included in Line 27 (Total Expenses and Losses).	21,429,000			
Section D - Line of Credit & Debt					
Operating Capital					
29	Maximum Borrowing Potential	3,000,000	Line of Credit 1	Line of Credit 2	Line of Credit 3
30	Draw Down at Year End	1,400,000			
31	Interest Rate at Year End	3.500			
32	In the current reporting period, has your agency:				
	A.) Refinanced or restructured debt in order to extend the term of the repayment schedule?	No			
	B.) Converted short term debt into long term debt?	No			

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-3
AGENCY
ADMINISTRATION

AGENCY NAME: Any Agency
AGENCY CODE: 10000
SCHOOL CODE: 010205005555

Line No.	ITEM DESCRIPTION	Cost Codes	AGENCY ADMIN TOTALS	Line No.	ITEM DESCRIPTION	Cost Codes	AGENCY ADMIN TOTALS
	PERSONAL SERVICES			21)	Depreciation - Vehicle	15041	0
1)	Total Personal Services (from CFR-4, Agency Admin.)	11998	1,070,000	22)	Depreciation - Equipment	15060	0
2)	Vacation Leave Accruals	12998	7,565	23)	Interest - Vehicle	15071	0
	FRINGE BENEFITS			24)	Other (Detail Required)	15997	0
3)	Mandated Fringe Benefits	13201	295,000	25)	Total Equipment (Sum Lines 19-24)	15996	1,200
4)	Non-Mandated Fringe Benefits	13301	48,000		PROPERTY - PROVIDER PAID		
5)	Total Fringe Benefits (Sum Lines 3-4)	13998	343,000	26)	Lease/Rental - Real Property	16011	0
	OTHER THAN PERSONAL SERVICES (OTPS)			27)	Leasehold/Leasehold Improvements	16021	0
6)	Audit/Legal	14200	103,326	28)	Depreciation - Building	16031	1,749
7)	Utilities	14210	3,097	29)	Depreciation - Building/Land Improvements	16050	12,648
8)	Telephone, Cable and Internet	14220	5,362	30)	Mortgage Interest	16061	0
9)	Repairs and Maintenance	14021	18,643	31)	Mortgage Expenses	16071	0
10)	Office Supplies and Postage	14161	7,130	32)	Insurance - Property & Casualty	16081	0
11)	Organizational Expense	14230	0	33)	Real Estate Taxes	16091	8,953
12)	Interest - Working Capital	14240	8,323	34)	Maintenance in Lieu of Rent (LGU only)	16141	0
13)	Expensed Equipment	14081	0	35)	Interest on Capital Indebtedness	16101	0
14)	Contracted Personal Services	14151	33,598	36)	Other (Detail Required)	16997	962
15)	Staff Travel	14251	5,178	37)	Total Property (Sum Lines 26-36)	16996	24,312
16)	Insurance - General	14261	0		-----		
17)	Other (Detail Required)	14997	81,872	38)	Parent Agency Administration Allocation	19070	0
18)	Total OTPS (Sum Lines 6-17)	14996	266,529	39)	County Wide Cost Allocation (LGU Only)	19080	0
	EQUIPMENT - PROVIDER PAID			40)	Total Agency Administration (Sum Lines 1,2,5,18,25,37,38,39)	19090	1,712,606
19)	Lease/Rental - Vehicle	15011	1,200	41)	Adjustments/Non-Allowable Costs (Detail Required)	19031	1,200
20)	Lease/Rental - Equipment	15030	0	42)	Net Agency Administration (Line 40 minus 41)	19998	1,711,406

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-3
AGENCY
ADMINISTRATION

AGENCY NAME: Any Agency
AGENCY CODE: 10000
SCHOOL CODE: 010205005555

RATIO VALUE WORKSHEET (AGENCY-WIDE)				ADJUSTED RATIO VALUE WORKSHEET (WITHIN STATE AGENCY)					
Line No.	State Agency	Cost Codes	Amount	Line No.	State Agency	Cost Codes	Amount		
CALCULATION OF OPERATING COSTS *				CALCULATION OF ADJUSTED OPERATING COSTS ****					
43)	OASAS Subtotal	19110	2,725,218	60)	OASAS Adjusted Subtotal	19310	2,725,218		
44)	OMH Subtotal	19120	1,563,661	61)	OMH Adjusted Subtotal	19320	1,563,661		
45)	OPWDD Subtotal	19130	4,480,301	62)	OPWDD Adjusted Subtotal	19330	4,480,301		
46)	SED Subtotal	19140	1,092,207	63)	SED Adjusted Subtotal	19340	1,092,207		
47)	Shared Programs Subtotal	19150	0	64)	Shared Programs Adjusted Subtotal	19350	0		
48)	Other Programs Subtotal**	19160	5,992,890						
49)	Total Agency Operating Costs	19170	15,854,277						
CALCULATION OF RATIO VALUE FACTOR				CALCULATION OF ADJUSTED RATIO VALUE FACTOR *****					
50)	Net Agency Administration (CFR-3, Line 42)	19999	1,711,406	65)	OASAS Ratio Value Factor (line 53 divided by line 60)	19410	0.107946		
51)	Total Agency Operating Costs (CFR-3, Line 49)	19171	15,854,277	66)	OMH Ratio Value Factor (line 54 divided by line 61)	19420	0.107946		
52)	Ratio Value Factor (Line 50 divided by Line 51)	19180	0.107946	67)	OPWDD Ratio Value Factor (line 55 divided by line 62)	19430	0.107946		
ALLOCATION OF AGENCY ADMINISTRATION USING RATIO VALUE ***				68) SED Ratio Value Factor (line 56 divided by line 63)				19440	0.107946
53)	OASAS Allocation (line 43 x line 52)	19210	294,176	69) Shared Programs Ratio Value Factor (line 57 divided by line 64)				19450	0.000000
54)	OMH Allocation (line 44 x line 52)	19220	168,791						
55)	OPWDD Allocation (line 45 x line 52)	19230	483,631						
56)	SED Allocation (line 46 x line 52)	19240	117,899						
57)	Shared Programs Allocation (line 47 x line 52)	19250	0						
58)	Other Programs Allocation (line 48 x line 52)	19260	646,909						
59)	Total Agency Administration (sum lines 53 - 58)	19270	1,711,406						

* Totals by State Agency from CFR-1, Line 64. Do not report operating costs for programs 0880 and 0890.
** This amount must equal the sum of lines 1 through 4 of column 7 on schedule CFR-2. These amounts are not detailed elsewhere in the CFR and, therefore, will not cross foot to CFR-1.
*** For each state agency, the sum of agency administration allocated to each program/site on CFR-1, line 65, must equal the agency administration calculated below.
**** Totals by State Agency from CFR-1, Line 64. Do not report operating cost for programs 0880 and 0890 and programs which are exempt from agency administration.
For OMH (line 61), do not include operating costs for programs 0860, 0870, 0920, 1230, 1690, 1910, 2740, 2850, 2860, 2980, 6910, 6920, 8810 and programs with an "A" program code index (startup).
For OPWDD (line 62), do not include operating costs for program 0190.
***** The adjusted ratio value factor for each State Agency should appear in the item description column of that State Agency specific CFR-1, line 65.

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

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) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Position Title	Code	Appendix R	1 1760 (00) 1111050 OMH Answers 29 Stewart St New York, New York 10001-3101				2 1760 (00) 1111276 OMH Shoulders 22 My Way Drive New York, New York 10003-1111				3 2100 (00) 1111052 Bunn Street Clinic 25 Bunn St New York, New York 10003-1111				4 7050 (00) 1111975 Regency House 200 East 105th St New York, New York 10003-1113			
			Standard Work Week	Hours Paid	FTE	Amount Paid	Standard Work Week	Hours Paid	FTE	Amount Paid	Standard Work Week	Hours Paid	FTE	Amount Paid	Standard Work Week	Hours Paid	FTE	Amount Paid
102 Housekeeping and Maintenance	X		35	37.5	40													
201 Mental Hygiene Worker (not 203 Counselor (OMH CR only)	X	X																
205 Senior Counselor (OMH CR o	X																	
205 Senior Counselor (OMH CR o		X																
206 Supervisor (OMH CR only)		X																
301 Case Manager		X																
318 Psychiatrist					X													
324 Social Worker, Licensed (L	X																	
325 Social Worker Master's Lev	X																	
343 Intake/Screening	X																	
501 Program or Site Director	X																	
501 Program or Site Director		X																
505 Office Worker	X																	

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

* Report Agency Administration in one column on a separate page.

** For OASAS, program code = service level and program/site = PRU level.

Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).

Note: FTE's DO NOT get transferred.

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

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) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Position Title	PROGRAM/SITE ADDRESS (Line One)	PROGRAM/SITE ADDRESS (Line Two)	COUNTY CODE	1			2			3			4				
				Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid		
505 Office Worker				75	0.038	650	75	0.038	651								
520 Staff Training										127	0.070	6,001					
590 Other Program Administrati										126	0.069	5,533					
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.				2,025	1.038	22,987	2,025	1.038	22,994	10,115	5.501	378,549	26,065	13.000	578,598		

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Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

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) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Position Title	COLUMN NUMBER	1			2			3			4		
		PROGRAM CODE **	PROGRAM/SITE IDENTIFICATION NUMBER **	PROGRAM/SITE NAME	PROGRAM CODE **	PROGRAM/SITE IDENTIFICATION NUMBER **	PROGRAM/SITE NAME	PROGRAM CODE **	PROGRAM/SITE IDENTIFICATION NUMBER **	PROGRAM/SITE NAME	PROGRAM CODE **	PROGRAM/SITE IDENTIFICATION NUMBER **	PROGRAM/SITE NAME
102 Housekeeping and Maintenance		0090 (00)	0090000	ICF 30 less	0150 (00)	1539150	Consoling Center	0227 (00)	1539227	HCBS Consoling Center	0880 (00)	1539880	Transportation
104 Transportation Worker				25 Bunn Street			25 Bunn Street			25 Bunn Street			25 Bunn Street
105 Security													
207 Developmental Disabilities													
290 Other Direct Care Staff													
324 Social Worker, Licensed (L)													
343 Intake/Screening													
349 Utilization Review/Quality													
501 Program or Site Director													
502 Assistant Program or Assis													
505 Office Worker													
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.													

* Report Agency Administration in one column on a separate page.
 ** For OASAS, program code = service level and program/site = PRU level.
 Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).
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Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

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) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Position Title	Appendix R	COUNTY CODE	COLUMN NUMBER 1				COLUMN NUMBER 2				Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
			PROGRAM CODE **	PROGRAM/SITE IDENTIFICATION NUMBER **	PROGRAM/SITE NAME	PROGRAM/SITE ADDRESS (Line One)	PROGRAM/SITE ADDRESS (Line Two)	PROGRAM CODE **	PROGRAM/SITE IDENTIFICATION NUMBER **	PROGRAM/SITE NAME									
			3520 (00)	12345	Help On The Way Clinic	300 West Broadway	New York, New York	10012-1122	31										
			3520 (01)	54321	Wharf Rats Clinic	349 West 125th Street	New York, New York	10012-1221	31										
			Standard Work Week																
			35	37.5	40	Other													
102 Housekeeping and Maintenanc	X								637	0.350	11,025	3,115	1.712	56,539					
267 Counselor - Alcoholism and	X								2,173	1.194	38,999	23,727	13.037	500,816					
268 Counseling Aide/Assistant	X								2,866	1.575	67,016	1,647	0.905	30,326					
305 Counselor - Rehabilitation	X								78	0.043	4,140								
317 Nurse - Registered	X								351	0.193	12,097	876	0.481	28,254					
324 Social Worker, Licensed (L	X								516	0.284	10,320								
342 Clinical Coordinator	X								914	0.502	28,555	2,376	1.305	69,285					
343 Intake/Screening	X								1,823	1.002	44,565	1,825	1.003	54,736					
344 Marriage and Family Counse	X								1,001	0.550	26,262								
501 Program or Site Director	X								946	0.520	34,198	1,820	1.000	94,067					
502 Assistant Program or Assis	X								1,150	0.632	44,163	3,640	2.000	129,261					
505 Office Worker	X								3,536	1.943	55,427	10,073	5.535	184,695					
509 Marketing	X								97	0.053	3,501								
521 Utilization Review/Quality	X								455	0.250	32,213	364	0.200	25,771					

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

* Report Agency Administration in one column on a separate page.

** For OASAS, program code = service level and program/site = PRU level.

Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).

Note: FTE's DO NOT get transferred.

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

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) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Appendix R	Position Title	35	Standard Work Week			Column 1		Column 2		Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
			37.5	40	Other	Hours Paid	FTE	Amount Paid	Hours Paid									
	590 Other Program Administrati	X				914	0.502	28,555	2,376	1.305	69,285							

Total "Hours Paid", "FTE" and "Amount Paid" for Positions. 17,457 9.593 441,036 51,839 28.483 1,243,035

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Funding State Agency:
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 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

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) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Position Title	Appendix R	COLUMN NUMBER	1			2			3			4			5		
			PROGRAM CODE ** (PROGRAM CODE INDEX)	9000 (FF)	1000900	PROGRAM/SITE IDENTIFICATION NUMBER **	9000 (SS)	1000901	PROGRAM/SITE IDENTIFICATION NUMBER **	9100 (FF)	1000910	PROGRAM/SITE IDENTIFICATION NUMBER **	9100 (SS)	1000911	PROGRAM/SITE IDENTIFICATION NUMBER **	9135 (FF)	1000913
PROGRAM/SITE NAME			Life Skills School		Life Skills School		Life Skills Home Training		Life Skills Home Training		Life Skills Home Training		Center (based 5 hours)				
PROGRAM/SITE ADDRESS (Line One)			53 Bunn Street		53 Bunn Street		53 Bunn Street		53 Bunn Street		53 Bunn Street		53 Bunn Street				
PROGRAM/SITE ADDRESS (Line Two)			New York, New York 10003-1111		New York, New York 10003-1111		New York, New York 10003-1111		New York, New York 10003-1111		New York, New York 10003-1111		New York, New York 10003-1111		New York, New York 10003-1111		
COUNTY CODE			31		31		31		31		31		31		31		
Standard Work Week			35	37.5	40	Other											
Hours Paid			142	90	90	345	360	224	320	492	320	492	320	492	703		
FTE			0.078	0.049	0.049	0.190	0.198	0.123	0.176	0.270	0.176	0.270	0.176	0.270	0.386		
Amount Paid			2,375	877	1,351	5,162	3,793	3,793	11,462	28,173	11,462	28,173	11,462	28,173	20,370		
102 Housekeeping and Maintenance	X																
104 Transportation Worker	X																
105 Security	X																
218 Teacher - Special Education	X																
225 Teacher - Speech Certified	X																
228 Teacher Aide	X																
232 Teacher Assistant	X																
237 Curriculum Coordinator				X													
321 Psychologist (Licensed)	X																
322 Psychologist (Master's Level)	X																
325 Social Worker Master's Level	X																
332 Therapist - Activity/Creative	X																
333 Therapist - Occupational	X																
333 Therapist - Occupational		X															

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

* Report Agency Administration in one column on a separate page.

** For OASAS, program code = service level and program/site = PRU level.

Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).

Note: FTE's DO NOT get transferred.

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

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) [X]										AGENCY ADMINISTRATION (Position Title Codes 600-699 series) [] *								
POSITION	CODE	DESCRIPTION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Code	Code	Code	9000 (FF)	9000 (SS)	9100 (FF)	9100 (SS)	9135 (FF)	9135 (FF)	9135 (FF)	9135 (FF)	9135 (FF)	9135 (FF)	9135 (FF)	9135 (FF)	9135 (FF)	9135 (FF)	9135 (FF)	
Code	Code	Code	1000900	1000901	1000910	1000911	1000911	1000913	1000913	1000913	1000913	1000913	1000913	1000913	1000913	1000913	1000913	
Code	Code	Code	Life Skills School	Life Skills School	Life Skills Home Training	Life Skills Home Training	Life Skills Home Training	Center (based 5 hours)	Center (based 5 hours)	Center (based 5 hours)	Center (based 5 hours)	Center (based 5 hours)	Center (based 5 hours)	Center (based 5 hours)	Center (based 5 hours)	Center (based 5 hours)	Center (based 5 hours)	
Code	Code	Code	53 Bunn Street	53 Bunn Street	53 Bunn Street	53 Bunn Street	53 Bunn Street	53 Bunn Street	53 Bunn Street	53 Bunn Street								
Code	Code	Code	New York, New York 10003-1111	New York, New York 10003-1111	New York, New York 10003-1111	New York, New York 10003-1111	New York, New York 10003-1111	New York, New York 10003-1111	New York, New York 10003-1111	New York, New York 10003-1111								
Code	Code	Code	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	
Code	Code	Code	Standard Work Week	Hours Paid	Hours Paid	Hours Paid	Hours Paid	Hours Paid	Hours Paid	Hours Paid	Hours Paid							
Code	Code	Code	35 37.5 40 Other	FTE	FTE	FTE	FTE	FTE	FTE	FTE	FTE							
Code	Code	Code	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid								
334	Therapist - Physical	X	X	249	0.128	6,267	249	0.128	6,267	877	0.450	22,083	877	0.450	22,083			
335	Therapist - Speech	X	X	272	0.139	5,676	272	0.139	5,676	958	0.491	20,000	958	0.491	20,000			
337	Therapy Assistant/Activity	X	X	128	0.062	2,802	128	0.062	2,802									
501	Program or Site Director	X	X							453	0.218	9,873	453	0.218	9,873			
505	Office Worker	X	X													141	0.077	
514	Principal of School		X	160	0.077	10,076	160	0.077	10,076									
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.				2,066	1.096	49,955	2,066	1.096	49,955	10,976	5.932	222,326	10,976	5.932	222,326	844	0.463	23,066

* Report Agency Administration in one column on a separate page.
 ** For OASAS, program code = service level and program/site = PRU level.
 Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).
 Note: FTE's DO NOT get transferred.

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

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) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Position Title	Code	Appendix R	COLUMN NUMBER	6			7			8			9			10		
				PROGRAM CODE ** (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER **	PROGRAM/SITE NAME	9135 (SS)	1000914	Center (based 5 hours)	9165 (FF)	1000916	Life Skills Home Training	9165 (SS)	1000917	Life Skills Home Training	9805 (FF)	1000980	Life Skills Home Training
PROGRAM/SITE ADDRESS (Line One)	PROGRAM/SITE ADDRESS (Line Two)	COUNTY CODE		53 Bunn Street	New York, New York	10003-1111	53 Bunn Street	New York, New York	10003-1111	53 Bunn Street	New York, New York	10003-1111	53 Bunn Street	New York, New York	10003-1111	53 Bunn Street	New York, New York	10003-1111
Standard Work Week	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
35 37.5 40 Other																		
102 Housekeeping and Maintenance	X						63	0.035	1,154	63	0.035	1,154						
104 Transportation Worker	X																	
105 Security	X																	
218 Teacher - Special Education	X			703	0.386	20,370	692	0.380	22,124	692	0.380	22,124	155	0.085	5,120	155	0.085	5,120
225 Teacher - Speech Certified	X												155	0.085	5,120	155	0.085	5,120
228 Teacher Aide	X												227	0.125	4,216	227	0.125	4,216
232 Teacher Assistant	X						700	0.385	6,600	700	0.385	6,600	380	0.209	5,376	380	0.209	5,376
237 Curriculum Coordinator			X				16	0.008	703	16	0.008	703						
321 Psychologist (Licensed)	X																	
322 Psychologist (Master's Level)	X																	
325 Social Worker Master's Level	X						15	0.008	559	15	0.008	559						
332 Therapist - Activity/Creative	X									63	0.035	4,025	391	0.215	13,787	391	0.215	13,787
333 Therapist - Occupational	X																	
333 Therapist - Occupational		X																

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

* Report Agency Administration in one column on a separate page.

** For OASAS, program code = service level and program/site = PRU level.

Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).

Note: FTE's DO NOT get transferred.

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-4
 PERSONAL
 SERVICES

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

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) AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *

Position Title	COLUMN NUMBER	6			7			8			9			10		
		PROGRAM CODE ** (PROGRAM CODE INDEX)	9135 (SS)	1000914	PROGRAM CODE ** (PROGRAM CODE INDEX)	9165 (FF)	1000916	PROGRAM CODE ** (PROGRAM CODE INDEX)	9165 (SS)	1000917	PROGRAM CODE ** (PROGRAM CODE INDEX)	9805 (FF)	1000980	PROGRAM CODE ** (PROGRAM CODE INDEX)	9805 (SS)	1000981
PROGRAM/SITE IDENTIFICATION NUMBER **	PROGRAM/SITE NAME	Center (based 5 hours)			Life Skills Home Training											
PROGRAM/SITE ADDRESS (Line One)	PROGRAM/SITE ADDRESS (Line Two)	53 Bunn Street														
PROGRAM/SITE ADDRESS (Line Two)	COUNTY CODE	New York, New York 10003-1111														
Appendix R	Standard Work Week	Hours Paid	FTE	Amount Paid												
Position Title	35 37.5 40 Other															
334 Therapist - Physical	X				48	0.026	3,333	48	0.026	3,333						
334 Therapist - Physical	X X															
335 Therapist - Speech	X				224	0.123	16,900	224	0.123	16,900						
335 Therapist - Speech	X															
337 Therapy Assistant/Activity	X				13	0.007	588	13	0.007	588	294	0.162	9,663	294	0.162	9,663
390 Other Clinical Staff/Assis	X										1,110	0.534	35,139	1,110	0.534	35,139
501 Program or Site Director	X				41	0.023	3,011	41	0.023	3,011						
501 Program or Site Director	X															
505 Office Worker	X	141	0.077	2,696												
505 Office Worker	X										752	0.362	15,025	752	0.362	15,025
514 Principal of School	X															
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.		844	0.463	23,066	1,875	1.030	58,997	1,875	1.030	58,997	3,464	1.777	93,446	3,464	1.777	93,446

* Report Agency Administration in one column on a separate page.
 ** For OASAS, program code = service level and program/site = PRU level.
 Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).
 Note: FTE's DO NOT get transferred.

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

Funding State Agency:
 OMH 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 48

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Refer to Appendix R for Position Title Codes and definitions.

Column Number	1	2	3	4						
PROGRAM CODE (PROGRAM CODE INDEX)	1760 (00)	1760 (00)	2100 (00)	7050 (00)						
PROGRAM/SITE IDENTIFICATION NUMBER	1111050	1111276	1111052	1111975						
PROGRAM/SITE NAME	OMH Answers	OMH Shoulders	Bunn Street Clinic	Regency House						
PROGRAM/SITE ADDRESS (Line One)	29 Stewart St	22 My Way Drive	25 Bunn St	200 East 105th St						
PROGRAM/SITE ADDRESS (Line Two)	New York, New York									
PROGRAM/SITE ADDRESS (Line Two)	10001-31	10003-11	10003-11	10003-11						
COUNTY CODE	31	31	31	31						
Appendix R	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid
318 Psychiatrist					359	71,885				

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

0 0 0 0 359 71,885 0 0

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

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

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: (SED ONLY)

Refer to Appendix R for Position Title Codes and definitions.

	1		2		3		4			
	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER	PROGRAM CODE (PROGRAM CODE INDEX)	PROGRAM/SITE IDENTIFICATION NUMBER	Hours Paid	Amount Paid
Position Title Code	0090 (00)	0090000	0150 (00)	1539150	0227 (00)	1539227	0880 (00)	1539880		
Appendix R	ICF 30 less		Conseling Center		HCBS Conseling Center		Transportation			
	25 Bunn Street		25 Bunn Street		25 Bunn Street		25 Bunn Street			
	New York, New York 10003-11		New York, New York 10003-11		New York, New York 10003-11		New York, New York 10003-11			
	31		31		31		31			
	207 Developmental Disabilities Specialist QIPD - Direc								60	1,324
	309 QIPD - Clinical Developmental Disabilities Special								3,376	69,879

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

0 0 0 0 3,436 71,203 0 0

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

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

Funding State Agency:
 OMH 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 51

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Refer to Appendix R for Position Title Codes and definitions.

Position Title Code	1		2		3		4		5	
	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid
224 Teacher - Substitute					20	1,625	20	1,625		
290 Other Direct Care Staff										
318 Psychiatrist	1	245	1	245						
322 Psychologist (Master's Level)/Behavioral Specialis	5	300	5	300						
332 Therapist - Activity/Creative Arts										
335 Therapist - Speech	5	200	5	200	15	1,000	15	1,000		
Total "Hours Paid" and "Amount Paid" for Positions.	11	745	11	745	35	2,625	35	2,625	0	0

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

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

Funding State Agency:
 OMH 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 52

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Refer to Appendix R for Position Title Codes and definitions.

	6		7		8		9		10	
	9135 (SS)		9165 (FF)		9165 (SS)		9805 (FF)		9805 (SS)	
	1000914		1000916		1000917		1000980		1000981	
	Center (based 5 hours)		Life Skills Home Training							
Position	53 Bunn Street									
Title	New York, New York 10003-11									
Code	31		31		31		31		31	
Appendix R	Hours Paid	Amount Paid								
Position Title										
224 Teacher - Substitute										
290 Other Direct Care Staff							5	162	5	162
318 Psychiatrist										
322 Psychologist (Master's Level)/Behavioral Specialis										
332 Therapist - Activity/Creative Arts							7	750	7	750
335 Therapist - Speech										
Total "Hours Paid" and "Amount Paid" for Positions.	0	0	0	0	0	0	12	912	12	912

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

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE CFR-5
TRANSACTIONS WITH RELATED
ORGANIZATIONS/INDIVIDUALS

AGENCY NAME: Any Agency

AGENCY CODE: 10000

SCHOOL CODE: (SED ONLY)

SECTION A: NOTE: (OASAS and OPWDD providers only): For purposes of this schedule, "related organizations and/or individuals" shall include closely allied entities as described and defined in Article 25.06 of Mental Hygiene Law and on page 18.2 of the CFR Manual. OASAS providers are also directed to refer to Local Services Bulletin 1999-02. Question #1: During the reporting period, were there any PAYMENTS TO related organizations or individuals associated with the provider that involved any OASAS, OMH, OPWDD and/or SED programs and/or agency administration? YES [X] NO [] If yes, Sections B and C of this schedule must be completed. Question #2: (Applies only to OASAS and OPWDD service providers) During the reporting period, were there any transactions with related organizations or individuals FROM WHICH the service provider received any financial aid/assistance or TO WHICH the service provider provided financial aid/assistance? YES [X] NO [] If yes, Section D must be completed.

SECTION B: Please list all PAYMENTS TO related organizations and/or individuals below:

1 Line No.	2 Item No.	3 PROGRAM/SITES AFFECTED ENTER PROG/SITE ID# (CODE) OR ADMINISTRATION	4 DESCRIPTION OF TRANSACTION	5 NAME OF RELATED ORGANIZATION/INDIVIDUAL	6 RELATIONSHIP TO PROVIDER*	7 AMOUNT OF TRANSACTION REPORTED	8 ALLOWABLE COSTS	9 ADJUSTMENTS TO COSTS (COL.7 MINUS 8)
1.	1	2100 (00)/1111052	Leased space	Any Agency Foundation	G	68,620	67,620	1,000
2.	596	7050 (00)/1111975	Salary & Fringe	Sally Fields	A	10,200	10,200	0
3.	597	Admin	Salary & Fringe	Mary Star	D	41,500	41,500	0

SECTION C: For space lease/rental agreements listed in section B above, detail the related organization's/individual's allowable costs reported in section B, col. 8 above:

1 Line No.	2 Item No.	3 PROGRAM/SITES AFFECTED ENTER PROG/SITE ID# (CODE) OR ADMIN.	4 DEPRECIATION	5 MORTGAGE INTEREST	6 INSURANCE	7 PROPERTY TAXES	8 OTHER (SPECIFY)	9 TOTAL ALLOWABLE COSTS
1.	1	2100 (00)/1111052	35,000	14,000	5,500	6,500	6,620	67,620

SECTION D: (This section applies only to OASAS and OPWDD service providers.) Report each related party/related individual FROM WHICH the service provider received any financial aid or assistance or TO WHICH the service provider provided any financial aid or assistance.

1 Line No.	2 Item No.	3 Name of Related Party/Individual	4 Street Address	5 City, State	6 Type of Financial Support/Aid	7 Funding To/From	8 Funding To/From Amount
1.	1	Marcus Welby	242 West 42nd St	New York	loan	FROM	5,000

* See section 18.0 of the CFR Manual for the relationship key.

AGENCY NAME: Any Agency
AGENCY CODE: 10000
SCHOOL CODE: (SED ONLY)

MEMBERS OF THE GOVERNING AUTHORITY

1. Do any employees of your agency also serve on the governing authority? YES NO
If "YES", provide detail of the employee name and position title.

EMPLOYEE NAME	POSITION TITLE
1. Robert House	601

COMPENSATION OF BOARD OFFICERS, BOARD OF DIRECTORS, AND BOARD TRUSTEES

2. List the names of all individuals who receive compensation as Board Officers, Members of the Board of Directors or Board Trustees:

NAME	AMOUNT PAID	CONTRACTED PAYMENT AMOUNT	FRINGE BENEFITS	OTHER BENEFITS**	TOTAL COMPENSATION
------	-------------	---------------------------	-----------------	------------------	--------------------

NO DATA WAS FOUND FOR THIS SECTION

COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES AND INDEPENDENT CONTRACTORS

3. List the five highest paid - employees whose total annualized salary and contracted payment amount (column 7) is in excess of \$75,000 per year.
AND

ALL employees whose total annualized salary and contracted payment amount (column 7) is in excess of \$125,000 per year:

[1] NAME	[2] POSITION TITLE CODE*	[3] AMOUNT PAID	[4] FTE	[5] ANNUALIZED SALARY	[6] CONTRACTED PAYMENT AMOUNT	[7] TOTAL ANNUALIZED SALARY AND CONTRACTED PAYMENT	[8] FRINGE BENEFITS	[9] OTHER BENEFITS**
1. Mary Reynolds	601	225,000	1.000	225,000	0	225,000	60,750	1,200
2. Robert House	602	195,000	1.000	195,000	0	195,000	52,650	0
3. Marcus Welby	318	195,000	1.000	195,000	0	195,000	43,264	0
4. John P Morgan	521	110,000	1.000	110,000	20,000	130,000	40,301	0
5. Shirley Maldowny	604	125,000	1.000	125,000	0	125,000	44,995	0
6. Robert H Smith	604	125,000	1.000	125,000	0	125,000	42,647	0
7. Lewis Knowberry	603	110,000	1.000	110,000	0	110,000	34,100	0
8. Dennis Steele	609 X	76,500	0.850	90,000	0	90,000	29,703	0
9. Paul Ryan	621 X	63,750	0.750	85,000	0	85,000	28,051	0

4. List five highest paid independent contractors (individual or firm) that received payments in excess of \$50,000.

[1] NAME	[2] TYPE OF SERVICE	[3] AMOUNT PAID
1. Drew Barns	Consulting	102,250
2. Ed Norton	Medical	71,885

5. Number of additional employees whose annualized salary and/or contracted payment amount is in excess of \$75,000: 5

* If an individual is reported under more than one position title code on CFR-4, please check the box in column 2.

** Cash value of awards, rewards, loans or other benefits made in lieu of, or in addition to, monetary compensation or regular fringe benefits.

Regular fringe benefits are received by all classes or categories of employees. (e.g.: Payroll Taxes, Health Insurance, Pension Contributions, and Tuition Reimbursement)

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
1) Program Type		00071	Advocacy/Support Serv	Clinic Treatment	Community Residence,
2) Program Code (Program Code Index)		00011	1760 (00)	2100 (00)	7050 (00)
UNITS OF SERVICE					
3) OMH Units of Service		00121	181	3,350	4,185
4) OPWDD Units of Service		00161	0	0	0
5) OASAS Units of Service		00170	0	0	0
EXPENSES *					
6) Personal Services		17010	45,981	378,549	578,598
7) Vacation Leave Accruals		17020	845	685	1,312
8) Fringe Benefits		17030	12,501	101,259	157,263
9) Other Than Personal Services		17040	6,974	160,411	119,283
10) Equipment - Provider Paid		17050	294	2,600	1,221
11) Property - Provider Paid		17060	2,845	69,618	37,312
12) Agency Administration		17080	7,157	69,183	92,451
13) Adjustments/Non-Allowable Costs		17090	0	1,000	0
14) Total Adjusted Expenses (Lines 6-12 Minus 13)		17999	76,597	781,305	987,440
REVENUES *					
15) Participant Fees (less SSI and SSA)		26010	0	19,786	0
16) SSI and SSA		26020	0	0	69,505
17) Home Relief/Public Assistance		26030	0	0	0
18a) Medicaid Fee for Service		26045	0	756,882	868,526
18b) Medicaid Managed Care		26050	0	0	0
19) Medicare		26060	0	66,627	0
20) Other Third Parties		26070	0	4,279	0
21) OPWDD Residential Room and Board/NYS OPTS		26080	0	0	0
22) Transportation, Medicaid		26090	0	0	0
23) Transportation, Other		26100	0	0	0
24) Sales: Contract Total		26140	0	0	0

* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3
	Program Type	00071	Advocacy/Support Serv	Clinic Treatment	Community Residence,
	Program Code (Program Code Index)	00011	1760 (00)	2100 (00)	7050 (00)
25)	Federal Grants (Detail Required)	26160	0	0	0
26)	State Grants (Detail Required)	26190	0	0	0
27)	LTSE Income Total (OMH and OPWDD only)	26220	0	0	0
28)	SNAP (OASAS, OPWDD)	26240	0	0	0
29)	Net Deficit Funding (State & LGU Funding only)*	26110	70,500	0	55,000
30)	Other (Detail Required)	26230	236	10,000	1,218
31)	Total Gross Revenues (Sum Lines 15-30)	26999	70,736	857,574	994,249
GAAP ADJUSTMENTS TO REVENUE **					
32)	Participant Allowance	27010	0	0	0
33)	Provision for Bad Debts - Revenue Deduction	27040	0	0	0
34)	Other (Detail Required)	27045	0	0	0
35)	Total GAAP Adjustments (Sum Lines 32-34)	27049	0	0	0
36)	Net GAAP Revenues (Line 31 minus 35)	27025	70,736	857,574	994,249
NON-GAAP ADJUSTMENTS TO REVENUE **					
37)	Exempt Contract Income	27050	0	0	0
38)	Exempt LTSE Income	27060	0	0	0
39)	Net Deficit Funding***	27070	70,500	0	55,000
40)	Other (Detail Required)	27080	0	0	0
41)	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998	70,500	0	55,000
42)	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999	70,500	0	55,000
43)	Total Net Revenues (Line 31 Minus 42)	28999	236	857,574	939,249
44)	Net Operating Cost (Line 14 Minus 43)	29999	76,361	-76,269	48,191

* Do not include non-funded or voluntary contributions.

** These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

*** Amounts should equal the corresponding amounts reported as revenue on line 29 above.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
1) Program Type		00071	ICF/IIDs (30 Beds or	Family Support Servic	HCBS Site Based Prevo	Subcontract Service
2) Program Code (Program Code Index)		00011	0090 (00)	0150 (00)	0227 (00)	0880 (00)
UNITS OF SERVICE						
3) OMH Units of Service		00121	0	0	0	0
4) OPWDD Units of Service		00161	6	2,030	56,831	0
5) OASAS Units of Service		00170	0	0	0	0
EXPENSES *						
6) Personal Services		17010	0	59,644	3,037,902	0
7) Vacation Leave Accruals		17020	0	-6	-306	0
8) Fringe Benefits		17030	0	7,699	641,981	0
9) Other Than Personal Services		17040	875	11,903	720,609	1,200,000
10) Equipment - Provider Paid		17050	0	5,937	183,437	0
11) Property - Provider Paid		17060	0	296	303,019	0
12) Agency Administration		17080	94	8,554	474,983	0
13) Adjustments/Non-Allowable Costs		17090	0	0	0	0
14) Total Adjusted Expenses (Lines 6-12 Minus 13)		17999	969	94,027	5,361,625	1,200,000
REVENUES *						
15) Participant Fees (less SSI and SSA)		26010	0	0	0	0
16) SSI and SSA		26020	0	0	0	0
17) Home Relief/Public Assistance		26030	0	0	0	0
18a) Medicaid Fee for Service		26045	0	0	5,054,809	0
18b) Medicaid Managed Care		26050	0	0	0	0
19) Medicare		26060	0	0	0	0
20) Other Third Parties		26070	0	0	0	0
21) OPWDD Residential Room and Board/NYS OPTS		26080	0	0	0	0
22) Transportation, Medicaid		26090	0	0	0	1,466,493
23) Transportation, Other		26100	0	0	0	0
24) Sales: Contract Total		26140	0	0	0	0

* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

Funding State Agency:
 [] OMH
 [X] OPWDD
 [] OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Type	00071	ICF/IIDs (30 Beds or	Family Support Servic	HCBS Site Based Prevo	Subcontract Service
	Program Code (Program Code Index)	00011	0090 (00)	0150 (00)	0227 (00)	0880 (00)
25)	Federal Grants (Detail Required)	26160	0	0	131,846	0
26)	State Grants (Detail Required)	26190	0	0	0	0
27)	LTSE Income Total (OMH and OPWDD only)	26220	0	0	0	0
28)	SNAP (OASAS, OPWDD)	26240	0	0	0	0
29)	Net Deficit Funding (State & LGU Funding only)*	26110	0	92,645	0	0
30)	Other (Detail Required)	26230	0	545	22,767	0
31)	Total Gross Revenues (Sum Lines 15-30)	26999	0	93,190	5,209,422	1,466,493
GAAP ADJUSTMENTS TO REVENUE **						
32)	Participant Allowance	27010	0	0	0	0
33)	Provision for Bad Debts - Revenue Deduction	27040	0	0	0	0
34)	Other (Detail Required)	27045	0	0	0	0
35)	Total GAAP Adjustments (Sum Lines 32-34)	27049	0	0	0	0
36)	Net GAAP Revenues (Line 31 minus 35)	27025	0	93,190	5,209,422	1,466,493
NON-GAAP ADJUSTMENTS TO REVENUE **						
37)	Exempt Contract Income	27050	0	0	0	0
38)	Exempt LTSE Income	27060	0	0	0	0
39)	Net Deficit Funding***	27070	0	92,645	0	0
40)	Other (Detail Required)	27080	0	0	0	0
41)	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998	0	92,645	0	0
42)	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999	0	92,645	0	0
43)	Total Net Revenues (Line 31 Minus 42)	28999	0	545	5,209,422	1,466,493
44)	Net Operating Cost (Line 14 Minus 43)	29999	969	93,482	152,203	-266,493

* Do not include non-funded or voluntary contributions.

** These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

*** Amounts should equal the corresponding amounts reported as revenue on line 29 above.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
1)	Program Type	00071	Medically Supervised	Medically Supervised
2)	Program Code (Program Code Index)	00011	3520 (00)	3520 (01)
UNITS OF SERVICE				
3)	OMH Units of Service	00121	0	0
4)	OPWDD Units of Service	00161	0	0
5)	OASAS Units of Service	00170	15,124	24,891
EXPENSES *				
6)	Personal Services	17010	441,036	1,243,035
7)	Vacation Leave Accruals	17020	7,800	10,902
8)	Fringe Benefits	17030	101,841	408,500
9)	Other Than Personal Services	17040	217,081	295,023
10)	Equipment - Provider Paid	17050	13,805	17,189
11)	Property - Provider Paid	17060	77,542	32,500
12)	Agency Administration	17080	82,876	211,300
13)	Adjustments/Non-Allowable Costs	17090	0	0
14)	Total Adjusted Expenses (Lines 6-12 Minus 13)	17999	941,981	2,218,449
REVENUES *				
15)	Participant Fees (less SSI and SSA)	26010	48,119	91,500
16)	SSI and SSA	26020	0	0
17)	Home Relief/Public Assistance	26030	0	0
18a)	Medicaid Fee for Service	26045	275,392	2,117,207
18b)	Medicaid Managed Care	26050	159,123	111,555
19)	Medicare	26060	0	0
20)	Other Third Parties	26070	10,000	0
21)	OPWDD Residential Room and Board/NYS OPTS	26080	0	0
22)	Transportation, Medicaid	26090	0	0
23)	Transportation, Other	26100	0	0
24)	Sales: Contract Total	26140	0	0

* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

Funding State Agency:
 [] OMH
 [] OPWDD
 [X] OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-1
 PROGRAM FISCAL
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Type	00071	Medically Supervised	Medically Supervised
	Program Code (Program Code Index)	00011	3520 (00)	3520 (01)
25)	Federal Grants (Detail Required)	26160	0	0
26)	State Grants (Detail Required)	26190	0	0
27)	LTSE Income Total (OMH and OPWDD only)	26220	0	0
28)	SNAP (OASAS, OPWDD)	26240	0	0
29)	Net Deficit Funding (State & LGU Funding only)*	26110	426,369	0
30)	Other (Detail Required)	26230	0	4,490
31)	Total Gross Revenues (Sum Lines 15-30)	26999	919,003	2,324,752
GAAP ADJUSTMENTS TO REVENUE **				
32)	Participant Allowance	27010	0	0
33)	Provision for Bad Debts - Revenue Deduction	27040	0	0
34)	Other (Detail Required)	27045	0	0
35)	Total GAAP Adjustments (Sum Lines 32-34)	27049	0	0
36)	Net GAAP Revenues (Line 31 minus 35)	27025	919,003	2,324,752
NON-GAAP ADJUSTMENTS TO REVENUE **				
37)	Exempt Contract Income	27050	0	0
38)	Exempt LTSE Income	27060	0	0
39)	Net Deficit Funding***	27070	426,369	0
40)	Other (Detail Required)	27080	0	0
41)	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998	426,369	0
42)	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999	426,369	0
43)	Total Net Revenues (Line 31 Minus 42)	28999	492,634	2,324,752
44)	Net Operating Cost (Line 14 Minus 43)	29999	449,347	-106,303

* Do not include non-funded or voluntary contributions.

** These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

*** Amounts should equal the corresponding amounts reported as revenue on line 29 above.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY
 PAGE 61

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
1)	Accounting Method					
2)	State Contract Number/LGU Contract Number *	00200	Accrual C001234 (State)	Accrual ONONDAG (Local)	Accrual C002345 (State)	Accrual C002345 (State)
3)	Program Type	00072	Advocacy/Support Serv	Clinic Treatment	Community Residence,	Community Residence,
4)	Program Code (Program Code Index)	00012	1760 (00)	2100 (00)	7050 (00)	7050 (01)
EXPENSES						
5)	Personal Services	18010	45,981	378,549	578,598	0
6)	Vacation Leave Accruals **	18020	845	685	1,312	0
7)	Fringe Benefits	18030	12,501	101,259	157,263	0
8)	Other Than Personal Services (OTPS)	18040	6,974	160,411	104,283	15,000
9)	Equipment - Provider Paid ***	18050	294	2,600	1,221	0
10)	Property - Provider Paid ****	18060	2,845	69,618	37,312	0
11)	Agency Administration	18080	7,157	69,183	92,451	0
12)	Adjustments/Non-Allowable Costs (Detail Required)	18090	0	1,000	0	0
13)	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	76,597	781,305	972,440	15,000
REVENUES						
14)	Participant Fees (less SSI & SSA)	46010	0	19,786	0	0
15)	SSI & SSA	46020	0	0	69,505	0
16)	Home Relief/Public Assistance	46030	0	0	0	0
17a)	Medicaid Fee for Service	46045	0	756,882	868,526	0
17b)	Medicaid Managed Care	46050	0	0	0	0
18)	Medicare	46060	0	66,627	0	0
19)	Other Third Parties	46070	0	4,279	0	0
20)	OPWDD Residential Room and Board/NYS OPTS	46080	0	0	0	0
21)	Transportation, Medicaid	46090	0	0	0	0
22)	Transportation, Other	46100	0	0	0	0
23)	Sales: Contract Total	46140	0	0	0	0

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.
 ** OASAS funded service providers cannot report vacation leave accruals for State aid reimbursement.
 *** OASAS funded service providers cannot report equipment depreciations for State aid reimbursement.
 **** OASAS funded service providers cannot report property related depreciation for State aid reimbursement.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123___

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4
	Program Type	00072	Advocacy/Support Serv	Clinic Treatment	Community Residence,	Community Residence,
	Program Code (Program Code Index)	00012	1760 (00)	2100 (00)	7050 (00)	7050 (01)
24)	Federal Grants (Detail Required)	46160	0	0	0	0
25)	State Grants (Detail Required)	46190	0	0	0	0
26)	LTSE Income Total (OMH and OPWDD only)	46220	0	0	0	0
27)	SNAP (OASAS, OPWDD)	46240	0	0	0	0
28)	Net Deficit Funding (State & LGU Funding only)*	46110	70,500	0	40,000	15,000
29)	Other (Detail Required)	46230	236	10,000	1,218	0
30)	Total Gross Revenues (Sum Lines 14-29)	46999	70,736	857,574	979,249	15,000
GAAP ADJUSTMENTS TO REVENUE						
31)	Participant Allowance	47010	0	0	0	0
32)	Provision for Bad Debts - Revenue Deduction	47040	0	0	0	0
33)	Other (Detail Required)	47045	0	0	0	0
34)	Total GAAP Adjustments (Sum Lines 31-33)	47049	0	0	0	0
35)	Net GAAP Revenues (Line 30 minus 34)	47025	70,736	857,574	979,249	15,000
NON-GAAP ADJUSTMENTS TO REVENUE						
36)	Exempt Contract Income	47050	0	0	0	0
37)	Exempt LTSE Income	47060	0	0	0	0
38)	Net Deficit Funding**	47070	70,500	0	40,000	15,000
39)	Other (Detail Required)	47080	0	0	0	0
40)	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998	70,500	0	40,000	15,000
41)	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999	70,500	0	40,000	15,000
42)	Total Net Revenues (Line 30 minus 41)	48999	236	857,574	939,249	0
43)	Net Operating Cost (Line 13 minus 42)	49999	76,361	-76,269	33,191	15,000
DEFICIT FUNDING						
44)	State Share	60010	70,500	0	40,000	15,000
45)	Local Government Share	60020	0	0	0	0
46)	Service Provider Share (Voluntary Contributions)	60030	0	0	0	0
47)	Total Approved Deficit Funding (Sum lines 44 - 46)	60039	70,500	0	40,000	15,000
48)	Non-Funded	60040	5,861	-76,269	-6,809	0
49)	Total Deficit Funding (Sum Lines 47-48)	60999	76,361	-76,269	33,191	15,000

* Do not include non funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 28 above.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123___

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
1)	Accounting Method			
2)	State Contract Number/LGU Contract Number *	00200	C002345 (State)	ONONDAG (Local)
3)	Program Type	00072	Family Support Servic	Subcontract Service
4)	Program Code (Program Code Index)	00012	0150 (00)	0880 (00)
EXPENSES				
5)	Personal Services	18010	59,644	0
6)	Vacation Leave Accruals **	18020	-6	0
7)	Fringe Benefits	18030	7,699	0
8)	Other Than Personal Services (OTPS)	18040	11,903	1,200,000
9)	Equipment - Provider Paid ***	18050	5,937	0
10)	Property - Provider Paid ****	18060	296	0
11)	Agency Administration	18080	8,554	0
12)	Adjustments/Non-Allowable Costs (Detail Required)	18090	0	0
13)	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	94,027	1,200,000
REVENUES				
14)	Participant Fees (less SSI & SSA)	46010	0	0
15)	SSI & SSA	46020	0	0
16)	Home Relief/Public Assistance	46030	0	0
17a)	Medicaid Fee for Service	46045	0	0
17b)	Medicaid Managed Care	46050	0	0
18)	Medicare	46060	0	0
19)	Other Third Parties	46070	0	0
20)	OPWDD Residential Room and Board/NYS OPTS	46080	0	0
21)	Transportation, Medicaid	46090	0	1,466,493
22)	Transportation, Other	46100	0	0
23)	Sales: Contract Total	46140	0	0

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.
 ** OASAS funded service providers cannot report vacation leave accruals for State aid reimbursement.
 *** OASAS funded service providers cannot report equipment depreciations for State aid reimbursement.
 **** OASAS funded service providers cannot report property related depreciation for State aid reimbursement.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123___

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Type	00072	Family Support Servic	Subcontract Service
	Program Code (Program Code Index)	00012	0150 (00)	0880 (00)
24)	Federal Grants (Detail Required)	46160	0	0
25)	State Grants (Detail Required)	46190	0	0
26)	LTSE Income Total (OMH and OPWDD only)	46220	0	0
27)	SNAP (OASAS, OPWDD)	46240	0	0
28)	Net Deficit Funding (State & LGU Funding only)*	46110	92,645	0
29)	Other (Detail Required)	46230	545	0
30)	Total Gross Revenues (Sum Lines 14-29)	46999	93,190	1,466,493
GAAP ADJUSTMENTS TO REVENUE				
31)	Participant Allowance	47010	0	0
32)	Provision for Bad Debts - Revenue Deduction	47040	0	0
33)	Other (Detail Required)	47045	0	0
34)	Total GAAP Adjustments (Sum Lines 31-33)	47049	0	0
35)	Net GAAP Revenues (Line 30 minus 34)	47025	93,190	1,466,493
NON-GAAP ADJUSTMENTS TO REVENUE				
36)	Exempt Contract Income	47050	0	0
37)	Exempt LTSE Income	47060	0	0
38)	Net Deficit Funding**	47070	92,645	0
39)	Other (Detail Required)	47080	0	0
40)	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998	92,645	0
41)	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999	92,645	0
42)	Total Net Revenues (Line 30 minus 41)	48999	545	1,466,493
43)	Net Operating Cost (Line 13 minus 42)	49999	93,482	-266,493
DEFICIT FUNDING				
44)	State Share	60010	92,645	0
45)	Local Government Share	60020	0	0
46)	Service Provider Share (Voluntary Contributions)	60030	0	0
47)	Total Approved Deficit Funding (Sum lines 44 - 46)	60039	92,645	0
48)	Non-Funded	60040	837	-266,493
49)	Total Deficit Funding (Sum Lines 47-48)	60999	93,482	-266,493

* Do not include non funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 28 above.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
1)	Accounting Method		Modified	Modified
2)	State Contract Number/LGU Contract Number *	00200	C004532 (State)	C005678 (State)
3)	Program Type	00072	Medically Supervised	Medically Supervised
4)	Program Code (Program Code Index)	00012	3520 (00)	3520 (01)
EXPENSES				
5)	Personal Services	18010	441,036	1,243,035
6)	Vacation Leave Accruals **	18020	0	0
7)	Fringe Benefits	18030	101,841	408,500
8)	Other Than Personal Services (OTPS)	18040	217,081	295,023
9)	Equipment - Provider Paid ***	18050	6,500	17,189
10)	Property - Provider Paid ****	18060	77,542	32,500
11)	Agency Administration	18080	75,003	211,300
12)	Adjustments/Non-Allowable Costs (Detail Required)	18090	0	0
13)	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	919,003	2,207,547
REVENUES				
14)	Participant Fees (less SSI & SSA)	46010	58,119	91,500
15)	SSI & SSA	46020	0	0
16)	Home Relief/Public Assistance	46030	0	0
17a)	Medicaid Fee for Service	46045	275,392	2,117,207
17b)	Medicaid Managed Care	46050	0	111,555
18)	Medicare	46060	0	0
19)	Other Third Parties	46070	159,123	0
20)	OPWDD Residential Room and Board/NYS OPTS	46080	0	0
21)	Transportation, Medicaid	46090	0	0
22)	Transportation, Other	46100	0	0
23)	Sales: Contract Total	46140	0	0

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.
 ** OASAS funded service providers cannot report vacation leave accruals for State aid reimbursement.
 *** OASAS funded service providers cannot report equipment depreciations for State aid reimbursement.
 **** OASAS funded service providers cannot report property related depreciation for State aid reimbursement.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-2
 AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123___

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2
	Program Type	00072	Medically Supervised	Medically Supervised
	Program Code (Program Code Index)	00012	3520 (00)	3520 (01)
24)	Federal Grants (Detail Required)	46160	0	0
25)	State Grants (Detail Required)	46190	0	0
26)	LTSE Income Total (OMH and OPWDD only)	46220	0	0
27)	SNAP (OASAS, OPWDD)	46240	0	0
28)	Net Deficit Funding (State & LGU Funding only)*	46110	426,369	0
29)	Other (Detail Required)	46230	0	4,490
30)	Total Gross Revenues (Sum Lines 14-29)	46999	919,003	2,324,752
GAAP ADJUSTMENTS TO REVENUE				
31)	Participant Allowance	47010	0	0
32)	Provision for Bad Debts - Revenue Deduction	47040	0	0
33)	Other (Detail Required)	47045	0	0
34)	Total GAAP Adjustments (Sum Lines 31-33)	47049	0	0
35)	Net GAAP Revenues (Line 30 minus 34)	47025	919,003	2,324,752
NON-GAAP ADJUSTMENTS TO REVENUE				
36)	Exempt Contract Income	47050	0	0
37)	Exempt LTSE Income	47060	0	0
38)	Net Deficit Funding**	47070	426,369	0
39)	Other (Detail Required)	47080	0	0
40)	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998	426,369	0
41)	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999	426,369	0
42)	Total Net Revenues (Line 30 minus 41)	48999	492,634	2,324,752
43)	Net Operating Cost (Line 13 minus 42)	49999	426,369	-117,205
DEFICIT FUNDING				
44)	State Share	60010	426,369	0
45)	Local Government Share	60020	0	0
46)	Service Provider Share (Voluntary Contributions)	60030	0	0
47)	Total Approved Deficit Funding (Sum lines 44 - 46)	60039	426,369	0
48)	Non-Funded	60040	0	-117,205
49)	Total Deficit Funding (Sum Lines 47-48)	60999	426,369	-117,205

* Do not include non funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 28 above.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-3
 AID TO LOCALITIES AND DIRECT CONTRACTS
 PROGRAM FUNDING SOURCE SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123___

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4	TOTAL
1) Accounting Method		Accrual		Accrual	Accrual	Accrual	
2) Program Type	00073	Advocacy/Support Serv		Clinic Treatment	Community Residence,	Community Residence,	
3) Program Code (Program Code Index)	00013	1760 (00)		2100 (00)	7050 (00)	7050 (01)	
4) Total Persons Served/Year	00220		0	0	185	3	
5) Total Units of Service	00999		0	0	4,150	35	
6) Gross Cost/Unit of Service	70999		0.00	0.00	234.32	428.57	
7) Net Cost/Unit of Service	71999		0.00	0.00	8.00	428.57	
8) Reserved for Future Use							
9) A FUNDING SOURCE CO (Children CR Operating (OMH Only)) Index (OM	072	B		072	B	072	B
10) Number Persons Served/Year	00260				87		87
11) Number Units of Service	00250				2,000		2,000
12) Total Adjusted Expenses	50999				485,000		485,000
13) Less Applied Net Revenue	61999				504,990		504,990
14) Net Operating Costs	62999				-19,990		-19,990
15) Contract Number (State/LGU)*	00201				C002345 (State)		
16) B FUNDING SOURCE CO (Children CR Property (OMH Only)) Index (OMH	073	B		073	B	073	B
17) Number Persons Served/Year	00260				98	3	101
18) Number Units of Service	00250				2,150	35	2,185
19) Total Adjusted Expenses	50999				487,440	15,000	502,440
20) Less Applied Net Revenue	61999				434,259	0	434,259
21) Net Operating Costs	62999				53,181	15,000	68,181
22) Contract Number (State/LGU)*	00201				C002345 (State)	C002345 (State)	
23) C FUNDING SOURCE CO (Non-Funded) Index (OMH/OASAS)	090			090		090	
24) Number Persons Served/Year	00260				0		0
25) Number Units of Service	00250				0		0
26) Total Adjusted Expenses	50999				781,305		781,305
27) Less Applied Net Revenue	61999				857,574		857,574
28) Net Operating Costs	62999				-76,269		-76,269
29) Contract Number (State/LGU)*	00201				ONONDAG (Local)		

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

Funding State Agency:
 OMH
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-3
 AID TO LOCALITIES AND DIRECT CONTRACTS
 PROGRAM FUNDING SOURCE SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123___

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	3	4	TOTAL
1) Accounting Method		Accrual		Accrual	Accrual	Accrual	
2) Program Type	00073	Advocacy/Support Serv		Clinic Treatment	Community Residence,	Community Residence,	
3) Program Code (Program Code Index)	00013	1760 (00)		2100 (00)	7050 (00)	7050 (01)	
4) Total Persons Served/Year	00220		0	0	185	3	
5) Total Units of Service	00999		0	0	4,150	35	
6) Gross Cost/Unit of Service	70999		0.00	0.00	234.32	428.57	
7) Net Cost/Unit of Service	71999		0.00	0.00	8.00	428.57	
8) Reserved for Future Use							
9) D FUNDING SOURCE CO (Community Reinvestment) Index (OMH/OASAS)	200			200	200	200	
10) Number Persons Served/Year	00260		0				0
11) Number Units of Service	00250		0				0
12) Total Adjusted Expenses	50999		76,597				76,597
13) Less Applied Net Revenue	61999		236				236
14) Net Operating Costs	62999		76,361				76,361
15) Contract Number (State/LGU)*	00201	C001234 (State)					
30) Total Adjusted Expenses	51999		76597	781305	972440	15000	1,845,342
31) Less Net Revenue	63999		236	857574	939249	0	1,797,059
32) Net Operating Costs	52999		76361	-76269	33191	15000	48,283

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

Funding State Agency:
 OMH
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 OASAS

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 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-3
 AID TO LOCALITIES AND DIRECT CONTRACTS
 PROGRAM FUNDING SOURCE SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	TOTAL
1)	Accounting Method				
2)	Program Type	00073	Family Support Servic	Subcontract Service	
3)	Program Code (Program Code Index)	00013	0150 (00)	0880 (00)	
4)	Total Persons Served/Year	00220	0	0	
5)	Total Units of Service	00999	2,030	0	
6)	Gross Cost/Unit of Service	70999	46.32	0.00	
7)	Net Cost/Unit of Service	71999	46.05	0.00	
8)	Reserved for Future Use				
9)	A FUNDING SOURCE CO (Fam Support Services) Index (OMH/OASAS)		058	058	
10)	Number Persons Served/Year	00260	0		0
11)	Number Units of Service	00250	2,030		2,030
12)	Total Adjusted Expenses	50999	94,027		94,027
13)	Less Applied Net Revenue	61999	545		545
14)	Net Operating Costs	62999	93,482		93,482
15)	Contract Number (State/LGU)*	00201	C002345 (State)		
16)	B FUNDING SOURCE CO (Non-Funded) Index (OMH/OASAS)		090	090	
17)	Number Persons Served/Year	00260		0	0
18)	Number Units of Service	00250		0	0
19)	Total Adjusted Expenses	50999		1,200,000	1,200,000
20)	Less Applied Net Revenue	61999		1,466,493	1,466,493
21)	Net Operating Costs	62999		-266,493	-266,493
22)	Contract Number (State/LGU)*	00201		ONONDAG (Local)	
30)	Total Adjusted Expenses	51999	94027	1200000	1,294,027
31)	Less Net Revenue	63999	545	1466493	1,467,038
32)	Net Operating Costs	52999	93482	-266493	-173,011

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

Funding State Agency:
 OMH
 OPWDD
 OASAS

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 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE DMH-3
 AID TO LOCALITIES AND DIRECT CONTRACTS
 PROGRAM FUNDING SOURCE SUMMARY

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 COUNTY NAME & CODE: Onondaga 34

PREPARED BY: Sally Sanders
 Please check the box if the preparer changed from the previous submission.

TELEPHONE: 212 355-7778 Ext. 123

PLEASE CHECK: ESTIMATED CLAIM: FINAL CLAIM:

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	1	2	TOTAL
1)	Accounting Method				
2)	Program Type	00073	Modified	Modified	
3)	Program Code (Program Code Index)	00013	Medically Supervised	Medically Supervised	
4)	Total Persons Served/Year	00220	3520 (00)	3520 (01)	
5)	Total Units of Service	00999	0	0	
6)	Gross Cost/Unit of Service	70999	15,124	24,891	
7)	Net Cost/Unit of Service	71999	60.76	88.69	
8)	Reserved for Future Use		28.19	-4.71	
9)	A FUNDING SOURCE CO (Federal SAPT) Index (OMH/OASAS)				
10)	Number Persons Served/Year	00260	013 F	013 F	0
11)	Number Units of Service	00250	0	0	15,124
12)	Total Adjusted Expenses	50999	15,124	0	919,003
13)	Less Applied Net Revenue	61999	919,003	0	492,634
14)	Net Operating Costs	62999	492,634	0	426,369
15)	Contract Number (State/LGU)*	00201	426,369	0	
			C004532 (State)	C005678 (State)	
16)	B FUNDING SOURCE CO (Non-Funded - State) Index (OMH/OASAS)				
17)	Number Persons Served/Year	00260	090 S	090 S	0
18)	Number Units of Service	00250	0	24,891	24,891
19)	Total Adjusted Expenses	50999	24,891	2,207,547	2,207,547
20)	Less Applied Net Revenue	61999	2,207,547	2,324,752	2,324,752
21)	Net Operating Costs	62999	2,324,752	-117,205	-117,205
22)	Contract Number (State/LGU)*	00201	-117,205	0	
			C005678 (State)		
30)	Total Adjusted Expenses	51999	919003	2207547	3,126,550
31)	Less Net Revenue	63999	492634	2324752	2,817,386
32)	Net Operating Costs	52999	426369	-117205	309,164

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

NEW YORK STATE
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FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE OMH-1
UNITS OF SERVICE
BY PROGRAM/SITE

AGENCY NAME: Any Agency
AGENCY CODE: 10000

Line No.	COLUMN NUMBER PROGRAM CODE PROGRAM TYPE PROG/SITE ID.#	1 1760 (00) Advocacy/Support Services 1111050			2 1760 (00) Advocacy/Support Services 1111276			3 2100 (00) Clinic Treatment 1111052			4 7050 (00) Community Residence, Childre 1111975			
		WEIGHT FACTOR	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS
Partial Hospitalization (2200)														
1)	Regular													
2)	Collateral													
3)	Group Collateral													
4)	Crisis													
Intensive Psychiatric Rehab (2320)														
5)	Regular													
Clinic Treatment (2100)														
6)	Service Days	1.00							3,350	3,350				
Continuing Day Treatment (1310)														
7)	Half Day	0.50												
8)	Full Day	1.00												
PROS (6340) (7340) (8340)														
9)	PROS Units	1.00												
Day Treatment (0200)														
On Site Rehabilitation (0320)														
10)	Brief Day	0.33												
11)	Half Day & Pre-Admission Half Day Visits	0.50												
12)	Full Day & Pre-Admission Full Day Visits	1.00												
13)	Collateral, Home & Crisis Visits	0.33												
Other / Residential / Total														
14)	All Other	1.00	94	94			87	87						
15)	Residential (Patient Days)	1.00									4,185	4,185		
16)	Total		94	94	0		87	87	0		3,350	3,350	0	4,185 4,185 0

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2016 TO December 31, 2016

AGENCY NAME: Any Agency
AGENCY CODE: 10000

Line No.	COLUMN NUMBER PROGRAM CODE PROGRAM TYPE PROG/SITE ID.#	1 1760 (00) Advocacy/Support Services 1111050			2 1760 (00) Advocacy/Support Services 1111276			3 2100 (00) Clinic Treatment 1111052			4 7050 (00) Community Residence, Childre 1111975			
		TYPE OF SERVICE (PROGRAM CODE)	WEIGHT FACTOR	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS
Partial Hospitalization (2200)														
1)	Regular													
1a)	Regular - Medicaid Fee for Service													
1b)	Regular - Medicaid Managed Care													
2)	Collateral													
2a)	Collateral - Medicaid Fee for Service													
2b)	Collateral - Medicaid Managed Care													
3)	Group Collateral													
3a)	Group Collateral - Medicaid Fee for Service													
3b)	Group Collateral - Medicaid Managed Care													
4)	Crisis													
4a)	Crisis - Medicaid Fee for Service													
4b)	Crisis - Medicaid Managed Care													
Intensive Psychiatric Rehab (2320)														
5)	Regular													
5a)	Regular - Medicaid Fee for Service													
5b)	Regular - Medicaid Managed Care													
Clinic Treatment (2100)														
6)	Service Days		1.00						2,900	2,900				
6a)	Service Days - Medicaid Fee for Service		1.00						2,700	2,700				
6b)	Service Days - Medicaid Managed Care		1.00						200	200				
Continuing Day Treatment (1310)														
7)	Half Day		0.50											
7a)	Half Day - Medicaid Fee for Service		0.50											
7b)	Half Day - Medicaid Managed Care		0.50											
8)	Full Day		1.00											
8a)	Full Day - Medicaid Fee for Service		1.00											
8b)	Full Day - Medicaid Managed Care		1.00											
PROS (6340) (7340) (8340)														
9)	PROS Units		1.00											
9a)	PROS Units - Medicaid Fee for Service		1.00											
9b)	PROS Units - Medicaid Managed Care		1.00											
Day Treatment (0200)														
10)	Brief Day		0.33											
10a)	Brief Day - Medicaid Fee for Service		0.33											
10b)	Brief Day - Medicaid Managed Care		0.33											
11)	Half Day & Pre-Admission Half Day Visits		0.50											
11a)	Half Day & Pre-Admission Half Day Visits - Medicaid Fee for Service		0.50											
11b)	Half Day & Pre-Admission Half Day Visits - Medicaid Managed Care		0.50											
12)	Full Day & Pre-Admission Full Day Visits		1.00											
12a)	Full Day & Pre-Admission Full Day Visits - Medicaid Fee for Service		1.00											
12b)	Full Day & Pre-Admission Full Day Visits - Medicaid Managed Care		1.00											
13)	Collateral, Home & Crisis Visits		0.33											
13a)	Collateral, Home & Crisis Visits - Medicaid Fee for Service		0.33											
13b)	Collateral, Home & Crisis Visits - Medicaid Managed Care		0.33											

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER PROGRAM CODE PROGRAM TYPE PROG/SITE ID.#	WEIGHT FACTOR	1 1760 (00) Advocacy/Support Services 1111050			2 1760 (00) Advocacy/Support Services 1111276			3 2100 (00) Clinic Treatment 1111052			4 7050 (00) Community Residence, Childre 1111975		
			TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS
Other / Residential / Total														
14)	All Other	1.00												
14a)	All Other - Medicaid Fee for Service	1.00												
14b)	All Other - Medicaid Managed Care	1.00												
15)	Residential (Patient Days)	1.00										4,010	4,010	
15a)	Residential (Patient Days) - Medicaid Fee for Service	1.00										4,010	4,010	
15b)	Residential (Patient Days) - Medicaid Managed Care	1.00												
16)	Total								2,900	2,900		4,010	4,010	
16a)	Total - Medicaid Fee for Service								2,700	2,700		4,010	4,010	
16b)	Total - Medicaid Managed Care								200	200		0	0	

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 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE OMH-3
 CLIENT
 INFORMATION

AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER	1	2	3	4
	PROGRAM CODE	1760 (00)	1760 (00)	2100 (00)	7050 (00)
	PROGRAM TYPE	Advocacy/Support Services	Advocacy/Support Services	Clinic Treatment	Community Residence, Childr
	PROG/SITE ID.#	1111050	1111276	1111052	1111975

PERSONS SERVED DURING THE YEAR

1) Persons on Rolls Beginning of Year	8	5	301	154
2) New Persons added to Rolls	26	24	64	61
3) Persons Removed from Rolls	24	26	103	14
4) Persons on Rolls, End of Year	10	3	262	201

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 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000

Line No.	COLUMN NUMBER PROGRAM CODE PROGRAM TYPE PROG/SITE ID.#	1 2100 (00) Clinic Treatment 1111052	TOTAL VISITS	REVENUE EARNED BY PAYOR
Payors:				
1)	Medicare Only		225	
2)	Medicaid Fee-for-Service Only		1,117	
3)	Medicaid Managed Care		843	
4)	Medicaid and Medicare		317	
5)	Medicaid Managed Care and Medicare			
6)	Medicaid and Other Private Insurance			
7)	Medicaid Managed Care and Other Private Insurance			
8)	Child Health Plus or Family Health Plus		189	19,320
9)	Other Private Insurance		332	
10)	Participant Fees- Co-pays and Deductibles			4,736
Uncompensated Care:				
11)	Participant Fees- Not Including Co-pays		301	15,050
12)	Third Party - Not Paid - Non-Covered Services		25	
13)	Third Party - Not Paid - Non-Eligible Licensd Staff			
14)	Third Party - Not Paid - Non-Eligible Out of Network			
15)	Total Visits (Sum of Lines 1-14)		3,349	
16)	Visits Eligible for Uncompensated Care Reimbursement (Sum Lines 11-14)		326	
17)	Uncompensated Care Visits (Line 16) as Percent of Total Visits (Line 15)		10	

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 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE OPWDD-1
 SCHEDULE OF SERVICES
 ICF/DDs Only

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 MEDICAID PROVIDER AGREEMENT NUMBER:

SITE ADDRESS: 25 Bunn Street
 PROGRAM TYPE & CODE NUMBER: 0090 (00) ICF/IIDs (30 Beds or Less)
 OPERATING CERTIFICATE NUMBER: 0090000

Complete a separate schedule for each site. For each service type or supply, check Cols. 1, 2 or 3. If Col. 2 or 3 is checked, show the dollar amount associated with Col. 2 or 3 in Column 4.

Line No.	SERVICE TYPE	Col. 1	Col. 2	Col. 3	Col. 4	Line No.	SERVICE TYPE	Col. 1	Col. 2	Col. 3	Col. 4
		Exclusively Purchased w/ Medicaid Card	Exclusively Purchased by ICF	ICF Purchases Made Only Where MA Card Did Not Cover Items	ICF Purchase Amount Associated w/ Col. 2 or 3			Exclusively Purchased w/ Medicaid Card	Exclusively Purchased by ICF	ICF Purchases Made Only Where MA Card Did Not Cover Items	ICF Purchase Amount Associated w/ Col. 2 or 3
Pharmacy Services						Aide Services					
1)	Prescription Drugs + Insulin					26)	Home Health Aide				
2)	Non-Prescription Drugs					27)	Personal Care Aide				
3)	Medical Gloves					Medical Services					
4)	Enteral Formulae					28)	General Medical - Direct Service				
5)	Diapers/Underpads					29)	General Medical - Consultation				
6)	Other Medical Supplies*					30)	Physician - Direct Service				
Equipment						31)	Physician - Consultation				
7)	Durable Medical					32)	Psychiatrist - Direct Service				
8)	Prosthetic & Orthotic					33)	Psychiatrist - Consultation				
Service Coordination.						34)	All Dental Services				
9)	Service Coordination					35)	Clinical Laboratory				
Transportation Services						36)	X-Ray Diagnostic				
10)	To Medical Office/Clinic					37)	Other (Detail Required)				
Therapy Services (See definition)						Complete this section only if this site is funded for Day Services within the ICF/DD Rate					
11)	Long Term - Occupational Therapy					38)	Day Programming				
12)	Long Term - Physical Therapy					39)	Day Training				
13)	Long Term - Psychologist Services					40)	Sheltered Workshop				
14)	Long Term - Speech and Language Pathology					41)	Education				
15)	Long Term - Dietetics and Nutrition					Definitions and Notes:					
16)	Long Term - Rehabilitation Counseling					Consultation - Practitioner provides training, oversight and direction to direct care staff.					
17)	Long Term - Social Work					Direct Service - Practitioner directly treats the consumers.					
18)	Long Term - Nursing					Nursing - Excludes medical services provided by a nurse practitioner.					
19)	Acute Care - Occupational Therapy **					.					
20)	Acute Care - Physical Therapy **					*Other Medical Supplies: If Column 2 or 3 is checked, complete Schedule OPWDD-2 for each site as well.					
21)	Acute Care - Psychologist Services **					**Service must be directly related to an acute illness, accident or post-hospitalization health need.					
22)	Acute Care - Speech and Language Pathology **					If purchased with a Medicaid card, this acute care/rehabilitation service is limited to 3 consecutive months in a calendar year.					
23)	Acute Care - Dietetics and Nutrition **										
24)	Acute Care - Nursing **										
25)	Other (Detail Required)										

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE OPWDD-2
 ICD/DD
 MEDICAL SUPPLIES

 AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 MEDICAID PROVIDER AGREEMENT NUMBER:

PROGRAM TYPE & CODE NUMBER:
 OPERATING CERTIFICATE NUMBER:

 If Schedule CFR-1 includes amounts for medical supplies, this schedule must be completed. In addition, medical supplies on Schedule OPWDD-1 should be marked in the column labeled "Included in Report - Yes". This schedule should show specifically which items of medical supplies are included or not included in the costs reported on Schedule CFR-1.

Line No.	MEDICAL SUPPLY DESCRIPTION	INCLUDED	NOT INCLUDED	Line No.	MEDICAL SUPPLY DESCRIPTION	INCLUDED	NOT INCLUDED
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NO DATA WAS FOUND FOR THIS SCHEDULE

* Include all Decubitus supplies here.

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 MEDICAID PROVIDER AGREEMENT NUMBER:

SITE ADDRESS: 25 Bunn Street
 PROGRAM TYPE & CODE NUMBER: 0090 (00) ICF/IIDs (30 Beds or Less)
 OPERATING CERTIFICATE NUMBER: 0090000

	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	
Site Address (Line One)	LEASE/RENTAL-REAL PROPERTY	0	0	49	0	0
Site Address (Line Two)	DEPRECIATION-BUILDINGS/PRINCIPAL	0	0	51	0	0
	DEPRECIATION-IMPROV./LEASEHOLD IMPROV.	0	0	50/52	0	0
	MORTGAGE INTEREST	0	0	53	0	0
	SHORT TERM LOAN INTEREST	0	0	51	0	0
	OTHER LOAN INTEREST	0	0	53	0	0
	START-UP AMORTIZATION	0	0	58	0	0
	CO-OP/CONDO FEES	0	0	62	0	0
	OTHER (EX. REAL ESTATE TAXES)	0	0	56/62	0	0
	DASNY DEBT SERVICE	0	0	51/59	0	0
	DASNY OPWDD FEE	0	0	60	0	0
	DORMITORY AUTHORITY FEE	0	0	60	0	0

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.

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 MEDICAID PROVIDER AGREEMENT NUMBER: 12693052

SITE ADDRESS: 25 Bunn Street
 PROGRAM TYPE & CODE NUMBER: 0227 (00) HCBS Site Based Prevocational Services
 OPERATING CERTIFICATE NUMBER: 1539227

	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
Site Address (Line One)	LEASE/RENTAL-REAL PROPERTY	0	0	49	0
Site Address (Line Two)	DEPRECIATION-BUILDINGS/PRINCIPAL	20,000	21,687	51	1,687
	DEPRECIATION-IMPROV./LEASEHOLD IMPROV.	0	0	50/52	0
	MORTGAGE INTEREST	140,000	158,372	53	18,372
	SHORT TERM LOAN INTEREST	0	0	51	0
	OTHER LOAN INTEREST	0	0	53	0
	START-UP AMORTIZATION	0	0	58	0
	CO-OP/CONDO FEES	0	0	62	0
	OTHER (EX. REAL ESTATE TAXES)	0	0	56/62	0
	DASNY DEBT SERVICE	0	0	51/59	0
	DASNY OPWDD FEE	0	0	60	0
	DORMITORY AUTHORITY FEE	0	0	60	0

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.

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE SED-1
 PROGRAM AND
 ENROLLMENT DATA

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER PROGRAM NAME PROGRAM CODE (PROGRAM CODE INDEX)	1 School Age-Special Class 9000 (FF)		2 School Age-Special Class 9000 (SS)		3 Preschool-Special Class over 2 9100 (FF)		4 Preschool-Special Class over 2 9100 (SS)		5 Preschool-Sp Ed Itinerant Teac 9135 (FF)	
		ENROLLMENT (FTE) BY FUNDING SOURCE SUMMER	SCHOOL YEAR	SUMMER	SCHOOL YEAR	SUMMER	SCHOOL YEAR	SUMMER	SCHOOL YEAR	SUMMER	SCHOOL YEAR
100	Non-disabled - UPK	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
101	Non-disabled - Other	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
102	Sec.4402 (Art.89) Sch. Dist. Placement	0.000	26.500	0.000	22.300	0.000	0.000	0.000	0.000	0.000	0.000
103	Department of Health Chapter 428	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
104	Sec.4408 (Art.89) Sch. Dist. Placement	33.831	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
105	Sec.4410 (3-4 yr olds) Sch. Dist. Placement	0.000	0.000	0.000	0.000	103.500	106.900	0.000	102.300	5.000	4.250
106	Local Social Services District	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
107	Other	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
108	Total by Funding Source (Sum Lines 102-107)	33.831	26.500	0.000	22.300	103.500	106.900	0.000	102.300	5.000	4.250
109	Number of Days in Session	30	72	0	108	30	72	0	108	30	72
110	Care Days (Line 108 times Line 109)	1,015	1,908	0	2,408	3,105	7,697	0	11,048	150	306
111	Mandated SEIS or SEIT Units of Service	0	0	0	0	0	0	0	0	605	1,710
115	Actual SEIS or SEIT Units Provided	0	0	0	0	0	0	0	0	593	1,695
201	Approved Classroom Ratio	12:1:4.0	12:1:4.0		12:1:4.0	08:1:3.0	08:1:3.0		08:1:3.0		
202	Number of Classrooms	33.80	3.50	0.00	5.00	1.00	2.00	0.00	7.20	0.00	0.00
203	Student FTE	33.831	26.500	0.000	22.300	8.000	7.865	0.000	52.300	0.000	0.000
301	Approved Classroom Ratio					12:1:3.0	12:1:3.0		12:1:3.0		
302	Number of Classrooms	0.00	0.00	0.00	0.00	5.00	5.00	0.00	3.40	0.00	0.00
303	Student FTE	0.000	0.000	0.000	0.000	58.500	62.844	0.000	25.700	0.000	0.000
401	Approved Classroom Ratio					09:1:2.0	09:1:2.0		09:1:2.0		
402	Number of Classrooms	0.00	0.00	0.00	0.00	2.00	2.00	0.00	2.10	0.00	0.00
403	Student FTE	0.000	0.000	0.000	0.000	18.000	17.433	0.000	18.000	0.000	0.000
501	Approved Classroom Ratio					10:1:2.0	10:2:2.0		10:1:2.0		
502	Number of Classrooms	0.00	0.00	0.00	0.00	2.00	2.00	0.00	0.70	0.00	0.00
503	Student FTE	0.000	0.000	0.000	0.000	19.000	18.758	0.000	6.300	0.000	0.000
601	Approved Classroom Ratio					0.00	0.00	0.00	0.00	0.00	0.00
602	Number of Classrooms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
603	Student FTE	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
701	Approved Classroom Ratio					0.00	0.00	0.00	0.00	0.00	0.00
702	Number of Classrooms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
703	Student FTE	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
801	Approved Classroom Ratio					0.00	0.00	0.00	0.00	0.00	0.00
802	Number of Classrooms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
803	Student FTE	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
901	Approved Classroom Ratio					0.00	0.00	0.00	0.00	0.00	0.00
902	Number of Classrooms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
903	Student FTE	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

SCHEDULE SED-1
 PROGRAM AND
 ENROLLMENT DATA

AGENCY NAME: Any Agency
 AGENCY CODE: 10000
 SCHOOL CODE: 010205005555

Line No.	COLUMN NUMBER PROGRAM NAME PROGRAM CODE (PROGRAM CODE INDEX)	6 Preschool-Sp Ed Itinerant Teac		7 Preschool-Integrated Special C		8 Preschool-Integrated Special C					
		9135 (SS)	SCHOOL YEAR	9165 (FF)	SCHOOL YEAR	9165 (SS)	SCHOOL YEAR	SUMMER	SCHOOL YEAR	SUMMER	SCHOOL YEAR
100	Non-disabled - UPK	0.000	0.000	5.000	0.000	0.000	0.000				
101	Non-disabled - Other	0.000	0.000	0.000	2.622	0.000	5.333				
102	Sec.4402 (Art.89) Sch. Dist. Placement	0.000	0.000	0.000	0.000	0.000	0.000				
103	Department of Health Chapter 428	0.000	0.000	0.000	0.000	0.000	0.000				
104	Sec.4408 (Art.89) Sch. Dist. Placement	0.000	0.000	0.000	0.000	0.000	0.000				
105	Sec.4410 (3-4 yr olds) Sch. Dist. Placement	0.000	5.200	0.000	5.752	0.000	10.600				
106	Local Social Services District	0.000	0.000	0.000	0.000	0.000	0.000				
107	Other	0.000	0.000	0.000	0.000	0.000	0.000				
108	Total by Funding Source (Sum Lines 102-107)	0.000	5.200	0.000	5.752	0.000	10.600				
109	Number of Days in Session	0	108	0	72	0	108				
110	Care Days (Line 108 times Line 109)	0	562	0	414	0	1,145				
111	Mandated SEIS or SEIT Units of Service	0	532	0	0	0	0				
115	Actual SEIS or SEIT Units Provided	0	482	0	0	0	0				
201	Approved Classroom Ratio				06:1:1.0		06:1:2.0				
202	Number of Classrooms	0.00	0.00	0.00	2.00	0.00	3.10				
203	Student FTE	0.000	0.000	0.000	5.752	0.000	10.600				
301	Approved Classroom Ratio										
302	Number of Classrooms	0.00	0.00	0.00	0.00	0.00	0.00				
303	Student FTE	0.000	0.000	0.000	0.000	0.000	0.000				
401	Approved Classroom Ratio										
402	Number of Classrooms	0.00	0.00	0.00	0.00	0.00	0.00				
403	Student FTE	0.000	0.000	0.000	0.000	0.000	0.000				
501	Approved Classroom Ratio										
502	Number of Classrooms	0.00	0.00	0.00	0.00	0.00	0.00				
503	Student FTE	0.000	0.000	0.000	0.000	0.000	0.000				
601	Approved Classroom Ratio										
602	Number of Classrooms	0.00	0.00	0.00	0.00	0.00	0.00				
603	Student FTE	0.000	0.000	0.000	0.000	0.000	0.000				
701	Approved Classroom Ratio										
702	Number of Classrooms	0.00	0.00	0.00	0.00	0.00	0.00				
703	Student FTE	0.000	0.000	0.000	0.000	0.000	0.000				
801	Approved Classroom Ratio										
802	Number of Classrooms	0.00	0.00	0.00	0.00	0.00	0.00				
803	Student FTE	0.000	0.000	0.000	0.000	0.000	0.000				
901	Approved Classroom Ratio										
902	Number of Classrooms	0.00	0.00	0.00	0.00	0.00	0.00				
903	Student FTE	0.000	0.000	0.000	0.000	0.000	0.000				

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: July 1, 2015 TO June 30, 2016

Agency Name: Any Agency
Agency Code: 10000
School Code: 010205005555
Program Code: 9000

Contact Person: Sally Sanders
Phone Number: 212 355-7778 Ext. 123__

Column 1 Related Service	Capacity				Need				Productivity			
	Column 2a Annual Related Service Employee FTE Allocated to Program	Column 2b Annual Contracted Related Service Hours	Column 2c Program Hours Per Week	Column 3 Annual Capacity of Related Service Time in Half-Hour Units (Column 2a x 52 Weeks x column 2c x 2) + (Column 2b x 2)	Column 4a Annual IEP Mandated Individual Related Service Sessions on All Students IEPs	Column 4b Annual IEP Mandated Group Related Service Sessions on All Students IEPs	Column 4c Average # of Students Served in Group	Column 4d Annual Group Sessions (Column 4b divided by Column 4c)	Column 4e Annual IEP Mandated Half-Hour Related Service Sessions (Sum Columns 4a and 4d)	Column 5 Annual IEP Mandated Half-Hour Related Service Sessions Provided (RS-2 col 7a +(RS-2 col 7b / SED-4 col 4c))	Column 6 Percentage of Time Related Service Sessions Provided (Column 5 Divided By Column 3)	
Speech Therapy	0.040	2	25	108.00	205.00	232.00	3.00	77	282.33	100.00	92.5926	
Physical Therapy	0.040	0	25	104.00	52.00	84.00	2.00	42	94.00	69.00	66.3462	
Occupational Therapy	0.079	0	25	205.40	171.00	70.00	2.00	35	206.00	158.00	76.9231	
Counseling	0.099	4	25	265.40	96.00	102.00	2.00	51	147.00	90.50	34.0995	
Skilled Nursing	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000	
Other	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000	

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: July 1, 2015 TO June 30, 2016

SCHEDULE SED-4
Related Service Capacity
Need and Productivity

Agency Name: Any Agency
Agency Code: 10000
School Code: 010205005555
Program Code: 9100

Contact Person: Sally Sanders
Phone Number: 212 355-7778 Ext. 123__

Column 1	Capacity				Need				Productivity			
	Column 2a	Column 2b	Column 2c	Column 3	Column 4a	Column 4b	Column 4c	Column 4d	Column 4e	Column 5	Column 6	
Related Service	Annual Related Service Employee FTE Allocated to Program	Annual Contracted Related Service Hours	Program Hours Per Week	Annual Capacity of Related Service Time in Half-Hour Units (Column 2a x 52 Weeks x column 2c x 2) + (Column 2b x 2)	Annual IEP Mandated Individual Related Service Sessions on All Students IEPs	Annual IEP Mandated Group Related Service Sessions on All Students IEPs	Average # of Students Served in Group	Annual Group Sessions Related (Column 4b divided by Column 4c)	Annual IEP Mandated Half-Hour Related Service Sessions (Sum Columns 4a and 4d)	Annual IEP Mandated Half-Hour Related Service Sessions (RS-2 col 7a + (RS-2 col 7b / SED-4 col 4c))	Percentage of Time Related Service Sessions Provided (Column 5 Divided By Column 3)	
Speech Therapy	4.428	3	25	11,518.80	9,616.00	1,327.00	2.00	664	10,279.50	8,945.00	77.6557	
Physical Therapy	1.790	0	25	4,654.00	4,187.00	0.00	1.00	0	4,187.00	3,619.00	77.7611	
Occupational Therapy	3.213	0	25	8,353.80	7,423.00	52.00	1.00	52	7,475.00	6,134.00	73.4277	
Counseling	0.541	0	25	1,406.60	243.00	24.00	2.00	12	255.00	221.00	15.7116	
Skilled Nursing	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000	
Other	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000	

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: July 1, 2015 TO June 30, 2016

Agency Name: Any Agency
Agency Code: 10000
School Code: 010205005555
Program Code: 9165

Contact Person: Sally Sanders
Phone Number: 212 355-7778 Ext. 123__

Column 1	Capacity				Need				Productivity			
	Column 2a	Column 2b	Column 2c	Column 3	Column 4a	Column 4b	Column 4c	Column 4d	Column 4e	Column 5	Column 6	
Related Service	Annual Related Service Employee FTE Allocated to Program	Annual Contracted Related Service Hours	Program Hours Per Week	Annual Capacity of Related Service Time in Half-Hour Units (Column 2a x 52 Weeks x column 2c x 2) + (Column 2b x 2)	Annual IEP Mandated Individual Related Service Sessions on All Students IEPs	Annual IEP Mandated Group Related Service Sessions on All Students IEPs	Average # of Students Served in Group	Annual Group Sessions (Column 4b divided by Column 4c)	Annual IEP Mandated Half-Hour Related Service Sessions (Sum Columns 4a and 4d)	Annual IEP Mandated Half-Hour Related Service Sessions Provided (RS-2 col 7a + (RS-2 col 7b / SED-4 col 4c))	Percentage of Time Related Service Sessions Provided (Column 5 Divided By Column 3)	
Speech Therapy	0.246	0	25	639.60	877.00	143.00	2.00	72	948.50	620.00	96.9356	
Physical Therapy	0.053	0	25	137.80	182.00	0.00	1.00	0	182.00	136.00	98.6938	
Occupational Therapy	0.085	0	25	221.00	344.00	0.00	1.00	0	344.00	210.00	95.0226	
Counseling	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000	
Skilled Nursing	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000	
Other	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000	

NEW YORK STATE
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 FOR THE PERIOD: January 1, 2016 TO December 31, 2016

RECONCILIATION

AGENCY CODE: 10000

AGENCY NAME: Any Agency

Total Expenses and Total Losses from Financial Statements	21,459,000	
Additions:		
Elimination of Intercompany Transactions	10,500	
Depreciation Differences	0	
Fundraising	0	
Rounding	25	
Total Additions:	10,525	
Subtractions:		
Depreciation Differences	423,150	
Rounding	0	
Elimination of Intercompany Trans	242,095	
Total Subtractions:	665,245	
Total adjustments:	-654,720	
Adjusted Financial Statement Expenses	20,804,280	
CFR-2, Col. 1, line 9	20,801,189	
CFR-2, Col. 1, line 8	1,824	
CFR-3, line 41	1,200	
Total CFR Expenses	20,804,213	
Difference	67	

Total Revenue and Total Gains from Financial Statements	20,685,005	
Additions:		
Elimination of Intercompany Transactions	0	
Fundraising	10,800	
Rounding	30	
Total Additions:	10,830	
Subtractions:		
Total Adjustments:	10,830	
Adjusted Financial Statement Revenues	20,695,835	
Total agency Revenues from CFR-2, Col. 1, line 12	20,695,786	
Difference	49	

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2016 TO December 31, 2016

WORKSHEET/OTHER
DETAILS

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AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 1760 (00)
SITE: 1111050

PROGRAM: 1760 (00)
SITE: 1111276

PROGRAM: 2100 (00)
SITE: 1111052

Line 40 Contracted Support Personal Service 127
Line 94 All Items <\$1,000 Each 123

Line 40 Contracted Support Personal Service 127
Line 94 All Items <\$1,000 Each 113

Line 40 Data Processing 7,692
Line 66 Line [49] - adjustment to lease 1,000
Line 94 Uncompensated Care Pool 10,000

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2016 TO December 31, 2016

WORKSHEET/OTHER
DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 7050 (00)
SITE: 1111975

Line 40	Metropolitan Commuter Mobility Tax	15,000
Line 62	All Items <\$1,000 Each	1,522
Line 94	All Items <\$1,000 Each	168

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NEW YORK STATE
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FOR THE PERIOD: January 1, 2016 TO December 31, 2016

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AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 0150 (00)
SITE: 1539150

PROGRAM: 0227 (00)
SITE: 1539227

Line 40 All Items <\$1,000 Each 737
Other Professional Fees 3,656

Line 94 All Items <\$1,000 Each 518

Line 40 Data Processing 25,294
All Items <\$1,000 Each 807
Other Professional Fees 167,722
Pension Admin Expenses 10,204
Licensing, Permits, Dues 4,337

Line 79 CACFP Food Reimbursement 131,846

Line 94 All Items <\$1,000 Each -172
Sale of vehicle/other insurance ref 18,412
Insurance Dividend 1,949
Vending Machine 1,316

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DETAILS

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AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 3520 (00)
SITE: 12345

PROGRAM: 3520 (01)
SITE: 54321

Line 40 Lab Services 65,891
All Items <\$1,000 Each 3,038
Dues and Subscriptions 4,275
Auditing and Legal 2,000

Line 47 All Items <\$1,000 Each 797

Line 40 Lab Services 37,810
All Items <\$1,000 Each 1,896
Printing 1,227
Dues & Subscriptions 1,395
Community Relations 2,052
Rubbish Removal 3,999
Moving & Storage 11,390
MIscellaneous 1,605

Line 47 Auto Repair 37

Line 94 Miscellaneous Income 1,326

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AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 9000 (FF)
SITE: 1000900

PROGRAM: 9000 (SS)
SITE: 1000901

PROGRAM: 9100 (FF)
SITE: 1000910

Line 40 Data Processing 33
All Items <\$1,000 Each 45
Line 47 All Items <\$1,000 Each 135
Line 62 All Items <\$1,000 Each 198
Line 94 All Items <\$1,000 Each 175

Line 40 Data Processing 33
All Items <\$1,000 Each 45
Line 47 All Items <\$1,000 Each 135
Line 62 All Items <\$1,000 Each 198
Line 94 All Items <\$1,000 Each 175

Line 40 Data Processing 100
All Items <\$1,000 Each 175
Security 92
Line 47 All Items <\$1,000 Each 475
Line 62 All Items <\$1,000 Each 346
Line 66 Line [66] - other 162
Line 94 All Items <\$1,000 Each 62

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[] OASAS

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DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 9100 (SS)
SITE: 1000911

PROGRAM: 9135 (FF)
SITE: 1000913

PROGRAM: 9135 (SS)
SITE: 1000914

Line 40 Data Processing 100
All Items <\$1,000 Each 175
Security 92

Line 47 All Items <\$1,000 Each 475

Line 62 All Items <\$1,000 Each 346

Line 66 Line [66] - Other 162

Line 94 All Items <\$1,000 Each 62

Line 40 Data Processing 8
All Items <\$1,000 Each 58
Security 92

Line 40 Data Processing 7
All Items <\$1,000 Each 58
Security 92

[] OMH [X] SED
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AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 9165 (FF)
SITE: 1000916

PROGRAM: 9165 (SS)
SITE: 1000917

PROGRAM: 9805 (FF)
SITE: 1000980

Line 40 All Items <\$1,000 Each

285

Line 40 All Items <\$1,000 Each

285

Line 94 Section 611/619 IDEA Money

105,248

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[] OASAS

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WORKSHEET/OTHER
DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-1

PROGRAM: 9805 (SS)
SITE: 1000981

Line 94 Section 611/619 IDEA Money 105,248

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2016 TO December 31, 2016

WORKSHEET/OTHER
DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-3

Line 14	Security Contract	33,598
Line 17	Data Processing	15,252
	All Items <\$1,000 Each	156
	Training & Conferences	11,075
	PensionAdmin. Expense	4,137
	Licensing, Permits, Dues	3,154
	IT Professional Fees	38,547
	Bank Charges	9,551
Line 36	All Items <\$1,000 Each	962
Line 41	Line [19] - M Reynolds Auto Lease	1,200

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2016 TO December 31, 2016

WORKSHEET/OTHER
DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: CFR-5 Section C: Lease/Rental

Line 1	Management Fee	6,620
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NEW YORK STATE
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FOR THE PERIOD: January 1, 2016 TO December 31, 2016

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DETAILS

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AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: DMH-2

PROGRAM: 1760 (00)
COUNTY: 34 - Onondaga

PROGRAM: 2100 (00)
COUNTY: 34 - Onondaga

PROGRAM: 7050 (00)
COUNTY: 34 - Onondaga

Line 29	All Items <\$1,000 Each	236	Line 12	adjustment	1,000	Line 17a	Base Medicaid	868,526
			Line 17a	Base Medicaid	756,882	Line 29	All Items <\$1,000 Each	1,218
			Line 29	Uncompensated Care Pool	10,000			

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2016 TO December 31, 2016

WORKSHEET/OTHER
DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: DMH-2

PROGRAM: 0150 (00)
COUNTY: 34 - Onondaga

Line 29 All Items <\$1,000 Each

545

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2016 TO December 31, 2016

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DETAILS

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AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: DMH-2

PROGRAM: 3520 (00)
COUNTY: 34 - Onondaga

PROGRAM: 3520 (01)
COUNTY: 34 - Onondaga

Line 17a Base Medicaid

275,392

Line 17a Base Medicaid

2,117,207

Line 29 All Items <\$1,000 Each

4,490

[] OMH [] SED
[X] OPWDD
[] OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2016 TO December 31, 2016

WORKSHEET/OTHER
DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: OPWDD-5

PROGRAM: 0227 (00)
SITE: 1539227

Line 2	Non-Funded Expense	1,687
Line 4	Non-Funded Expense	18,372

[] OMH [X] SED
[] OPWDD
[] OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
FOR THE PERIOD: January 1, 2016 TO December 31, 2016

WORKSHEET/OTHER
DETAILS

AGENCY CODE: 10000

AGENCY NAME: Any Agency

SCHEDULE: SED-1

PROGRAM: 9135 (FF)

PROGRAM: 9135 (SS)

Line 111 School Year
New York 1,710

Line 111 School Year
Onondaga 532

Line 115 Summer
New York 593

Line 115 School Year
Onondaga 482

Line 115 School Year
New York 1,695