

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS  
Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding Request**

**ATTACHMENT B - CONTRACT BUDGET AND FUNDING SUMMARY**

1) **Initiative:** Paid Prevention Internship Opportunity - Round 2

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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:

<b>REQUESTED BUDGET</b> (rounded to the nearest dollar)	<b>Amount</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>	

18) Printed Name of Agency Official:	19) Printed Title:
20) Signature:	21) Date: