

OASAS
 OPWDD

NEW YORK STATE
CONSOLIDATED FISCAL REPORTING SYSTEM

SCHEDULE CQR-1

AGENCY QUARTERLY
FISCAL SUMMARY

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

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 ITEM DESCRIPTION	1	2	3	4		5		6		7	
		STATE AGENCY APPROVED BUDGET	SERVICE PROVIDER YEAR-TO-DATE TOTAL	SERVICE PROVIDER TOTAL FOR THIS QUARTER	PROGRAM TYPE ()							
					CODE	INDEX	CODE	INDEX	CODE	INDEX	CODE	INDEX
	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 (OPWDD 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.

