

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding Request
Attachment B - Contract and Funding Summary

INSTRUCTIONS – Transitional Safety Units

1	Printed Legal Name of Applicant Entity	Print the incorporated or legal name of the agency submitting the request. Do not enter the common name or acronym.
2	SFS Supplier ID	Enter the unique 10-digit number that identifies the agency/vendor in the Statewide Financial System (SFS).
3	OASAS Provider ID	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.
4-6	Address	Enter the mailing address, including zip code, where the administrative office of the bidder entity is located.
7-10	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.
11-16	Requested Budget	Applicants should refer to the Consolidated Fiscal Reporting Manual for a more detailed general description of the following expense items. 11) Personal Services; 12) Fringe Benefits; 13) Other Than Person Services/Non-Personal Services; a) Enter the amount requested for furniture (maximum of \$3,000 per unit) b) Enter the amount requested for turnover expense (maximum of 10% of annual rental subsidy budget) 14) Equipment (N/A); 15) Property/Space; a) Enter the amount requested for security deposits b) Enter the total amount requested for rental subsidies as detailed on page 2 of the funding request. 18) Agency Administration (N/A) 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.
17-18	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.
19-20	Signature and Date	The agency representative must sign and date the funding request.

Page 2 – Rental Unit Detail and Budget Narrative

Re-enter the legal name of the entity.

Complete the chart for each rental unit(s) proposed under the initiative including:

- County where the unit will be located
- Unit Type (Studio or 1-Bedroom)
- Anticipated date the unit will be available
- Fair Market Rental value for the County of location
- The total requested rent to support these units