



**CRISIS STABILIZATION CENTERS
PART IV – RESOURCE ALLOCATION**

INSTRUCTIONS

Completion and Certification: The person(s) completing the questionnaire must be knowledgeable about the Applicant's business and operations. An owner or officer must certify this questionnaire and the signature must be notarized.

Responses: Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law.

Applicant Entity: Each Applicant must indicate if the questionnaire is filed on behalf of the proposed operator of a certified Crisis Stabilization Center facility or as a subsidiary of another business entity.

Closely Allied Entities: A "Closely Allied Entity" is an entity as defined in Section 25.06(c) of the Mental Hygiene Law.

I. Applicant Information

1.0	<p>The Applicant for this questionnaire is:</p> <p><input type="checkbox"/> a. the proposed certified Crisis Stabilization Center facility operator, or</p> <p><input type="checkbox"/> b. a business entity which exercises governance authority over another legal business entity which will be the proposed certified Crisis Stabilization Center facility operator.</p> <p>c. Describe the lines of authority or attach an organizational chart.</p>
1.1	<p>Does the Applicant have any Affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, proceed to Question # 1.9; if yes, explain (<i>attach a separate sheet, if necessary, identifying the numbered response, include the Applicant's name on all sheets</i>).</p>
1.2	Affiliate's Name
1.3	Affiliate's EIN
1.4	Affiliate's Primary Business Activity
1.5	<p>Explain relationship with the Affiliate and indicate percent ownership, if applicable. (Enter N/A if not applicable) %</p>
1.6	<p>Are there any business entity officials or principal owners that the Applicant has in common with this Affiliate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain.</p>
1.7	If yes to Question # 1.6, provide the individual's name

1.8	If yes to Question # 1.6, provide the individual's Position/Title with Affiliate.
1.9	Does the Applicant have any Closely Allied Entities as defined in Mental Hygiene Law §25.06(c)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, proceed to Question # 1.13)
1.10	<p>Within the past five (5) years, has any Closely Allied Entity Official or Principal Owner been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:</p> <p>a) any business-related activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) any crime, whether or not business-related, the underlying conduct of which was related to truthfulness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes to either a) or b), attach a separate sheet identifying each numbered response, include the Applicant's name on all sheets and provide an explanation of the issue(s), the individual involved, his/her title and role in the Closely Allied Entity, his/her relationship to the Applicant, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s).</i></p>
1.11	<p>Does any Closely Allied Entity have any currently undischarged federal, New York State, New York City or New York local government liens or judgments (not including UCC Filings) over \$25,000? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide an explanation of the issue(s), identify the Closely Allied Entity's name(s), EIN(s), primary business activity, relationship to the Applicant, relevant dates, the Lien holder or Claimant's name(s), the amount of the lien(s) and the current status of the issue(s). Attach additional sheets if necessary; ensure all answers are clearly marked and include the Applicant's name on each additional sheet.</p>
1.12	<p>Within the past five years, has any Closely Allied Entity:</p> <p>a) been disqualified, suspended or debarred from any federal, State, City or other local government contracting process? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) been denied a contract award or had a bid rejected based upon a non-responsibility finding by any federal, New York State, New York City or New York local government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) been suspended, cancelled or terminated for cause (including for non-responsibility) on any federal, New York State, New York City or new York local government contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) been the subject of an investigation, whether open or closed, by any federal, New York State, New York City or New York local government entity for a civil or criminal violation with a penalty in excess of \$500,000? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f) been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any federal, New York State, New York City or New York local government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g) initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>For each yes answered above, attach a separate sheet identifying each numbered response, include the Applicant's name on all sheets and provide an explanation of the issue(s), identify the Closely Allied Entity's name(s), EIN(s), primary business activity, relationship to the Applicant, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s).</i></p>
1.13	<p>Will any of the proposed in this application be provided by an organization other than the Applicant through a management services contract, employment contract or clinical services contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide an explanation of the contract(s), including the names of the individuals or entities providing the services. Attach a separate sheet, if necessary, identifying each numbered response and include the Applicant's name on all sheets.</p>

IV. Integrity – Contract Bidding

4.0	Within the past five (5) years, has the Applicant held any contracts with New York State government entities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the Contract Number, Agency Name, Amount, Contract Start Date, Contract End Date and the Contract Description.
4.1	Within the past five (5) years, has the Applicant been suspended or debarred from any government contracting process or been disqualified on any government procurement, permit, license, concession, franchise or lease, including, but not limited to debarment for a violation of New York State Workers' Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	Within the past five (5) years, has the Applicant been subject to a denial or revocation of a government prequalification? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.3	Within the past five (5) years, has the Applicant been denied a contract award or had a bid rejected based upon a non-responsibility finding by a government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.4	Within the past five (5) years, has the Applicant agreed to a voluntary exclusion from bidding/contracting with a government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.5	Within the past five (5) years, has the Applicant initiated a request to withdraw a bid submitted to a government entity in lieu of responding to an information request or subsequent to a formal request to appear before the government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No

For each yes answer for Question #'s 5.0 – 5.2, attach a separate sheet identifying each numbered response, include the Applicant's name on all sheets and provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issues(s).

V. Integrity – Contract Award

5.0	Within the past five (5) years, has the Applicant or any Affiliate of Applicant been suspended, cancelled or terminated for cause on any government contract including, but not limited to, a non-responsibility finding? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.1	Within the past five (5) years, has the Applicant or any Affiliate of Applicant been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	Within the past five (5) years, has the Applicant or any Affiliate of Applicant entered into a formal monitoring agreement as a condition of a contract award from a government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No

For each yes answer for Question #'s 4.0 – 4.5, attach a separate sheet identifying each numbered response, include the Applicant's name on all sheets and provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s).

VI. Certifications/Licenses

6.0	Within the past five (5) years, has the Applicant or any Affiliate of Applicant had a revocation, suspension or disbarment of any business or professional permit and/or license? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach a separate sheet identifying each numbered response, include the Applicant's name on all sheets and provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s).</i>
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VII. Legal Proceedings

7.0	Within the past five (5) years, has the Applicant been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.1	Within the past five (5) years, has the Applicant been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No

7.2	Within the past five (5) years, has the Applicant received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.3	Within the past five (5) years, has the Applicant had a government entity find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.4	Within the past five (5) years, has the Applicant entered into a consent order with the New York State Department of Environmental Conservation or received an enforcement determination by any government entity involving a violation of federal, state or local environmental laws? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.5	<p>Within the past five (5) years, has the Applicant, other than previously disclosed:</p> <p>a) been subject to the imposition of a fine or penalty in excess of \$1,000, imposed by any government entity as a result of the issuance of citation, summons or notice of violation, or pursuant to any administrative, regulatory, or judicial determination? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

For each yes answer for Question #'s 7.0 – 7.5, attach a separate sheet identifying each numbered response, include the Applicant's name on all sheets and provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s).

VIII. Financial and Organizational Capacity

8.0	Within the past five (5) years, has the Applicant received any formal unsatisfactory performance assessment(s) from any government entity on any contract? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.1	Within the past five (5) years, has the Applicant had any liquidated damages assessed over \$25,000? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.2	Within the past five (5) years, have any liens or judgments (not including UCC filings) over \$25,000 been filed against the Applicant which remains undischarged? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.3	<p>In the last seven (7) years, has the Applicant initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide</p> <p>a. the bankruptcy chapter number</p> <p>b. the court name</p> <p>c. the docket number.</p> <p>Current status of the proceedings <input type="checkbox"/> Initiated <input type="checkbox"/> Pending <input type="checkbox"/> Closed</p>
8.4	<p>During the past three (3) years, has the Applicant failed to file or pay any tax returns required by federal, state or local tax laws? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the Applicant failed to file/pay and the current status of the tax liability.</p>
8.5	<p>During the past three (3) years, has the Applicant failed to file or pay any New York State unemployment insurance returns? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the years the Applicant failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s).</p>
8.6	<p>During the past three (3) years, has the Applicant had any government audit(s) completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes,</p> <p>a. did any audit of the Applicant identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any material disallowance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes to Question # 8.6 a., attach a separate sheet, identifying the numbered response, and provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or correction action(s) taken and the current status of the issue(s).</i></p>

IX. Certification

The undersigned:

- 1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State OMH and OASAS in making responsibility determinations regarding the certification of the Applicant as an authorized provider of chemical dependence services in New York;
- 2) recognizes that OMH and/or OASAS will rely on information disclosed in the questionnaire in making character and competence determinations and in approving the character and competence of potential providers of services;
- 3) acknowledges that OMH and/or OASAS may, in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; and
- 4) acknowledges that intentional submission of false or misleading information may result in a finding of non-responsibility and unacceptable character and competence to grant an operating certificate.

The undersigned certifies that he/she:

- a. is knowledgeable about the Applicant's business and operations;
- b. has read and understands all of the questions contained in the questionnaire;
- c. has not altered the content of the questionnaire in any manner;
- d. has reviewed and/or supplied full and complete responses to each question;
- e. to the best of his/her knowledge, information and belief, confirms that the Applicant's responses are true, accurate and complete, including all attachments, if applicable;
- f. understands that OMH and/or OASAS will rely on the information disclosed in the questionnaire when deciding to certify the Applicant; and
- g. is under obligation to update the information provided herein to include any material changes to the Applicant's responses at the time application's submission through the notification of certification, and may be required to update the information at the request of OMH and/or OASAS prior to the granting of an operating certificate, or during the term of such certificate.

Signature of Applicant's Owner or Officer (Must be notarized)		Printed Name of Signatory	
Title of Signatory		Full Address (Street, City, State, Zip Code)	
Telephone Number	Fax Number	E-Mail Address	

Sworn to before me this _____ of _____ 20____
(Day) (Month) (Year)

Notary Public