

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS  
Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding Request**

**Attachment B – Budget INSTRUCTIONS**

1	<b>Initiative</b>	Enter the name of the initiative for this budget submission.
2	<b>Printed Legal Name of Entity</b>	Print the incorporated or legal name of the agency submitting the request. <b>Do not enter the common name or acronym.</b>
3	<b>SFS Supplier ID</b>	Enter the unique 10-digit number that identifies the agency/vendor in the Statewide Financial System (SFS).
4	<b>OASAS Provider Number</b>	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 <b>Agency Code</b> number used when submitting Consolidated Fiscal Report documents.
5-7	<b>Address</b>	Enter the mailing address, including zip code, where the administrative office of the bidder entity is located.
8-11	<b>Contact Person</b>	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	<b>Requested Budget</b>	<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):</p> <p style="padding-left: 40px;">12) Personal Services; 13) Fringe Benefits; 14) Other Than Person Services/Non-Personal Services; 15) Equipment; 16) Property/Space; and 17) Agency Administration.</p> <p>Enter a zero (0) in those categories for which no costs are anticipated. Agency Administration may not be an allowable expense for certain initiatives. In that case, the entry will be blacked out on the budget form.</p>

Column A	<p><i>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 <a href="#">OASAS Prevention Guidelines for OASAS Funded and/or Certified Prevention Services</a>.</i></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><b>All Other Services</b> – 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	<b>Agency Official</b>	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	<b>Signature and Date</b>	The agency representative must sign and date the funding request.