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

1) Initiative:	PREVENTION INFRASTRUCTURE
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2) Printed Legal Name of Entity:			
3) SFS Supplier ID:		4) OASAS Provider Number:	
5) Street Address/P.O. Box:			
6) City/Town/Village:		7) Postal Zip Code:	
8) Printed Name of Contact Person:		9) Printed Title of Contact:	
10) Contact Telephone #:	11) Contact E-Mail:		
REQUESTED BUDGET (rounded to the	nearest dollar)	Primary Prevention (A)	All Other Services (B)
12) Personal Services			
13) Fringe Benefits			
14) Other Than Personal Services/Non-P	ersonal Services		
15) Equipment			
16) Property/Space			
17) Agency Administration (if applicable)			
	TOTAL GROSS EXPENSE BUDGET		
		Total Funds Requested	
18) Printed Name of Agency Official:		19) Printed Title:	
20) Signature:		21) Date:	

Email completed form to COVIDfunds@OASAS.ny.gov

PREVENTION INFRASTRUCTURE Budget DETAIL

Provider Name:

	Budget Items	Amount	
EBP Training and Materials	Curriculum manuals	\$	_
221 11uming und Huverius	DVDs	\$	_
	Trainer travel (if needed)	\$	_
	Posters or other flyers	\$	_
	Licensing fees	\$	_
	Additional technical assistance hours	\$	_
	Other: please specify		
New EBP Start-up Support	Marketing materials (e.g., prevention program brochures, advertising)	¢	
New Ebi Start-up Support		\$	-
	Supplemental materials (e.g., flip charts, markers, etc.)	\$	
	Childcare (if needed)	\$	-
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	Transportation (if needed)	\$	-
	Facilitator hourly rate	\$	-
	Rental space fees	\$	-
	Other: please specify		
Environmental Change			
Strategy (ECS)			
Enhancement	Example: Social Marketing - Media Buys		
	Other: please specify		
Fechnology Support	Ciner. preuse speerry		
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	Total Direct Costs	\$	-
	Total Costs	\$	-