

Project CHOICES FASD Initiative

Year III Provider Application

Provider Name: _____

Provider Number: _____

Provider Address: _____

Phone: _____ **FAX:** _____ **E-mail:** _____

Please identify the chemical dependency program that you are proposing for participation in *Project CHOICES*.

PRU Name: _____

PRU Number: _____

PRU Address (if different from above): _____

Application Contact Person and Title: _____

Phone: _____ **FAX:** _____ **E-mail:** _____

A Conference Call to review this Request For Interest and *Project CHOICES* for all interested applicants will be held on Thursday, February 11, 2010 at 1 pm. The call-in (toll-free) number to use is: (888) 422-7128. Please enter Participant Code 954778.

6. If you have trained MI staff, please indicate the level of MI proficiency :

___MI Introduction only	No. staff	___	Year trained	___
___Advanced MI training & practice	No. staff	___	Year trained	___
___Trained in MI supervision & mentoring	No. staff	___	Year trained	___

C. Past experience in sponsored projects, activities or grants

7. Do you currently have or plan on any other similar projects in your agency?

___Yes ___No. If yes, please describe.

8. Are PRU staff currently involved in any of these agency activities? ___Yes ___No.
If yes, how are they involved?

9. How has your staff accepted new practices and been able to implement them? Please provide specific examples.

D. Executive Sponsorship, Project Leader and Team: Implementation Issues

10. Please identify the Corporate-level individual who will be responsible for *Project CHOICES*, and describe his/her role within your agency. Please explain how this individual is able to influence allocation of resources within the program, and if this individual has participated in previous studies, research and/or initiatives.

11. The site-level Team Leader plays a key coordination role in day-to-day implementation, along with interacting with others throughout the agency in order to implement *Project CHOICES*. Please identify the individual who will assume this role, and describe his/her title, duties and involvement in any similar projects. Discuss their leadership skills/attributes that will enable them to motivate and build a cohesive, productive team.

12. Do you have specific staff to assign to implement the components of *Project CHOICES*, as outlined in Attachment 1 (administrative, clinical, training, data collection)?
_____ Yes _____ No

13. Describe how the *Project CHOICES* will fit within your current treatment protocols.

14. Do you anticipate any significant changes during 2010 - 2012 that may impact operations at the proposed *Project CHOICES* site, e.g. moving to new space, launching new grants or programs, program restructuring? _____ Yes _____ No. If yes, please describe.

15. What is the estimated annual rate of staff turnover at the PRU?

16. If selected, is your agency/PRU capable of implementing of this initiative within 30 days of an executed contract? _____ Yes _____ No

E. IT and Internet Access

17. Does staff have easy access to the Internet? _____ Yes _____ No.

If yes, is this: _____ High Speed (e.g. T.1/T3, DSL) or _____ Low Speed (dial-up)

a. Please list relevant staff who have internet access at work

b. Do relevant staff have work-based email addresses?

_____ Yes _____ No _____ Other (please explain) _____

c. Please select the operating system and software versions that are used by your agency.

_____ Microsoft OPS 2003 OR _____ Microsoft OPS 2007 (choose one)

_____ ACCESS 2003 OR _____ ACCESS 2007 (choose one)

Please send this completed Application, with a cover letter signed by your agency director,
to: Margo B. Singer
Project CHOICES Director
NYS Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, New York 12203-3526

The deadline for receipt of all materials is March 5, 2010.