## Funding State Agency: □ OMH □ DOH □ OPWDD □ OCFS

## **NEW YORK STATE**

## CONSOLIDATED FISCAL REPORT

COVID-19 Informational Schedule

For the Period: January 1, 2021 to December 31, 202 □ OASAS Page \_\_\_ AGENCY NAME: AGENCY CODE: 1a Did your Agency receive a first draw Paycheck Protection Program (PPP1) loan from the Small Business Administration? Yes or No Did your Agency receive a second draw Paycheck Protection Program (PPP2) loan from the Small Business Administration? Yes or No **1b** Enter the total amount of the PPP1 loan your Agency received. \_\_\_\_\_ Enter the total amount of the PPP2 loan your Agency received. 1c Enter the date your Agency received the PPP1 loan. \_\_\_\_\_ Enter the date your Agency received the PPP2 loan. 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 On what date was the PPP1 loan forgiven? On what date was the PPP2 loan forgiven? \_\_\_\_\_\_ 2c Enter the amount of the PPP1 loan that was forgiven. Enter the amount of the PPP2 loan that was forgiven. 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.

AGENCY NAME:

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2021 to December 31, 2021

COVID-19 Informational Schedule

Page \_\_\_\_

AGEN	AGENCY CODE:												
	COLUMN NUMBER	Cost											
Line	ITEM DESCRIPTION	Codes											
No.	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )						
	Program/Site Identification Number EXPENSES - COVID-19	00050											
	PERSONAL SERVICES												
_													
	Personal Services - Program/Site & Program Admin  Vacation Accruals - Program/Site & Program Admin												
	FRINGE BENEFITS												
3	Mandated Fringe Benefits												
	Non-Mandated Fringe Benefits												
	Total Fringe Benefits (Sum Lines 3 & 4)												
	OTHER THAN PERSONAL SERVICES (OTPS)												
6	Food												
7	Repairs and Maintenance												
8	Utilities												
9	Transportation Related-Participant												
	Staff Travel												
	Participant Incidentals												
	Expensed Adaptive Equipment (OPWDD)												
	Expensed Equipment												
	Sub-Contract Raw Materials Participant Wages-Non-Contract												
	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.												
	Supplies and Materials - Non-Household Household Supplies												
	Telephone, Cable and Internet												
	Insurance - General												
25	Other (Detail Required)												
26	Total Other Than Personal Services (Sum Line 6-25)												
	EQUIPMENT-PROVIDER PAID												
	Lease/Rental Vehicle Lease/Rental Equipment												
	Depreciation-Vehicle												
	Depreciation-Equipment												
	Interest-Vehicle												
	Other (Detail Required)												
	Total Equipment (Sum of Lines 27-32)												
33													
	PROPERTY-PROVIDER PAID												
34	PROPERTY-PROVIDER PAID Lease/Rental-Real Property												
34 35	PROPERTY-PROVIDER PAID												
34 35 36 37	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements Depreciation-Building Depreciation Building/Land Improvements												
34 35 36 37 38	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements Depreciation-Building Depreciation Building/Land Improvements Mortgage/Capital Improvements Interest												
34 35 36 37 38 39	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements Depreciation-Building Depreciation Building/Land Improvements Mortgage/Capital Improvements Interest Mortgage Expenses												
34 35 36 37 38 39	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements Depreciation-Building Depreciation Building/Land Improvements Mortgage/Capital Improvements Interest Mortgage Expenses Insurance-Property & Casualty												
34 35 36 37 38 39 40 41	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements Depreciation-Building Depreciation Building/Land Improvements Mortgage/Capital Improvements Interest Mortgage Expenses Insurance-Property & Casualty Real Estate Taxes												
34 35 36 37 38 39 40 41 42	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements Depreciation-Building Depreciation Building/Land Improvements Mortgage/Capital Improvements Interest Mortgage Expenses Insurance-Property & Casualty Real Estate Taxes Interest on Capital Indebtedness												
34 35 36 37 38 39 40 41 42 43	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements Depreciation-Building Depreciation Building/Land Improvements Mortgage/Capital Improvements Interest Mortgage Expenses Insurance-Property & Casualty Real Estate Taxes Interest on Capital Indebtedness Start-up Expenses												
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34 35 36 37 38 39 40 41 42 43 44 45 46	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements Depreciation-Building Depreciation Building/Land Improvements Mortgage/Capital Improvements Interest Mortgage/Capital Improvements Interest Insurance-Property & Casualty Real Estate Taxes Interest on Capital Indebtedness Start-up Expenses MCFFA/DASNY Interest Expense MCFFA/DASNY Administration Fees Maintenance in Lieu of Rent (LGU only) Other (Detail Required)												
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344 355 366 377 388 399 400 411 422 433 444 455 466 477 488 499 511 522 533 544 555	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Lease/Rental-Real Property Depreciation-Building Depreciation Building/Land Improvements Mortgage/Capital Improvements Interest Mortgage/Capital Improvements Interest Mortgage Expenses Insurance-Property & Casualty Real Estate Taxes Interest on Capital Indebtedness Start-up Expenses MCFFA/DASNY Interest Expense MCFFA/DASNY Interest Expense MCFFA/DASNY Administration Fees Maintenance in Lieu of Rent (LGU only) Other (Detail Required) Total Property-Provider Paid (Sum of Lines 34-47) TOTALS Total Operating Costs (Sum lines 1, 2, 5, 26 minus 14) Agency Admin. Alloc.(Line 49 times												
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344 355 366 377 388 399 40 41 422 433 444 45 466 477 488 50 51 52 53 54 55 56 57	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements  Depreciation-Building Depreciation Building/Land Improvements  Mortgage/Capital Improvements Interest  Mortgage Expenses Insurance-Property & Casualty Real Estate Taxes Interest on Capital Indebtedness Start-up Expenses  MCFFA/DASNY Interest Expense  MCFFA/DASNY Administration Fees  Maintenance in Lieu of Rent (LGU only) Other (Detail Required) Total Property-Provider Paid (Sum of Lines 34-47)  TOTALS  TOTALS  Total Operating Costs (Sum lines 1, 2, 5, 26 minus 14) Agency Admin. Alloc.(Line 49 times .  Adjustments/Non-Allowable Costs (Detail Required) Total COVID-19 Prog/Site Costs (Sum lines 14, 33, 48-50 minus 51)  REVENUE - COVID-19 Participant Fees (less SSI & SSA) SSI & SSA Home Relief/Public Assistance Medicaid Fee for Service Medicaid Managed Care												
344 355 366 377 388 399 40 41 422 433 444 455 50 51 52 55 55 56 57 58	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements Depreciation-Building Depreciation-Building/Land Improvements Mortgage/Capital Improvements Interest Mortgage Expenses Insurance-Property & Casualty Real Estate Taxes Interest on Capital Indebtedness Start-up Expenses MCFFA/DASNY Interest Expense MCFFA/DASNY Administration Fees Maintenance in Lieu of Rent (LGU only) Other (Detail Required) Total Property-Provider Paid (Sum of Lines 34-47) TOTALS Total Operating Costs (Sum lines 1, 2, 5, 26 minus 14) Agency Admin. Alloc. (Line 49 times ) Adjustments/Non-Allowable Costs (Detail Required) Total COVID-19 Prog/Site Costs (Sum lines 14, 33, 48-50 minus 51) REVENUE - COVID-19 Participant Fees (less SSI & SSA) SSI & SSA Home Relief/Public Assistance Medicaid Managed Care Medicaid Managed Care												
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344 414 424 433 444 455 466 477 48 499 500 511 52 533 546 555 566 600 611 62	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements Depreciation-Building Depreciation Building/Land Improvements Mortgage/Capital Improvements Interest Mortgage/Capital Improvements Interest Mortgage Expenses Insurance-Property & Casualty Real Estate Taxes Interest on Capital Indebtedness Start-up Expenses MCFFA/DASNY Interest Expense MCFFA/DASNY Interest Expense MCFFA/DASNY Administration Fees Maintenance in Lieu of Rent (LGU only) Other (Detail Required) Total Property-Provider Paid (Sum of Lines 34-47) TOTALS TOTALS Total Operating Costs (Sum lines 1, 2, 5, 26 minus 14) Agency Admin. Alloc.(Line 49 times) Adjustments/Non-Allowable Costs (Detail Required) Total COVID-19 Prog/Site Costs (Sum lines 14, 33, 48-50 minus 51) REVENUE - COVID-19 Participant Fees (less SSI & SSA) SSI & SSA Home Reliel/Public Assistance Medicaid Managed Care Medicare Other Third Parties OPWDD Residential Room and Board Transportation, Medicaid Transportation, Medicaid Transportation, Medicaid												
344 355 363 377 388 399 40 41 42 43 44 45 50 51 52 53 54 55 56 57 58 59 60 60 62 62 63 63 64 64 64 64 64 64 64 64 64 64 64 64 64	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements  Depreciation-Building Depreciation Building/Land Improvements  Mortgage/Capital Improvements Interest Mortgage/Capital Improvements Interest Mortgage Expenses Insurance-Property & Casualty Real Estate Taxes Interest on Capital Indebtedness Start-up Expenses MCFFA/DASNY Interest Expense MCFFA/DASNY Administration Fees Maintenance in Lieu of Rent (LGU only) Other (Detail Required) Total Property-Provider Paid (Sum of Lines 34-47) TOTALS Total Operating Costs (Sum lines 1, 2, 5, 26 minus 14) Agency Admin. Alloc (Line 49 times) Adjustments/Non-Allowable Costs (Detail Required) Total COVID-19 Prog/Site Costs (Sum lines 14, 33, 48-50 minus 51)  REVENUE - COVID-19 Participant Fees (less SSI & SSA) SSI & SSA Home Relief/Public Assistance Medicaid Fee for Service Medicaid Managed Care Medicare OPWDD Residential Room and Board Transportation, Medicaid Transportation, Other Sales: Contract Total												
344 355 363 377 388 399 40 41 42 43 44 45 50 51 55 55 56 57 58 59 60 61 63 63 64	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements Depreciation-Building Depreciation-Building/Land Improvements Mortgage/Capital Improvements Interest Mortgage Expenses Insurance-Property & Casualty Real Estate Taxes Interest on Capital Indebtedness Start-up Expenses MCFFA/DASNY Interest Expense MCFFA/DASNY Administration Fees McFFA/DASNY Administration Fees Maintenance in Lieu of Rent (LGU only) Other (Detail Required) Total Property-Provider Paid (Sum of Lines 34-47) TOTALS Total Operating Costs (Sum lines 1, 2, 5, 26 minus 14) Agency Admin. Alloc. (Line 49 times) Adjustments/Non-Allowable Costs (Detail Required) Total COVID-19 Prog/Site Costs (Sum lines 14, 33, 48-50 minus 51) REVENUE - COVID-19 Participant Fees (less SSI & SSA) SSI & SSA Home Relief/Public Assistance Medicaid Managed Care Medicaid Transportation, Medicaid Transportation, Other Sales: Contract Total Federal Grants (Detail Required)												
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344 353 363 373 384 404 414 455 505 515 556 566 577 588 599 601 616 626 637 646 657 667 688	PROPERTY-PROVIDER PAID Lease/Rental-Real Property Leasehold/Leasehold Improvements Depreciation-Building Depreciation Building/Land Improvements Mortgage/Capital Improvements Interest Mortgage/Capital Improvements Interest Mortgage Expenses Insurance-Property & Casualty Real Estate Taxes Interest on Capital Indebtedness Start-up Expenses MCFFA/DASNY Interest Expense MCFFA/DASNY Administration Fees Maintenance in Lieu of Rent (LGU only) Other (Detail Required) Total Property-Provider Paid (Sum of Lines 34-47) TOTALS Total Operating Costs (Sum lines 1, 2, 5, 26 minus 14) Agency Admin. Alloc.(Line 49 times ) Adjustments/Non-Allowable Costs (Detail Required) Total COVID-19 Prog/Site Costs (Sum lines 14, 33, 48-50 minus 51) REVENUE - COVID-19 Participant Fees (less SSI & SSA) SSI & SSA Home Relief/Public Assistance Medicarid Fee for Service Medicaid Managed Care Medicare Other Third Parties OPWDD Residential Required) State Grants (Detail Required) State Grants (Detail Required) State Grants (Detail Required) State Grants (Detail Required)												

Funding State Agency:    OMH																nal								
0,																	Page							
	AGENCY NAME:AGENCY CODE:																							
Indicate th	Provide all applicable information. Refer to Appendix R for Position Title Codes and Definitions. 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)																							
	PROGRA	COLUMN NUMBER PROGRAM CODE ** (PROGRAM CODE INDEX) PROGRAM/SITE IDENTIFICATION NUMBER **							( )				( )				( )			( )				( )
Position	PROGRAM/SITE NAME PROGRAM/SITE ADDRESS (Line One)																							
Title Code Appendix	PROGRAM/SITE ADDRESS (Line Two) COUNTY CODE																							
R	Position Title	Standard le 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
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Total "Amount Paid" for Positions.																								