# RFA # 18170
## Grants Gateway # DOH01-OHS2-2019

### New York State Department of Health
*Division of Program Development and Management*
*Bureau of Social Determinants of Health*

### Request for Applications

## *Olmstead Housing Subsidy Program*

## *KEY DATES:*

| | |
|---|---|
| **Release Date:** | **3/6/2019** |
| **Questions Due:** | **3/20/2019** |
| **Questions, Answers and Updates Posted (on or about):** | **3/27/2019** |
| **Applications Due:** | **4/11/2019 by 4:00 PM** *(due to Grants Gateway, this time cannot be altered unless discussed prior with BOC.)* |
| **DOH Contact Name & Address:** | **Matthew de Waal Malefyt** **99 Washington Avenue** **Albany, NY 12210** **MRTSupportivehousing@health.ny.gov** |

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# I.  Introduction

The New York State Department of Health (Department), Office of Health Insurance Programs, Medicaid Redesign Team Initiative announces the availability of State funds to re-procure and expand the Olmstead Housing Subsidy (OHS) program, a rental subsidy and transitional housing support services program for high-cost, high-need Medicaid members.  Up to $35.5 million is available for a five-year period, with available funding broken down as follows:

Table 1

| OHS Grant Funding by Year | | |
| --- | --- | --- |
| **Contract Year** | **Period** | **Amount** |
| 1 | November 2019 to October 2020 | $6.3 Million |
| 2 | November 2020 to October 2021 | $7.3 Million |
| 3 | November 2021 to October 2022 | $7.3 Million |
| 4 | November 2022 to October 2023 | $7.3 Million |
| 5 | November 2023 to October 2024 | $7.3 Million |

Specifically, eligible participants of the program are those enrolled in Medicaid who are homeless and currently reside in a Skilled Nursing Facility (SNF), have spent at least one hundred and twenty (120) consecutive days in a SNF over the most recent two-year period, and who can live safely in the community.

Funds will be awarded to a single provider capable of administering and continuing this state-wide initiative including: Downstate New York Regions (New York City, Westchester and Long Island) and Upstate New York Regions (Rest of State), serving the population as defined by this Request For Applications and continuing to serve those existing participants in the program.  Based on existing enrollment in the OHS program, the Department anticipates about 50% of OHS recipients will be in the Downstate Region and 50% in the Upstate Region.  Applicants should take this into consideration when applying.

**Background**

In January 2011, Governor Andrew M. Cuomo issued Executive Order Number 5 which established the Medicaid Redesign Team (MRT), bringing together a group of health care stakeholders, experts, and advocates from throughout New York State.  The goals of the team were to improve overall health system quality and efficiency, streamline and focus health care administrative and financial structures, and reduce Medicaid cost while emphasizing the delivery of well-managed, cost effective quality health services.

The Supportive Housing Workgroup was created through MRT and charged with developing recommendations for changes to housing programs for high-cost, high-need Medicaid members, such as the homeless, precariously housed, or those living in institutional settings.  The goals, through implementing these recommendations, were to reduce the dramatic growth in Medicaid spending in New York, while maintaining and improving health outcomes for Medicaid members.

In November 2012, Governor Cuomo issued Executive Order Number 84 to create the Olmstead Development and Implementation Cabinet (Olmstead Cabinet).  The Olmstead Cabinet was charged with developing a plan consistent with New York's obligations under the United States Supreme Court decision in Olmstead v. L. C., 527 U.S. 581 (1999) (Olmstead).  Olmstead held that the State's services, programs, and activities for people with disabilities must be administered in the most integrated setting

appropriate to a person's needs.

The MRT Supportive Housing allocation plan includes funding for the Olmstead Housing Subsidy program to continue to address the housing and transitional housing support service needs of eligible Medicaid members in transitioning from nursing home settings.

**Intent/Purpose**

The intent of the funds is to continue and grow a successful program that ensures rental subsidies, at or below the U.S. Department of Housing and Urban Development (HUD) fair market value (https://www.huduser.gov/portal/datasets/fmr.html), and transitional housing support services are made available for eligible Medicaid members who are homeless and currently reside in a Skilled Nursing Facility (SNF), who have spent at least one hundred and twenty (120) consecutive days in a SNF over the most recent two-year period, and who have the ability to live safely in the community. The program may not be used to subsidize placement in congregate care settings, including Assisted Living Facilities, Enriched Housing, Assisted Living Programs, or Assisted Living Residences.

**Problem/Issue**

For seniors and individuals with disabilities, the inability to locate accessible, affordable, safe, and sustainable housing often creates an artificial barrier to community living. Many people living in Skilled Nursing Facilities would choose to live in a community setting if they had access to appropriate housing and services.

As of October 2013, the total number of nursing home residents in New York was over 105,000, of which almost 84,000 had stayed 101 days or more. Based on recommendations made by the Olmstead Cabinet, the Department of Health has committed to continue to reduce the long-stay population in Skilled Nursing Facilities. This is achieved using home and community-based services, and an investment in accessible supportive housing options.

This procurement reflects the State's commitment to provide New York's seniors and individuals living with disabilities assistance in securing accessible, affordable, safe, and sustainable housing and supportive services in the least restrictive, most appropriate available setting.


# 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 or demonstrate the capability to establish a contractual relationship(s) with a subcontractor(s) having such experience:

- Housing of Medicaid members coming from a Skilled Nursing Facility;
- Connecting individuals to benefits and care;
- Administering a housing subsidy program; and
- Developing and implementing payment systems for rental subsidies.

Applicants must be able to serve existing program participants, and continue to expand the OHS program statewide, including into additional counties. A list of counties and existing OHS program rental

subsidies is shown below:

Table 2

| County | Participants | County | Participants |
|--------|:---:|--------|:---:|
| Albany | 9 | Ontario | 1 |
| Bronx | 13 | Orange | 3 |
| Broome | 17 | Oswego | 1 |
| Cayuga | 1 | Queens | 7 |
| Chautauqua | 1 | Rensselaer | 10 |
| Chemung | 8 | Richmond | 4 |
| Chenango | 1 | Saratoga | 2 |
| Columbia | 4 | Schenectady | 6 |
| Delaware | 1 | Steuben | 5 |
| Dutchess | 11 | Suffolk | 31 |
| Erie | 6 | Sullivan | 1 |
| Jefferson | 1 | Tioga | 1 |
| Kings | 10 | Tompkins | 3 |
| Monroe | 21 | Ulster | 6 |
| Nassau | 9 | Warren | 4 |
| New York | 5 | Washington | 1 |
| Niagara | 1 | Wayne | 1 |
| Oneida | 3 | Westchester | 14 |
| Onondaga | 7 | | |

# III. Project Narrative/Work Plan Outcomes

The awarded applicant will continue current rental subsidies established under the current award for participants currently in the Olmstead Housing Subsidy program (current award is valued at $5 million annually). This procurement will also expand the current number of rental subsidies with additional funding (please refer to Section I, Table 1). Rental subsidies must adhere to the Federal Housing and Urban Development (HUD) Fair Market Rents standards and have participants pay 30% of their income towards rent. Rental subsidy calculations must follow HUD standards and guidelines. The Department's grant funds cannot be used for expenses that are covered under Medicaid and should be used as last resort.

The awarded provider must work with Skilled Nursing Facilities to move homeless high-cost, high-need Medicaid members into supportive housing and provide rental subsidies, Community Transitional Services, and supportive services.

**Community Transitional Services**
Community Transitional Services (CTS) provided under this grant are for the successful transition of participants in institutional settings to move into the community. CTS funding is for the reasonable cost of one-time set-up expenses for individuals transitioning from a Skilled Nursing Facility to their own home or apartment in the community. The OHS program allows $5,000 per participant for CTS to be used during their enrollment in the program. In some cases, eligible participants of the program only need first month's rent without ongoing rental subsidy assistance. These cases may be referred to as one-time

assistance cases and are permitted under the OHS program.  These participants must meet the same eligibility criteria as normal participants.

Items eligible for CTS funding include the following at reasonable cost:

- Fees required to obtain a lease:
  - Application fee
  - Broker's fee
  - Mover's expense
  - Redecorating fee
  - Security deposit
- Basic essential furnishings, including delivery and assembly:
  - Bed
  - Table
  - Chairs
  - Essential food preparation items and eating utensils
- One-time set-up fees for utility or service access including:
  - Electric
  - Heat
  - Telephone
- Minor environmental modifications:
  - Grab bars
  - Portable ramps
  - Other minor accessibility modifications

Supportive services provided under this grant include:

**Transitional Supportive Services**
- Apply for or renew official identification cards
- Apply for public benefits
- Attend nursing home discharge planning meetings
- Develop a plan for community care, working with the participant's family, friends, social workers, or medical professionals
- Obtain assistive technology or durable medical equipment (technology and equipment not to be purchased with OHS funds)
- Schedule initial appointments with medical providers, substance abuse treatment, or mental health providers
- Establish bank accounts
- Select a pharmacy
- Identify accessible methods of transportation
- Plan for meeting food needs (food is not to be purchased with OHS funds)
- Orient to a new community, including bus lines, nearby stores, and community resources
- File an address change notification with the U.S. Post Office

**Tenancy Sustaining Services**
- Provide early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations
- Educate on the roles, rights, and responsibilities of the tenant and landlord

- Coach on developing and maintaining key relationships with landlords and property managers, with a goal of fostering successful tenancy
- Assist in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action
- Advocate on the tenant's behalf and link the participant to community resources to prevent eviction when housing is, or may potentially become, jeopardized

To be eligible for the Olmstead Housing Subsidy program, an individual must meet **all** the following eligibility criteria:
1. Be enrolled in Medicaid, or dually enrolled in Medicare and Medicaid
2. If on Medicaid with a spenddown, be at or below the current HUD local county Extremely Low Income Limits: https://www.huduser.gov/portal/datasets/il.html
3. Be age 55 or older, OR be age 18 or older with at least one documented chronic disability.  A chronic disability for this procurement is defined as a medical documented persistent or recurring impairment that substantially limits one or more major life activities with an expected duration of 12 months or longer
4. Be homeless and currently reside in a Skilled Nursing Facility, and have spent at least one hundred and twenty (120) consecutive days in a Skilled Nursing Facility over the most recent two-year period
5. Be able to be safely served in a community-based setting

It is the responsibility of the awarded provider to verify all eligibly of potential participants, and to verify that existing participants maintain their Medicaid enrollment to continue their program eligibility. Eligible participants who are awaiting an organ transplant, and need emergency housing to meet waitlist requirements, must be given priority for housing under OHS.

The awarded provider must submit the Medicaid Data Warehouse and Rental Subsidy Tracking spreadsheets monthly, and track where participant referrals into the program are received from.  Quarterly and annual reports are also required to be submitted to the Department.  Reports include services provided, new or discharged participants, referral source tracking, and other details/reports deemed necessary by the Department.

Applicants may subcontract components of the scope of work.  For those applicants that propose subcontracting, it is necessary 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 Department.  All subcontractors should be approved by the Department.

**Work Plan**

Applicants must submit as part of their application a work plan for the initial year of the contract that incorporates all their program objectives, tasks, and performance measures.  The awarded provider will update the Department on a quarterly basis on their progress of achieving all work plan goals.  Once awarded, the provider may also utilize Attachment 7: Work Plan & Quarterly Report Template to efficiently state and report on their progress of achieving their work plan objectives, tasks, and performance measures to the Department.

The expectations the Department has for the applicant's work plan, as well as the details an applicant

must and should include in it, are listed out under the Section V. Completing the Application; Part 5 Work Plan.

# IV. Administrative Requirements

### A. Issuing Agency

This RFA is issued by the New York State Department of Health (Department), Office of Health Insurance Programs/Division of Program Development and Management/Bureau of Social Determinants. The Department 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:

The Bureau of Social Determinants of Health at 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 by 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 DOH contact listed on the cover of this RFA.

- https://grantsmanagement.ny.gov/resources-grant-applicants

- Grants Gateway Videos: https://grantsmanagement.ny.gov/live-webinars

- Grants Gateway Team Email: grantsgateway@its.ny.gov
  Phone: 518-474-5595
  Hours: Monday thru Friday 8am to 4pm
  (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
  (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 and a link provided on the Department'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 not be held for this project.

**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 Management website at the following web address: https://grantsmanagement.ny.gov/ and select the "Apply for a Grant" from the Apply & Manage menu.  There is also a more detailed "Grants Gateway: Vendor User Manual" available in the documents section under Training & Guidance; For Grant Applicants 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://grantsmanagement.ny.gov/live-webinars.

To apply for this opportunity:

1.  Log into the Grants Gateway as either a "Grantee" or "Grantee Contract Signatory".
2.  On the Grants Gateway home page, click the "View Opportunities" button".
3.  Use the search fields to locate an opportunity; search by State agency (DOH) or enter the Grant Opportunity name Olmstead Housing.
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 DOH 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 DOH 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.63 of the Grants Gateway: Vendor User Manual).
- 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 reserves the right to:

1. Reject any or all applications received in response to this RFA.

2. Withdraw the RFA at any time, at the Department'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 the Department 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 offeror's application and/or to determine an offeror'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 time period: Five-year contract, with an anticipated term of November 1, 2019 to October 31, 2024.

Continued funding throughout this five-year period is contingent upon availability of funding and state budget appropriations.  DOH 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.  The Department may, at its discretion, make an advance payment to not-for-profit grant contractors in an amount not to exceed 25 percent of the first contract year's budget.

2.  The grant contractor will be required to submit monthly invoices and required reports of expenditures to the State's designated payment office (below) or, in the future, through the Grants Gateway:

<div align="center">

Bureau of Social Determinants of Health
NYS Department of Health
99 Washington Ave, Suite 1605
Albany, NY  12210

</div>

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 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.  If a contractor does not meet the objectives of this procurement within the first two years of the executed contract, DOH reserves the right to withhold payment or terminate the contract.

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:

- **The Medicaid Data Warehouse and Rental Subsidy Tracking spreadsheets must be submitted monthly.**

- **A roster of participants must be reported on monthly.**

- **Updates to Work Plan objectives, tasks, and performance measures must be made quarterly, including narrative updates.**

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 ("DOH") 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 DOH 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 DOH 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 on this page 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.

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, by contacting the SFS Help Desk at 855-233-8363 or by emailing at 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.

Applicants should complete and upload the Vendor Responsibility Attestation (Attachment 1) of the RFA.  The Attestation is located under Pre-Submission uploads and once completed should be uploaded in the same section.

**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 Management Website.

**Applications received from not-for-profit applicants that have not Registered <u>and</u> 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 Management 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 Management Website, download a copy of the Registration Form for Administrator.  A signed, notarized original form must be sent to the NYS Grants Management office at the address provided in the submission 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 . 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.

**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 included with 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 Grants Gateway: Vendor User Manual for assistance in applying for this procurement through the NYS Grants Gateway.  This guide is available on the Grants Management website at: https://grantsmanagement.ny.gov/system/files/documents/2018/11/vendor-user-manual-final.pdf.  Additional information for applicants is available at: https://grantsmanagement.ny.gov/resources-grant-applicants.

**Also, you must use Internet Explorer (11 or higher) to access the Grants Gateway.  Using Chrome or Firefox causes errors in the Work Plan section of the application.**

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, 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.

- Pre-Submission Uploads

  As a reminder, the following attachments need to be uploaded under the Pre-Submission Uploads section of the Grants Gateway in order to submit an application in the system.

  1. Vendor Responsibility Attestation
  2. Minority & Women-Owned Business Enterprise Requirement Forms
  3. Excel Budget Spreadsheet for Year 2

- Program Specific Questions

  1. **Program Summary:** *(Not Scored)*

     Summarize your proposal for administering and continuing the Olmstead Housing Subsidy 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)*

     a. Describe the challenges Medicaid members residing in Skilled Nursing Facilities face in securing accessible, affordable, and sustainable housing, inclusive of consumer choice and long-term support services, across the state.
     b. Identify and briefly describe other programs providing similar benefits and services in areas across the state to this population, including rental subsidies, Community Transitional Services, and supportive services. Describe the process for coordinating the proposed program with these benefits and partners. Describe how your proposal will enhance services to the target population without duplicating current programs or services.
     c. Describe how you have determined the need for housing-related financial assistance and housing retention services for the targeted population by county or area. 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 state (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)*

     a. Briefly describe your agency, its overall mission, services, location and accessibility of services.
     b. 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, as well as long-term care needs and 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 agency's organizational capacity to continue and expand this program statewide.
f. Describe your agency's experience in the effective oversight of administrative, fiscal, and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.
g. Describe how, if there are under-performing subcontractors, the subcontracting arrangements would be adjusted. If no subcontractor(s) are being used, enter N/A for your response to this question.

4. **Program Design and Activities:** *(Maximum Score: 40 points)*

a. Describe your proposal's outreach strategy, including specific methods and roles of your organization, to identify seniors and individuals with physical disabilities enrolled in Medicaid who are homeless and residing in a Skilled Nursing Facility, who have spent at least one-hundred and twenty (120) consecutive days in a Skilled Nursing Facility over the most recent two-year period, and who can live safely in the community. Outreach includes both raising awareness of services provided and identifying the services participants need, inclusive of participant choice (see Section III for list of services).
b. Describe the process of how the program will identify, verify, enroll, and document program participants. Explain how the program will continuously assess and document program participants on an annual basis. Explain how participants will be prioritized and how your organization will ensure that the eligibility criteria will be met.
c. Explain in detail your organization's community connections and ability to find affordable housing at HUD Fair Market Rents (FMR) statewide. How will your organization place eligible participants in a timely manner into quality housing units that are accessible, affordable, safe, sanitary, sustainable, and inclusive of consumer choice? Inspections of housing units should use the HUD housing quality standards.
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 the current contract under this program and are re-applying, explain how you will continue to meet the targeting eligibility objectives and add new clients to the program.
e. 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, including Community Transitional Services, must be at least 50% of the budget.
f. Describe how your organization will provide the services in Section III of this RFA. Include how long it will take to enroll someone in benefits and transition them into the community. Explain what the outcomes will be for your proposed services.
g. Explain how you will connect participants to a health care provider, including enrollment into Managed Long-Term Care (MLTC) or Health Homes. 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. Describe the process that will require participants housed through this program to apply for and accept Section 8 or Housing Choice Voucher assistance if available. Describe the

process for safely transitioning participants into the community, if discharged from the program.

k.  List what department or individual would be responsible for data collection and reporting systems, including completing the Supportive Housing Medicaid Data Warehouse (MDW) spreadsheet (Attachment 3a) and submitting mandatory reports to the Department monthly (Attachment 3b) or quarterly (Attachment 7).  Describe how will you ensure that the MDW is on time and accurate (15th of every month).

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

Applicants must complete a work plan for the initial year of the contract in the Grants Gateway.

a.  The work plan must include objectives, tasks, and performance measures that are Specific, Measurable, Achievable, Relevant, and Time-specific (SMART).
b.  The objectives, tasks, and performance measures must coincide with the program activities previously described in the Program Design and Activities section.  The tasks and performance measures must also coincide with the proposed objectives.
c.  The work plan must describe the specific quarter(s) in which each activity will be conducted in and describe the staff person/position who will be responsible for conducting each activity.
d.  The work plan must include the number of proposed participants and/or rental subsidies.
e.  The work plan must include an outreach strategy to identify seniors and individuals with chronic disabilities who meet OHS eligibility, can live safely in the community, and how to enroll them in the program.  The strategy should be able to be implemented immediately upon contract execution.
f.  The work plan must describe how eligible participants will be identified, verified, enrolled, and documented.  The awarded provider must note in their work plan that they will be in contact with program participants on at least a monthly basis, to maintain channels of communication and verify participant housing status.
g.  The work plan must include a description of how rental subsidies will be paid either directly or through subcontract(s).
    o  Including providing funds for security deposits, moving expenses, household establishment, and community transitional services.
    o  The system must have the capacity to process routine scheduled payments, emergency, and expedited payments.
    o  The process should also include measures as they pertain to subsidy termination and recoupment of overpayments.
h.  The work plan must include an evidence-based business process to create housing opportunities for the target population by locating, inspecting, evaluating, and maintaining a register of quality housing units that are accessible, affordable, safe, sanitary, sustainable, and inclusive of consumer choice for eligible participants.
    o  Leases must be in the participants' name and the awarded provider should advocate for favorable lease terms for participants that consider their abilities and needs.
    o  Inspections must use the HUD housing quality standards and the HUD-52580, or comparable document(s).
    o  No formal relationships with landlords are necessary.
    o  Scattered-site housing is an acceptable form of housing, if the unit(s) meet program requirements.
i.  The work plan must include a plan for providing Community Transitional Services (CTS)

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for participants in institutional settings to move into the community, as well as one-time assistance.

j. The work plan must demonstrate a requirement that individuals housed through this program must apply for and accept HUD Section 8 and Housing Choice Voucher assistance, when available.

k. The work plan must include developing transition plans with Skilled Nursing Facility discharge planners, or plan care coordinators, for the target population. This includes having participants utilize Managed Long-Term Care services, Medicaid waiver services, etc.

l. The work plan must include a process for data collection and reporting, which includes completing the Medicaid Data Warehouse and Rental Subsidy Tracking spreadsheets (Attachments 3a and 3b) and submitting such data to the Department monthly. Also, the work plan must include, submitting in a format approved by the Department, monthly, quarterly, and annual reports of all activity related to the Olmstead Housing Subsidy program. Interim reports are also to be submitted upon request by the Department.

**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 Year 2. The Excel Spreadsheet template is located under Pre-Submission Uploads. The awarded contractor will be required to submit to the Department a budget for the remaining three years of the grant. See Attachment 6 for Guidelines for Gateway Budget entry. Failure to submit a complete budget proposal, including Years 1 and 2, may result in disqualification.

All costs must be related to the provision of the procurement 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. The requested budget must not exceed the amount assigned in Table 1 of the RFA. 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. Services or items that are billable to Medicaid are not eligible for reimbursement with these grant funds.

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.

It is the expectation of the Department that funding for rental subsidies and Community Transitional Services under the Olmstead Housing Subsidy program be at least 50% of the applicant's proposed budget. 60% or higher is ideal. 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), remodeling, or modification of structure.

a. **Rental Subsidies**

i. Budgets must include at least 50% of funding for rental subsidies and Community Transitional Services (CTS), both of which are considered Operating Expenses;
ii. The monthly and annual (monthly subsidy * 12 months) cost of such subsidy per unit (at or below HUD Fair Market Rents);
iii. The type and number of housing units for which the subsidy is provided;
iv. Number of new participants that will be served;
v. The participants' contributions toward the total rent (30% of gross income using HUD standards);
vi. Utility allowance using the local housing authority's utility schedule;
vii. Other non-personal service costs (identify such costs and provide a monthly and annual amount per unit); and
viii. Current participants that are already receiving a rental subsidy (please refer to Section I, Table 1). These participants' rental subsidies <u>must</u> be included in your budget. For budgeting purposes, the proposal may assume that each county's most recent HUD 1-bedroom Fair Market Rents rate is the actual program rental subsidy cost for existing participants.

b. **Staffing**

i. The staff position (e.g., Housing Specialist), including description of duties;
ii. All staffing costs should be derived from Full Time Equivalent (FTE) annual costs (e.g., FTE=Salary+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 Olmstead Housing Subsidy participants 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:

i. $6.3 million under the Grants Gateway for contract year 1.
ii. $7.3 million under the uploaded Excel Budget Spreadsheet for Year 2 (Attachment 4), for contract year 2.

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 Department's Office of Health Insurance Programs using an objective rating reflective of the required items specified for each component.

Applicants will be deemed to fall into one of three categories: 1) not approved, 2) approved but not funded due to not having the highest score, and 3) approved and funded.

The applicant who possesses the highest score, and meets the requirements of who may apply for this grant (see Section II), will be awarded the Olmstead Housing Subsidy program contract. The Department will make the award based on the below scoring table:

| Section | Maximum Score |
|---|---|
| Program Summary | 0 |
| Statement of Need | 5 |
| Applicant Organization | 15 |
| Program Design and Activities | 40 |
| Work Plan | 20 |
| Budget Forms | 20 |
| **Total** | **100** |

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

- Overall merit of the application;
- 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; and
- Relevance and justification for costs included in the budget.

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 with be modified and awarded in the same manner as outlined in the award process described above.

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.

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 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. In the subject line, please write: *Debriefing Request (Olmstead Housing Subsidy)*

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.)

# 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*
Attachment 5     Grants Gateway Budget Instructions
Attachment 6:    Budget Data Entry Guidelines
Attachment 7:    Work Plan & Quarterly Report Template*

*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 <u>Out-of-State travel requires prior approval</u>.
  - OCS Guidelines: <u>http://www.osc.state.ny.us/agencies/travel/manual.pdf</u>
  - USGSA: <u>http://www.gsa.gov/portal/category/21283</u>

**<u>Document Uploads (as applicable)</u>**
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.*

**<u>Other Helpful Links</u>**:
Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <u>https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards</u>
CFR Subpart E - Basic Considerations: <u>http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabbd3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200_1401.sg12</u>

**\* 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.**

| Grants Gateway Field | Character Limits | Enter Required Information as Instructed Below |
|---|---|---|
| **Personal Services - Salary** | | **\* 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.** |
| 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 | | Always leave blank. |
| **> Personal Services - Salary Narrative** | **4000** | **Program Specific Instructions / Requirements**<br>**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.**           **The budget should contain a CCA Project Director accessible full-time for communications, including e-mail.** |
| **Personal Services - Fringe\*** | | **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.** |
| 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. |
| **> Personal Services - Fringe Narrative** | **4000** | **Program Specific Instructions / Requirements**<br>**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.** |

| 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 | Program Specific Instructions / Requirements 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) |

| Grants Gateway Field | Character Limits | Enter Required Information as Instructed Below |
|---|---|---|
| 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. |
| > Equipment Narrative | 4000 | **Program Specific Instructions / Requirements**<br>**If using other funds for required equipment enter the details here.** |
| Space/Property: Rent | | **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.** |
| 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. |
| > Space/Property: Rent Narrative | 4000 | **Program Specific Instructions / Requirements**<br>**If using other funds enter the details here.**<br>**Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered).** |
| Space/Property: Own | | **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.** |
| 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. |
| > Space/Property: Own Narrative | 4000 | **Program Specific Instructions / Requirements**<br>**If using other funds enter the details here.** |
| Utilities | | **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.** |
| 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. |
| > Utilities Narrative | 4000 | **Program Specific Instructions / Requirements**<br>**If using other funds enter the details here.** |
| Operating Expenses | | **\* 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.** |
| Type/Description | 125 | Provide the type of expense |

| Grants Gateway Field | Character Limits | Enter Required Information as Instructed Below |
|---|---|---|
| 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** | **Program Specific Instructions / Requirements**<br>**Provide a narrative description for any required items that are purchased with other funds.**<br>**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.)**<br>**Expenditures will not be allowed for remodeling or modification of structure.**<br>**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** | **Program Specific Instructions / Requirements**<br>**If using other funds enter the details here.** |