

CERTIFICATION APPLICATION

APPENDIX III

MINOR RELOCATIONS

CRITERIA

A. Criteria for minor relocations

1. The request must not result in an increase in State Aid.
2. The request must be approved by the LGU (if applicable) and the OASAS Field Office.
3. The site proposed for the relocation must be in the same county or sub-county area, or in New York City, the same Community Board area, as the current site.
4. The provider must agree to treat the same target population at the proposed site.
5. The request must not propose an increase in capacity.
6. The request does not involve any type of construction and/or renovations to the new site.
7. The request must not propose services that are new or different from currently certified services.
8. The request must not be for a program regulated by another agency (e.g., DOH, DEA, OMH).

RELOCATION INFORMATION

From (Current)		To (Proposed)	
Provider Legal Name			
B. Street Address Building No./Suite/Room No./Floor No. (as appropriate)		C. Street Address Building No./Suite/Room No./Floor No. (as appropriate)	
Street Address		Street Address	
City, Town, Village	Zip Code	City, Town, Village	Zip Code
D. Service Area (County, Sub-County Area; for NYC, Community Board No.)		E. Service Area (County, Sub-County Area; for NYC, Community Board No.)	
F. Target Population		G. Target Population	
H. Service(s)	Capacity	I. Service(s)	Capacity
J. Operating State Aid for the Service(s) at this site		K. Operating State Aid for the Service(s) at this site	
L. Certificate No.(s) as appropriate, for this location		O. Brief Explanation of the Need for Relocation/Space Alteration	
M. Active Program Reporting Unit (PRU) No.(s)			
N. OASAS Provider ID No.			

APPROVALS

P. LGU Approval Does this proposal have the approval of the LGU? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature of LGU _____ Date _____	
Q. OASAS Regional Office Approval Does this proposal have the approval of the Regional Office? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Signature of Regional Office Program Manager _____ Date _____ Signature of Regional Office Coordinator _____ Date _____	