NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding Request ATTACHMENT B - CONTRACT BUDGET AND FUNDING SUMMARY

1) Initiative:	COMPREHENSIVE INTEGRATED OUTPATIENT TREATMENT PROGRAM		
Category:			
County:	Existing PRU:		
2) Printed Legal Name of Entity:			
3) SFS Supplier ID:		4) OASAS Provider Number:	
5) Street Address/P.O. Box:			
6) City/Town/Village:		7) Postal Zip Code:	
8) Printed Name of Contact Perso	in:	9) Printed Title of Contact:	
10) Contact Telephone #:	11) Contact E-Mail:		
REQUESTED BUDGET (rounded	to the nearest dollar)		Amount
12) Personal Services	<u> </u>		
13) Fringe Benefits			
14) Other Than Personal Services	Non-Personal Services		
15) Equipment			
16) Property/Space			
17) Agency Administration (if appl	licable)		

	Total Funds Requested
18) Printed Name of Agency Official:	19) Printed Title:
20) Signature:	21) Date:

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding Request ATTACHMENT B - CONTRACT BUDGET AND FUNDING DETAIL

1) Initiative: COMPREHENSIVE INTEGRATED OUTPATIENT TREATMENT PROGRAM

2) Printed Legal Name of Entity:

REQUESTED BUDGET (rounded to the nearest dollar)	Amount
12) Personal Services	
13) Fringe Benefits	
14) Other Than Personal Services/Non-Personal Services	
15) Equipment	
a) Identify:	
b) Identify:	
c) Identify:	
d) Identify:	
e) Identify:	
f) Identify:	
g) Identify:	
16) Property/Space	
Description of proposed cosmetic renovations:	
17) Agency Administration (if applicable)	
TOTAL GROSS EXPENSE BUDGET	