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NORTHAMPTON COUNTY DRUG & ALCOHOL SERVICES

APPLICATION FOR FUNDING - FISCAL YEAR 2021/2022

Provider: _____ () Private, nonprofit

Address: _____ () Public, nonprofit

_____ () Private, for profit

_____ EIN/IRS Tax No.: _____

Telephone No. _____ Contact Person: _____

E-mail: _____

Facility: _____ Facility ID#: _____

Facility: _____ Facility ID#: _____

List the program name and amount requested in the table below. This is a summary of the different programs you are submitting.

Program	Amount Requested for Program

TOTAL: \$

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Is there is a current audit on file with the County D&A Program? YES NO
(If "NO", submit with Proposal)

RISK ASSESSMENT QUESTIONS:

How many years has the provider's board of director chairperson, lead executive, lead program or clinical managers, and lead financial manager overseen the operations of the contracted programs? **Please provide on a separate sheet of paper the name of the individual and the number of years for each listed above.**

Are the provider's board of director members independent (i.e., not a family member) of its management and free of any conflicts of interest? **If no, please disclose any conflicts.** YES NO

Have the provider's operations or consumer service, financial, or other significant systems changed in the past year? YES NO

Has there been turnover in the provider's board of director chairperson, lead executive, lead program or clinical management, and/or lead financial manager positions? **If yes, please explain.**
YES NO

Does another state department or county, other than Northampton County, conduct onsite monitoring on the same or similar programs provided? YES NO

Please attach a current list of the provider's board of directors and the dates of their terms of service.

Director: _____ Date: _____

Board President: _____ Date: _____