

COVER PAGE

NORTHAMPTON COUNTY DRUG & ALCOHOL SERVICES
APPLICATION FOR FUNDING - FISCAL YEAR 2022/2023

Provider: _____

Address: _____

EIN/IRS Tax No. _____ Private/nonprofit Public/nonprofit Private/for profit

Contact Person: _____ Title: _____

Telephone: _____ E-Mail: _____

Facility: _____ Facility ID#: _____

Facility: _____ Facility ID#: _____

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

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: \$

RISK ASSESSMENT QUESTIONS

How many years have you operated the contracted or similar program?

- 4 or more years
- 2 to 3 years
- Less than 2 years

Comment if any:

How many years has your board of director chairperson, lead executive (e.g. executive director, etc.) lead program or clinical managers, (e.g. Program directors, etc.) and lead financial manager (e.g. CFO, etc.) overseen the operations of the contracted or similar program?

- All persons have at least 4 years of experience
- One or more persons only have 2 to 3 years of experience
- One or more persons have less than 2 years of experience

Comment if any:

Are the operations of the contracted programs controlled by an entity (e.g. hospital systems, Salvation Army, etc.) that also operates other larger and unrelated programs (HUD programs, etc.)?

- Controlling entity does not operate other larger and unrelated programs.
- Controlling entity operates other larger and unrelated programs but it devotes sufficient resources to comply with the contracted program's unique regulations.
- Controlling entity operates other larger and unrelated programs and it does not or may not devote sufficient resources to comply with contracted program's unique regulations.

Comment if any:

RISK ASSESSMENT QUESTIONS – CONTINUED

Are your board of directors (BOD) members' independent (e.g. not family member) of its management and free of any conflicts of interest?

_____ All BOD members are independent of management and free of any conflicts of interests

_____ One to two BOD members are not independent of management and/or free of any conflicts of interest

_____ More than two BOD members are not independent of management and/ or free of any conflicts of interest

Comment if any:

Have your operations or consumer service (e.g. case management applications, etc.) financial (e.g. general ledger system, etc.) or other significant systems changed?

_____ No significant changes have occurred.

_____ One significant change has occurred. Please explain

_____ More than one significant change has occurred. Please Explain

Comment if any:

Has there been turnover in your BOD chairperson, lead executive (e.g. executive director, etc.), lead program or clinical management, (e.g. program director, etc.) and / or lead financial manager (e.g. CFO, etc.) positions?

_____ No turnover has occurred

_____ One position has had turnover. Please explain

_____ More than one position had turnover. Please explain

Comment if any:

RISK ASSESSMENT QUESTIONS – CONTINUED

Does another County or State department perform onsite monitoring on the same or similar program?

_____ Another County or State department is known to annually perform onsite monitoring

_____ Another County or State department is known to conduct onsite monitoring Bi-annually

_____ Another county or State department is not known to conduct onsite monitoring or the frequency of the onsite monitoring is unknown or performed less frequency than bi-annually

Comment if any:

Director:

Printed Name _____ Date: _____
Signature _____

Board President:

Printed Name _____ Date: _____
Signature: _____