

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding Request
ATTACHMENT B - CONTRACT BUDGET AND FUNDING SUMMARY

1) Initiative: WORKFORCE

2) Printed Legal Name of Entity: Albany County Department of Mental Health	
3) SFS Supplier ID: 1000002428	4) OASAS Provider Number: 70520
5) Street Address/P.O. Box: 175 Green Street	
6) City/Town/Village: Albany, NY	7) Postal Zip Code: 12202
8) Printed Name of Contact Person: Michael Fitzgerald	9) Printed Title of Contact: Associate Director of Fiscal Operations
10) Contact Telephone #: 518-447-2025	11) Contact E-Mail:

REQUESTED BUDGET (rounded to the nearest dollar)	Primary Prevention (A)	All Other Services (B)
12) Personal Services		
13) Fringe Benefits		
14) Other Than Personal Services/Non-Personal Services	\$8,500	
15) Equipment		
16) Property/Space		
17) Agency Administration (if applicable)		
TOTAL GROSS EXPENSE BUDGET		
Total Funds Requested		
		\$8,500
18) Printed Name of Agency Official: Stephen J. Giordano	19) Printed Title: Albany County Mental Health Commissioner	
20) Signature:	21) Date: 11/15/2021	

Email completed form to COVIDfunds@OASAS.ny.gov

WORKFORCE Budget

Requested Budget Line from Page 1	Budget Items	Amount
(12)	Recruitment and Retention	\$ -
(14)	Education - tuition	\$ -
(14)	Education - exam and application fees	\$ -
(14)	Educational loan Forgiveness	\$ -
(14)	Conference Fees	\$ -
(14)	Training	\$ \$8,500 -
(14)	Ongoing Support	\$ -
(14)	Contractual/Consultant	\$ -
(14)	Career Development/Addiction Fellowship	\$ -
	Other (list below)	\$ -
		\$ -
		\$ -
		\$ -
	Total Direct Costs	\$ \$8,500 -
	Total Costs	\$ \$8,500 -