

COVER PAGE

NORTHAMPTON COUNTY DRUG & ALCOHOL SERVICES

APPLICATION FOR FUNDING - FISCAL YEAR 2017/2018

Provider: _____ () Private, nonprofit
() Public, nonprofit
Address: _____ () Private, for profit

_____ EIN/IRS Tax No. _____

Telephone No. _____ Contact Person _____

E-mail _____

Facility _____ Facility ID# _____

Facility _____ Facility ID# _____

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

RISK ASSESSMENT QUESTIONS:

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

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

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

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: _____