

## ATTACHMENT B – CONTRACT BUDGET AND FUNDING SUMMARY

1) **Initiative:** Statewide SUD System Support

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 BUDGET (rounded to the nearest dollar)	Primary Prevention (A)	All Other Services (B)
12) Personal Services		
13) Fringe Benefits		
14) Other Than Personal Services/Non-Personal Services		
15) Equipment		
16) Property/Space		
17) Agency Administration (if applicable)		
<b>TOTAL GROSS EXPENSE BUDGET</b>		

	<b>Total Funds Requested</b>
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18) Printed Name of Agency Official:	19) Printed Title:
20) Signature:	21) Date: