

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION**

APPLICATION SUMMARY

Applicant's Consultation			
The Certification Proposal – Prior Consult form (ATTACHMENT #1A) must be completed and included with the certification application submission as proof of prior consultation with the Local Governmental Unit and Field Office.			
Entity/Administrative Headquarters Mailing Address			
Applicant's Legal Name			
Street	Room/Suite	Floor	PO Box or Postal Route
City, Town, Village		State NY	Zip Code + 4
Summary of Application			
Check the appropriate category and provide a brief summary of the purpose for submitting this application.			
<input type="checkbox"/> New OASAS Provider	<input type="checkbox"/> New Sponsor	<input type="checkbox"/> New Treatment Service	<input type="checkbox"/> Capacity Increase
<input type="checkbox"/> Minor Relocation	<input type="checkbox"/> Relocation	<input type="checkbox"/> Space Expansion	<input type="checkbox"/> Additional Location
<input type="checkbox"/> Merger	<input type="checkbox"/> Transfer of Ownership	<input type="checkbox"/> Capital Project	<input type="checkbox"/> Change in Ownership Status
Certifications and Assurances			
<p>1. a. Authorization to Represent Applicant</p> <p>For Corporate Entities, include as ATTACHMENT #1 a signed and dated corporate resolution authorizing the contact person identified on Page 2 of this form to act on its behalf in the preparation of this application and to represent the applicant throughout the certification application process. If not a Corporate Entity, the Owner must include a signed and dated statement authorizing the contact person to act on their behalf in the preparation of this application and to represent the applicant throughout the certification application process.</p>			
<p>1. b. Authorization of Proposed Action</p> <p>For Corporate Entities, include as ATTACHMENT #2 a signed and dated corporate resolution authorizing the proposed action. If not a Corporate Entity, the Owner must include a signed and dated statement authorizing the proposed action.</p>			
<p>2. Certification of Finders Fees and Other Considerations</p> <p>I certify, under penalty of perjury, that no fees or other considerations will be paid or tendered to any individual, group, agency or organization for referrals to the services to be provided by this applicant, including payment of the expenses of the referral source incidental to the making of a referral.</p> <p style="text-align: center;"> _____ _____ _____ Signature of Authorized Representative Position/Affiliation with Applicant Date </p>			
<p>3. Assumption of Financial Risk – Non-OASAS Funded Applicants Only</p> <p>The applicant certifies and assures that it is prepared to assume (or will continue to assume) any and all financial risk in the development and operation of the services proposed and that sufficient financial resources are available for the start up and continuing operation of such services. The applicant further certifies, under penalty of perjury, and assures that it will not seek OASAS funding for the specific services under the circumstances described in this application.</p> <p style="text-align: center;"> _____ _____ _____ Signature of Governing Authority Principal Position/Affiliation with Applicant Date </p>			
<p>4. Certifications by a Principal of the Governing Authority</p> <p>I certify that I am aware of and will comply with the requirements for operation in accordance with an operating certificate and the obligation to be certified prior to initiating operation of the services proposed in this application. I further certify, under penalty of perjury, that all the information contained in this application is accurate, true and complete in all material aspects.</p> <p style="text-align: center;"> _____ _____ _____ Signature of Governing Authority Principal Position/Affiliation with Applicant Date </p>			

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Applicant's Legal Name								
Application Contact Person								
Name of Contact Person					Position/Affiliation with Applicant			
Address (Street, City, State, Zip Code)								
Telephone Number			Fax Number			E-Mail Address		
Local Support								
Include as Attachment #2A , a summary and proof of your outreach to the local community (e.g., Community Service Boards, Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). Please summarize community input, including any existing or likely community concerns, as well as any recommendations. Include date(s) and the name(s) of the local community officials.								
Proximity (miles) to Nearest Community Facility (e.g., School, Religious Center, Child Care Facility)						Type of Facility		
Identification of Sites and Services Affected by this Application								
<input type="checkbox"/> None <input type="checkbox"/> As Detailed Below								
Site #1	Site Address <input type="checkbox"/> Not Yet Selected (New Providers Only)							
	Services	Status	Persons Served Annually	Capacity		Units of Service		OASAS Cert. No.*
		<input type="checkbox"/> New <input type="checkbox"/> Existing		Current	Proposed	Current	Proposed	
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
Site #2	Site Address <input type="checkbox"/> Not Yet Selected (New Providers Only)							
	Services	Status	Persons Served Annually	Capacity		Units of Service		OASAS Cert. No.*
		<input type="checkbox"/> New <input type="checkbox"/> Existing		Current	Proposed	Current	Proposed	
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
Site #3	Site Address <input type="checkbox"/> Not Yet Selected (New Providers Only)							
	Services	Status	Persons Served Annually	Capacity		Units of Service		OASAS Cert. No.*
		<input type="checkbox"/> New <input type="checkbox"/> Existing		Current	Proposed	Current	Proposed	
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						

*Last 5 digits only

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(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. <input type="checkbox"/> 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. <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island		Board No.
B. Action Proposed	<input type="checkbox"/> Expand an Existing Site (Proceed to Section D) <input type="checkbox"/> Establish a New Site (Proceed to Section D) <input type="checkbox"/> Relocate to Another Site (Proceed to Section D) <input type="checkbox"/> Establish an Additional Location Associated with the above Site (Proceed to Section C)					
C. Address of Additional Location	Building/Building No. <input type="checkbox"/> 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. <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island		Board No.
D. Property Acquisition	Acquisition Status for this Site or Additional Location, as appropriate <input type="checkbox"/> Currently Owned by Applicant <input type="checkbox"/> Currently Leased by Applicant <input type="checkbox"/> Proposed Purchase <input type="checkbox"/> Proposed Lease (Proceed to Section G) <i>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.</i>					
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: <input type="checkbox"/> 1. Governing authority member, officer, stockholder or employee or <input type="checkbox"/> 2. Any relative of a governing authority member, officer, stockholder or employee or <input type="checkbox"/> 3. Any other entity of which a governing authority member, officer, stockholder or employee is a member. <input type="checkbox"/> 4. Not applicable <i>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.</i>					
G. Capital Investment Needs of Property	Indicate if the property acquired (will require) rehabilitation or construction work. <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Capital Financing by the Applicant (Proceed to Item 2 c & d below) <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No d. Indicate if the applicant-financed construction/rehabilitation work has been completed. <input type="checkbox"/> Yes <input type="checkbox"/> No (1) If "No", the applicant has a choice of completing Section H now or later when the capital project is nearing completion. <input type="checkbox"/> Complete Section H now <input type="checkbox"/> Complete Section H later (2) If "Yes", complete Section H.					

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PART II – SITE INFORMATION (Continued)

Applicant's Legal Name	
P.	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. <input type="checkbox"/> Yes <input type="checkbox"/> No
Accessibility to Disabled	
Q.	<ol style="list-style-type: none"> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is the Site/Additional Location substantially contiguous to a site listed in the Register of Natural Landmarks? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is the Site/Additional Location in a state Coastal Zone Management Area (CZM)? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Is the Site/Additional Location in a State or Local Critical Environment Area (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. The proposed Site/Additional Location will require: <ul style="list-style-type: none"> <input type="checkbox"/> a planning or zoning change <input type="checkbox"/> a zoning variance <input type="checkbox"/> a special use permit <input type="checkbox"/> a site plan approval <input type="checkbox"/> none of the preceding 6. Does the Site/Additional Location have an adequate and safe water supply and wastewater disposal system? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Does the Site/Additional Location involve ten or more acres of property? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Discuss below any other environmental issues which may be reasonably anticipated at this Site/Additional Location.
Historical/ Environmental Significance of this Site or Additional Location (as appropriate)	
R.	Does the proposed relocation affect the current operating budget or capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relocation Only	If yes, include Part IV Resource Allocation with your application submission.

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**APPENDIX III
 MINOR RELOCATIONS**

CRITERIA

A. Criteria for minor relocations

1. The request must not result in an increase in State Aid.
2. The request must be approved by the LGU (if applicable) and the OASAS Field Office.
3. The site proposed for the relocation must be in the same county or sub-county area, or in New York City, the same Community Board area, as the current site.
4. The provider must agree to treat the same target population at the proposed site.
5. The request must not propose an increase in capacity.
6. The request does not involve any type of construction and/or renovations to the new site.
7. The request must not propose services that are new or different from currently certified services.
8. The request must not be for a program regulated by another agency (e.g., DOH, DEA, OMH).

RELOCATION INFORMATION

From (Current)		To (Proposed)	
Provider Legal Name			
B. Street Address Building No./Suite/Room No./Floor No. (as appropriate)		C. Street Address Building No./Suite/Room No./Floor No. (as appropriate)	
Street Address		Street Address	
City, Town, Village	Zip Code	City, Town, Village	Zip Code
D. Service Area (County, Sub-County Area; for NYC, Community Board No.)		E. Service Area (County, Sub-County Area; for NYC, Community Board No.)	
F. Target Population		G. Target Population	
H. Service(s)	Capacity	I. Service(s)	Capacity
J. Operating State Aid for the Service(s) at this site		K. Operating State Aid for the Service(s) at this site	
L. Certificate No.(s) as appropriate, for this location		O. Brief Explanation of the Need for Relocation/Space Alteration	
M. Active Program Reporting Unit (PRU) No.(s)			
N. OASAS Provider ID No.			

APPROVALS

P. LGU Approval Does this proposal have the approval of the LGU? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature of LGU _____ Date _____	
Q. OASAS Field Office Approval Does this proposal have the approval of the Field Office? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature of Field Office Program Manager _____ Date _____ Signature of Field Office Coordinator _____ Date _____	