



**PART II - PROPOSAL INFORMATION**

**A. Summary of Proposal**

Check the box(es) that identifies the proposed action(s) and give a brief summary describing the proposed action.

Actions:

- New OASAS Provider
- New Treatment Service
- Capacity Increase
- Minor Relocation
- Relocation
- Additional Location
- Transfer of Ownership
- Capital Project
- Change in Ownership Status

Proposal Summary:

**B. Description of Services *(To be completed only by entities that are not currently authorized to provide OASAS treatment services)***

Describe the approach/philosophy regarding the treatment of chemical dependence, including use of self-help services, medication, individual/group counseling, and other treatment techniques.

**C. Site and Staffing**

Describe the location, including the address (if known) of each of the services proposed, the geographic or political boundaries of the area to be served, the need for the proposed services in the service area, and the proposed staffing pattern for each service proposed.

### PART III - SITE BUDGET

APPLICANT'S LEGAL NAME	
SITE	PROPOSED SERVICE

**NOTE: PREPARE PART III FOR EACH PROPOSED NEW SERVICE AT EACH SITE**

	BUDGET ITEM DESCRIPTION	PROPOSED OPERATING BUDGET	
		Pre-Operational	Annual
<b>A</b>  EXPENSES	Personal Services (Salaries/Wages)		
	" (Fringe Benefits)		
	Consultants/Professional Services		
	Equipment to be Expensed		
	Property Expense		
	Other Non-Personal Services Expenses		
	Allocated Provider Administration (Management & General/Overhead)		
	Total Expenses		
<b>B</b>  CONSTRUCTION	Estimated capital cost		
	- acquisition		
	- construction		
	- renovation		
	Total Capital Expenses		
<b>C</b>  REVENUES	Client/Patient Fees		
	Temporary Assistance to Needy Families - TANF (Formerly AFDC)		
	Safety Net Assistance - SNA (Formerly Home Relief)		
	Medicaid (Managed Care)		
	Medicaid (Fee for Service)		
	Medicare		
	Private Health Insurance (Managed Care)		
	Private Health Insurance (Fee for Service)		
	Congregate Care Benefit Payments		
	Federal Grants (Other than through OASAS)		
	State Grants (Other than OASAS)		
	Local Government Grants		
	Cash Donations from Closely Allied Entities		
	Sale of Goods and Services (Sales Contracts/Purchase of Services Agreements)		
	Other Cash Resources List Source(s) and Amount(s)		
	Total Revenues		
<b>D</b> PROFIT/(DEFICIT)	Total Expenses less Total Revenues		
<b>E</b>  SOURCES OF DEFICIT FINANCING, IF ANY	OASAS State Aid		
	Local Government (Tax Levy)		
	Other Deficit Funding Sources (List Sources and Amounts)		