## **NEW YORK STATE**

AGENCY NAME:

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2016 to June 30, 2017

SCHEDULE CFR-3	3
AGENCY	
<b>ADMINISTRATION</b>	V

.ine	ITEM DESCRIPTION	COST	AGENCY ADMIN TOTALS	Line	ITEM DESCRIPTION	COST	AGENCY ADMIN
	AL SERVICES	CODES	TOTALS		EQUIPMENT-PROVIDER PAID (CONTINUED)	CODES	TOTALS
1 Total Per	sonal Services (from CFR-4, Agency Admin.)	11998			Depreciation-Vehicle	15041	
2 Vacation	Leave Accruals	12998		22	Depreciation-Equipment	15060	
				23	Interest-Vehicle	15071	
FRINGE	BENEFITS			24	Other (Detail Required)	15997	
3 Mandated	d Fringe Benefits	13201		25	Total Equipment (Sum Lines 19 - 24)	15996	
4 Non-Man	dated Fringe Benefits	13301					
5 Total Frin	ge Benefits (Sum Lines 3 - 4)	13998					
					PROPERTY-PROVIDER PAID		
OTHER 1	THAN PERSONAL SERVICES (OTPS)			26	Lease/Rental-Real Property	16011	
6 Audit/Leg	al/Accounting	14200		27	Leasehold/Leasehold Improvements	16021	
7 Utilities		14210		28	Depreciation-Building	16031	
8 Telephon	e, Cable and Internet	14220		29	Depreciation-Building/Land Improvements	16050	
9 Repairs a	and Maintenance	14021			Mortgage Interest	16061	
10 Office Su	pplies and Postage	14161		31	Mortgage Expenses	16071	
	tional Expense	14230		32	Insurance-Property & Casualty	16081	
12 Interest -	Working Capital	14240		33	Real Estate Taxes	16091	
13 Expensed	d Equipment	14081		34	Maintenance in Lieu of Rent (LGU only)	16141	
14 Contracte	ed Personal Services	14151		35	Interest on Capital Indebtedness	16101	
15 Staff Trav	vel	14251			Other (Detail Required)	16997	
16 Insurance	e - General	14261		37	Total Property (Sum Lines 26 - 36)	16996	
17 Other (De	etail Required)	14997					
18 Total OTI	PS (Sum Lines 6 - 17)	14996		38	Parent Agency Administration Allocation	19070	
				39	County Wide Cost Allocation (LGU Only)	19080	
<b>EQUIPMI</b>	ENT-PROVIDER PAID			40	Total Agency Administration (Sum Lines 1,2,5,18,25,37,38,39)	19090	
19 Lease/Re	ental-Vehicle	15011		41	Adjustments/Non-Allowable Costs (Detail Required)	19031	
20 Lease/Re	ental-Equipment	15030		42	Net Agency Administration (Line 40 minus 41)	19998	

SCHOOL CODE: (SED ONLY)

CFR-3.1 July 2017 Rev.

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AGENCY
ADMINISTRATION

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AGENCY NAME:				SCH	SCHOOL CODE: (SED ONLY)				
AGE	NCY CODE:		<del></del>						
RATIO VALUE WORKSHEET (AGENCY-WIDE)					ADJUSTED RATIO VALUE WORKSHEET (WITHIN STATE AGENCY)				
Line No.			Amount	Line No.		Cost Codes	Amount		
CALCULATION OF OPERATING COSTS *			CALCULATION OF ADJUSTED OPERATING COSTS ****						
43	43 OASAS Subtotal 19110			60	OASAS Adjusted Subtotal	19310			
44	14 OMH Subtotal 19120		61	OMH Adjusted Subtotal	19320				
45	OPWDD Subtotal 19130		62	OPWDD Adjusted Subtotal	19330				
46	SED Subtotal 19140		63	SED Adjusted Subtotal	19340				
47	Shared Programs Subtotal 19150		64	Shared Programs Adjusted Subtotal	19350				
48	ner Programs Subtotal** 19160		CALCULATION OF ADJUSTED RATIO VALUE FACTOR *****						
49	49 Total Agency Operating Costs 19170		65	OASAS Ratio Value Factor (line 53 divided by line 60)	19410				
CALCULATION OF RATIO VALUE FACTOR			66	OMH Ratio Value Factor (line 54 divided by line 61)	19420				
50	50 Net Agency Administration (CFR-3, Line 42) 19999			67	OPWDD Ratio Value Factor (line 55 divided by line 62)	19430			
51	51 Total Agency Operating Costs (CFR-3, Line 49) 19171		68	SED Ratio Value Factor (line 56 divided by line 63)	19440				
52	52 Ratio Value Factor (Line 50 divided by line 51) 19180		69	Shared Programs Ratio Value Factor (line 57 divided by line 64)	19450				
ALLOCATION OF AGENCY ADMINISTRATION USING RATIO VALUE ***									
53	OASAS Allocation (line 43 x line 52)	19210							
54	OMH Allocation (line 44 x line 52)	19220							
55	OPWDD Allocation (line 45 x line 52)	19230							
56	SED Allocation (line 46 x line 52)	19240							

57 Shared Programs Allocation (line 47 x line 52)

58 Other Programs Allocation (line 48 x line 52)

59 Total Agency Administration ( sum lines 53 - 58)

19250

19260

19270

Rev.

<sup>\*</sup> Totals by State Agency from CFR-1, Line 64. Do not report operating costs for programs 0880 and 0890.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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.

<sup>\*\*\*\*</sup> Totals by State Agency from CFR-1, Line 64. Do not report operating costs 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.

<sup>\*\*\*\*\*</sup> 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.