**FundingState Agency:**
☐ OMH
☐ OPWDD
☐ OASAS

# NEW YORK STATE
**CONSOLIDATED FISCAL REPORT**
*For the Period: January 1, 2018 to December 31, 2018*

<u>SCHEDULE DMH-3</u>
<u>AID TO LOCALITIES AND DIRECT CONTRACTS</u>
<u>PROGRAM FUNDING SOURCE SUMMARY</u>

Page _____

AGENCY NAME:_____    PREPARED BY: _____    TELEPHONE: (____) _____

AGENCY CODE:_____    ☐ Please check the box if the preparer changed from the previous submission.

COUNTY NAME & CODE: _____(____)    PLEASE CHECK:   FINAL CLAIM _____

| Line No. | COLUMN NUMBER / ITEM DESCRIPTION | Cost Codes | | | | | | TOTAL |
|---|---|---|---|---|---|---|---|---|
| 1 | Accounting Method | | | | | | | |
| 2 | Program Type | 00073 | | | | | | |
| 3 | Program Code (Program Code Index) | 00013 | ( ) | ( ) | ( ) | ( ) | ( ) | |
| 4 | Total Persons Served/Year | 00220 | | | | | | |
| 5 | Total Units of Service | 00999 | | | | | | |
| 6 | Gross Cost/Unit of Service | 70999 | | | | | | |
| 7 | Net Cost/Unit of Service | 71999 | | | | | | |
| 8 | Reserved for Future Use | 72999 | | | | | | |
| 9 | A. Funding Source Code (Local Assistance)   Index (OMH/OASAS only) | | 001 | 001 | 001 | 001 | 001 | |
| 10 | Number Persons Served/Year | 00260 | | | | | | |
| 11 | Number Units of Service | 00250 | | | | | | |
| 12 | Total Adjusted Expenses | 50999 | | | | | | |
| 13 | Less Applied Net Revenue | 61999 | | | | | | |
| 14 | Net Operating Costs | 62999 | | | | | | |
| 15 | State Contract Number / LGU Contract Number * | 00201 | | | | | | |
| 16 | B. Funding Source Code   Index (OMH/OASAS only) | | | | | | | |
| 17 | Number Persons Served/Year | 00261 | | | | | | |
| 18 | Number Units of Service | 00251 | | | | | | |
| 19 | Total Adjusted Expenses | 50998 | | | | | | |
| 20 | Less Applied Net Revenue | 61998 | | | | | | |
| 21 | Net Operating Costs | 62998 | | | | | | |
| 22 | State Contract Number / LGU Contract Number * | 00202 | | | | | | |
| 23 | C. Funding Source Code   Index (OMH/OASAS only) | | | | | | | |
| 24 | Number Persons Served/Year | 00262 | | | | | | |
| 25 | Number Units of Service | 00252 | | | | | | |
| 26 | Total Adjusted Expenses | 50997 | | | | | | |
| 27 | Less Applied Net Revenue | 61997 | | | | | | |
| 28 | Net Operating Costs | 62997 | | | | | | |
| 29 | State Contract Number / LGU Contract Number * | 00203 | | | | | | |
| | D. Totals From A-C Above | | | | | | | |
| 30 | Total Adjusted Expenses | 51999 | | | | | | |
| 31 | Less Net Revenue | 63999 | | | | | | |
| 32 | Net Operating Costs | 52999 | | | | | | |

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

DMH-3
Rev.      Dec. 2018