

NEW YORK STATE  
CONSOLIDATED BUDGET REPORT  
For the Period: 01/01/10 - 12/31/10

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 (OMRDD 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: \_\_\_\_\_