Funding State Agency:

NEW YORK STATE CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2020 to June 30, 2021

COVID-19S Informational Schedule

Page ____

AGENCY NAME:	
AGENCY CODE:	
SCHOOL CODE:	

- 1a
 Did your Agency receive a first draw Paycheck Protection Program (PPP1) loan from the Small Business Administration (SBA)? Yes or No

 Did your Agency receive a first draw Paycheck Protection Program (PPP2) loan from the Small Business Administration (SBA)? Yes or No
- 1c
 Enter the date your Agency received the PPP1 loan.

 Enter the date your Agency received the PPP2 loan.
- 2a Was the PPP1 loan your Agency received forgiven in the current CFR reporting period? Yes or No Was the PPP2 loan your Agency received forgiven in the current CFR reporting period? Yes or No
- 2c Enter the amount of the PPP1 loan that was forgiven. ______ Enter the amount of the PPP2 loan that was forgiven.

.

3 Report the total amount of revenue and gains on the extinguishment of debt, recorded in the CFR reporting period, that was attributable to COVID-19 funding, grants, loan forgiveness, contributions/donations, awards and/or tax credits.

4 Does your Agency need to report a net change in an SED funded program(s) in response to the COVID-19 pandemic? Yes or No

COVID-19S July 2021

Funding State Agency:			COVID-19S Informational Schedule				
							Page
AGENCY NAME:							
SCHO	OL CODE:						
	COLUMN NUMBER	Cost					
Line	ITEM DESCRIPTION	Codes	()	()	()	()	
No.	Program Code (Program Code Index) Program/Site Identification Number	00010	()	()	()	()	()
	EXPENSES - COVID-19	00050					
	PERSONAL SERVICES						
1	Personal Services - Program/Site & Program Admin		0	0	0	0	0
2	Vacation Accruals - Program/Site & Program Admin						
	FRINGE BENEFITS						
	Mandated Fringe Benefits						
	Non-Mandated Fringe Benefits						
5	Total Fringe Benefits (Sum Lines 3 & 4) OTHER THAN PERSONAL SERVICES (OTPS)						
e	Food						
	Repairs and Maintenance	1	1				
	Utilities	1					
9	Transportation Related-Participant						
	Staff Travel						
	Participant Incidentals						
	Expensed Adaptive Equipment						
	Expensed Equipment Sub-Contract Raw Materials						
	Participant Wages-Non-Contract						
	Participant Wages-Contract						
	Participant Fringe Benefits						
	Section 43.04 Services Assessment (OPWDD only)						
	Staff Development Contracted Direct Care and Clinical Personal Svs.		0	0	0	0	0
	Supplies and Materials - Non-Household		0	0	Ű	0	0
	Household Supplies						
	Telephone, Cable and Internet						
	Insurance - General						
	Other (Detail Required)						
26	Total Other Than Personal Services (Sum Line 6-25) EQUIPMENT-PROVIDER PAID						
27	Lease/Rental Vehicle						
	Lease/Rental Equipment						
	Depreciation-Vehicle						
	Depreciation-Equipment Interest-Vehicle						
	Other (Detail Required)						
	Total Equipment (Sum of Lines 27-32)	1					
	PROPERTY-PROVIDER PAID						
	Lease/Rental-Real Property						
	Leasehold/Leasehold Improvements Depreciation-Building						
	Depreciation-Building/ Depreciation Building/Land Improvements	1					
	Mortgage/Capital Improvements Interest	1					
	Mortgage Expenses						
40	Insurance-Property & Casualty						
41	Real Estate Taxes						
	Interest on Capital Indebtedness						
	Start-up Expenses	ļ					
	MCFFA/DASNY Interest Expense						
	MCFFA/DASNY Administration Fees						
	Maintenance in Lieu of Rent (LGU only)						
	Other (Detail Required)						
48	Total Property-Provider Paid (Sum of Lines 34-47) TOTALS		I				
40	Total Operating Costs (Sum lines 1, 2, 5, 26 minus 14)						
	Agency Admin. Alloc.(Line 49 times)	1					
	Adjustments/Non-Allowable Costs (Detail Required)		1				
	Total COVID-19 Prog/Site Costs (Sum lines 14, 33, 48-50 minus 51)	1					

Fundir	ng State	Agency
	SED	

Funding State Agency:

NEW YORK STATE CONSOLIDATED FISCAL REPORT For the Period: July 1, 2020 to June 30, 2021

COVID-19S Personal Services

Page _____

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES. AGENCY NAME: AGENCY CODE: 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) COLUMN NUMBER PROGRAM CODE ** (PROGRAM CODE INDEX)) ()) ((PROGRAM/SITE IDENTIFICATION NUMBER ** PROGRAM/SITE NAME PROGRAM/SITE ADDRESS (Line One) Position Title Code PROGRAM/SITE ADDRESS (Line Two) Appendix COUNTY CODE R Standard Hours Amount Hours Amount Hours Amount Hours Amount Hours Amount Position Title Work Week 35 37.5 Paid FTE Paid Other 40 Total "Hours Paid", "FTE" and "Amount Paid" for Positions.

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2020 to June 30, 2021 COVID-19S CONTRACTED DIRECT CARE AND CLINICAL PERSONAL SERVICES

											Page
AGENCY N	AME:										
AGENCY C	ODE:										
SCHOOL CO	ODE:										
Refer to App	endix R for Position Title Codes and definitions.										
Report only	program/site specific positions (Position Title Code	es 200-399 se	eries).								
	COLUMN NUMBER										
	PROGRAM CODE (PROGRAM CODE INDEX)		()		()		()		()		(
	PROGRAM/SITE IDENTIFICATION NUMBER										
	PROGRAM/SITE NAME										
Position	PROGRAM/SITE ADDRESS (Line One)										
Title Code	PROGRAM/SITE ADDRESS (Line Two)										
Appendix	COUNTY CODE										
R	Position Title	Hours	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount	Hours Paid	Amount	Hours Paid	Amount Paid
	Position Title	Paid	Paid	Palo	Paid	Palo	Paid	Palo	Paid	Palo	Palo
Total "Hours Paid" and "Amount Paid" for Positions.											

Totals are transferred to Schedule COVID-19S Line 20 (Program/Site).