NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION

(Read Instructions Carefully Before Completion)

PART II – SITE INFORMATION

Applicant's Legal Name

A. Address of Existing/Proposed Site (For Additional Location see Section C)

Building/Building No. ☐ Not Yet Selected **(New Providers Only)**			Room/Suite	Floor	PO Box/Postal Route
Street		City, Town, Village	State **NY**	Zip Code + 4	County
NYS Assembly District	NYS Senate District	Congressional District	NYC Community Bd. ☐ Bronx ☐ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island		Board No.

B. Action Proposed

☐ Expand an Existing Site (Proceed to Section D) ☐ Establish a New Site (Proceed to Section D) ☐ Relocate to Another Site (Proceed to Section D) ☐ Establish an Additional Location Associated with the above Site (Proceed to Section C)

C. Address of Additional Location

Building/Building No. ☐ Not Yet Selected			Room/Suite	Floor	PO Box/Postal Route
Street		City, Town, Village	State **NY**	Zip Code + 4	County
NYS Assembly District	NYS Senate District	Congressional District	NYC Community Bd. ☐ Bronx ☐ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island		Board No.

D. Property Acquisition

Acquisition Status for this Site or Additional Location, as appropriate

☐ Currently Owned by Applicant (Proceed to Section G) ☐ Currently Leased by Applicant ☐ Proposed Purchase ☐ Proposed Lease

*Include as **ATTACHMENT #8** a copy of the purchase offer agreement/contract or existing/proposed lease or sublease.* ***Please note that any existing or proposed lease must contain the landlord's right to re-entry clause – refer to the instructions for required right-to-entry clause.***

E. Source of Funds for Purchase or Lease

Source	OASAS			
Dollar Amount	$	$	$	$

F. Real Property Interest of Applicant

Indicate if any of the following have a real property interest in the land, building or equipment at this site/additional location:

☐ 1. Governing authority member, officer, stockholder or employee or
☐ 2. Any relative of a governing authority member, officer, stockholder or employee or
☐ 3. Any other entity of which a governing authority member, officer, stockholder or employee is a member.
☐ 4. Not applicable

*If Item # 1, 2, or 3 is checked, provide in **ATTACHMENT #9** the name, address and relationship to the applicant and a description of the nature of the real property interest in this site held by each individual or entity listed.*

G. Capital Investment Needs of Property

Indicate if the property acquired (will require) rehabilitation or construction work. ☐ Yes ☐ No

1. If "No", proceed to Section I
2. If "Yes",
   a. Describe in **ATTACHMENT #10**, the work that was (needs to be) done to bring the property into compliance with OASAS facility standards, other OASAS regulations and all local codes and laws. The description should address all appropriate issues identified in the instructions.

   b. Indicate how this capital investment was (will be) financed:
      ☐ Capital Financing by the Applicant (Proceed to Item 2 c & d below) ☐ Cost (to be) Financed by Landlord and Recovered in the Lease (Proceed to Section I)

   c. Indicate if the work required (will require) a new, amended or temporary Certificate of Occupancy: ☐ Yes ☐ No

   d. Indicate if the applicant-financed construction/rehabilitation work has been completed. ☐ Yes ☐ No

      (1) If "No", the applicant has a choice of completing Section H now or later when the capital project is nearing completion.
      ☐ Complete Section H now ☐ Complete Section H later

      (2) If "Yes", complete Section H.

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PART II – SITE INFORMATION (CONTINUED)

Applicant's Legal Name

H. Capital Financing Requirements for Site or Additional Location (as appropriate)

1. Name of Project Architect/Engineer | Telephone Number

Business Address (Street, City State, Zip Code)

2. Capital Project Costs (See Instructions)

Cost Item	Amount
a. Site Acquisition	$
b. Construction/Renovation	
c. Design	
d. Equipment	
e. Other (specify)	
Total Estimated Cost	$

3. Sources of Capital Project Financial Support

Source	Amount
a. OASAS	$
b.	
c.	
d.	
e.	
Total Estimated Financing	$

4. Proposed Construction Start Date

I. Site Drawings and Photographs

Check the items that apply and, as appropriate, submit required documents.

☐ a. This site or additional location has not yet received OASAS approval for chemical dependence treatment services by the applicant.

☐ b. Structural and/or floor plan changes are being made by the applicant to this previously OASAS-approved site or additional location.

☐ c. This application does not involve structural or floor plan changes that require OASAS approval.

*If Item a or b is selected, include as **ATTACHMENT #11**: general site drawings, floor plan sketches to scale, and photographs of all sides of the outside structure, per instructions. **Please note that floor plans must be of good quality and legible. Refer to Part 814 – General Facility Requirements or Part II, Section I, of the instructions for specific elements that must be included on floor plans.***

J. Setting for Site or Additional Location

Select the setting, as described in the instructions, in which the site or additional location is (will be) situated.

☐ Community
☐ Hospital – On Premises
☐ Hospital – Off Premises
☐ Shelter Plus Care Housing
☐ Other Health Facility
☐ Mental Health Facility
☐ FQHC
☐ Other (specify) _____
☐ OCFS Facility
☐ School
☐ Shelter

K. OASAS Physical Plant Inspections

Check yes or no if OASAS has conducted a physical plant inspection for this site/additional location. ☐ Yes ☐ No

If "Yes", indicate the date of the most recent inspection and proceed to Part III. If no, proceed to Section L.

L. Shared Space Issues

Indicate if the chemical dependence services at this site will share space with other providers of human services. ☐ Yes ☐ No

If **"Yes"**, describe below plans to set aside discrete space for chemical dependence services as well as plans for utilizing shared space.

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PART II – SITE INFORMATION (Continued)

Applicant's Legal Name

M. Property Characteristics

1. Structure
   ☐ Wood Frame ☐ Block ☐ Concrete ☐ Steel ☐ Brownstone
   ☐ Other (Specify) _____

2. Exterior Walls
   ☐ Aluminum ☐ Clapboard ☐ Masonry
   ☐ Other (Specify) _____

3. Foundation
   ☐ Poured Concrete ☐ Concrete Block ☐ Other (Specify) _____

4. Building
   ☐ Fully Attached ☐ Semi Attached ☐ Freestanding
   Building Size Sq. Ft.
   # of Floors (exclude Basement)

5. Basement ☐ Yes ☐ No
   If "Yes", will it be used for patient services? ☐ Yes ☐ No
   Size of Basement Sq. Ft.

6. Area(s) to be used for Service(s)

Area	Floor #	Floor #	Floor #	Floor #	Floor #	Floor #
	Square Feet	Square Feet	Square Feet	Square Feet	Square Feet	Square Feet
No. of Exits						

7. Services/Utilities

a. Water Supply	b. Sanitary System	c. Power
☐ Well ☐ Municipal System	☐ Septic ☐ Municipal Sewer System	☐ Gas ☐ Oil ☐ Electric
☐ Other _____	☐ Other _____	☐ Other _____

N. Local Planning Requirements

1. Zoning Classification
2. Proposed use Conforms with Classification ☐ Yes ☐ No
3. Building Classification
4. Certificate of Occupancy – Include as **ATTACHMENT #12** a copy of the Certificate of Occupancy, Temporary Certificate of Occupancy, Certificate of Compliance, or Letter of No Objection. If not available, provide documentation from appropriate regulatory authority.

O. Area Characteristics

Describe the characteristics of the proposed site location and its surrounding buildings and land uses, public transportation, parking facilities, general traffic, etc. Indicate the availability of other chemical dependence and social services in the same building or in the immediate vicinity. Include location of nearest school.

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PART II – SITE INFORMATION (Continued)

Applicant's Legal Name	
P. **Accessibility to Disabled**	Is this facility considered accessible for individuals with physical disabilities (e.g., access ramps, doorways, sanitary facilities)? If "No", describe arrangements, planned or in place, to provide for the disabled. ☐ Yes ☐ No
Q. **Historical/ Environmental Significance of this Site or Additional Location (as appropriate)**	1. Is this Site/Additional Location wholly or partially within or adjacent to any facility or site listed on the State or National Register of Historic Places? ☐ Yes ☐ No 2. Is the Site/Additional Location substantially contiguous to a site listed in the Register of Natural Landmarks? ☐ Yes ☐ No 3. Is the Site/Additional Location in a state Coastal Zone Management Area (CZM)? ☐ Yes ☐ No 4. Is the Site/Additional Location in a State or Local Critical Environment Area (CEA)? ☐ Yes ☐ No 5. The proposed Site/Additional Location will require: ☐ a planning or zoning change ☐ a zoning variance ☐ a special use permit ☐ a site plan approval ☐ none of the preceding 6. Does the Site/Additional Location have an adequate and safe water supply and wastewater disposal system? ☐ Yes ☐ No 7. Does the Site/Additional Location involve ten or more acres of property? ☐ Yes ☐ No 8. Discuss below any other environmental issues which may be reasonably anticipated at this Site/Additional Location.
R. **Relocation Only**	Does the proposed relocation affect the current operating budget or capacity? ☐ Yes ☐ No If yes, include Part IV Resource Allocation with your application submission.