

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding Request
Attachment B – Contract Budget and Funding Summary

INSTRUCTIONS – WORKFORCE DEVELOPMENT

1	Initiative	Enter the name of the initiative for this budget submission.
2	Printed Legal Name of Entity	Print the incorporated or legal name of the agency submitting the request. Do not enter the common name or acronym.
3	SFS Supplier ID	Enter the unique 10-digit number that identifies the agency/vendor in the Statewide Financial System (SFS).
4	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 documents.
5-7	Address	Enter the mailing address, including zip code, where the administrative office of the bidder entity is located.
8-11	Contact Person	Enter the printed name and title, telephone number (including area code), and email of the person who can answer questions concerning the information provided on the Budget form.
12-17	Requested Budget	<p>Applicants should refer to the Consolidated Fiscal Reporting Manual for a more detailed general description of the following expense items which should be entered in Columns A-Primary Prevention and B-All Other Services (see table below). Further detail regarding these categories can also be found in the Detail instructions on page 2.</p> <ul style="list-style-type: none"> 12) Personal Services; 13) Fringe Benefits; 14) Other Than Person Services/Non-Personal Services; 15) Equipment; 16) Property/Space; and 17) Agency Administration. <p>Enter a zero (0) in those categories for which no costs are anticipated. Some categories may not be an allowable expense for certain initiatives. In that case, the entry will be blacked out on the budget form. All requested amounts should be rounded to the nearest dollar. Agency administration costs may not exceed 10% of the total Personal Services, Fringe Benefits, and Other Than Personal Services costs.</p>

Column A	<p>Primary Prevention – Include all anticipated allowable expenses as defined by the scope of work related to Primary Prevention services as defined by Federal 45 CFR § 96.125 - Primary prevention (e.g., activities reported under Consolidated Fiscal Reporting program code 5520). See also the OASAS Prevention Guidelines for OASAS Funded and/or Certified Prevention Services.</p> <p>Note: Any tuition reimbursement or loan forgiveness costs for Primary Prevention staff must be budgeted and claimed under All Other Services (see below).</p>
Column B	<p>All Other Services – Include all anticipated allowable expenses as defined by the scope of work that DO NOT meet the criteria defined above as Primary Prevention, including expenses related to certified treatment services, treatment support, program support, and recovery services.</p>

18-19	Agency Official	Enter the printed name and title of the agency representative authorized to submit this application on the agency’s behalf, signed and dated.
20-21	Signature and Date	The agency representative must sign and date the funding request.

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding Request
Attachment B – Contract Budget and Funding Detail

INSTRUCTIONS – WORKFORCE DEVELOPMENT

1	Initiative	Enter the name of the initiative for this budget submission.
2	Printed Legal Name of Entity	Print the incorporated or legal name of the agency submitting the request. Do not enter the common name or acronym.

All entries on lines 12-17 must be entered as Primary Prevention and All Other Services as defined in the Attachment B Summary instructions.

12	<i>Personal Services</i>	<i>The total amount of all proposed spending to support compensation expenses, i.e., wages and salaries, for program staff. No entry is needed.</i>
12 a	Recruitment and Retention	Enter the total amount of Recruitment and Retention incentives. Total costs are limited to no more than 10% of an individual's annual salary, not to exceed \$10,000 per employee for all initiatives.
12 a-e	Other (identify)	Enter any other Personal Services costs supported by this initiative with identifying information.
13	Fringe Benefits	Enter the total amount of fringe benefits spending (mandated and non-mandated) that pertain to the above personal services costs and/or retirement contributions or other one-time fringe benefit payments supported by this initiative.
14	<i>Other Than Personal Services/Non-Personal Services</i>	<i>The total amount of expenses other than: salaries and fringe benefits; equipment with a cost in excess of \$1,000; and property costs, such as rent or renovations. This line is calculated from entries in lines 14a-14j. No entry is needed.</i>
14 a	Supplies and Materials	Enter the total amount of anticipated costs for program supplies, including but not limited to cleaning and housekeeping supplies, computer software, printing, copying, and postage.
14 b	Contractual Services	Enter the total amount of anticipated costs for all contracted personal services, including direct care and clinical services.
14 c-i	Education, Training, Conference, and Engagement	Enter the total amount of education costs, conference fees, training, employee engagement and career development costs, as described in the Scope of Work.
14 j-m	Other (identify)	Enter all other OTPS expenses that cannot be included in lines 14 a through 14 c above. Items with a cost in excess of \$1,000 must be listed separately by description and amount. Items costing less than \$1,000 each may be aggregated and listed as "All Items < \$1,000 each" with the corresponding combined total amount. Examples of "Other" OTPS expenses include training costs, medications, utilities, and insurance.
15	<i>Equipment</i>	<i>The total amount of expenses for leased or rented equipment and/or purchased equipment with a cost in excess of \$1,000. This line is calculated from entries in lines 15a-15d. No entry is needed.</i> Note: Depreciation and interest expenses are non-allowable costs.
15 a-d	Other (identify)	Enter any items to be purchased with these funds with a cost in excess of \$1,000 with identifying detail.
16	Property/Space	Enter total additional property costs anticipated in support of this initiative.
17	Agency Administration	Enter any additional agency administration costs your agency will incur to implement the agency's proposed use of funds. Agency administration costs may not exceed 10% of the total Personal Services, Fringe Benefits, and Other Than Personal Services costs listed above.

Please note:

Expenditures supported by these funds must be reasonable and/or necessary for providing SUD services in both nature and amount and have not previously and will not otherwise be reimbursed by other funding or programs. Unreasonable and/or unnecessary costs are not allowable. Appendix X of the Consolidated Fiscal and Reporting Manual lists items of expense that are considered non-allowable.

These funds should not be used for on-going costs that cannot be supported beyond the grant period.