

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

1) Initiative: **COMPREHENSIVE INTEGRATED OUTPATIENT TREATMENT PROGRAM**

2) Printed Legal Name of Entity:

REQUESTED BUDGET (rounded to the nearest dollar)	Amount
12) Personal Services	
13) Fringe Benefits	
14) Other Than Personal Services/Non-Personal Services	
15) Equipment	
a) Identify:	
b) Identify:	
c) Identify:	
d) Identify:	
e) Identify:	
f) Identify:	
g) Identify:	
16) Property/Space	
Description of proposed cosmetic renovations:	
17) Agency Administration (if applicable)	
TOTAL GROSS EXPENSE BUDGET	