

Please Check State Agency:

_____ OMRDD
 _____ OASAS

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

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

B U D G E T

Page _____

AGENCY NAME: _____ **B U D G E T**

AGENCY CODE: _____

Line No.	COLUMN NUMBER ITEM DESCRIPTION				
1	PROGRAM TYPE				
2	PROGRAM CODE				
	EQUIPMENT > \$2,500 (LIST INDIVIDUALLY)				
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23	EQUIPMENT < \$2,500 EACH (AGGREGATE TOTAL)				
24	TOTAL EQUIPMENT				

Note: Do not include any expensed equipment reported in the OTPS line on this schedule.