

**RFA # 17767 / Grants Gateway # DOH01-RTHP1-2018**

**New York State Department of Health**  
*Division of Program Development and Management*  
*MRT Supportive Housing*

**Request for Applications**

*Rapid Transition Housing*  
*(formerly Nursing Home to Independent Living)*

**KEY DATES:**

<b>Release Date:</b>	<b>May 24, 2018</b>
<b>Applicant Conference Registration Deadline:</b>	<b>May 30, 2018</b>
<b>Applicant Conference:</b>	<b>June 1, 2018 10:00 AM</b>
<b>Questions Due:</b>	<b>June 6, 2018</b>
<b>Questions, Answers and Updates Posted (on or about):</b>	<b>June 11, 2018</b>
<b>Applications Due:</b>	<b>June 29, 2018 by 4:00 PM</b>
<b>DOH Contact Name &amp; Address:</b>	<b>Emily Engel 99 Washington Avenue Albany, NY 12210 mrtsupportivehousing@health.ny.gov</b>

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## **I. Introduction**

The New York State Department of Health (NYSDOH), Office of Health Insurance Programs (OHIP), Medicaid Redesign Team (MRT) Initiative announces the availability of State funds to re-procure and expand a rental subsidy and supportive housing services program for high-cost, high-need Medicaid members. This program was previously known as Nursing Home to Independent Living (NHIL), and is now titled Rapid Transition Housing Program (RTHP). Eligible participants of the program are those individuals who are either currently enrolled in the program, or are individuals with one or more documented chronic physical disabilities and have two or more chronic conditions (e.g., asthma, diabetes, substance abuse disorder (SUD)). Participants in the program must be on Medicaid and referred as homeless high-utilizers by a hospital, Managed Care Organization (MCO), medical respite, Performing Provider System (PPS), or skilled nursing facility (SNF).

NYSDOH is seeking to fund up to three projects to provide rental subsidies and supportive housing services. The anticipated amount of funding is \$7,000,000 per year, with \$2.5M allocated to currently served locations and \$2M allocated to one new location. The funded projects will: 1) Maintain and create new rental subsidies and supportive housing services for existing program participants, currently located in Onondaga County and in Nassau and Suffolk Counties on Long Island, or establish a rental subsidy program in a new area of the state that is currently unserved; 2) Develop and implement a system to provide rental subsidies on behalf of participants and provide supportive housing services to participants in order to sustain their ability to live in the community; and 3) Network with local hospitals, MCOs, medical respites, PPSs, and SNFs to obtain high-utilizer referrals to the program.

Funds will be awarded to up to three providers capable of administering this initiative in Onondaga County, and/or Nassau and Suffolk Counties, and/or up to one new area that is currently not served.

A provider may apply to administer the program under only one of the following arrangements (must pick one):

1. One of the established areas or one new area (i.e. applicant is only applying for Long Island);
2. One of the established areas and one new area (i.e. applicant is applying for Long Island and Erie County);
3. Both established areas and up to one new area (i.e. applicant applies for Long Island, Onondaga County and an additional one area that is currently not served).

## **II. Who May Apply**

Applications will only be accepted from not-for-profit corporations and government agencies authorized to do business with, and available to provide services in, New York State. A qualified applicant must also have at least three years of experience in the following areas:

- Housing of homeless individuals or those coming from a skilled nursing facility.
- Providing housing services to help individuals remain stably housed.
- Connecting individuals to benefits and care.

In addition, as part of the application requirements, applicants must identify and submit at least one letter of support from a hospital, MCO, medical respite, PPS, or SNF from within the area proposed to

be served. Letters of support must be uploaded in the Grants Gateway under the specified programmatic question.

### III. Project Narrative/Work Plan Outcomes

Awarded applicants will continue current rental subsidies established under the current awards for participants currently in the program. This procurement will also expand the current number of rental subsidies with additional funding. There will be one additional location added to this program that is currently not served.

**TABLE 1**

Counties Served	Number of Rental Subsidies
Nassau and Suffolk Counties	102
Onondaga County	125
Total	227

Awarded providers must work with hospitals, Managed Care Organizations (MCOs), medical respites, Performing Provider Systems (PPSs) or Skilled Nursing Facilities (SNFs) to move homeless high-utilizers of Medicaid into supportive housing and provide rental subsidies, community transitional services (CTS), benefit enrollment, life skills, tenancy services and other services necessary to encourage successful community living.

Participants include those currently enrolled in the program or individuals with one or more documented chronic physical disabilities that also have two or more chronic conditions (e.g., asthma, diabetes, substance abuse disorder (SUD)). Participants in the program must be on Medicaid and either coming from a SNF or homeless and identified as a high-utilizer by a hospital, MCO, medical respite, or PPS. This program will serve eligible single adults age 18 and older, and may also include families with minors under the age of 18 years old. Eligible participants who are awaiting an organ transplant, and are in need of emergency housing to meet waitlist requirements, must be given priority for housing.

Funds will be awarded to up to three providers capable of administering this initiative in one or more of the following areas:

- Onondaga County (see Table 1).
- Nassau and Suffolk Counties (see Table 1).
- One new geographical location that is not currently served.

A provider can apply to cover either, or both, established geographical locations and one new location. Please note that new awards that serve current participants can serve other surrounding counties that are not currently served, but this would not classify as an application for a new area/geographical location. Rental subsidies must adhere to the Federal Housing and Urban Development (HUD) Fair Market Rents (FMR) standards and have participants pay 30% of their income towards rent. Rental subsidy calculations must follow HUD standards and guidelines. NYSDOH grant funds cannot be used for expenses that are covered under Medicaid and should be used as last resort.

Awarded providers must submit the Medicaid Data Warehouse (MDW) Spreadsheet monthly and track where referrals are received from. The rental subsidy tracker and other reports are due quarterly. Reports include services provided, new or discharged participants, referral source tracking and other reports deemed necessary by NYSDOH.

The total award will be \$7 Million per year for up to three providers and a five-year contract with an anticipated period of 12/1/2018-11/30/2023. Awards will be allocated at \$2.5 Million per year for existing areas and \$2 Million for a new area. If more than one applicant applies to serve an area (categorized as either an established area or a new area, with new area not being duplicative by geographical location), the award will be allocated by highest score, with no more than the two established areas and one new area being served.

Applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the NYSDOH. All subcontractors should be approved by the NYSDOH.

## **IV. Administrative Requirements**

### **A. Issuing Agency**

This RFA is issued by the New York State Department of Health (NYSDOH), Division of Program Development and Management's Bureau of Social Determinants of Health within the Office of Health Insurance Programs. NYSDOH is responsible for the requirements specified herein and for the evaluation of all applications.

### **B. Question and Answer Phase**

All substantive questions must be submitted in writing or via email to:

MRTSupportiveHousing@health.ny.gov

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA. This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms.

Questions of a technical nature can be addressed in emailing MRTSupportiveHousing@health.ny.gov. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the NYSDOH contact listed on the cover of this RFA.

- <https://grantsreform.ny.gov/grantees>

- Grants Gateway Videos (includes a document vault tutorial and an application tutorial) on YouTube: <https://grantsreform.ny.gov/youtube>
- Grants Gateway Team Email: [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov)  
Phone: 518-474-5595  
Hours: Monday thru Friday 8am to 4:30pm  
(Application Completion, Policy, and Registration questions)
- Agate Technical Support Help Desk  
Phone: 1-800-820-1890  
Hours: Monday thru Friday 8am to 8pm  
Email: [helpdesk@agatesoftware.com](mailto:helpdesk@agatesoftware.com)  
(Technical questions)

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the NYS Grants Gateway website at: [https://grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) and a link provided on NYSDOH's public website at: <https://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

### C. Applicant Conference

**An Applicant Conference will be held for this project.** This conference will be held via webinar on the date and time posted on the cover sheet of this RFA. NYSDOH requests that potential applicants register for this conference by registering at <https://meetny.webex.com/meetny/j.php?MTID=m5c6a7b918e02ddcf3a8165e2b224d1b0> to ensure that adequate accommodations be made for the number of prospective attendees. A maximum number of two representatives from each prospective applicant will be permitted to attend the applicant conference. Failure to attend the Applicant conference will not preclude the submission of an application. Deadline for reservations is posted on the cover page of this RFA.

### D. How to file an application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <https://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide Applications” from the menu on the left. There is also a more detailed “Grantee User Guide” available on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsreform.ny.gov/training-calendar>.

To apply for this opportunity:

1. Log into the Grants Gateway as either a “Grantee” or “Grantee Contract Signatory”.

2. Click on the “View Opportunities” button under “View Available Opportunities”.
3. In the Search Criteria, enter the Grant Opportunity name listed above and select the Department of Health as the Funding Agency.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an applicant’s ability to submit their application.** Both NYSDOH and Grants Gateway staff are available to answer applicant’s technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Gateway Team is available under Section IV. B. of this RFA.

**PLEASE NOTE:** Although NYSDOH and the Grants Gateway staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding

The Grants Gateway will always notify applicants of successful submission. If a prospective grantee does not get a successful submission message assigning their application a unique ID number, it has not successfully submitted an application. During the application process, please pay particular attention to the following:

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.66 of the Grantee User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Grantees should ensure that any attachments uploaded with their application are not “protected” or “pass-worded” documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

**PLEASE NOTE: Waiting until the last several days to complete your application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.**

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

**E. Department of Health’s Reserved Rights**

The Department of Health (DOH) reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at DOH’s sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.



11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should NYSDOH be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

#### **F. Term of Contract**

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following five-year term: December 1, 2018 through November 30, 2023.

Continued funding throughout this five-year period is contingent upon availability of funding and state budget appropriations. NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

A sample New York State Master Contract for Grants can be found in the Forms Menu once an application to this funding opportunity is started.

#### **G. Payment & Reporting Requirements of Grant Awardees**

1. NYSDOH may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed 25% percent.
2. The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office (below) or, in the future, through the Grants Gateway:

Division of Program Development and Management  
NYS Department of Health  
One Commerce Plaza, Suite 1605  
Albany, NY 12206

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan. Funding for subsidy payments will be allocated as necessary to ensure on time payment of rental expense.

3. The grant contractor will be required to submit the following reports to the Department of Health at the address above or, in the future, through the Grants Gateway:

Awarded providers must submit the Medicaid Data Warehouse (MDW) Spreadsheet monthly. The rental subsidy tracker and other reports are due quarterly. Reports include services provided, new or discharged participants, referral source tracking and other reports if deemed necessary by NYSDOH.

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Contract for Grants.

## **H. Minority & Woman-Owned Business Enterprise Requirements**

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("NYSDOH") recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of NYSDOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations

concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that NYSDOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

### **Business Participation Opportunities for MWBEs**

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **30%** as follows:

- 1) For Not-for Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
- 2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the budget in total.

The goal on the eligible portion of this contract will be 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the center of the webpage under “NYS Directory of Certified Firms” and accessed by clicking on the link entitled “Search the Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in Attachment 2 of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

- a) If a Grantee fails to submit a MWBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a notice of deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Grantee has failed to document good-faith efforts to meet the established DOH MWBE participation goals for the procurement.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

## **I. Limits on Administrative Expenses and Executive Compensation**

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo's Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

## **J. Vendor Identification Number**

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please be sure the Vendor Identification number is included in your organization information. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: [http://www.osc.state.ny.us/vendor\\_management/forms.htm](http://www.osc.state.ny.us/vendor_management/forms.htm).

Additional information concerning the New York State Vendor File can be obtained on-line at: [http://www.osc.state.ny.us/vendor\\_management/index.htm](http://www.osc.state.ny.us/vendor_management/index.htm), by contacting the SFS Help Desk at 855-233-8363 or by emailing at [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov).

## **K. Vendor Responsibility Questionnaire**

The New York State Department of Health strongly encourages that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Applicants should complete and submit the Vendor Responsibility Attestation (Attachment 1).

## **L. Vendor Prequalification for Not-for-Profits**

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to

register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

**Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.**

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

### 1) Register for the Grants Gateway

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov). If you do not know your Password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

### 2) Complete your Prequalification Application

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Gateway Team at [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov).

### 3) Submit Your Prequalification Application

- **After completing your Prequalification Application, click the Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.

- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

**Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.**

## **M. General Specifications**

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
  - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
  - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
  - c. If, in the judgement of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

## V. Completing the Application

### A. Application Format/Content

Please refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at:

<https://grantsreform.ny.gov/grantees>

Please respond to each of the sections described below when completing the Grants Gateway online application. Your responses comprise your application. Please respond to all items within each section. When responding to the statements and questions, please be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

#### 1. Pre-Submission Uploads

- Vendor Responsibility Attestation
- Minority and Women Business Owned Forms

#### 2. Program Specific Questions

##### 1. Program Summary:

*(Not Scored)*

Summarize your proposed program including all major activities your agency will undertake to meet the stated goals of this initiative.

##### 2. Statement of Need:

*(Maximum Score: 5 points)*

- Describe the problems that homeless Medicaid members and members that are coming from a skilled nursing facility, hospital or medical respite face in securing accessible and affordable housing in the target area.
- Identify and briefly describe other programs providing similar services in the target area. Describe the process for coordinating the proposed program with supportive housing providers in the area. Describe how your proposed program will enhance services to the target population without duplicating current programs or services.
- Describe how you have determined the need for housing-related financial assistance and housing retention services for the targeted population. Include any pertinent statistics and the source of data used to demonstrate need. Describe the availability of housing funded from the federal, state and local sources within the region you are applying for (i.e., Emergency Shelter Allowance, Section 8 or another subsidy program). Explain why these services do not meet current need and how your proposed financial assistance will not duplicate existing housing-related financial assistance programs.

##### 3. Applicant Organization:

*(Maximum Score: 15 points)*

- Briefly describe your agency, its overall mission, services, location and accessibility of services.
- Describe the populations(s) currently being served by your agency including age, gender, race, ethnicity, socioeconomic status, and other significant characteristics, as appropriate.

- c. Describe your agency's successes and challenges in providing services and implementing programs to the target population. Describe the extent to which your agency has provided housing retention and/or housing financial assistance services in the past.
- d. Describe your agency's capacity to provide administrative and executive support for program and rental subsidy implementation, fiscal management, grants management, and information systems.
- e. Describe your experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.

**4. Program Design and Activities:**

*(Maximum Score: 40 points)*

- a. Program participants must be referrals from hospitals, Managed Care Organizations (MCOs), medical respites, Performing Provider Systems (PPSs) or skilled nursing facilities (SNFs). Describe how prospective clients will be identified in conjunction with hospitals, MCOs, medical respites, PPSs or SNFs. Include specific methods and roles of your organization, including the outreach and housing process. Explain how participants will be prioritized and how your organization will ensure that the eligibility criteria will be met.
- b. Upload at least one letter of support from one or more health system partners: a hospital, MCO medical respite, PPS, or SNF. Letter must state support for project and that they will provide referrals of homeless Medicaid high-utilizers to the program. Applicants can upload more than one letter of support.
- c. Explain in detail your organization's community connections and ability to find affordable housing at HUD Fair Market Rent (FMR) in your area. How will your organization place eligible participants in a timely manner?
- d. How will your organization transition current rental subsidies, if awarded, and continue to provide rental subsidies to current participants without interruption? Please explain any experience your organization has with this. Please upload a timeline transition plan with the response to this question. If you already hold a current contract under this program and are re-applying, explain how you will meet the new targeting eligibility objectives and add new clients to the program.
- e. Describe the goal(s), specific objectives, performance measures and anticipated outcomes of your proposed program. Project the number of clients to be served and the services to be provided during Year 1 through 5 of the 5-year funding cycle. Please note that rental assistance must be at least 50% of the budget.
- f. Describe what services your organization will provide and how these services address the clients' social determinants of health. Explain what the outcomes will be for your proposed services.
- g. Explain how the proposed services will cover gaps and needs that are not covered by Medicaid (i.e., tenancy services, socialization, life skills, etc.). Describe how you will ensure that your proposed program will enhance services to the targeted population without duplicating services or overlapping Medicaid provided services.
- h. Describe how the agency will track the type and amount of financial assistance provided to each client and how eligibility for continued assistance will be monitored. Describe how rental assistance funding will be available throughout the contract period.
- i. Describe how your organization will keep clients engaged and the frequency in which your organization will maintain contact with clients.
- j. What department or individual would be responsible for data collection and reporting systems, including completing the Supportive Housing Medicaid Data Warehouse (MDW) Spreadsheet and submitting mandatory reports to NYSDOH monthly or quarterly.



Describe how will you ensure that the MDW is on time and accurate (15<sup>th</sup> of every month).

**5. Work plan:** *(Maximum Score: 20 Points)*

The work plan should include objectives, tasks, and performance measures which coincide with the program activities described above.

Describe tasks related specifically to the program activities (described in Section III. Completing the Application) that will occur during the initial year in sufficient detail. This will enable the reviewers who score your application to gauge how well you understand what must be done to implement your project, and in what order you need to complete the tasks.

When constructing your work plan, please ensure that:

- The work plan includes goals, objectives; a description of activities, or tasks, to reach each objective; and performance measures, including the specific quarter(s) in which each activity will be conducted and the staff person/position who will be responsible for conducting it.
- Work plan must contain performance measures that match the detailed program activities written in the application (under 4.d.). Workplan should also contain the number of rental subsidies and how that number of participants will be reached.
- All objectives are written in a SMART format: Specific; Measurable, Achievable; Relevant and Time-specific.

**6. Budget:** *(Maximum Score: 20 Points)*

Applicants must complete Year 1 of the budget online in the Grants Gateway and must submit the Excel template spreadsheet with Years 2 through 5 included. The Excel Spreadsheet template is located under Pre-Submission Uploads and, once completed, must be uploaded back under Pre-Submission Uploads. See Attachment 5 for Guidelines for Gateway Budget entry. Failure to submit a complete budget proposal, including Years 1 through 5, may result in disqualification.

All costs must be related to the provision of the Rapid Transition Housing Program as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. **THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.**

Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items.

Administrative costs will be limited to a maximum of 10% of total direct costs.

Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or

modification of structure.

a) **Rental Subsidies**

- a. Budgets must include at least 50% of funding for rental subsidies;
- b. Rental subsidies related to the 50% requirement must only include: rent to landlord, security deposit, brokers fees and utility allowance;
- c. The monthly and annual (monthly subsidy \* 12 months) cost of such subsidy per unit (at or below HUD Fair Market Rent);
- d. The type and number of housing units for which the subsidy is provided;
- e. Number of new participants that will be served;
- f. The participants contributions toward the total rent (30% of gross income using HUD standards);
- g. Utility allowance using the local housing authority's utility schedule;
- h. Other non-personal service costs (identify such costs and provide a monthly and annual amount per unit); and
- i. Current participants that are already receiving a rental subsidy in your selected area. If in the same borough or county as listed under Section II. A., TABLE 1, these participants' rental subsidies must be included in your budget.

b) **Staffing**

- a. The staff position (e.g., Housing Specialist), including description of duties;
- b. All staffing costs should be derived from Full Time Equivalent (FTE) annual costs (e.g.,  $FTE = \text{Salary} + \text{Fringe}$ , 1 FTE = \$60,000 (Salary) + \$25,000 (Fringe) = \$85,000 .5 FTE would be (50% of 85,000).

c) **Other**

Applicants must provide as much detail as possible for requests for funds for other than rental subsidies and staffing costs, including but not limited to, how such funds will be used. This "other" category of the budget is provided to ensure Rapid Transition Housing Program members remain stably housed and address participants' social determinants of health.

d) **Total Budget**

The budget should clearly provide a subtotal for each budget category and a Grand Total, which sums to the total annual request. Please include per unit costs for each budget category and the Grand Total. Please note, your request may not exceed the following amounts:

- \$7M annually if you are applying for three areas/geographical locations, including those two already with participants.
- \$2.5M annually if you are applying for one area/geographical location that already serves current participants.
- \$2M annually if you are applying for a new geographic area not currently served by this program.

It is the applicant’s responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

**B. Freedom of Information Law**

All applications may be disclosed or used by DOH to the extent permitted by law. DOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If DOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

**C. Review & Award Process**

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH Office of Health Insurance Programs. using an objective rating reflective of the required items specified for each component.

DOH anticipates that there will be more worthy applications than can be funded with available resources. Applicants will be deemed to fall into one of three categories: (1) not approved, 2) approved but not funded due to resources, and 3) approved and funded. Approved but not funded applications may be funded should additional funds become available.

Awards will be scored by county or applicants that are applying to serve all areas, with first preference given to the top scoring applications that are able to serve in the locations that are currently serving participants (TABLE 1). After awards are given to applicants to ensure the continued rental subsidies for those currently served, NYSDOH will award the additional applications based on highest score.

<b>Section</b>	<b>Maximum Score</b>
Program Summary	0
Statement of Need	5
Applicant Organization	15
Program Design and Activities	40
Work Plan	20
Budget Forms	20
<b>Total</b>	<b>100</b>

In addition to applicant responses to the above statements and questions, reviewers will also consider the following factors:

- Overall merit of the application;

- Demonstration of need for proposed services;
- Availability of similar services/resources in the applicant’s service area;
- Geographic coverage;
- Agency capacity and experience to provide the proposed services;
- The agency’s access to the target population;
- The appropriateness of the evaluation strategy;
- Relevance and justification for costs included in the budget.
- Letters of support that demonstrate a strong health system partner network.

In the event of a tie score, the applicant with the highest score in Section 4: Program Design and Activities will receive the award.

If changes in funding amounts are necessary for this initiative, or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above. If there are less than five passing applications, NYSDOH reserves the right to redistribute the funding to the awarded providers.

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above.

Once an award has been made, applicants may request a debriefing of their application (whether their application was funded or not funded). Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from date of award or non-award announcement.

To request a debriefing, please send an email to [MRTSupportiveHousing@health.ny.gov](mailto:MRTSupportiveHousing@health.ny.gov). In the subject line, please write: *Rapid Transition Housing Program*

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>. (Section XI. 17.)

## VI. Attachments

Please note that certain attachments are accessed in the “Pre-Submission Uploads” section of an online application and are not included in the RFA document. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

- Attachment 1: Vendor Responsibility Attestation\*
- Attachment 2: Minority & Women-Owned Business Enterprise Requirement Forms\*
- Attachment 3a: Medicaid Data Warehouse Spreadsheet\*
- Attachment 3b: Rental Subsidy Tracking\*
- Attachment 4: Excel Budget Spreadsheet for Year 2 through 5\*
- Attachment 5: Grants Gateway Budget Instructions
- Attachment 6: Budget Data Entry Guidelines

\*These attachments are located/included in the Pre-Submission Upload section of the Grants Gateway on line application.

**ATTACHMENT 5**  
**Grants Gateway Budget Instructions**  
*Applications OR New Budget Periods*

**Data Entry of the Expenditure Budget** - A step by step data entry document titled “**Grants Gateway Budget Data Entry Guidelines**” (Attachment 6) has been provided.

- It may be beneficial to use this document as a guide for drafting the budget off-line prior to completing the Expenditure Budget in the Grants Gateway.
- The data entry document highlights the character limits for each field of the Expenditure Budget. Character limits are based on all characters including spaces.

**Funding Opportunity Specification** – The following specifications should be adhered to when completing the expenditure based budget. Failure to adhere to these specifications may result in a reduction of allotted points. Successful applications recommended for award will require modification to meet these specifications prior to contract approval.

- For each section of the budget entered online in Grants Gateway under the Narrative section enter details about other funds for required components of the program.

**Additional Considerations**

- All costs must directly relate to the provision of services outlined in this funding opportunity, be consistent with the scope of services, reasonable, and cost effective.
- Contracted organizations must have on file documentation to support allocation of shared costs to the contract in accordance with applicable regulations and approved budget.
- For each section of the budget in which a budget item is proposed, all required fields must be completed. Failure to complete required fields will result in a global error message which must be resolved prior to submission.
- Failure to provide complete, clear, and concise information may result in a reduced score.
- Equipment purchases for major items that will depreciate in a very short period of time (e.g. one to three years) will only be considered when supported by a strong justification. The Department of Health (DOH) recognizes that organizations may classify items as equipment within their own accounting system that do not fall under the definition of equipment and may be included in the equipment budget category.
- Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
- Budget lines that are not well-justified may negatively impact the application score and/or delay the budget approval process.
- Indirect costs for organizations without a federally-approved indirect cost rate, will be limited to no more than 10% of total direct costs.
- A “match” contribution is **NOT** required for this grant award. Please do not enter information in the match sections of the budget.
- For fields titled “Other Funds” always leave blank. Additional costs incurred by the program, referred to as “in-kind contributions” should be detailed under the narrative sections for the respective budget category. (i.e. In-kind staff should not be listed in the Salary Detail, but please identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative)

- **Travel:** All Travel, other than travel for individuals / organizations funded under the contractual service line, subcontractor travel, should be budgeted in this section. If awarded Out-of-State travel requires prior approval.
  - OCS Guidelines: <http://www.osc.state.ny.us/agencies/travel/manual.pdf>
  - USGSA: <http://www.gsa.gov/portal/category/21283>

**Document Uploads (as applicable)**

If using a Federally Approved Rate Agreement, *upon award, a Federally Approved Rate Agreement must be uploaded to the Grantee Document Folder located in the Forms Menu.*

**Other Helpful Links:**

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

CFR Supbart E - Basic Considerations: [http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabb3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200\\_1401.sg12](http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabb3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200_1401.sg12)

**Attachment 6**  
**Grants Gateway Budget Data Entry Guidelines**  
**Applications OR New Budget Periods**

\* An asterisk has been placed next to specific budget categories which require that additional information be provided. Refer to "Grants Gateway Budget Instructions" under the section Required Uploads.

<u>Grants Gateway Field</u>	<u>Character Limits</u>	<u>Enter Required Information as Instructed Below</u>
Personal Services - Salary		<b>* Refer to Grants Gateway Budget Instructions document for additional information. In the Salary section only include staff positions related to the implementation and administration of the project. ONLY staff that are employees of the applicant organization are to be included here. All other staff should be listed under Contractual Services. If Salary is not applicable, leave this section blank.</b>
Position/Title	55	Provide the position title and employee name, if known. TBH should be entered in place of the employee name if the position is vacant at the time of budget submission.
Role/Responsibility	500	Provide a brief narrative of how the position will contribute directly to this project. Include the percent of time the incumbent will work on the program on a full-time basis. One (1.0) FTE is based on the number of hours worked in one week (e.g. 40-hour workweek). To determine a % FTE, divide the hours per week spent on the project, by the number of hours in the workweek. For example: given a 40-hour workweek, an individual working 10 hours per week on the project spends 25 percent of his/her time on the project (i.e. 10/40 = .25) Please show in percentage form - 25%. If TBH, also provide the anticipated start date for this position.
# in Title	N/A	Always enter the number 1. A separate position should be added for "each" position on the contract.
Annualized Salary Per Position	N/A	Enter the annual salary the organization will pay this employee. This figure should NOT be adjusted if a portion of the salary will be paid with other funds. Percentage of time supported with "other funds" should be entered in the PS narrative.
STD Work Week (hrs.)	N/A	Enter the standard (STD) hours worked each week by the employee. This figure should NOT be adjusted for hours paid with other funds.
% Funded	N/A	Enter only the percent of time this position is supported with grant funds. Do NOT include any percentage of time supported by other fund sources. Total grant funding requested divided by annual salary.
# Months Funded	N/A	Enter the estimated number of months this position will work on this grant. If TBH, enter the number of months based upon the anticipated start date.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this position on the project. (Annual Salary / 12 Months x # Months Funded x % Funded).
Total Match Funds	N/A	Always leave blank.
Match %	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Personal Services - Salary Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> <b>All PS positions not directly supported with grant dollars, that work on the program should be summarized in this section. Contracted or per diem staff are not to be included in personal services narrative; these expenses should be shown in the contractual services narrative under non-personal services.</b> <b>The budget should contain a CCA Project Director accessible full-time for communications, including e-mail.</b>
Personal Services - Fringe*		<b>Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements. If Fringe is not applicable, leave this section blank.</b>
Type/Description	125	Provide the requested fringe rate.
Justification	1000	Provide all fringe benefit components included in the calculation of the fringe benefit rate. Show breakdown of fringe benefit rate into component percentages. If additional space is needed enter details in the PS - Fringe Narrative
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Personal Services - Fringe Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> <b>If additional space is needed from the justification section, specify here, the components (FICA, Health and Life Insurance, Unemployment Insurance, Disability Insurance, Worker's Compensation, and Retirement) and their percentages comprising the fringe benefit rate. If different rates are used for different positions, provide details for each rate in the space provided and specify which positions are subject to that rate.</b>



Grants Gateway Field	Character Limits	Enter Required Information as Instructed Below
Non Personal Services		Non Personal Service expenses. For each Non Personal Service expense not supported by grant funds, the applicant should include a description in the appropriate NPS Narrative section. For example if you contract with a Pharmacist using other funds you would list under the Contractual Narrative - Pharmacist \$25/hour for 20/hours total cost \$500.00.
Contractual*		* Refer to Grants Gateway Budget Instructions document for additional information. This category should be used to budget for specific services which cannot be accomplished by existing staff as well as for any services/expenses which will be provided by a subcontractor. Include expenses such as contracted staff, per diem staff, bookkeeping, payroll and audit services. Include the time frame for the delivery of services. Contractors may be required to submit subcontracts to the Department for review and approval prior to execution of the subcontract. The contractor remains fully responsible for all work performed by the subcontractor. ALL related expenses are to be budgeted under this section (any non-personal service costs to include travel) associated with the staff/organizations allocated to CS. If Contractual Services are not applicable, leave this section blank.
Type/Description	125	Provide the name of the organization, company or individual and the type of service being provided. If not known, enter TBH in place of the name of the organization, company or individual. (i.e. Pharmacist - TBH)
Justification	1000	Describe how this expense supports the work plan objectives of the project. Include the timeframe for delivery of services.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Contractual Narrative	4000	All contractual positions not directly supported with grant dollars, that are required on the program or needed to meet program deliverables should be summarized in this section.
Travel*		* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. Itemized travel estimates should be based on the lesser of the written policy of the organization, the Office of State Comptroller (OSC) guidelines, or the United States General Services Administration (USGSA) rates. Out-of-State travel requires prior approval by the State. Travel expenses associated with any Subcontractor, Consultant, or Vendor, must be included in the Contractual Services budget line. If Travel is not applicable, leave this section blank.
Type/Description	125	Provide the type of travel. A separate entry should be completed for each category of travel (i.e. Client, Staff Travel, In-State, or Out-of-State).
Justification	1000	Describe how this expense supports the work plan objectives of the project, include the title of the position(s) traveling.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Travel Narrative	4000	<b>Program Specific Instructions / Requirements</b> If using other funds for required travel - Provide a delineation of expenses (i.e. agency cars, tokens, taxi, etc.), or staff travel exclusive of training/ staff development (i.e., to clinic sites, agency staff travel to meetings). Conference Attendance – Provide a delineation of the items of expense and estimated cost. Include travel costs associated with conferences, including transportation, meals, lodging, and registration fees. (e.g. if the total expense is for a conference, provide location and name of conference, # of people attending, cost breakdown per person, per item expense – train ticket, lodging, food etc.).
Equipment		* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize both purchased and rental equipment costs. Equipment is defined as items such as computers, printers, phones, apparatus or fixed asset (other than land or a building) that are tangible personal property having a useful life of more than one year and a purchase price equal or exceeding \$5,000. These items must be inventoried (tagged) and included on the annual equipment inventory form. This also includes a grouping of like items which equals or exceeds \$5,000. Item(s) not falling under this definition should be included under Operating Expenses. If Equipment is not applicable, leave this section blank.
Type/Description	125	Provide the type of equipment and the quantity to be purchased or rented. (i.e. 3 Desk Top PCs)

<u>Grants Gateway Field</u>	<u>Character Limits</u>	<u>Enter Required Information as Instructed Below</u>
Justification	1000	Provide the names of the staff that will be using the equipment and provide the calculation used to determine the allocation of this expense to the project. Reminder: staff % Funded (time and effort) must be taken into consideration when determining the appropriate allocation of the expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Equipment Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> <b>If using other funds for required equipment enter the details here.</b>
<b>Space/Property: Rent</b>		<b>This section is used to itemize costs associated with Space/Property: Rent. A separate entry will be required if more than one instance of rental property is needed. If Space/Property: Rent is not applicable, leave this section blank. The expenses included are rent, maintenance, and insurance (property and liability). Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.</b>
Type/Description	125	Provide the physical address of the rental property.
Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Space/Property: Rent Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> <b>If using other funds enter the details here.</b> <b>Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered).</b>
<b>Space/Property: Own</b>		<b>This section is used to itemize costs associated with Space/Property: . If Space/Property: Own is not applicable, leave this section blank. The expenses included are, maintenance, insurance (property and liability). Demonstrate how the total expense being allocated to this program is calculated. Provide the allocation methodology and percent. Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.</b>
Type/Description	125	Provide the physical address of the property that is owned.
Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Space/Property: Own Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> <b>If using other funds enter the details here.</b>
<b>Utilities</b>		<b>This section is used to itemize costs associated with Utilities. A separate entry is needed for each category of expense relating to utilities (i.e., utilities, telephone, mobile, etc.)using other funds. If Utilities are is not applicable, leave this section blank.</b>
Type/Description	125	Provide the type of expense and include the property address. (i.e. Telephone - 123 Cherry Lane)
Justification	1000	Provide details such as which project(s) share this expense, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Utilities Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> <b>If using other funds enter the details here.</b>
<b>Operating Expenses</b>		<b>* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize costs associated with the operation of the project, including but not limited to insurance/bonding, photocopying, advertising, office supplies, direct medical service supplies, program supplies/materials, rental subsidy, security deposit, brokers fees, tenant utility allowance, furniture and contingency funds. A separate entry for each type of expense is needed. Expenses for any costs shared across multiple projects must be appropriately cost-allocated in accordance with the benefit received or effort provided to the project. If Operating Expenses are not applicable, leave this section blank.</b>
Type/Description	125	Provide the type of expense

<b>Grants Gateway Field</b>	<b>Character Limits</b>	<b>Enter Required Information as Instructed Below</b>
Justification	1000	Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Operating Expenses Narrative	4000	<b>Program Specific Instructions / Requirements</b> Provide a narrative description for any required items that are purchased with other funds. <b>Supplies/Materials – Provide justification of need and a breakdown for all items. (e.g. if the total expense is for education materials or office supplies, in addition to providing a narrative justification of need, provide a breakdown of each item as total # x cost per item = total expense for that item.)</b> Expenditures will not be allowed for remodeling or modification of structure. Funding is expected to support one annual statewide meeting of FPP providers in Albany, NY. See Page 24 of the RFA for further instructions.
Other Expenses Detail*		Only Indirect costs are to be budgeted under this section (also referred to as Administrative costs), unless determined not to be allowed by the award. Non-profit agencies receiving federal funds are eligible to charge their federally approved indirect cost rate. A copy of the current federal ICR agreement must be uploaded to the Grantee Document Folder section of the application. For organizations without a federally-approved indirect cost rate, indirect costs will be limited to no more than 10% of total direct costs. Direct costs may include Personal Service, Fringe Benefits, Space, Program Operations, Travel, Equipment, and Other budget costs. Applicants must provide a description of costs included in the indirect cost calculation in the Other Expenses budget narrative section of the application.
Type/Description	125	Provide the requested indirect costs rate, indicating whether it is based on a Federally Approved Rate Agreement.
Justification	1000	Indicate specifically that the document was uploaded to the Grants Gateway (Federally Approved Rate Agreement )
Total Grant Funds	N/A	Provide the requested value using the formulary provided.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Other Narrative	4000	<b>Program Specific Instructions / Requirements</b> If using other funds enter the details here.