

New York State Office of Alcoholism and Substance Abuse Services

**SERVICE PROVIDER
MINOR MAINTENANCE FUNDING REQUEST**

(Read Conditions Before Completion)

INSTRUCTIONS: Use this form to request funding for minor maintenance capital projects. "Minor maintenance" is defined as a project to restore licensed physical plant and/or associated facilities and fixed equipment to acceptable standards through activities of a non-recurring nature beyond ordinary repairs and which costs less than \$100,000.

Conditions: If OASAS financial assistance exceeds \$75,000, OASAS will place a State Aid lien on the building. In the case of leased property, any minor maintenance funding will require a reasonable period of time remaining on the lease. In no event may a capital project financed through this process exceed \$100,000 in OASAS funding.

IDENTIFYING INFORMATION

| | | | | | |
|---|--|---------------------|--|-----------------|-------------------|
| Full Legal Name of Applicant/Provider | | | | Provider ID No. | |
| Provider Headquarters Address Street Address | | City, Town, Village | State | ZipCode | County |
| Contact Person's Name and Telephone No. | | | | | |
| Site Address of Project (Street, City, Town, Village, County) | | | | | PRU No. |
| Program(s)/M-E(s)/Service(s) Conducted at Site | | | | | Licensed Capacity |
| Name of Owner of Site | | | If Leased Property, No. Years Remaining on Lease | | |

PROJECT DESCRIPTION

A. Brief Narrative Description of the Physical Plant Problem and the Corrective Work Required

B. Estimated Total Cost:

C. Basis of Cost Estimate (Except for emergency requests, attach three written estimates obtained from vendors/contractors)

| | |
|-----------------------------------|---------------------------------|
| Name of Requestor (Type or Print) | Title/Affiliation with Provider |
| Signature | Date |

MAIL OR FAX COMPLETED FORM TO YOUR REGIONAL OFFICE

FOR OASAS USE ONLY

| | | | |
|----------------------------|-----------|---------------|--------------------------------|
| DISTRICT DIRECTOR APPROVAL | Signature | Date Approved | Priority (As of Approval Date) |
|----------------------------|-----------|---------------|--------------------------------|

After signing the request, the District Director sends copies to the Bureau of Budget and Finance and the Capital Services Unit.