

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

INSTRUCTIONS – Medication Delivery System

1	Initiative	Enter the name of the initiative for this budget submission. Enter the name of the Empire State Development Region for which the agency is applying (https://esd.ny.gov/regions).
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	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): <div style="text-align: center;"> <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. </div> Enter a zero (0) in those categories for which no costs are anticipated. Some categories are not allowable for some initiatives in which case the entry will be blacked out on the budget form. Agency administration costs may not exceed 10% of the total Personal Services, Fringe Benefits, and Other Than Personal Services costs. All requested amounts should be rounded to the nearest dollar.
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.