

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 – OPIOID TREATMENT PROGRAM ADDITIONAL LOCATIONS

1	Initiative	Enter the name of the initiative for this budget submission. Enter the program reporting unit (PRU) of the currently certified Opioid Treatment program the application covers.
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). Further detail regarding these categories can also be found in the Detail instructions on page 2. 12) Personal Services; 13) Fringe Benefits; 14) Other Than Person Services/Non-Personal Services; 15) Equipment; 16) Property/Space; and 17) Agency Administration. 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.
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.

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Attachment B – Contract Budget and Funding Detail

INSTRUCTIONS - OPIOID TREATMENT PROGRAM ADDITIONAL LOCATIONS

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.

Please note that all included expenses must be as indicated allowable under the parameters listed in section I, part B of the RFA.

12	Personal Services	Enter the total amount of all proposed spending to support compensation expenses, i.e., wages and salaries, for program staff.
13	Fringe Benefits	Enter the total amount of fringe benefits spending (mandated and non-mandated) that pertain to the above personal services costs.
14	Other Than Personal Services/Non-Personal Services	Enter the total amount of anticipated costs for program supplies, contracted personal services, and any other expenses other than: salaries and fringe benefits; equipment with a cost in excess of \$1,000; and property costs, such as rent or renovations.
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.
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-15g. 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 anticipated costs related to property and a concise description of any proposed cosmetic renovations to be completed. Total costs supported by this initiative cannot exceed \$75,000. See note below.
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.

SAPT funds may not be used to purchase, construct, permanently improve, or change the structure of the building. This includes removing or adding walls, creating offices or rooms, etc. SAPT funds may be used for cosmetic renovations. Cosmetic renovations are any renovations that improve the appearance of a building without changing the existing structure or the electrical and plumbing systems. Examples of cosmetic renovations are painting, changing a light fixture, and replacing the flooring. SAPT funds may also be used for minor maintenance such as replacing the air filters in an HVAC system but cannot be used to replace the entire HVAC system.

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