

<b>Provider ID</b>		<b>Provider ID 2</b>	
<b>Agency Name</b>			
<b>Funding State Agency</b>			
			<b>Period</b>
OCFS	DOH		Start Date
Bridges to Health	TBI	NHTD	CAH I & II

**NEW YORK STATE**  
CONSOLIDATED FISCAL REPORT

SCHEDULE CFR-2  
AGENCY FISCAL  
SUMMARY

Rev. Mar. 2017

Line No.	Column Number		Cost Codes	1	2	3	4	5	6
	Item Description			Agency Totals (Sum Col. 2-7)	OCFS Total	TBI Total	NHTD Total	CAH I & II Total	
	<b>Expense</b>								
1	Personal Services	(CFR-1, Line 14)	31999	-	-	-	-	-	
2	Vacation Leave Accruals	(CFR-1, Line 15)	32999	-	-	-	-	-	
3	Fringe Benefits	(CFR-1, Line 18)	33999	-	-	-	-	-	
4	OTPS	(CFR-1, Line 33)	34999	-	-	-	-	-	
5	Equipment-Provider Paid	(CFR-1, Line 40)	35999	-	-	-	-	-	
6	Property-Provider Paid	(CFR-1, Line 47)	36999	-	-	-	-	-	
7	Net Agency Admin.	(CFR-1, Line 49)	38050	-	-	-	-	-	
8	Adj./Non-Allow. Costs	(CFR-1, Line 50)	38030	-	-	-	-	-	
9	Total Adj. Expenses	(Sum Lines 1-7 minus 8)	38999	-	-	-	-	-	

**THE RECONCILIATION SCHEDULE MUST BE COMPLETED WHEN:**

(1) the expenses and revenues in the CFR do not equal the expenses and revenues in the audited financial statements and

(2) the reporting periods of the CFR and financial statements coincide.

\* These amounts are not detailed elsewhere in the CFR and, therefore, will not crossfoot to CFR-1.