

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: Community Coalitions SUPP1011

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 ANNUAL BUDGET (rounded to the nearest dollar)	Primary Prevention (A)
12) Personal Services	
13) Fringe Benefits	
14) Other Than Personal Services/Non-Personal Services	
15) Equipment	
16) Property/Space	
17) Agency Administration (if applicable)	
TOTAL GROSS EXPENSE BUDGET	
Total Funds Requeste	
18) Printed Name of Agency Official:	19) Printed Title:
20) Signature:	21) Date:

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding
Request ATTACHMENT A - CONTRACT BUDGET AND FUNDING DETAIL

1) **Initiative:** Community Coalitions SUPP 1011

2) Printed Legal Name of Entity:	
REQUESTED ANNUAL BUDGET (rounded to the nearest dollar)	Primary Prevention (A)
12) Personal Services	
a) Coalition Coordinator	
b) Data Coordinator	
c) Other (identify):	
d) Other (identify):	
13) Fringe Benefits	
14) Other Than Personal Services/Non-Personal Services	
a) Supplies and Materials	
b) Contractual Services	
c) Other (identify):	
d) Other (identify):	
e) Other (identify):	
f) Other (identify):	
15) Equipment	
a) Other (identify):	
b) Other (identify):	
c) Other (identify):	
d) Other (identify):	
16) Property/Space	
17) Agency Administration (if applicable)	
TOTAL	