

Please Check State Agency:

- OMH
- OPWDD
- OASAS

**NEW YORK STATE**  
**CONSOLIDATED BUDGET REPORT**  
 For the Period: 07/01/10 - 06/30/11

**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				
	<b>EXPENSES</b>					
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				
	<b>REVENUES</b>					
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	OMRDD 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.

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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 OMRDD 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				
	<b>JUSTMENTS TO REVENUE</b>					
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				
	<b>ADJUSTMENTS TO REVENUE</b>					
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				
	<b>DEFICIT FUNDING</b>					
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.