

<p>5.</p> <p>Program Location</p>	<p>a. Describe below the proximity of the proposed site to currently existing certified OASAS programs.</p> <p>b. In answering this question, the following should be taken in to consideration:</p> <p>(a) the nature of the immediate surroundings of the proposed site – residential, commercial, etc. – and will the presence of the program impact this in some way;</p> <p>(b) the potential impact on traffic and parking, including pickup and drop off capability, and accessibility of public transportation, if available; and</p> <p>(c) any other potential impact(s) on the community environment.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I have visited the proposed location. Date of Visit: _____</p> <p><input type="checkbox"/> I have not visited the proposed location, but have sufficient personal knowledge to attest to its suitability.</p> <p>Please describe your assessment of the circumstances noted.</p> <p>c. Have you reviewed and approved the proposed lease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>6.</p> <p>Current Status of Existing Programs</p>	<p>Are there any community issues with other programs operated by this provider, or in the case of relocation, this program's current location (i.e., any issues around loitering, public safety, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please describe any issues.</p>		
<p>7.</p> <p>Community Response</p>	<p>Please describe outreach to the local community (e.g., Community Boards, Planning Boards, Neighborhood Coalitions, other local governmental entities). Please summarize community input, including any existing or likely community concerns, as well as any recommendations.</p>		
<p>8.</p> <p>Other Significant Considerations</p>	<p>Are there other significant considerations that may impact on the approval of the action(s) covered in this application proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", provide explanation below or on additional sheets attached to this report.</p>		
<p>9.</p> <p>Field Office Recommendations</p>	<p>Does this proposal have the recommendation of the Program Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Signature of Program Manager</p>	<p>Date</p>
	<p>Does this proposal have the recommendation of the Field Office Coordinator? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Signature of Field Office Coordinator</p>	<p>Date</p>
<p>10.</p> <p>District Director Verification and Recommendation</p>	<p>OASAS Funding Commitment</p> <p>One-Time \$ _____ Base Level \$ _____ Capital \$ _____</p>		
	<p>Does this proposal have the recommendation of the Field Office District Director? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Signature of Field Office District Director</p>	<p>Date</p>