REQUEST FOR APPLICATION OASAS RFA SETT-23006

ATTACHMENT 3 – PROGRAM BUDGET/INITIATIVE FUNDING REQUEST (IFR) FORM

(Start-up and Annual Operating Budgets)

1. Printed Legal Name of Bidder Entity:		
2. Bidder's OASAS Provider Number:		
3. Bidder's Street Address/P.O. Box:		
4. Bidder's City/Town/Village:	5. Postal Zip Code:	6. Date Prepared:
7. Printed Name of Bidder Contact Person:	8. Contact Telephone #:	
9. Printed Title of Contact:	10. Contact Email:	

PART II – OPERATIONAL FUNDING REQUEST

REQUESTED OPERATING BUDGET FOR APPLICATION	(Column A) PROPOSED START-UP OPERATING BUDGET	(Column B) PROPOSED ANNUAL OPERATING BUDGET
1. Gross Expense Budget (see instructions for details): **Round amounts to the nearest $1 (no cents)**		
Personal Services		
Fringe Benefits		
Non-Personal Services		
Equipment		
Property/Space		
Agency Administration		
TOTAL GROSS EXPENSE BUDGET	$ 0	$ 0
2. Revenue Budget (see instructions for details): **Round amounts to the nearest $1 (no cents)**		
Patient Fees		
SSI and SSA		
Public Assistance (Safety Net & TANF)		
Medicaid		
Medicare		
Third Party Insurance/Private Pay		
Food Stamps		
Closely Allied Entity Contributions		
Donations		
Other: Specify:		
Specify:		
Specify:		
TOTAL REVENUE BUDGET	$ 0	$ 0
3. NET OPERATING COST		
4. OASAS State Aid Funding Requested		

5. Full-Time Equivalent (FTE) Staff Requested:

Bidder Official:

Printed Name: Printed Title:

Signature: **Date:**

Instructions for Completing the Initiative Funding Request Form (IFR)
(Start-up and Annual Operating Budgets)

PROVIDER INFORMATION

1. **Printed Legal Name of Bidder Entity** – Print the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR and on any additional pages that are attached. **Do not enter the common name or acronym**.

2. **Bidder's OASAS Provider Number** – 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 (CFR) documents.

3-5. **Bidder Address** – Enter the mailing address, including zip code, where the administrative office of the bidder entity is located.

6. **Date Prepared** – Enter the date the IFR was prepared.

7-10. **Bidder Contact Person** – Enter the printed name and title, the telephone number (including area code), and email address of the person who can answer questions concerning the information provided on the IFR.

PART II – OPERATIONAL FUNDING REQUEST

Anticipated Operating Budget for Proposals

Requested operating budget amounts must represent:

Column A – **PROPOSED START-UP OPERATING BUDGET**: The start-up or part year costs, net deficit and OASAS State aid funding requested for one-time costs necessary to start the program effort. Start-up costs are one-time expenses only and must be reasonable and necessary for program implementation. The start-up budget is limited to one quarter (1/4) of the full annual State Aid. Start-up costs may include but are not limited to the following: equipment; office supplies; furniture; rental deposits/securities; and staff recruitment. Agency administration is not an allowable expense for start-up.

Column B – **ANNUAL OPERATING BUDGET**: The 12-month, full annual costs, revenues, net deficit and OASAS State aid funding requested. Awards to the selected bidders will be prorated for the first fiscal period based on the initiative start date identified above.

ALL AMOUNTS REQUESTED FOR INITIATIVE FUNDING MUST BE ROUNDED TO THE NEAREST DOLLAR ($1.00)

1. **Gross Expense Budget** – Bidders should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed general description of the following expense items which should be entered in Columns A and B:

- Personal Services
- Fringe Benefits
- Non-Personal Services (i.e. Other than Personal Services (OTPS))
- Equipment
- Property/Space
- Agency Administration **(not allowable for start-up budget)**

2. **Revenue Budget** – Bidders should refer to the CFR Manual for an explanation of each revenue category, and enter applicable start-up and annual projected amounts that they anticipate receiving to offset costs attributable to the initiative in Columns A and B.

   If the bidder does not anticipate receiving any additional revenue to offset costs of its proposal it should so indicate by entering $0 for each category in Columns A and B.

3. **Net Operating Cost** - Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget in Column A and B**.

4. **OASAS State Aid Funding Requested** – Enter the amount of OASAS State aid Start-Up funding being requested for the initiative in Column A. This amount **should equal** the Start-Up **Operating Budget Net Deficit** amount.

5. **Number of Direct Service Full-Time Equivalent (FTE) Staff** – Enter the total number of direct service FTE staff. A direct service FTE is defined as: a minimum of 35 hours depending on your agency's established work week.

   Bidder Official – Enter the printed name and title of the bidder agency representative submitting the IFR application.

   Signature and Date – The IFR should be signed and dated by the bidder agency representative.