

RFA STEW - 24032 Methadone for Opioid Use Disorder Treatment Access

Attachment 2 - Checklist of Submission Requirements

- Submitted on or before date and time indicated on the Face Page.
- Prequalified in SFS on due date.

- Administrative/Fiscal Application- (1) original**
 - Proposal Cover Letter
 - Be completed, signed, and dated by an authorized representative of the applicant organization
 - Include the applicant's designated contact name, phone number, e-mail, and physical address
 - Indicate the OASAS RFA Name and Project Number
 - Indicate if applicant is a Non-Profit Voluntary Agency or LGU
 - Indicate if the applicant is applying to establish a COP or OTP-AL
 - Indicate the county that the applicant will site the COP or OTP-AL
 - For applicants applying to establish an OTP-AL, indicate the PRU of the existing Part 822 COP, comprehensive CCBHC, or Part 822 OTP that the new OTP-AL will be associated with

 - Attachment 2 – Checklist of Submission Requirements (Optional)
 - Attachment 3 – Program Budget/Initiative Funding Request (IFR) Form.
 - Attachment 4 – Vendor Assurance of No Conflict of Interest or Detrimental Form.
 - Attachment 7 – Diversity Practices Questionnaire, and Form 1 (M/WBE Utilization Plan).
 - Attachment 8 – Executive Order 177 Certification
 - Attachment 9 – §139-1 Statement on Sexual Harassment Certification
 - Attachment 10 – Executive Order 16 Certification
 - Letter of Support (required for NFP only) - Must include letter(s) of support from the County where the COP or OTP-AL will be sited

- Technical Application- (1) original**