

NEW YORK STATE
CONSOLIDATED BUDGET REPORT
For the Period: 07/01/11 - 06/30/12

SCHEDULE CBR-i
AGENCY IDENTIFICATION
AND CERTIFICATION
STATEMENT

B U D G E T

Page _____

AGENCY NAME: _____
AGENCY ADDRESS: _____

AGENCY CODE: _____
COUNTY NAME: _____
COUNTY CODE: _____

TYPE OF OWNERSHIP:
NOT-FOR-PROFIT: _____
PROPRIETARY: _____
GOVERNMENTAL: _____

Please check the box if the agency address changed from the prior reporting period.

Person to Contact with Regard to Questions Concerning this Report:

FEDERAL EMPLOYER ID NUMBER (OPWDD ONLY): _____

Name Telephone Number

CHECK THE STATE AGENCY(IES):
OMH _____
OPWDD _____
OASAS _____

Title

E-mail Address FAX Number

SUBMISSION TYPE: **B U D G E T**

Please check the box if the person to contact changed from the prior reporting period.

Date Prepared

PLEASE NUMBER ALL PAGES CONSECUTIVELY. LIST THE NUMBER OF PAGES SUBMITTED: _____

Please Check State Agency:

- OMH
- OPWDD
- OASAS

NEW YORK STATE
CONSOLIDATED BUDGET REPORT
 For the Period: 07/01/11 - 06/30/12

SCHEDULE DMH-2 - BUDGET
AID TO LOCALITIES/
DIRECT CONTRACT
SUMMARY

B U D G E T

Page _____

AGENCY NAME: _____	PREPARED BY: _____	TELEPHONE: _____ () _____
AGENCY CODE: _____	() Please check the box if the preparer changed from the prior reporting period.	
COUNTY NAME & CODE: _____	USE WHOLE DOLLARS.	

B U D G E T

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes				
1	Accounting Method					
2	State Contract Number/LGU Contract Number *	00200				
3	Program Type	00072				
4	Program Code (Program Code Index)	00012				
	EXPENSES					
5	Personal Services	18010				
6	Vacation Leave Accruals **	18020				
7	Fringe Benefits	18030				
8	Other Than Personal Services (OTPS)	18040				
9	Equipment-Provider Paid ***	18050				
10	Property-Provider Paid ****	18060				
11	Agency Administration	18080				
12	Adjustments/Non-Allowable Costs	18090				
13	Total Adjusted Expenses (Lines 5-11 minus 12)	18999				
	REVENUES					
14	Participant Fees (less SSI & SSA)	46010				
15	SSI & SSA	46020				
16	Home Relief	46030				
17	Medicaid	46040				
18	Medicare	46060				
19	Other Third Parties	46070				
20	OPWDD Residential Room and Board	46080				
21	Transportation, Medicaid	46090				
22	Transportation, Other	46100				
23	Sales: Contract Total	46140				
24	Federal Grants (Attach detail)	46160				

* For direct contracts, enter the State contract number. For local contracts, enter the local contract number, if applicable.
 ** OASAS funded service providers cannot report vacation leave accruals for State Aid reimbursement.
 *** OASAS funded service providers cannot report equipment depreciation for State Aid reimbursement.
 **** OASAS funded service providers cannot report property related depreciation for State Aid reimbursement.

Please Check State Agency:

- OMH
- OPWDD
- OASAS

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AID TO LOCALITIES/
DIRECT CONTRACT
SUMMARY

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B U D G E T

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes				
	Program Type	00072				
	Program Code	00012				
25	State Grants (Attach detail)	46190				
26	LTSE Income Total (OMH and OPWDD only)	46220				
27	Food Stamps (OASAS Only)	46240				
28	Net Deficit Funding (State & LGU Funding only)*	46110				
29	Other (Attach detail for revenue items > \$1,000)	46230				
30	Total Gross Revenue (Sum Lines 14-29)	46999				
	ADJUSTMENTS TO REVENUE					
31	Participant Allowance	47010				
32	Uncollectible Accounts Receivable	47040				
33	Other (Attach detail for adjustment items > \$1,000)	47045				
34	Total GAAP Adjustments (Sum Lines 31-33)	47049				
35	Net GAAP Revenues (Line 30 minus 34)	47025				
	ADJUSTMENTS TO REVENUE					
36	Exempt Contract Income	47050				
37	Exempt LTSE Income	47060				
38	Net Deficit Funding**	47070				
39	Other (Attach detail for adjustment items > \$1,000)	47080				
40	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998				
41	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999				
42	Total Net Revenues (Line 30 minus 41)	48999				
43	Net Operating Costs (Line 13 minus 42)	49999				
	DEFICIT FUNDING					
44	State	60010				
45	Local Government	60020				
46	Service Provider Share (Voluntary Contributions)	60030				
47	Total Approved Deficit Funding (Sum Lines 44-46)	60039				
48	Non-Funded	60040				
49	Total Net Deficit (Sum Lines 44-47)	60999				

* Do not include non-funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 28 above.

Please Check State Age

OMH
 OPWDD
 OASAS

NEW YORK STATE
CONSOLIDATED BUDGET REPORT
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SCHEDULE DMH-3 - BUDGET
AID TO LOCALITIES AND DIRECT CONTRACTS
PROGRAM FUNDING SOURCE SUMMARY

B U D G E T

Page _____

AGENCY NAME: _____	PREPARED BY: _____	TELEPHONE: () _____
AGENCY CODE: _____	() Please check the box if the preparer changed from the prior reporting period.	
COUNTY NAME & CODE: _____	USE WHOLE DOLLARS.	

B U D G E T

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/Month	00220																		
5	Total Units of Service	00999																		
6	Gross Cost/Unit of Service	70999																		
7	Net Cost/Unit of Service	71999																		
8	Please Check:																			
9	A. Funding Source Index (OMH/OASAS only)																			
10	Number Persons Served/Month	00260																		
11	Number Units of Service	00250																		
12	Total Adjusted Expenses	50999																		
13	Less Applied Net Revenue	61999																		
14	Net Operating Costs	62999																		
15	Contract Number *	00201																		
16	B. Funding Source Index (OMH/OASAS only)																			
17	Number Persons Served/Month	00261																		
18	Number Units of Service	00251																		
19	Total Adjusted Expenses	50998																		
20	Less Applied Net Revenue	61998																		
21	Net Operating Costs	62998																		
22	Contract Number *	00202																		
23	C. Funding Source Index (OMH/OASAS only)																			
24	Number Persons Served/Month	00262																		
25	Number Units of Service	00252																		
26	Total Adjusted Expenses	50997																		
27	Less Applied Net Revenue	61997																		
28	Net Operating Costs	62997																		
29	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.