

SETT 24029 – Recovery Residences Funding Application

Organization’s Legal Name:	SFS Supplier ID No:
Organization’s Address:	Federal Employer Identification Number (FEIN):
OASAS Provider No:	Unique Entity Identifier (UEI):
PRU of Site(s) applying for award: <input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 3 _____ (max # of sites)	CEO Name:
CEO Email (<i>best email for ongoing communication regarding the project</i>):	CEO Direct Phone:

Scope of Work: See RFA #SETT 24029 for Scope of Work.

Contractor Eligibility Certification

The contractor must certify they meet **all** the requirements below by checking the appropriate boxes below.

- 1) Recovery residence(s) that have received the Letter of Contingent Approval from the OASAS Certification Unit.
- 2) A nonprofit. (charitable org and tax-exempt status)
- 3) Registered **and** prequalified in the Statewide Financial System (SFS)
- 4) Completed and filed a New York State Vendor Responsibility Questionnaire (*must be updated within the last six months*)
- 5) Registered **and** have a current status with the Office of the New York State Attorney General’s Charities Bureau
- 6) Registered with the New York State Department of State

Application Completeness Review (all boxes must be checked and completed by applicant organization):

- The applicant organization provided the Letter of Contingent Approval for **each** Recovery Residence included in application.
- The applicant organization has included a completed and signed Attachment 3: Program Budget/Initiative Funding Request (IFR) Form for **each** Recovery Residence included in application.
- The applicant organization has included a completed and signed Attachment 4: Vendor Assurance of No Conflict of Interest or Detrimental Effect
- The applicant organization has included a completed and signed Attachment 8: Executive Order 177 Certification
- The applicant organization has included a completed and signed Attachment 9: Statement on Sexual Harassment Certification
- The applicant organization has included a completed and signed Attachment 10: Executive Order 16
- The applicant organization has included their current and valid Workers’ Compensation & Disability forms or Exemption forms with OASAS listed as a certificate holder as applicable.
- The applicant organization completed accurately all fields on this form and signed this form appropriately.
- The applicant organization agrees to follow all other requirements as set forth in RFA SETT 24029

Organization Representative Name (Print): _____

Organization Representative Title: _____

Organization Representative Signature: _____

Date: _____

Programmatic Questions

Answer the following questions below in the space provided. Failure to address all the questions may result in a non-awarded application.

Question 1: How will your organization use the funding to enhance the operations of the Certified Recovery Residences within the 18-month term of the contract? *(Responses will be compared against the Attachment 3: Program Budget/Initiative Funding Request (IFR) Form).* **Please identify each residence by PRU number in your response.** *For entities applying for funds for multiple residences, responses should indicate where the spending will be specific to a particular residence. (Max characters 4,000)*

Question 2: How will the funding enhance the recovery residence, including but not limited to, resident quality of life, resident recovery, and/or recovery services offered? For entities applying for funds for multiple residences, responses should indicate where the spending will be specific to a particular residence. (Max Characters 4,000)