



**CRISIS STABILIZATION CENTERS**

**PART II – SITE INFORMATION**

Applicant's Legal Name					
<b>A. Address of Existing/ Proposed Site</b>	Building/Building No.		Room/Suite	Floor	PO Box
	Street	City, Town, Village	State <b>NY</b>	Zip Code + 4	County
<b>B. Property Acquisition</b>	Acquisition Status for this Site or Additional Location, as appropriate				
	<input type="checkbox"/> Currently Owned by Applicant <input type="checkbox"/> Currently Leased by Applicant <input type="checkbox"/> Proposed Purchase <input type="checkbox"/> Proposed Lease				
<i>Include as <b>ATTACHMENT #8</b> a copy of the purchase offer agreement/contract or existing/proposed lease or sublease. <b>Please note that any existing or proposed lease must contain the landlord's right to re-entry clause.</b></i>					
<b>C. Source of Funds for Purchase or Lease</b>	Source	OASAS	OMH		
	Dollar Amount	\$	\$	\$	\$
<b>D. Real Property Interest of Applicant</b>	Indicate if any of the following have a real property interest in the land, building or equipment at this site/additional location:				
	<input type="checkbox"/> 1. Governing authority member, officer, stockholder or employee or <input type="checkbox"/> 2. Any relative of a governing authority member, officer, stockholder or employee or <input type="checkbox"/> 3. Any other entity of which a governing authority member, officer, stockholder or employee is a member. <input type="checkbox"/> 4. Not applicable				
<i>If Item # 1, 2, or 3 is checked, provide in <b>ATTACHMENT #9</b> the name, address and relationship to the applicant and a description of the nature of the real property interest in this site held by each individual or entity listed.</i>					
<b>E.</b>	Indicate if the property acquired will require rehabilitation or construction work.				
	<input type="checkbox"/> Yes <input type="checkbox"/> No 1. If "No", proceed to Section I 2. If "Yes", answer the following: a. Provide the anticipate timeframe for the rehabilitation or construction work.  b. Describe in <b>ATTACHMENT #10</b> , the work that was (needs to be) done to bring the property into compliance with 14 NYCRR Part 600 facility standards, other applicable regulations and all local codes and laws. The description should address all appropriate issues identified in the instructions.  c. Indicate how this capital investment was (will be) financed: <input type="checkbox"/> Capital Financing by the Applicant (Proceed to Item 2d & 2e below) <input type="checkbox"/> Cost (to be) Financed by Landlord and Recovered in the Lease (Proceed to Section I)				

NEW YORK STATE OFFICE OF MENTAL HEALTH  
OFFICE OF ADDICTION SERVICES AND SUPPORTS  
**CRISIS STABILIZATION CENTERS**

**PART II – SITE INFORMATION**

<b>Capital Investment Needs of Property</b>	<p>d. Indicate if the work required (will require) a new, amended or temporary Certificate of Occupancy:  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>e. Indicate if the applicant-financed construction/rehabilitation work has been completed.  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>(1) If “Yes”, complete Section H.</p> <p>(2) If “No”, the applicant has a choice of completing Section H now or later when the capital project is nearing completion.</p> <p style="text-align: center;"><input type="checkbox"/> Complete Section H now   <input type="checkbox"/> Complete Section H later</p>																																						
<b>F.</b>	1.	Name of Project Architect/ Engineer	Telephone Number	E-mail Address																																			
<b>Capital Financing Requirements for Site or Additional Location (as appropriate)</b>	2.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Capital Project Costs (See Instructions)</th> </tr> <tr> <th style="width: 60%;">Cost Item</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td>a. Site Acquisition</td> <td>\$</td> </tr> <tr> <td>b. Construction/Renov</td> <td></td> </tr> <tr> <td>c. Design</td> <td></td> </tr> <tr> <td>d. Equipment</td> <td></td> </tr> <tr> <td>e. Other (specify)</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><b>Total Estimated Cost</b></td> <td>\$</td> </tr> </tbody> </table>		Capital Project Costs (See Instructions)		Cost Item	Amount	a. Site Acquisition	\$	b. Construction/Renov		c. Design		d. Equipment		e. Other (specify)				<b>Total Estimated Cost</b>	\$	3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Sources of Capital Project Financial Support</th> </tr> <tr> <th style="width: 60%;">Source</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td>a. OASAS</td> <td>\$</td> </tr> <tr> <td>b. OMH</td> <td></td> </tr> <tr> <td>c.</td> <td></td> </tr> <tr> <td>d.</td> <td></td> </tr> <tr> <td>e.</td> <td></td> </tr> <tr> <td><b>Total Estimated</b></td> <td>\$</td> </tr> </tbody> </table>	Sources of Capital Project Financial Support		Source	Amount	a. OASAS	\$	b. OMH		c.		d.		e.		<b>Total Estimated</b>	\$
Capital Project Costs (See Instructions)																																							
Cost Item	Amount																																						
a. Site Acquisition	\$																																						
b. Construction/Renov																																							
c. Design																																							
d. Equipment																																							
e. Other (specify)																																							
<b>Total Estimated Cost</b>	\$																																						
Sources of Capital Project Financial Support																																							
Source	Amount																																						
a. OASAS	\$																																						
b. OMH																																							
c.																																							
d.																																							
e.																																							
<b>Total Estimated</b>	\$																																						
	4.	Proposed Construction Start Date																																					
<b>G.</b>	<p>Select the items that apply and, as appropriate, submit required documents.</p> <p><input type="checkbox"/> a. This site has not yet received OMH and OASAS approval for crisis stabilization services by the applicant.</p> <p><input type="checkbox"/> b. Structural and/or floor plan changes are being made by the applicant to this previously OMH and OASAS approved site or additional location.</p> <p><input type="checkbox"/> c. This application does not involve structural or floor plan changes that require OMH and OASAS approval.</p> <p><i>Include as <b>ATTACHMENT #11</b>: general site drawings, floor plan sketches to scale, and photographs of all sides of the outside structure, per instructions. <b>Please note, floor plans must be of good quality and legible. Refer to 14 NYCRR Part 600 Regulations or Part II, Section I, of the instructions for specific elements that must be included on floor plans.</b></i></p>																																						
<b>Site Drawings and Photographs</b>																																							

NEW YORK STATE OFFICE OF MENTAL HEALTH  
OFFICE OF ADDICTION SERVICES AND SUPPORTS  
**CRISIS STABILIZATION CENTERS**

**PART II – SITE INFORMATION**

<b>I.</b>	<p>Indicate if the crisis stabilization services at this site will share space with other providers of human services.  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If “<b>Yes</b>”, describe below plans to set aside discrete space for crisis stabilization services as well as plans for utilizing shared space.</p>																										
<b>Shared Space Issues</b>																											
<b>J.</b>	<p>1. Structure  <input type="checkbox"/> Wood Frame   <input type="checkbox"/> Block   <input type="checkbox"/> Concrete   <input type="checkbox"/> Steel   <input type="checkbox"/> Brownstone  <input type="checkbox"/> Other (Specify) _____</p>																										
	<p>2. Exterior Walls  <input type="checkbox"/> Aluminum   <input type="checkbox"/> Clapboard   <input type="checkbox"/> Masonry  <input type="checkbox"/> Other (Specify) _____</p>																										
	<p>3. Foundation  <input type="checkbox"/> Poured Concrete   <input type="checkbox"/> Concrete Block   <input type="checkbox"/> Other (Specify) _____</p>																										
	<p>4. Building  <input type="checkbox"/> Fully Attached   <input type="checkbox"/> Semi Attached   <input type="checkbox"/> Freestanding</p>			<p>Building Size Sq. Ft.</p>		<p># of Floors (Exclude Basement)</p>																					
	<p>5. Basement   <input type="checkbox"/> Yes   <input type="checkbox"/> No                  If “Yes”, will it be used for patient services?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>				<p>Size of Basement Sq. Ft.</p>																						
<b>Property Characteristics</b>	<p>6. Area(s) to be used for Service(s)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Area</th> <th style="width: 12.5%;">Floor #</th> <th style="width: 12.5%;">Floor #</th> <th style="width: 12.5%;">Floor #</th> <th style="width: 12.5%;">Floor #</th> <th style="width: 12.5%;">Floor #</th> <th style="width: 12.5%;">Floor #</th> </tr> </thead> <tbody> <tr> <td></td> <td>Square Feet</td> <td>Square Feet</td> <td>Square Feet</td> <td>Square Feet</td> <td>Square Feet</td> <td>Square Feet</td> </tr> <tr> <td># of Exits</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Area	Floor #	Floor #	Floor #	Floor #	Floor #	Floor #		Square Feet	Square Feet	Square Feet	Square Feet	Square Feet	Square Feet	# of Exits						
Area	Floor #	Floor #	Floor #	Floor #	Floor #	Floor #																					
	Square Feet	Square Feet	Square Feet	Square Feet	Square Feet	Square Feet																					
# of Exits																											
	<p>7. Services/Utilities</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">a. Water Supply</th> <th style="width: 33%;">b. Sanitary System</th> <th style="width: 33%;">c. Power</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Well   <input type="checkbox"/> Municipal System  <input type="checkbox"/> Other _____                 </td> <td> <input type="checkbox"/> Septic   <input type="checkbox"/> Municipal Sewer System  <input type="checkbox"/> Other _____                 </td> <td> <input type="checkbox"/> Gas   <input type="checkbox"/> Oil   <input type="checkbox"/> Electric  <input type="checkbox"/> Other _____                 </td> </tr> </tbody> </table>						a. Water Supply	b. Sanitary System	c. Power	<input type="checkbox"/> Well <input type="checkbox"/> Municipal System <input type="checkbox"/> Other _____	<input type="checkbox"/> Septic <input type="checkbox"/> Municipal Sewer System <input type="checkbox"/> Other _____	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other _____															
a. Water Supply	b. Sanitary System	c. Power																									
<input type="checkbox"/> Well <input type="checkbox"/> Municipal System <input type="checkbox"/> Other _____	<input type="checkbox"/> Septic <input type="checkbox"/> Municipal Sewer System <input type="checkbox"/> Other _____	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other _____																									

NEW YORK STATE OFFICE OF MENTAL HEALTH  
OFFICE OF ADDICTION SERVICES AND SUPPORTS  
**CRISIS STABILIZATION CENTERS**

**PART II – SITE INFORMATION**

<b>K.</b> <b>Local Planning Requirements</b>	1. Zoning Classification	2. Proposed use Conforms with Classification <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Building Classification
4. Certificate of Occupancy – Include as <b>ATTACHMENT #12</b> 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.			
<b>L.</b>  <b>Area Characteristics</b>	Describe the characteristics of the proposed site location and its surrounding buildings and land uses, public transportation, parking facilities, general traffic, etc. Indicate the availability of other social services in the same building or in the immediate vicinity.		
<b>M.</b>  <b>Accessibility to Disabled</b>	Is this facility considered accessible for individuals with physical disabilities (e.g., access ramps, doorways, sanitary facilities)? Describe arrangements, planned or in place, to provide for the disabled. <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>		
<b>N. Historical/ Environmental Significance of this Site or Additional Location (as appropriate)</b>	1. Is this Site wholly or partially within or adjacent to any facility or site listed on the State or National Register of Historic Places? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> 2. Is the Site substantially contiguous to a site listed in the Register of Natural Landmarks? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> 3. Is the Site in a state Coastal Zone Management Area (CZM)? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> 4. Is the Site in a State or Local Critical Environment Area (CEA)? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> 5. The proposed Site will require: <input type="checkbox"/> a planning or zoning change <input type="checkbox"/> a zoning variance <input type="checkbox"/> a special use permit <input type="checkbox"/> a site plan approval <input type="checkbox"/> none of the preceding		

NEW YORK STATE OFFICE OF MENTAL HEALTH  
OFFICE OF ADDICTION SERVICES AND SUPPORTS  
**CRISIS STABILIZATION CENTERS**

**PART II – SITE INFORMATION**

6. Does the Site have an adequate and safe water supply and wastewater disposal system?  Yes  No

7. Does the Site involve ten or more acres of property?  Yes  No

Discuss below any other environmental issues which may be reasonably anticipated at this site.