FundingState Agency:

## **NEW YORK STATE**

CONSOLIDATED FISCAL REPORT For the Period: January 1, 2021 to December 31, 2021 SCHEDULE DMH-3 AID TO LOCALITIES AND DIRECT CONTRACTS PROGRAM FUNDING SOURCE SUMMARY

											<u> </u>	
AGENCY NAME:			PREPARED BY:						TELEPHONE: ()			
AGENCY CODE:			$\square$ Please check the box if the preparer changed from the previous submission.									
cou	NTY NAME & CODE:()					PLE	ASE CHECK	: FINAI	_ CLAIM	_		
Line	COLUMN NUMBER	Cost		1		1	1		1		TOTAL	
No.		Codes								وسيندعه	TOTAL	
	Accounting Method	00003										
	Program Type	00073				1						
	Program Code (Program Code Index)	00013	(	)	(	) (	)	(	) (			
	Total Persons Served/Year	00220	```		1	/			<u> </u>	'		
	Total Units of Service	00999				1						
	Gross Cost/Unit of Service	70999				1						
-	Net Cost/Unit of Service	71999				1						
	Reserved for Future Use	72999				1						
-	A. Funding Source Code (Local Assistance) Index (OMH/OASAS only)		001	001		001	001		001			
10		00260	•			1			1 .			
11	Number Units of Service	00250										
12		50999										
13		61999										
14		62999										
15		00201										
	B. Funding Source Code Index (OMH/OASAS only)											
17		00261										
18	Number Units of Service	00251										
19	Total Adjusted Expenses	50998										
20		61998										
21		62998										
22		00202										
	C. Funding Source Code Index (OMH/OASAS only)											
24		00262										
25		00252										
26		50997				-			-			
27		61997										
28 29		62997 00203										
29	D. Totals From A-C Above	00203						_				
20		51999										
30 31		63999				+						
31		52999				+						

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

DMH-3 Rev. February 2022

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