



**Office of Alcoholism and
Substance Abuse Services**

Request for Applications

Rapid Treatment Expansion Capital Funding Grant

August 2, 2016

www.oasas.ny.gov

**NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Request for Applications
Rapid Treatment Expansion Capital Funding Grant**

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**NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Request for Applications
Rapid Treatment Expansion Capital Funding Grant Opportunity**

Submission of Inquiries and Responses to:

All Inquiries to:

Karen Stackrow
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue, 5th Floor
Albany, New York 12203-3526
procurements@oasas.ny.gov
Reference: “**OASAS Request for Applications Rapid Treatment Expansion Capital Funding Grant**”

Submission of Applications to:

Karen Stackrow
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue, 5th Floor
Albany, New York 12203-3526
Reference: “**OASAS Request for Applications Rapid Treatment Expansion Capital Funding Grant**”

Please be aware that any expenses your agency incurs in the preparation and submission of the request for applications will not be reimbursed by the State. Your agencies continued interest in providing services to the State of New York is appreciated.

I. INTRODUCTION AND BACKGROUND

A. Purpose of Request for Applications (RFA)

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) announce the availability of \$10 million in capital grants available to develop approximately 50 Part 820 Residential Services Beds (820 beds) and 335 Part 822.2 Opioid Treatment Program (OTP slots) throughout New York State.

B. Funding

Funding is available only for new beds/slots, not conversions of current operating programs. The capital funding is “hard dollar” with no need for repayment of the grant outside of allowing an OASAS State Aid Grant Lien (SAGL) on the property for a period of ten (10) to thirty (30) years (depending on the amount of the grant in relation to the overall cost of the project). Long-term leases could be considered as substitution for SAGL.



C. Key Events/Timeline

Closing Date for Receipt of Applicant’s Submission.....5:00PM, September 15, 2016

D. Eligible Applicants

OASAS is seeking applications for rapid expansion opportunities from OASAS- voluntary agencies and Local Governmental Units (LGUs) that currently operate NYS OASAS-certified programs. The proposed new services will be considered in all counties within the State with priority given to applications for services in counties that don’t currently offer the services and then to program applications in counties with comparatively fewer services offered.

Applicants are advised that only those programs with a valid OASAS operating certificate at the time of contract award will be eligible for funding through this RFA.

For purposes of this solicitation the following definitions apply:

Voluntary Agencies: As defined in New York State Mental Hygiene Law, section 41.03 paragraph 11, a voluntary agency “means a corporation organized or existing pursuant to the not-for-profit corporation law for the purpose of providing local services.” .

Local Governmental Unit: As defined in New York State Mental Hygiene Law, section 41.03 paragraph 5, local governmental unit “means the unit of local government given authority in accordance with this chapter by local government to provide local services.”

In good standing: All of a provider’s operating certificates that are subject to a compliance rating have a current compliance rating of partial (two years) or substantial (three year) compliance. Applicants are advised that OASAS certified or funded agencies must be in good standing to submit an application.

E. Format of Request for Application Response

Format and Submission Process

Format

For each proposed service and/or location provide a complete separate response containing the following:

1. Application Narrative - Appendix A
2. Capital Data Form – Appendix B
3. Program Budget/Initiative Funding Request Form – Appendix C
4. Local Governmental Unit (LGU) Letter of Support - Appendix E



Submission Process

ONE ORIGINAL AND FOUR COPIES of complete application in a sealed envelope(s) must be mailed, sent via delivery service or hand delivered by the organization or the organization's representative to address below:

Karen Stackrow
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue, 5th Floor
Albany, New York 12203-3526

Attn: Application - OASAS Request for Applications Rapid Treatment Expansion Capital Funding Grant The cover of the sealed envelope should be labeled “**OASAS Request for Applications Rapid Treatment Expansion Capital Funding Grant**”.

All applications must be received by 5:00PM, September 15, 2016.

II. ADMINISTRATIVE INFORMATION

A. Vendor Responsibility

Pursuant to New York State Finance Law section 163(3) (a) (ii), State agencies are required to ensure that contracts are awarded to responsible vendors. A determination of responsibility includes, but is not limited to, an affirmative review of an applicant's qualifications, legal authority, financial stability, integrity and past contract performance. A vendor responsibility review, including completion of a vendor responsibility questionnaire, will be required of any successful applicant. OASAS requires a successful applicant to formally communicate any changes in its responsibility disclosure. Failure to disclose any changes provides OASAS with the right to terminate the contract for cause.

OASAS recommends that applicants file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://osc.state.ny.us/vendrep/documents/system/checklist.pdf> or go directly to the VendRep System online at http://www.osc.state.ny.us/vendrep/info_vrsystem.htm.

Applicants must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at (866) 370-4672 or (518) 408-4672 or email at itservicedesk@osc.state.ny.us.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at www.osc.state.ny.us/vendrep or via contacting OASAS or the Office of the State Comptroller's Help Desk for a copy of the paper form.



B. Prequalification Requirement for Not-for-profit Applicants

(See Appendix D for Important Information on Maintaining Prequalification Status)

Pursuant to the [New York State Division of Budget Bulletin H-1032 Revised](#), dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which require that **not-for-profits must register in the NYS Grants Gateway and complete a Vendor Prequalification process.**

Applicants should be pre-qualified in the NYS Grants Gateway when submitting their application and any award is contingent on the applicant(s) being pre-qualified in at the time of contract execution. (See: <http://grantsgateway.ny.gov/>)

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

1) Register for the Grants Gateway.

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username please email grantsreform@budget.ny.gov. If you do not know your Password please click the [Forgot Password](#) link from the main log in page and follow the prompts.

2) Complete your Prequalification Application.

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsreform@budget.ny.gov.



3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Failure to prequalify and maintain your prequalification status will serve as a bar to grant eligibility. If you have any questions about prequalification, please go to the Grants Reform website or contact the OASAS prequalification specialist, Lenore Perrott at Lenore.Perrott@oasas.ny.gov.

C. Reserved Rights

OASAS reserves the right to:

1. Reject any or all applications received in response to this RFA;
2. Not make an award to any applicant who is not in good standing at the time a contract is awarded;
3. Withdraw the RFA at any time, at the agency's sole discretion;
4. Make an award under this RFA in whole or in part;
5. Make awards based on geographical or regional consideration to best serve the interest of the State;
6. Negotiate with the successful applicant within the scope of the RFA in the best interests of the State;
7. Disqualify any applicant whose conduct and/or application fails to conform to the requirements of this RFA;
8. Seek clarifications and revisions of applications;
9. Use application information obtained through site visits, management interviews and the State's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA;



10. Prior to the application deadline, amend the RFA to correct errors of oversights, or to supply additional information as it becomes available;
11. Prior to the application deadline, direct applicants to submit application modifications addressing subsequent RFA amendments;
12. Change any of the scheduled dates;
13. Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants;
14. Waive any requirement that is not material;
15. Conduct contract negotiations with the next responsible applicant, should the agency be unsuccessful in negotiating with the selected applicant;
16. Utilize any and all ideas submitted in the applications received;
17. Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's submission and/or to determine an applicant's compliance with the requirements of the solicitation;
18. Accept submissions after the due date, if OASAS in its sole discretion, determines there is good cause shown for delay in the submission(s); and
19. Cancel or modify contracts due to the insufficiency of appropriations.

D. Appeals

Decisions made by the Commissioner of OASAS based on the criteria cited in this RFA will be final and not subject to appeal.

III. SCOPE OF WORK

A. Target Population

The target population is the population in need of 820 beds and OTP services for persons in need (as determined by the OASAS web-based level of care determination application known as Level of Care for Alcohol and Drug Treatment Referral (LOCADTR)), or those actively engaged in outpatient treatment who due to lack of appropriate housing are at risk for relapse.

Preference is given to contractor(s) proposing development of a Part 820 Residential Services or Part 822 OTP program in counties where no such treatment services currently exist then to program applications in counties with comparatively fewer services offered.

B. Part 820 Residential Services Program

Part 820 Designated Programs will support the SUD service system to meet the needs of individuals and offer opportunities to stabilize patients within community settings. This capital application includes funding for residential programs including the stabilization service element as well as rehabilitation and/or integration service. Successful applicants will describe a residential program that includes stabilization and other service elements to develop a residential community based response to the heroin and other opioid crisis. The Part 820 stabilization element will offer an alternative to detox or naloxone reversal alone. Each of these approaches provides a short-term intervention that leaves the patient with reduced opioid tolerance and cravings to return to use with little support for long term recovery. Residential services provide patients who do not have a safe place to engage in outpatient treatment, a supportive setting within the community to stabilize and participate in treatment.

C. Part 822 Opioid Treatment Program (OTP)

It is the intent of NYS to build a robust Part 822-OTP network that will support overall SUD services which are comprehensive, patient centered and deliver quality care. Successful applicants will be able to present a model that is considered a “Center of Excellence” in response to NYS’ heroin and prescription opioid crisis and the need to increase medication assisted treatment (MAT) access in regions across the state.

IV. EVALUATION CRITERIA

Applications will be reviewed, rated and ranked in order of highest score based on an evaluation of each applicant’s written submission.

The evaluation will apply points in the following categories:

Program Narrative	30 points
Capital Plan	45 points
Capital Budget	15 points
Program Budget	10 points
TOTAL POSSIBLE POINTS	100 POINTS

V. APPLICATION SUBMISSION

If applying for one or more services or locations, a separation application must be submitted for each new (or expanded) service and each location where the new (expanded) service proposed.

A. Program Narrative (30 points)

When submitting applications for funding under this RFA the applicant should answer only the questions for the type of program applying for (Part 820 Residential Services or Part 822 OTP) contained within Appendix A. The narrative should be brief (no more than six pages total, excluding attachments) and address all of the components listed below, in the following order:



Part 820 Residential Services Program (only answer if applying for 820 Residential Services)

The Program Narrative for Part 820 Residential Services should address and will be evaluated based on the following areas:

Population Need – (10 points) Provide target population demographic data that identifies the current and anticipated needs within the community; and, identify what Part 820 element(s) the applicant will provide.

Service Continuum – (5 points) Define what Part 820 element(s) your agency will provide. Explain how this/these element(s) will: Support the continuum of services offered in the region / county; and, Address service gaps with your geographic regions such that individuals will not be required to leave his/ her support system for treatment.

Program Description – (5 points) Describe how services will be: participant driven; strength based; trauma informed and recovery oriented.

Service Experience – (5 points) Describe your experience delivering treatment services that utilize best and promising practices.

Continuum of Care – (5 points) Describe process to coordinate and connect the patient to the next level of care in the service(s) continuum including recovery support services within the community.

Part 822-Opioid Treatment Program (OTP) (only answer if applying for 822 OTP Services)

The Program Narrative for Part 822 OTP Services should address and will be evaluated based on the following areas:

Population Statement of Need – (5 points) Provide target population demographic data that identifies the current and anticipated needs within the community and describe the existing capacity for OTP and MAT services and document unmet need. Describe unique needs of adolescent or young adult individuals in your community. Describe intent to have your OTP capacity lifted or if already approved, please provide details of your proposal in your application submission.

Comprehensive Medication Assisted Treatment Integration – (5 points) Define how you will integrate all MAT options within your program's MAT services delivery. If you already provide comprehensive MAT services, please describe them. If there are any identified barriers in providing MAT options onsite, please describe in detail and indicate how patient access to MAT will be ensured regardless.

Patient Centered Care Response to Treatment Care Description – (10 points) Describe how your services are or will be patient centered: please specify expectations regarding patient engagement, provision around eligibility of take home schedules, adoption of scheduled dosing and counseling services, and focus that is strength based. Describe specific needs of adolescent (12-17 years old) and young adults (18-24 years old).



Withdrawal Management Services – (5 points) Describe your current experience or proposed experience in delivering withdrawal management services as well as long-term maintenance MAT treatment services; describe provision of other taper protocol services, such as benzodiazepine taper options that will be provide to patients.

Peer Support Services – (5 points) Describe your present or prospective provision of services that are trauma informed and recovery oriented. Describe how the integration and use of peer support services in incorporated within your proposed model and how these services are coordinated within overall clinical and medical treatment.

B. Capital Plan (45 points) and Capital Budget (15 points)

The application must provide a detailed description of the proposed site, including a description of the property and surrounding area, name of the property owner and the renovations that will be necessary. Preference will be given to applications that have site control and can demonstrate rapid site development capability. If the timeframe for site development becomes problematic, OASAS retains that right to withdraw any award.

Use Appendix B and attach additional pages as necessary to describe the proposed Capital Plan and Capital Budget that addresses each of the following questions:

Capital Plan

Geographic Distribution of Services – (10 points) Are the proposed type of services offered within the County? What is the distance to the nearest location offering these services?

Site Control – (10 points) Does the applicant have control of the site? Control is defined as ownership or long-term lease (10 years under \$1M and 20 years \$1M and above) of the site by the applicant or a closely allied entity. Are there any outstanding liens (other than OASAS) on the property that would prevent a State lien on the site?

Site Information/Zoning – (10 points) For the site identified, are the dimensions of the land and/or vacant building sufficient to provide a program for the proposed services? Is the site currently certified by OASAS and are these services currently offered at the proposed location? Is the vacant land or building zoned to permit the program to operate at the site?

Scope of work for proposed project - (10 points) Include a projected scope of work; the amount of renovations or new construction required to allow the site to operate the proposed program; a timeline for all steps needed to design, construct and open the program

Experience – (5 points) Include a description of the applicant’s previous capital experience and projected timeline for the project.

Capital Budget

Estimated Capital Costs – (15 points) Include a detailed estimate of the amount of capital funds needed to implement the capital improvements including all soft (design, permitting...) and hard (furnishings, construction...) costs. Develop the cost per bed/slot. The amount to be awarded for



capital funding for Part 820 beds is expected to be approximately \$100,000 per bed and for Part 822 OTP slots approximately \$22,000 per slot.

C. Program Budget (See Appendix C) (10 points)

The Program Budget submitted should reflect the annual operational costs needed AFTER the completion of the capital project. All operational funding awarded under this RFA will be made via a direct contract with OASAS or through the Local Governmental Unit (LGU) for the selected providers. Each applicant's LGU must express its support of the application and indicate whether it is willing to enter into a local contract with the applicant or to amend a current local contract with the provider to include funding for this initiative using Appendix E - LGU Letter of Support.

Applicants should identify in the budget section, additional budgetary resources you are able to leverage to increase your own service capacity. Identify and include the source of revenue, the amount, and information from the other funding source documenting this level of support.

Program budget scores will be determined by awarding the maximum points to the most cost effective budget. Remaining budgets will be compared to the most cost effective budget and awarded points based on the percentage difference the cost is from the most cost effective budget. The most cost effective budget is defined as the as the lowest amount of State aid per bed or slot. This will be determined by dividing total amount of State aid requested (line 5 of Appendix C) by the number of residential beds or OTP slots proposed (line 7 of Appendix C).

Applicants are advised that all fiscal policies and procedures of this Service must be in accordance with New York State Mental Hygiene Law; New York State Finance Law; the Not-for-Profit Corporation Law; Consolidated Budgeting Reporting and Claiming Manual; Consolidated Fiscal Reporting Manual: OASAS Funding Requirements; Contract Documents; Administrative and Fiscal Guidelines for Funded Providers; Local Services Bulletins; all other applicable Federal and State laws and regulations as well as local County/LGU requirements and policies. Please see the Administrative and Fiscal Guidelines for OASAS Funded Programs as a reference source to all applicable fiscal requirements and Local Services Bulletins, agency's financial statement and history of OASAS contracts.

**OASAS 2016 REQUEST FOR APPLICATIONS
RAPID TREATMENT EXPANSION CAPITAL FUNDING GRANT OPPORTUNITY
APPENDIX A - RFA PROGRAM NARRATIVE FORM**

Applicant should answer only the questions for the type of program applying for (Part 820 Residential Services or Part 822 OTP) contained within this Appendix.

Section A: Part 820 Residential Services Program (answer the following five questions if applying for 820 Residential Services)

Part 820 Designated Programs will support the SUD service system to meet the needs of individuals and offer opportunities to stabilize patients within community settings. This capital application includes funding for residential programs including stabilization service element as well as rehabilitation and/or integration service. Successful applicants will describe residential program that includes stabilization and other service elements to develop a residential community based response to the heroin and other opioid crisis. The Part 820 stabilization element will offer an alternative to detox or naloxone reversal alone. Each of these approaches provides a short-term intervention that leaves the patient with reduced opioid tolerance and cravings to return to use with little support for long term recovery. Residential services provide patients who do not have a safe place to engage in outpatient treatment, a supportive setting within the community to stabilize and participate in treatment.

Program Narrative: When submitting applications for the Part 820 funding under this RFI, your narrative should be brief (no more than two pages total, excluding attachments) and address the components listed below in the following order:

Question One: Population Need: 10 points

Provide target population demographic data that identifies the current and anticipated needs within the community; and, identify what Part 820 element(s) the applicant will provide:

Question Two: Service Continuum: 5 points

Define what Part 820 element(s) your agency will provide. Explain how this/these element(s) will:

- Support the continuum of services offered in the region / county; and,
- Address service gaps with your geographic regions such that individuals will not be required to leave his/ her support system for treatment:

Question Three: Program Description: 5 points

Describe how services will be: participant driven; strength based; trauma informed and recovery oriented:

Question Four: Service Experience: 5 points

Describe your experience delivering treatment services that utilize best and promising practices:

Question Five: Continuum of Care: 5 points

Describe process to coordinate and connect the patient to the next level of care in the service(s) continuum including recovery support services within the community:



Section B: Part 822-Opioid Treatment Program (OTP) Narrative Questions (answer the following five questions if applying for 822 OTP Services)

It is the intent of NYS to build a robust Part 822-OTP network that will support overall SUD services which are comprehensive, patient centered and deliver quality care. Successful applicants will be able to present a model that is considered a “Center of Excellence” in response to NYS’ heroin and prescription opioid crisis and the needs to increase medication assisted treatment (MAT) access in regions across the state.

Program Narrative: When submitting applications for the Part 822-OTP Services funding under this RFI, your narrative should be brief (no more than six pages total, excluding attachments) and address the components listed below in the following order.

Question One: Population Statement of Need (1 page): 5 points

Provide target population demographic data that identifies the current and anticipated needs within the community and describe the existing capacity for OTP and MAT services and document unmet need. Describe unique needs of adolescent or young adult individuals in your community. Describe intent to have your OTP capacity lifted or if already approved, please provide details of your proposal in your application submission.

Question Two: Comprehensive Medication Assisted Treatment Integration (1 page): 5 points

Define how you will integrate all MAT options within your program’s MAT services delivery. If you already provide comprehensive MAT services, please describe them. If there are any identified barriers in providing MAT options onsite, please describe in detail and indicate how patient access to MAT will be ensured regardless.

Question Three: Patient Centered Care Response to Treatment Care Description (2 pages): 10 points

Describe how your services are or will be patient centered: please specify expectations regarding patient engagement, provision around eligibility of take home schedules, adoption of scheduled dosing and counseling services, and focus that is strength based. Describe specific needs of adolescent (12-17 years old) and young adults (18-24 years old).

Question Four: Withdrawal Management Services (1 page): 5 points

Describe your current experience or proposed experience in delivering withdrawal management services as well as long-term maintenance MAT treatment services; describe provision of other taper protocol services, such as benzodiazepine taper options that will be provided to patients.

Question Five: Peer Support Services (1 page): 5 points

Describe your present or prospective provision of services that are trauma informed and recovery oriented. Describe how the integration and use of peer support services is incorporated within your proposed model and how these services are coordinated within overall clinical and medical treatment.

**OASAS 2016 REQUEST FOR APPLICATIONS
RAPID TREATMENT EXPANSION CAPITAL FUNDING GRANT OPPORTUNITY
APPENDIX B - RFA CAPITAL DATA FORM**

PROVIDER INFORMATION

1. Legal Name of Applicant Entity:			
2. Name of Local Governmental Unit, if Applicable:			
3. Applicant's OASAS Provider Number:		4. Applicant's Street Address/P.O. Box:	
5. Applicant's City/Town/Village:			6. Postal Zip Code:
7. Date Prepared:			
8. Name of Applicant Contact Person:	9. Title of Contact:	10. Contact Telephone #:	11. E-mail:

PROPOSED LOCATION

1. Street:		2. City:	3. State:	4. Zip:
5. Service Category:		6. PRU:	7. County:	
8. Existing Capacity (if applicable):		<input type="checkbox"/> Beds	<input type="checkbox"/> Slots	9. Proposed Capacity Expansion:
		<input type="checkbox"/> Beds	<input type="checkbox"/> Slots	

CAPITAL PLAN

1. Geographic Distribution of Services:			
• Are the proposed type of services offered within the County?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• What is the distance to the nearest location offering these services?	Miles		
Name of provider of services:	Address:		
2. Site Control:			
• Is the proposed site owned by the applicant or closely allied entity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Is the proposed site leased by the Provider?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", Name of Landlord:	Term of lease:		
• Does the property have liens against it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If "Yes", Will lien prevent OASAS from filing a State Aid Gran Lien on the property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name on Lien:	Lien Defeasance amount:	Term of Lien:	
3. Site Information/Zoning:			
• Is the proposed site vacant land or an existing building?	<input type="checkbox"/> Vacant land	<input type="checkbox"/> Existing building	
• Is the land and/or building space sufficient to develop the proposed treatment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Is the proposed site currently zoned "as of right" to allow the proposed program to operate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are these services currently offered at the proposed location?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Is the site currently a certified chemical dependence program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If yes, what type of program	and capacity	? If more than one: type of program	and capacity
• Was the site previously certified as a chemical dependence program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If yes, what type(s) of program	and capacity	? If more than one: type of program	and capacity



**OASAS 2016 REQUEST FOR APPLICATIONS
RAPID TREATMENT EXPANSION CAPITAL FUNDING GRANT OPPORTUNITY
APPENDIX B - RFA CAPITAL DATA FORM**

CAPITAL PLAN (Continued)

4. **Proposed Project:** (provide information on separate pages as necessary)

- Provide a full description of the scope of work proposed.
- Provide a schedule including all steps needed (design, construct and program operational).
- Provide floor plans showing room designations and sizes (square foot).
- From awarded of capital funding how many months would it take for treatment expansion to become operational?

5. **Capital Project Experience:** (provide information on separate pages as necessary)

- Describe the applicants past capital experience
- Demonstrating the organization's capacity to successfully complete a capital project in a timely and cost effective manner.

CAPITAL BUDGET

1. **Estimated Capital Costs:** (provide information on separate pages as necessary)

- Provide detailed estimate of the amount of capital funds needed to implement the capital improvements including all soft (permitting, design...) and hard (construction) costs.
- Amount of capital funds needed to implement the capital improvements: \$
- Cost per bed/slot:

Note: To calculate the per bed/slot amount divide the total capital costs by the number of new beds/slots proposed. The amount to be awarded for capital funding amount per bed for Part 820 beds is expected to be approximately \$100,000 and for Part 822 OTP slots approximately \$22,000 per slot.



**OASAS 2016 REQUEST FOR APPLICATIONS
RAPID TREATMENT EXPANSION CAPITAL FUNDING GRANT OPPORTUNITY
APPENDIX C - INITIATIVE FUNDING REQUEST (IFR) FORM**

**Instructions for Completing the Initiative Funding Request Form (IFR)
(Start-up and Annual Operating Budgets)**

PROVIDER INFORMATION

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR and on any additional pages that are attached. **Do not enter the common name or acronym.**
2. **Printed Name of Local Governmental Unit, if Applicable** – Print the complete name of the County or City of New York Local Governmental Unit (LGU) that administers the Applicant Entity's local State Aid contract agreement. **Applicants that have a direct contract with OASAS for State Aid funding should leave this blank.**
3. **Applicant's OASAS Provider Number** – Enter the unique five-digit number that identifies the agency and that is used for reporting purposes to OASAS. This number is the same as the **Agency Code** number used when submitting Consolidated Fiscal Report (CFR) documents.
- 4-6. **Applicant Address** – Enter the mailing address, including zip code, where the administrative office of the applicant entity is located.
7. **Date Prepared** – Enter the date the IFR was prepared.
- 8-10. **Applicant Contact Person** – Enter the printed name and title, and the telephone number (including area code) of the person who can answer questions concerning the information provided on the IFR.

PART II – OPERATIONAL FUNDING REQUEST

1. **Date Initiative Expected to be Operational** – Enter the date, in the xx/xx/xxxx format, that the proposed initiative is expected to be operational and will require Aid to Localities funding from OASAS. During the implementation of the initiative, OASAS reserves the right to establish and approve an operational start date later than proposed by the successful applicant to accommodate available funding and capacity needs.

Anticipated Operating Budget for Applications

Requested operating budget amounts must represent:

Column A – **PROPOSED START-UP OPERATING BUDGET:** The start-up or part year costs, net deficit and OASAS State aid funding requested for one-time costs necessary to start the program effort. Start-up costs are one-time expenses only and must be reasonable and necessary for program implementation. The start-up budget is limited to one quarter (1/4) of the full annual State Aid. Start-up costs may include, but are not limited to the following: equipment; office supplies; furniture; rental deposits/securities; and staff recruitment.



Column B – **ANNUAL OPERATING BUDGET**: The 12-month, full annual costs, revenues, net deficit and OASAS State aid funding requested. Awards to the selected applicants will be prorated for the first fiscal period based on the initiative start date identified above.

ALL AMOUNTS REQUESTED FOR THE ADDITIONAL INITIATIVE FUNDING MUST BE ROUNDED TO THE NEAREST HUNDRED DOLLARS.

2. **Gross Expense Budget** – Applicants should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed general description of the following expense items which should be entered in Columns A and B:

- Personal Services
- Fringe Benefits
- Non-Personal Services (i.e. Other than Personal Services (OTPS))
- Equipment
- Property/Space
- Agency Administration

3. **Revenue Budget** – Applicants should refer to the CFR Manual for an explanation of each revenue category, and enter applicable start-up and annual projected amounts that they anticipate receiving to offset costs attributable to the initiative in Columns A and B.

If the applicant does not anticipate receiving any additional revenue to offset costs of its application it should so indicate by entering \$0 for each category in Columns A and B.

4. **Net Operating Cost** - Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget in Column A and B**.
5. **OASAS State Aid Funding Requested** – Enter the amount of OASAS State aid funding being requested for the initiative in Columns A and B. This amount **should equal** the **Operating Budget Net Deficit** amount.
6. **Number of Direct Service Full-Time Equivalent (FTE) Staff** – Enter the total number of direct service FTE staff. A direct service FTE is defined as: a minimum of 35 hours depending on your agency’s established work week.
7. **Number of Residential Beds or OTP Slots**– Enter the total number of beds or slots expected.

Applicant Official – Enter the printed name and title of the applicant agency representative submitting the IFR application.

Signature and Date – The IFR should be signed and dated by the applicant agency representative.



**OASAS 2016 REQUEST FOR APPLICATIONS
 RAPID TREATMENT EXPANSION CAPITAL FUNDING GRANT OPPORTUNITY
 APPENDIX C - INITIATIVE FUNDING REQUEST (IFR) FORM
 (Start-up and Annual Operating Budgets)**

1. Printed Legal Name of Applicant Entity:			
2. Printed Name of Local Governmental Unit, if Applicable:			
3. Applicant's OASAS Provider Number:		4. Applicant's Street Address/P.O. Box:	
5. Applicant's City/Town/Village:		6. Postal Zip Code:	7. Date Prepared:
8. Printed Name of Applicant Contact Person:		9. Printed Title of Contact:	
10. Contact Telephone #:			

PART II – OPERATIONAL FUNDING REQUEST

1. Date Initiative expected to be operational:		
REQUESTED OPERATING BUDGET FOR APPLICATION		ANNUAL OPERATING BUDGET
2. Gross Expense Budget (see instructions for details): Round Amounts to the nearest \$100.		
Personal Services		
Fringe Benefits		
Non-Personal Services		
Equipment		
Property/Space		
Agency Administration		
TOTAL GROSS EXPENSE BUDGET		
3. Revenue Budget (see instructions for details): Round Amounts to the nearest \$100.		
Patient Fees		
SSI and SSA		
Public Assistance (Safety Net & TANF)		
Medicaid		
Medicare		
Third Party Insurance/Private Pay		
Food Stamps		
Closely Allied Entity Contributions		
Donations		
Other: Specify:		
Specify:		
Specify:		
TOTAL REVENUE BUDGET		
4. NET OPERATING COST		
5. OASAS State Aid Funding Requested		
6. Full-Time Equivalent (FTE) Staff Requested:		
7. Number of Residential Beds or OTP Slots:		
Applicant Official:		
Printed Name:	Printed Title:	
Signature:	Date:	



APPENDIX D

MAINTAINING GRANTS GATEWAY PREQUALIFICATION STATUS

Interested applicants should be aware that even after your organization becomes prequalified in the NYS Grants Gateway system, you still need to monitor the status of your document vault to ensure that your organization remains eligible to apply for this grant opportunity on the application submission due date.

Expiring Documents that Effect Prequalification Status – There are currently three required documents that expire on a yearly basis, and as such, require that your organization's document vault be updated prior to each expiration in order to maintain a *Prequalified* status. These documents are:

- IRS990
- Audit
- CHAR500

It is strongly recommended that you update these required documents proactively (i.e.: before the annual expiration date.) The advantage of a proactive approach is as follows:

- If you proactively open your Document Vault to update required documents prior to expiration your document vault will be placed in *Document Vault Prequalified Open* status. Your organization will remain eligible to apply for grants while in this status.
- Once you have updated and submitted your document vault, your document vault status will change to *Document Vault Prequalified /In Review*. Likewise this is a *Prequalified* status and you are eligible to apply for grants.

However, **if you allow one or more required documents to expire**, your document vault will automatically move to *Document Vault Expired* status. Your organization is **not eligible** to apply for grants in this status. Once your document vault is in the *Document Vault Expired* status, the following must occur before *Prequalified* status can once again be achieved:

1. You must updated and submitted your document vault at which time your status will change to *Document Vault In Review*. (Note: this is not a prequalified status and you are not eligible to apply for grants.)
2. The State Agency assigned to your document vault must review the vault, determine that it meets the prequalification requirements, and change the vault status to *Prequalified*. (Note: This may take several days so you should ensure that you upload updated documents and submitted your document vault as soon as possible after expiration.)

Further details on expiring documents and their effect of your *Prequalification* status can be found at: <https://grantsreform.ny.gov/Grantees> under *Quick Links - Maintaining Prequalification*.



APPENDIX E
LOCAL GOVERNMENTAL UNIT (LGU) LETTER OF SUPPORT

Name of Applicant: _____

Applicant's Local Governmental Unit: _____

As a duly authorized official of the above named Applicant's Local Governmental Unit,
I attest to the following:

I fully support the application submitted by the above named for operation of Residential
Services and/or Part 822 OTP Services.

Name of Authorized LGU Official: _____

Title of Authorized LGU Official: _____

Signature of Authorized LGU Official: _____ Date: _____

As a duly authorized official of the above named Applicant's Local Governmental Unit,
I attest to the following:

If the Applicant is successful in obtaining a funding award, the LGU will execute a local contract
agreement or amend an existing contract agreement to accommodate any subsequent operational
funding.

Name of Authorized LGU Official: _____

Title of Authorized LGU Official: _____

Signature of Authorized LGU Official: _____ Date: _____

