

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2020 to December 31, 2020

SCHEDULE OPWDD-5
CAPITAL SCHEDULE

Page _____

AGENCY NAME: _____ AGENCY CODE: _____

	CATEGORY PER DOH PROVIDED SCHEDULE	COLUMN 1 REIMBURSEMENT PER DOH PROVIDED SCHEDULE	COLUMN 2 RELATING AMOUNT REPORTED ON CFR-1	COLUMN 3 CFR-1 LINE NUMBER	COLUMN 4 DIFFERENCE BETWEEN REIMBURSEMENT AND CFR-1	COLUMN 5 DETAIL OF COLUMN 4
PROGRAM CODE	LEASE/RENTAL-REAL PROPERTY			49		
PROGRAM TYPE	DEPRECIATION-BUILDINGS/PRINCIPAL			51		
OP CERT #	DEPRECIATION-IMPROVEMENTS/LEASEHOLD IMPROVEMENTS			50/52		
SITE ADDRESS (Line One)	MORTGAGE INTEREST			53		
SITE ADDRESS (Line Two)	SHORT TERM LOAN INTEREST			51		
	OTHER LOAN INTEREST			53		
	START-UP AMORTIZATION			58		
	CO-OP/CONDO FEES			62		
	OTHER (EX. REAL ESTATE TAXES)			56/62		
	DASNY DEBT SERVICE			51/59		
	DASNY OPWDD FEE			60		
	DORMITORY AUTHORITY FEE			60		
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	DASNY OPWDD FEE			60		
	DORMITORY AUTHORITY FEE			60		

This schedule must be completed on a site specific basis for each ICF/IID, 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.