

EXHIBIT C
ATTACHMENT CHECKLIST

| Component | Attachment # | Enclosed Yes N/A | Content |
|----------------|--------------|---|---|
| Summary | 1 | <input type="checkbox"/> <input type="checkbox"/> | A signed and dated corporate resolution authorizing the contact person to act on behalf of the applicant in the preparation of the application and to represent the applicant throughout the certification application process. If not a Corporate Entity, the Owner must include a signed and dated statement authorizing the contact person to act on their behalf in the preparation of this application and to represent the applicant throughout the certification application process. |
| | 1A | <input type="checkbox"/> <input type="checkbox"/> | A copy of the Attachment 1A-Prior Consult form containing applicant, LGU and FO signatures. |
| | 2 | <input type="checkbox"/> <input type="checkbox"/> | If a Corporate Entity, a signed and dated corporate resolution authorizing the proposed action. If not a Corporate Entity, the Owner must include a signed and dated statement authorizing the proposed action. |
| | 2A | <input type="checkbox"/> <input type="checkbox"/> | Summary and proof of community outreach. |
| Part I | 3 | <input type="checkbox"/> <input type="checkbox"/> | Appropriate entity establishment documentation as prescribed in Exhibit A of these instructions. |
| | 4 | <input type="checkbox"/> <input type="checkbox"/> | Not-for-Profit Entities Only: A copy of the letter of registration as a charitable organization, or copy of exemption letter. |
| | 5 | <input type="checkbox"/> <input type="checkbox"/> | Not-for-Profit Entities Only: A copy of the applicant's most recent IRS Tax Exemption Letter. |
| | 6 | <input type="checkbox"/> <input type="checkbox"/> | A copy of all current licenses, operating certificates and/or accreditations. |
| | 7 | <input type="checkbox"/> <input type="checkbox"/> | Entities not Previously Certified by OASAS: A brief statement of the applicant's previous history and experience in providing chemical dependence services and other human services. |
| Part II | 8 | <input type="checkbox"/> <input type="checkbox"/> | A copy of the purchase offer/contract or existing/proposed lease for each affected site/additional location, if purchase or lease is contemplated. |
| | 9 | <input type="checkbox"/> <input type="checkbox"/> | A listing including the name, address, and relationship to the applicant of persons, including governing authority members, officers, stockholders, or employees, or relatives of the foregoing, or other entities with which the foregoing are associated, who have a real property interest in the land, buildings and/or equipment at this Site/Additional Location and a description of the nature of the real property interest each person/entity has in such Site/Additional Location. |
| | 10 | <input type="checkbox"/> <input type="checkbox"/> | Describe the work that was (needs to be) done to bring the property into compliance with OASAS facility standards, OASAS regulations and all local codes and laws. The description should address all appropriate issues identified in the instructions. |
| | 11 | <input type="checkbox"/> <input type="checkbox"/> | For each affected Site/Additional Location, general site drawings, floor plan sketches to scale, and photographs of all sides of the outside structure as required in these instructions. |
| | 12 | <input type="checkbox"/> <input type="checkbox"/> | A copy of the Certificate of Occupancy, Temporary Certificate of Occupancy, Certificate of Compliance, or Letter of No Objection. If not available, provide documentation from appropriate regulatory authority. |

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| Part III | 13 | <input type="checkbox"/> | <input type="checkbox"/> | A description, with required Attachments, of the arrangements and reasons for establishing an Additional Location at a host agency, addressing subject matter indicated in these instructions. |
| | 14 | <input type="checkbox"/> | <input type="checkbox"/> | A Need Assessment for applicants that wish to present their own data for justifying the new services for which they are seeking approval. |
| | 15 | <input type="checkbox"/> | <input type="checkbox"/> | A description of service components including, but not limited to, the tasks, activities and procedures listed in Exhibit B . For services (to be) delivered by another provider, a copy of each written agreement between the applicant and the other provider. |
| | 16 | <input type="checkbox"/> | <input type="checkbox"/> | A statement of the measures of success to be used by the applicant to evaluate the effectiveness of the service. |
| | 17 | <input type="checkbox"/> | <input type="checkbox"/> | Submission of a complete package of policies and procedures for the proposed service in accordance with proposed services to be provided. |
| | 18 | Not currently applicable. | | |
| | 19 | <input type="checkbox"/> | <input type="checkbox"/> | Applications involving New Opioid Treatment Services: Copies of applications submitted to CSAT, DEA, and the NYS DOH or other evidence that the approval process involving these agencies is in progress or that approval has been granted. |
| | 20 | <input type="checkbox"/> | <input type="checkbox"/> | A description of opioid treatment services covering the subject matter identified in these instructions. |
| Part IV | 21 | <input type="checkbox"/> | <input type="checkbox"/> | A list of the assumptions used by the applicant in developing the expense and revenue estimates and copies of existing/planned rate schedules and sliding fee schedules as required in these instructions. |
| | 22 | <input type="checkbox"/> | <input type="checkbox"/> | A copy of the most recent annual financial statement/report. If not available, a copy of the most recent tax return and/or a pro forma balance sheet in the format prescribed in Exhibit D . |
| | 23 | <input type="checkbox"/> | <input type="checkbox"/> | A job description for each job listed, including the duties and minimum qualifications in terms of pertinent training/ education and work experience. |
| Part V | 24 | <input type="checkbox"/> | <input type="checkbox"/> | A description covering issues affected by an increase in service capacity or transfer of ownership of certified services between existing OASAS providers. |
| Appendixes | I | <input type="checkbox"/> | <input type="checkbox"/> | Governing Authority Questionnaire |
| | II | <input type="checkbox"/> | <input type="checkbox"/> | Staff Deployment Matrix |
| | III | <input type="checkbox"/> | <input type="checkbox"/> | Minor Relocations |
| | IV | <input type="checkbox"/> | <input type="checkbox"/> | Character and Competence Applicant Review |
| | V | <input type="checkbox"/> | <input type="checkbox"/> | Criminal Background Check Fingerprinting Consent Form |