

OASAS
 OMRDD

NEW YORK STATE
CONSOLIDATED FISCAL REPORTING SYSTEM

SCHEDULE CQR-1

AGENCY QUARTERLY
FISCAL SUMMARY

Consolidated Quarterly Report
Fiscal Period: 01/01/07 - 12/31/07

QUARTER REPORTED (Please Check):

___ 1st ___ 2nd ___ 3rd ___ Mid-Year ___ Final REVISION # ___

Page ___

AGENCY NAME: _____ AGENCY CODE: _____ LGU: _____
PREPARED BY: _____ COUNTY NAME AND CODE: _____ () LGU APPROVAL BY: _____
TELEPHONE: _____

USE WHOLE DOLLARS ONLY

Line No.	COLUMN NUMBER	1	2	3	4		5		6		7	
					PROGRAM TYPE ()	CODE	INDEX	CODE	INDEX			
	ITEM DESCRIPTION	STATE AGENCY APPROVED BUDGET	SERVICE PROVIDER YEAR-TO-DATE TOTAL	SERVICE PROVIDER TOTAL FOR THIS QUARTER								
	ACCOUNTING METHOD →											
	EXPENSES											
1	Personal Services											
2	Vacation Leave Accruals											
3	Fringe Benefits											
4	Other Than Personal Services											
5	Equipment-Provider Paid											
6	Property-Provider Paid											
7	Agency Administration											
8	Adjustments/Non-Allowable Costs											
9	Total Expenses (Lines 1-7 minus 8)											
	REVENUES											
10	Please Check if Participant Specific Revenue Methodology is Used (OMRDD Only) → → → → → →											
11	Medicaid Revenue											
12	Non-Medicaid Revenue											
13	Total Revenues (Lines 11-12)											
14	NET OPERATING COSTS (Line 9 minus 13)											

MISCELLANEOUS												
15	State Contract Number / LGU Contract Number *											
16	Total Persons Served (OMH Only)											
17	Total Units of Service											
18	Gross Cost Per Unit											
19	Net Cost Per Unit											
20	Workshop Contract Sales (Direct)											
21	Local Government (OASAS Only)											
22	Voluntary Contributions (OASAS Only)											

* For direct contracts enter the State contract number. For local county contract enter the local county contract number.

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Line No.	ITEM DESCRIPTION	1		2		3		4		5		6		7	
		STATE AGENCY APPROVED BUDGET	SERVICE PROVIDER YEAR-TO-DATE TOTAL	SERVICE PROVIDER YEAR-TO-DATE TOTAL	SERVICE PROVIDER TOTAL FOR THIS QUARTER	PROGRAM TYPE ()									
						CODE	INDEX								
23	A. Funding Code														
24	Direct Contract # (If Applicable)														
25	Local Contract # (If Applicable)														
26	No. Persons Served (OMH Only)														
27	Units of Service														
28	Total Expenses														
29	Revenue:Medicaid														
30	Revenue:Other														
31	Total Revenues														
32	Net Operating Costs														
33	B. Funding Code														
34	Direct Contract # (If Applicable)														
35	Local Contract # (If Applicable)														
36	No. Persons Served (OMH Only)														
37	Units of Service														
38	Total Expenses														
39	Revenue:Medicaid														
40	Revenue:Other														
41	Total Revenues														
42	Net Operating Costs														
43	C. Funding Code														
44	Direct Contract # (If Applicable)														
45	Local Contract # (If Applicable)														
46	No. Persons Served (OMH Only)														
47	Units of Service														
48	Total Expenses														
49	Revenue:Medicaid														
50	Revenue:Other														
51	Total Revenues														
52	Net Operating Costs														
53	D. Funding Code														
54	Direct Contract # (If Applicable)														
55	Local Contract # (If Applicable)														
56	No. Persons Served (OMH Only)														
57	Units of Service														
58	Total Expenses														
59	Revenue:Medicaid														
60	Revenue:Other														
61	Total Revenues														
62	Net Operating Costs														