

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS  
CAPITAL PROJECT OBLIGATION AND EXPENDITURE REPORT**

<b>Provider Name:</b>	<b>Project Site Address:</b>
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<b>Contract Number:</b>	<b>Contract Duration</b>	<b>Report No.:</b>	<b>Period Covered This Report: (Monthly)</b>						
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; padding: 2px;"><b>Start Date:</b></td> <td style="width:50%; padding: 2px;"><b>Expiration Date:</b></td> </tr> </table>	<b>Start Date:</b>	<b>Expiration Date:</b>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; padding: 2px;"><b>Final</b></td> <td style="width:50%; padding: 2px;"><b>From:</b></td> </tr> <tr> <td style="width:50%; padding: 2px;"></td> <td style="width:50%; padding: 2px;"><b>To:</b></td> </tr> </table>	<b>Final</b>	<b>From:</b>		<b>To:</b>	
<b>Start Date:</b>	<b>Expiration Date:</b>								
<b>Final</b>	<b>From:</b>								
	<b>To:</b>								

1. Approved Budget Expense Categories & Amounts	2. Funds Obligated to Date	3. Total Previously Reported Funds Expended	4. Reported This Period Funds Expended	5. Total Reported to Date Funds Expended (Column 3 + 4)
Site Acquisition	\$	\$	\$	\$
Construction/Renovation	\$	\$	\$	\$
Contingency	\$	\$	\$	\$
Design	\$	\$	\$	\$
Furniture	\$	\$	\$	\$
Other (Specify)	\$	\$	\$	\$
<b>OASAS Project Total</b>	\$	\$	\$	\$
<b>Other Funding Sources</b>	\$	\$	\$	\$
<b>Project Grand Total</b>	\$	\$	\$	\$

**Capital Contract Bank Account Summary**

Total OASAS Funding Received to Date	\$
Interest Previously Reported (a)	\$
Interest Reported this period (b)	\$
Total Interest Reported (a + b)	\$
Account balance this period	\$

<i>For OASAS Use Only</i>	
Advance	\$
Charge Against Advance	\$
Reimbursement	\$
Close Out Contract	
Report Reviewed By	
Date	
Reviewers Initials	

**Check List of information that must accompany this form:**

- Copy of backup for obligations during this period are attached (i.e. contracts, proposals ....).
  - Copy of backup for expenditures during this period are attached (i.e. signed invoices & canceled checks).
  - Latest monthly bank statement is attached. Circle or highlight interest and balance amounts on accompanying bank statements.
  - Signed and dated NYS Claim For Payment (AC3253-S) for an advance and/or reimbursement against the OASAS contract is attached.
- Note: If this is a final report and there are unobligated advanced funds remaining a check for the balance should accompany this submission.

Agency Authorized Signature:	Name & Title:	Signature:	Date:
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# INSTRUCTIONS for completing form PAS-35

**Provider Name:** Enter Agency's legal name (Provider Name should match OASAS Contract).

**Project Site Address:** Enter the specific site address at which the project/work is being performed, as shown on the OASAS contract.

**Contract Number:** Enter the contract number shown on the OASAS contract.

**Contract Duration: Start Date** - Enter the start date of contract shown on the OASAS contract. **Expiration Date** - Enter the expiration date of contract shown on the OASAS contract.

**Report No.:** Enter the report number being filed starting with one and submitted in successive order. **Final:** If this is a final report, check box.

**Period Covered This Report:** (Monthly): This report must be completed and submitted to the appropriate OASAS Project Manager on a monthly basis starting within 30 days after the first disbursement of monies through to the closeout of the contract. **From:** Starting date of period reported **To:** Closing date of period reported

**1. Approved Budget Expense Categories & Amounts:** The capital project budget by expense category as approved by OASAS. See Capital Contract Exhibit A. Expenses must be allocated and reported within the expenses categories indicated in the report; specifically:

**Site Acquisition:** - The purchase price of land and/or buildings.

**Construction/Renovation:** - Includes costs associated with actual approved expenses incurred and reported by the contractor to the provider. These costs should not reflect advance payments, if any, that the provider may have paid to the contractor prior to the contract start date.

**Contingency:** - Includes funds set aside to cover costs not anticipated in the initial construction cost estimate.

**Design:** - Includes costs incurred by architects/engineers for professional services on behalf of the provider, exclusive of advance payments.

**Equipment:** - Includes costs for fixed equipment and furnishings that are part of the approved capital contract.

**Other:** - Includes costs associated with construction, supervision, legal fees, construction financing costs (e.g., bank fees, bank appraisals, construction period interest, environmental studies, title and recording fees, other related costs), site security, accounting/audit fees, insurance, site surveys, soil surveys, other surveys.

**OASAS Project Total:** Sum of the approved "Expense Categories" from above - Shall not exceed the total funded amount in the OASAS contract.

**Other Funding Sources:** Total monies budgeted for this project not funded through the OASAS capital contract.

**Project Grand Total:** Sum of the approved "OASAS Project Total" and "Other Funding Sources" monies budgeted for project.

**2. Funds Obligated\* to Date:** Amount of the approved contracts awarded, orders placed for goods and services and similar transactions that will require payment by the grantee.

**3. Total Previously Reported - Funds Expended\*\*:** Amounts expended to date by expense category, reported in prior periods. These expenses should reflect any adjustments made by OASAS on previous reports.

**4. Reported This Period - Funds Expended\*\*:** Amounts expended on the project, by category, incurred during this period that previously were not reported.

**5. Total Reported to Date - Funds Expended\*\*:** Cumulative amounts obligated and expended on the project, by category, since its inception.

**Capital Contract Bank Account Summary:** This section shall represent the status of the capital contract bank account for OASAS monies advanced.

**Total OASAS Funds Received to Date:** Enter the total payment amount (advanced or reimbursed) received to date from OASAS (excluding funds requested in this report).

**Interest Previously Reported:** Cumulative amount of interest earned and reported to date in previous periods.

**Interest Reported this period:** Amount of interest earned during this reporting period. Circle or highlight amount on accompanying bank statements.

**Total Interest Reported:** Sum of "Interest Previously Reported" and "Interest Reported this period".

**Account balance this period:** Current balance of account. Circle or highlight amount on accompanying bank statements.

**Check List of information that must accompany this form:** Check boxes confirming items are attached. The report must be accompanied by a Claim For Payment (AC3253-S) and appropriate documentation that supports the expenditures reported.

\* **Funds Obligated:** Amount of the approved contracts awarded, orders placed for goods and services and similar transactions that will require payment by the grantee.

\*\* **Funds Expended:** Amount of monies obligated and disbursed by the grantee for approved contracts awarded, orders placed goods and services received, and similar transactions.

Notes: The provider must report activities relative to the capital budget approved for the project as provided in the OASAS contract. The provider shall report the obligation and expenditure of OASAS funds as well as any funds available from other sources that have been allocated to the project.