Funding Opportunity #18377
Grants Gateway # (DOH01-DRPLR7-2020)

New York State Department of Health
Office of Primary Care and Health Systems Management
Center for Health Care Policy and Resource Development
Division of Workforce Transformation

Request for Applications

Doctors Across New York Physician Loan Repayment and Physician Practice Support Programs Cycle VII

KEY DATES

Release Date: **February 6, 2020**

Applicant Webinar: **February 13, 2020**

Questions Due: **February 20, 2020**

Questions, Answers and
 Updates Posted (on or about):   **February 27, 2020**

Application Submission Start Date: **March 5, 2020**

Application Submission Deadline: **April 2, 2020 by 4:00 PM**

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I. Introduction

The New York State Doctors Across New York (DANY) initiative includes several programs collectively designed to help train and place physicians in underserved communities, in a variety of settings and specialties, to care for New York's diverse population. The DANY Physician Loan Repayment (PLR) and Physician Practice Support (PPS) programs make funds available to help recruit physicians to and encourage them to remain in medically underserved areas of the state. Funding is provided in exchange for a physician's commitment to work in an underserved area for a three-year period (DANY service obligation period).

This is the seventh DANY PLR/PPS cycle of funding, referenced herein as Cycle VII. Previous cycles awarded funding in amounts that were different for PLR and PPS and that required different lengths of time for the physician's commitment to work in an underserved area. For Cycle VII, pursuant to changes made by Public Health Law (PHL) § 2807-m (12) in 2016, both PLR and PPS awards will provide up to $40,000 per year for three years to or on behalf of a physician who agrees to practice in an underserved area for the three-year DANY service obligation period. Up to $9 million is currently available under this Request for Applications (RFA), which is expected to result in approximately 75 three-year awards. If additional funds become available, the Department may make additional awards.

Pursuant to PHL § 2807-m, DANY funds can be awarded to: (1) a physician to pay qualified educational debt; (2) a physician to submit the costs of establishing or joining medical practices; or (3) a health care facility to recruit or retain a physician by providing the physician with a sign-on bonus, funds to repay outstanding qualified educational debt, or enhanced compensation. In all cases, 100 percent of the funds ultimately must be distributed to the physician or the physician's practice.

As required by PHL § 2807-m, one-third of funding awarded under this RFA must be allocated to physicians practicing in and health care facilities located in New York City (comprised of New York, Bronx, Kings, Queens and Richmond counties) with the remaining two-thirds to individual physicians practicing in and health care facilities located in the rest of the state. The statute further provides that no less than fifty percent of available funds be allocated to physicians who will be working in general hospitals.

The New York State Department of Health (Department) will host a webinar for this funding opportunity on February 13, 2020. Applicants are strongly encouraged to attend the applicant webinar, which will provide technical assistance in completing the application. Information on how to join the webinar will be posted on the Department website at:
https://www.health.ny.gov/professionals/doctors/graduate_medical_education/doctors_across_ny/.
A recording of the webinar will also be posted to this site shortly after the live event.

Anyone who potentially may be interested in applying for this program should start the process as soon as possible by registering for a Grants Gateway account at the following website:
https://grantsmanagement.ny.gov/register-your-organization. Additionally, not for profit applicants must be prequalified in the Grants Gateway in order to apply for this grant opportunity on or before the date the applications are due.

II. Who May Apply

Only physicians and health care facilities that meet the criteria set forth below are eligible to apply for DANY funding through this RFA.

A. Eligible Physician Applicants

A physician is eligible for a DANY award for the period (November 1, 2020 – October 31, 2023) to repay qualified educational debt or pay costs of establishing or joining a medical practice if the following requirements are met:

1. The physician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.

2. The physician must be a graduate of an allopathic or osteopathic medical school.

3. The physician must be licensed to practice medicine in New York State by the time the three-year DANY service obligation begins.

4. The physician must be in good standing, meaning that he or she:

   a. Has not been excluded from or terminated by the federal Medicare or Medicaid programs (see http://www.omig.ny.gov);

   b. Has not been disciplined by the New York State Board for Professional Medical Conduct (see https://www.health.ny.gov/professionals/doctors/conduct);

   c. Is not under indictment for, or has not been convicted of any felony as defined by New York State Penal Code (see http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:); and

   d. Has not had his or her medical license revoked in any state or territory in the United States.

5. The physician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.

6. The physician must not have any judgment liens arising from debt to the federal or any state government.

7. The physician must not be delinquent in child support payments.

8. The physician must not have previously received DANY PLR or PPS funding.

9. The physician must not be fulfilling an obligation under any local, state or federal government loan repayment program which overlaps or coincides with the three-year DANY service obligation (except the Public Service Loan Forgiveness Program).

10. The physician must have either an employment contract or a business plan, as described below:

   a. A physician who seeks a DANY award to repay educational debt must have an employment

contract with a health care facility requiring the physician to provide physician services for at least the entire DANY service obligation period. For these purposes, a "health care facility" means:

i. A general hospital, diagnostic and treatment center (D&TC), or a nursing home licensed by the New York State Department of Health pursuant to PHL Article 28;

ii. A facility certified, but not operated, by the New York State Office of Mental Health (OMH) pursuant to Mental Hygiene Law (MHL) Article 31;

iii. A facility certified, but not operated, by the New York State Office of Alcoholism and Substance Abuse (OASAS) pursuant to MHL Article 32;

iv. A hospital or nursing home operated by the New York State Department of Health, meaning Helen Hayes Hospital, the New York State Veterans Home at Batavia, the New York Veterans Home at Montrose, the New York State Veterans Home at Oxford, or the New York State Veterans Home at St. Albans; or

v. A medical practice that is registered with the New York State Department of State as a Professional Corporation (PC) or Professional Limited Liability Corporation (PLLC) at the time of application.

A physician employed by a health care facility operated by a New York State agency, other than the Department of Health or the State University of New York (SUNY), is not eligible to apply under this RFA. A physician employed by a health care facility operated by the federal government is not eligible to apply under this RFA.

b. A physician who seeks a DANY award to pay costs to establish or join a medical practice must have a business plan for at least the entire DANY service obligation period, where such practice is or will be registered with the New York State Department of State as a PC or PLLC.

11. The health care facility or practice where the physician will be employed or the medical practice that the physician will establish, or join must be located in an underserved area, as defined in Attachment 6 of this RFA.

12. The services that the physician will provide under the employment contract or business plan must constitute full time clinical practice, meaning at least 40 hours of service (with a minimum of 32 clinical hours) per week for at least 45 weeks per year. These standards cannot be met with schedules that vary from week to week. The 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. The 40 hours per week may not include time spent in "on-call" status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in the Program Specific Questions section of this application during that time. Any hours worked in excess of 40 hours per week shall not be applied to any other work week. A portion of the physician's time may be spent providing telehealth services that are in compliance with applicable NYS regulations. However, telehealth services must be a component of the physician's traditional practice and may not account for more than 40% of his/her overall clinical work hours per week.

13. The physician cannot have worked as a physician in any capacity in any underserved area, as defined in Attachment 6 of this RFA, prior to April 4, 2019 which was the application submission deadline for Cycle VI (these limits do not apply to time spent as a resident or fellow). However, any physician that was named in any Cycle VI application that was either wait listed and not given an award or disapproved, may be submitted in a new application for consideration in Cycle VII provided that the physician did not work in any underserved area prior to June 13, 2018 (i.e. the eligibility date for Cycle VI).

14. The date on which the physician's employment contract or business plan begins must be no earlier than April 4, 2019 and no later than November 1, 2020. However, any physician that was named in any Cycle VI application that was either wait listed and not given an award or disapproved, may be submitted in a new application for consideration in Cycle VII provided that the employment contract or business plan began no earlier than June 13, 2018 and no later than November 1, 2019 (i.e. the eligibility dates of Cycle VI).

15. The start date of the physician's DANY service obligation under this contract will be November 1, 2020.

16. The employment contract or business plan, as applicable, must reflect that the physician will provide health services to individuals in the area without discriminating against them:

   a. Because of their inability to pay for those services; or

   b. Because of their enrollment in or utilization of insurance provided under Part A "Medicaid" or Part B "State Children's Health Insurance Program" of Title XVIII of the Social Security Act (42 U.S.C. 1395).

17. The employment contract or business plan, as applicable, must reflect that the physician:

   a. Shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act; and

   b. Shall enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan if no current agreement exists with the employing facility.

B. Eligible Health Care Facility Applicants

A health care facility is eligible for a DANY award for the period (November 1, 2020 – October 31, 2023) to provide a physician with a sign-on or retention bonus (not including bonus offsets), funds to repay outstanding educational debt, and/or enhanced compensation (not including salary offsets) if the following requirements are met:

1. The health care facility must be one of the following:

a. A general hospital, D&TC, or a nursing home licensed by the New York State Department of Health pursuant to PHL Article 28;

b. A facility certified, but not operated, by the New York State Office of Mental Health pursuant to MHL Article 31;

c. A facility certified, but not operated, by the New York State Office of Alcoholism and Substance Abuse Services pursuant to MHL Article 32; or

d. A medical practice that is registered with the New York State Department of State as a PC or PLLC at the time of application.

   A health care facility operated by any other New York State agency, other than SUNY, or by the federal government is not eligible under this RFA. A health care facility operated by SUNY can use a DANY award only to provide a physician with funds for loan repayment.

2. The health care facility must be located in an underserved area, as defined in Attachment 6 of this RFA.

3. The health care facility must have an employment contract with a physician requiring the provision of physician services for the DANY service obligation period.

4. The physician with whom the health care facility has an employment contract for the DANY service obligation period must meet the following criteria:

a. The physician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.

b. The physician must be a graduate of an allopathic or osteopathic medical school.

c. The physician must be licensed to practice medicine in New York State by the time the three-year DANY service obligation begins.

d. The physician must be in good standing, meaning that he or she:

   i. Has not been excluded from or terminated by the federal Medicare or Medicaid programs (see http://www.omig.ny.gov);

   ii. Has not been disciplined by the New York State Board for Professional Medical Conduct (see https://www.health.ny.gov/professionals/doctors/conduct);

   iii. Is not under indictment for, or has not been convicted of any crime as defined by New York State Penal Code (see http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:); and

   iv. has not had his or her medical license revoked in any state or territory in the United States.

e. The physician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.

f. The physician must not have any judgment liens arising from debt owed to the federal or any

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state government.

g. The physician must not be delinquent in child support payments.

h. The physician must not have previously received DANY PLR or PPS funding.

i. The physician must not be fulfilling an obligation under any local, state or federal government loan repayment program which overlaps or coincides with the three-year DANY service obligation (except the Public Service Loan Forgiveness Program).

5. The physician cannot have worked as a physician in any capacity in any underserved area, as defined in Attachment 6 of this RFA, prior to April 4, 2019 which was the application submission deadline for Cycle VI (these limits do not apply to time spent as a resident or fellow). However, any physician that was named in any Cycle VI application that was either wait listed and not given an award or disapproved, may be submitted in a new application for consideration in Cycle VII provided that the physician did not work in any underserved area prior to June 13, 2018 (i.e. the eligibility date for Cycle VI).

6. The date on which the physician's employment contract or business plan begins must be no earlier than April 4, 2019 and no later than November 1, 2020. However, any physician that was named in any Cycle VI application that was either wait listed and not given an award or disapproved, may be submitted in a new application for consideration in Cycle VII provided that the employment contract or business plan began no earlier than June 13, 2018 and no later than November 1, 2019 (i.e. the eligibility dates of Cycle VI).

7. The start date of the physician's DANY service obligation under this contract will be November 1, 2020.

8. The services that the physician will provide under the employment contract or business plan must constitute full time clinical practice, meaning at least 40 hours of service (with a minimum of 32 clinical hours) per week for at least 45 weeks per year. These standards cannot be met with schedules that vary from week to week. The 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. The 40 hours per week may not include time spent in "on-call" status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in the Program Specific Questions section of this application during that time. Any hours worked in excess of 40 hours per week shall not be applied to any other work week. A portion of the physician's time may be spent providing telehealth services that are in compliance with applicable NYS regulations. However, telehealth services must be a component of the physician's traditional practice and may not account for more than 40% of his/her overall clinical work hours per week.

9. The employment contract must reflect that the physician will provide health services to individuals in the area without discriminating against them:

a. Because of their inability to pay for those services; or

b. Because of their enrollment in or utilization of insurance provided under Part A "Medicaid" or Part B "State Children's Health Insurance Program" of Title XVIII of the Social Security Act (42 U.S.C. 1395).

10. The employment contract must reflect that the physician:

    a. Shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act; and

    b. Shall enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan if no current agreement exists with the employing facility.

III. Project Narrative

DANY awards will provide up to $40,000 per year for three years to or on behalf of a physician who agrees to practice in an underserved area for the three-year period, referenced herein as the DANY service obligation period. To be considered for funding, applicants must meet the eligibility requirements outlined in Section II (Who May Apply).

A. Use of Funds

DANY funds can be awarded to: (1) a physician to pay qualified educational debt; (2) a physician to pay costs of establishing or joining medical practices; or (3) a health care facility to help retain and recruit a physician by providing that physician with a sign-on or retention bonus, funds to repay outstanding educational debt, or enhanced compensation (except where the award is made to a health care facility operated by SUNY). In all cases, 100 percent of the funds ultimately must be distributed to the physician. No facility/employer should reduce a physician's compensation package as a result of receiving a DANY grant. Accordingly, funding awarded under this RFA can be used only as follows:

1. Repaying qualified educational debt: For purposes of this RFA, "qualified educational debt" means any outstanding amounts remaining on student loans that were used by the physician to pay graduate or undergraduate tuition or related educational expenses, where such loans were made by or guaranteed by the federal or state government or made by a lending or educational institution approved under Title IV of the federal Higher Education Act. An applicant seeking to use DANY funds for loan repayment must include educational loan statements dated no more than 30 days prior to submission (to be uploaded as Attachment 3). Such statements will be forwarded to the New York State Higher Education Services Corporation (HESC) to verify the existence and amount of qualified education debt. Applicants must complete Attachment 4 to give consent for HESC to disclose any loan information to the Department. No DANY award shall be made in excess of the outstanding amount of educational debt as verified by HESC. Where a DANY award is made for this purpose, the physician will be required to submit educational loan statements on an annual basis to ensure payments are being applied to the loans.

2. Supporting the cost of establishing or joining a medical practice: DANY funding awarded to a physician to pay costs of establishing or joining medical practices can be used for expenses such as acquiring the land or a building where the practice will be located, capital investment, renovation of existing space, minor medical equipment (for a maximum of $10,000), equipping and furnishing the space, rent, insurance, and payment of salaries of office personnel (see Section

V.A.4 Budget). Upon claiming an award, the physician will be required to submit vouchers with receipts of qualified expenses for reimbursement.

3. Helping health care facilities recruit or retain physicians: A DANY award made to a health care facility can be used to provide one physician, who must be identified in the application, with a sign-on, productivity or retention bonus (i.e. additional funding over and above what would have been provided to the physician prior to a DANY award being granted; funds cannot be used as a bonus offset), repayment of outstanding qualified educational debt, enhanced compensation (i.e. additional funding over and above what would have been provided to the physician prior to a DANY award being granted, the funds cannot not be used as a salary offset), or any combination thereof, with one exception: a health care facility operated by SUNY can only use DANY funds for loan repayment of outstanding qualified educational debt. In all cases, 100 percent of funding provided under the award must go to the physician.

B. Application Limits

1. No more than one application will be accepted from a single physician. If a physician submits more than one application, only the application received first will be reviewed.

2. No more than <u>four</u> applications will be accepted from a health care facility with the same operating certificate number or health care facility that is a medical practice with the same Department of State Identification Number. If a health care facility or employed physician of that health care facility, in aggregate, submit more than <u>four</u> applications, only the first four eligible applications received will be reviewed.

C. Award Limits

1. A minimum of one-third of DANY funds awarded under this RFA shall be allocated to physicians practicing in and health care facilities located in New York City (comprised of New York, Bronx, Kings, Queens and Richmond counties) with the remaining two-thirds to individual physicians practicing in and health care facilities located in the rest of the state.

2. No less than fifty percent of the funds awarded under this RFA shall be used to support a DANY service obligation to be carried out in a general hospital. This provision shall not apply if less than fifty percent of the eligible funding is requested from such applicants.

3. No more than five percent of the funds awarded under this RFA shall be used to support a DANY service obligation to be carried out at a health care facility exclusively certified by OMH.

4. No more than five percent of the funds awarded under this RFA shall be used to support a DANY service obligation to be carried out at a health care facility exclusively certified by OASAS.

5. No more than <u>three</u> awards will be made to support a DANY service obligation to be carried out at a health care facility with the same operating certificate number or, in the case of a medical practice, the same NYS Department of State registration number, regardless of whether the applications were submitted by physicians or health care facilities. A <u>fourth</u> award may be considered only if there are additional funds left over after all eligible applications are funded.

D. Application Deadlines

All applications must be received via the Grants Gateway by the date and time noted on the cover of this RFA and must contain a valid email address where the applicant can receive correspondence. The Department will review applications in the order they are received and will notify the applicant, via email, if the application is complete or incomplete. If the application is deemed complete, no further action by the applicant is needed. If the application is incomplete, the Department will provide the applicant a list of outstanding items via email. The applicant will have one opportunity to supply this missing information to the Department within 10 business days of the date on which the Department provided the list of outstanding items. All missing information must be emailed to: DANY2018@health.ny.gov. If any of the missing information is not emailed to the Department within such 10-day period, review of the application will terminate, and the application will be denied.

An Applicant may withdraw an application at any time by notifying the Department in writing via email or by letter to the address listed below.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (Department), Division of Workforce Transformation. 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:

Karolyn Garafalo
Division of Workforce Transformation
Center for Health Care Policy and Resource Development
Office of Primary Care and Health Systems Management
New York State Department of Health
Corning Tower, Room 1695
Albany, New York 12237
DANY2018@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 emailed to DANY2018@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.**

Applicants must be registered in the Grants Gateway in order to apply for this grant opportunity If you have any potential interest in applying for this program, DOH recommends that you start the process now by registering for a Grants Gateway account at the following website: https://grantsmanagement.ny.gov/register-your-organization.

When applying for a Grants Gateway account, be sure to request the role of "Grantee Contract Signatory" or "Grantee System Administrator" since these roles are necessary to submit an 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/videos-grant-applicants

- 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 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. Letter of Interest

A letter of interest is not required for this funding opportunity.

D. Applicant Webinar

An applicant webinar will be held for this project. This webinar will be held on the date and time posted on the cover sheet of this RFA. Applicants are strongly encouraged to attend the applicant webinar, which will provide technical assistance in completing the application. A recording of the webinar will be posted on the Department's website shortly after the live event. The website address where the recording can be located will be included in the Question and Answers that will be posted on or about the date listed on the cover of this RFA. Failure to attend the applicant webinar will not preclude the submission of an application, however; participation is highly encouraged.

E. 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 Guide" 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. Click on the "View Opportunities" button under "View Available Opportunities".
3. In the Search Criteria, enter the Grant Opportunity name Doctors Across New York Physician Loan Repayment and Physician Practice Support Programs 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 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.64 of the 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.**

F. 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 a 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.

G. Term of Contract

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

It is expected that contracts resulting from this RFA will be three-year fixed term contracts and Applicants will start on November 1, 2020 and serve until October 31, 2023. Continued funding throughout this three-year period is contingent upon availability of funding and state budget appropriations. The Department 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 RFA is started.

H. Payment & Reporting Requirements of Grant Awardees

1. No advances will be allowed for contracts resulting from this procurement.

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:

<div align="center">

Division of Workforce Transformation
Center for Health Care Policy and Resource Development
Office of Primary Care and Health Systems Management
New York State Department of Health
Corning Tower, Room 1695
Albany, New York 12237
DANY2018@health.ny.gov

</div>

3. No payment shall be made before a contract is executed.

4. Physicians must work for three months under the terms of this contract before payment is made.

5. Payments will be made quarterly or semiannually at the discretion of the Department and only after the reports listed below are received.

6. Physicians accepting monies for loan repayment are expected to use the funds to pay down qualified educational debt. Statements submitted must demonstrate that all disbursed grant funds were applied in full to the loan following receipt of payment from the Department.

   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 shall provide that the Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan.

7. The grant contractor will be required to submit the following reports periodically (at the discretion of the Department):

- Progress reports to verify employment;
- Educational loan statements (current within 30 days); and/or
- Expenditure reports.

Such reports will be submitted to the following designated payment office (above) or, in the future, through the Grants Gateway.

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

I. 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 0%.

This RFA does not establish minimum goals for participation of minority or women-owned business. Therefore, completion of the MWBE Utilization Plan is not required. 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.

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

J. 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.

K. 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 include the Vendor Identification number on the application cover page. 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/forms.htm, by contacting the SFS Help Desk at 855-233-8363, or by email at helpdesk@sfs.ny.gov.

L. 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.

A completed Vendor Responsibility Questionnaire is required **only** from Health Care Facility Applicants receiving an award of greater than $100,000. The Health Care Facility Applicant must attest that that they have completed a Vendor Responsibility Questionnaire by filling out the Vendor Responsibility Attestation (Attachment 10) and uploading it to the Grants Gateway. Individual Physician Applicants do NOT need to complete the questionnaire or the attestation.

M. 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 at https://grantsmanagement.ny.gov/get-prequalified.

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.

* If you are a For-Profit entity you do not need to be pre-qualified but must register in the Grants Gateway in order to apply for funding.

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

If you have not done business with, or received a grant from New York State in the past two years, you will need to complete and submit the following two forms:

- Registration Form for Administrator; and

- Substitute W-9 Form.

If you are applying as a Health Care Facility Applicant, the instructions for these two forms will be included on the second page of each of the PDF's available for download on the Grants Management Website at https://grantsmanagement.ny.gov/. To locate these PDF's:

- Hover over *Get Started* tab at the top of the page. Click on *Register Your Organization* from the drop-down menu.

- On the left side panel click *How to Register*, you will see links for Registration Form for Administrator and Substitute Form W-9.

- Download a copy of each form for completion.

- Each form has an instruction page included with it explaining how the form should be completed as a health care facility applicant.

- A signed, notarized original form must be sent to NYS Grants Management at the address provided in the instructions.

- Once this form is processed and approved, you will then be provided with a Username and Temporary Password allowing you to access the Grants Gateway.

If you are applying as an Individual Physician Applicant, DO NOT follow the instructions provided with the forms at the time of download. Instead download the forms as described above, then follow these customized instructions to complete them accurately.

a) When completing the Grants Gateway Registration Form for Administrator, reference the below instructions:

Organization Information:
- Legal Name – Enter your full legal name.
- Federal ID – Enter your social security number.
- SFS Vendor ID – If you have an SFS Vendor ID, enter it here. If not, complete the Substitute W-9 Form (see part b) and submit it together with the Grants Gateway Registration Form.
- Street Address – Enter your street address. This is the default address where official correspondence should be mailed.

Organization Type:
- Check the box Labelled "Individual".

Delegated Administrators:
- Enter your last name, first name, phone number, and email address.
- You will act as your own Authorized Administrator.

Authorization:
- Enter your own name under the Box labelled "Head of Organization".
- Enter your phone number, email address, and sign (in the presence of the notary) and date where prompted.

Acknowledgement to be completed by a Notary Public:
- This section is to be completed by a Notary Public.
- A signed, notarized original form must be sent to the New York State Grants Management Team at the address provided in the instructions.
- Once this form is processed and approved, you will then be provided with a Username and Temporary Password allowing you to access the Grants Gateway.

b) Completion of the **Substitute W-9 Form** is necessary in order to obtain a New York State SFS Vendor ID. When completing the Substitute W-9 Form, reference the below instructions:

Part I:
- Box 1 - print your full legal name.
- Box 3 - check the box labeled "Individual Sole Proprietor".

Part II:
- Box 1 - enter your Social Security Number (SSN).

Part II
- Box 2 - check the box labeled "Social Security Number" (SSN).

Part III:
- Box 1 - print the address where official correspondence should be mailed. This will become the default address.
- Box 2 - print the address where purchase orders should be sent. Please note that purchase orders will be sent via email by default.

Part IV:
- Print your own name, email address, and phone number.
- You will act as your own Executive Authorized to Represent the Vendor.

Part V:
- Check the appropriate box indicating your exemption status from backup withholding.
- Sign the line marked "Signature" and date where marked.
- Print your name, phone number, and email address.

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 (Not for Profits Only)**

- Once you have obtained your Username and Temporary Password, log in to the Grants Gateway at https://grantsgateway.ny.gov. **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 (i.e. Department of Health). 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 at DANY2018@health.ny.gov 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.

APPLICANTS ARE STRONGLY ENCOURAGED TO BEGIN THE PROCESS AS SOON AS POSSIBLE IN ORDER TO PARTICIPATE IN THIS OPPORTUNITY.

N. 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.

O. Default Provisions

At the time of contract, a physician will be notified of the source of his/her DANY grant funding; either state monies or a combination of state and federal monies. Most of DANY funds are exclusively state funds, however, a few awards will be supported by a combination of state and federal monies. **There are significant financial consequences in the event a physician fails to complete his/her three-year service obligation. Moreover, there are substantial differences between the default penalties depending on the source of their funding. These default provisions are defined in the Master Grant Contract as follows:**

1. State Funding (100%): In the event of default, the physician will repay the State of New York according to the following formula: $A = 3 [phi] (T – S)/T$.

   - "A" is the amount the State is entitled to recover;
   - "[phi]" is the sum of the amounts paid under this contract to or on behalf of the CONTRACTOR and the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at a rate equal to that owed on underpayments of New York State personal income tax;
   - "T" is the total number of months in the individual's period of obligated service; and
   - "S" is the number of months of such period served by him/her in accordance with the terms of this contract.

2. Combined State (50%) and Federal (50%) Funding: In the event of default, the physician will, within one year of defaulting, repay the State of New York the greater of either $31,000 or the sum of:

   - The proportionate amount of the loan repayments paid by the State of New York to the physician representing any period of obligated service not completed; AND
   - $7,500 multiplied by the number of months of obligated service not completed; AND
   - Interest on the above amount calculated from the date of default at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach.

Uncollectable accounts, or failure to fully repay the amounts stated below, will be referred to the New York State Attorney General's Office for possible legal action.

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.

P. Contract Modifications

Contractors may be permitted to change the service location of the physician or defer the contract period of the physician as described below.

1. Change of Location:

   - Physicians who request to change their service location(s) for reasonable cause may submit such request in writing to the Department.

   - Examples of a reasonable cause may include: loss of job, facility reorganization or closure, family relocation, etc.

   - The new location must meet all the requirements listed under this RFA.

   - The decision to permit a change of location will be solely at the discretion of the Department.

2. Request to Defer Obligation:

   - Physicians who request to defer their service obligations for reasonable cause may submit a request in writing to the Department.

   - Examples of reasonable cause may include: maternity or paternity leave, personal or family illness, military service, etc.

   - The decision to permit a deferral will be solely at the discretion of the Department.

   - Any deferral period granted by the Department will be added to the obligated physician's term obligation.

Q. Tax Issues

Funds to support loan repayment under the DANY Physician Loan Repayment and Physician Practice Support programs may be currently exempt from federal and state taxes. Funds used for purposes other than loan repayment in the Physician Practice Support program are currently not tax exempt. If you receive monies for loan repayment, you should not be issued a 1099 statement. Please consult your tax professional for more information about your specific tax situation.

Section 10908 of the Patient Protection and Affordable Care Act (PL 111-148) addresses federal taxability of state loan repayment programs that are not part of the Federal State Loan Repayment (SLRP) program. This section puts the state loan repayment programs on par with the federal/state SLRP programs in terms of federal taxability. The text is as follows:

SEC. 10908. Exclusion for assistance provided to participants in state student loan repayment programs for certain health professionals.

(a) In general —Paragraph (4) of section 108(f) of the Internal Revenue Code of 1986 is amended to read as follows:

"(4) Payments under national health service corps loan repayment program and certain state loan repayment programs.—In the case of an individual, gross income shall not include any amount received under section 338B(g) of the Public Health Service Act, under a State program described in section 338I of such Act, or under any other State loan repayment or loan forgiveness program that is

intended to provide for the increased availability of healthcare services in underserved or health professional shortage areas (as determined by such State)."

(b) Effective date — The amendment made by this section shall apply to amounts received by an individual in taxable years beginning after December 31, 2008.

PLEASE CONSULT YOUR TAX PROFESSIONAL FOR MORE INFORMATION ABOUT YOUR SPECIFIC TAX SITUATION.

V. Completing the Application

A. Application Format/Content

Please refer to the Vendor User Guide 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/2019/03/grantsgatewayvendorusermanual03 -13-2019.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 Grant Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application.

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.

Respond to each of the questions in all sections described below when completing the Grants Gateway online application. Your responses along with the mandatory pre-submission uploads listed below will comprise your application. 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.

1. Pre-Submission Uploads (Attachments)

The following attachments include both reference materials and items that must be completed and uploaded with the application. Many of the items in Attachment 6 will require supporting documentation. This documentation will be required for all applicants to justify that the physicians will be working in an underserved area. Supporting documentation will be uploaded as Attachment 8. Grants Gateway will not allow you to submit your application if any of the **mandatory uploads** are not attached.

> Attachment 1: NYS Grants Gateway Vendor User Manual (for reference only)
> Attachment 2: Site Information (mandatory for applicants submitting a fourth and
> subsequent practice location sites)
> Attachment 3: Loan Statements for Qualified Educational Debt
> (mandatory only for applicants seeking loan repayment)

Attachment 4: Consent to Disclosure
(mandatory only for applicants seeking loan repayment)
Attachment 5: Employment Contract or Business Plan (mandatory)
Attachment 6: Tool to Identify an Underserved Area (mandatory)
Attachment 7: Rural Counties and Towns (for reference only)
Attachment 8: Supporting Documentation for the Underserved Area (mandatory)
Attachment 9: Attestation & Authorized Representative (mandatory)
Attachment 10: Vendor Responsibility Attestation
(not mandatory for all applicants, see Section IV M of this RFA)

2. Program Specific Questions

The following questions are to be answered in the format provided in the Grants Gateway. All questions require an answer.

Part 1: Applicant Identification
The questions in this section refer to the individual who registered for the Grants Gateway Account (i.e. the Applicant). The Department of Health will be contracting with this entity.

1a. Name of Applicant.

1b. Address of Applicant.

If the applicant is a facility, provide contact information of the person responsible for the submission. If the applicant is an individual physician, enter the contact information for that physician.

1c. Name of Contact Person.

1d. Phone of Contact Person.

1e. Email of Contact Person.

1f. Status of Applicant (Not-for-Profit or For-Profit).
(if you are an individual physician applicant, you should select "For Profit")

Indicate the type of Applicant. The applicant named above must match the type of applicant selected below [i.e. a physician is an individual physician applicant or (1g). A health care facility applicant is either (1h), (1i), (1j) or (1k)]. **You are not eligible unless you can answer "Yes" to ONE of the following (5) options**. **Do not select more than ONE option.**

1g. Are you an Individual Physician Applicant?

1h. Are you a Health Care Facility Applicant operating as a general hospital, D&TC, or a nursing home licensed by the Department of Health pursuant to PHL Article 28?

1i. Are you a Health Care Facility Applicant certified, but not operated, by the Office of Mental Health pursuant to MHL Article 31?

1j. Are you a Health Care Facility Applicant certified, but not operated, by the Office of Alcoholism and Substance Abuse Services pursuant to MHL Article 32?

1k. Are you a Health Care Facility Applicant operating as a medical practice that is registered with the New York State Department of State as a Professional Corporation (PC) or a Professional Limited Liability Corporation (PLLC)?

Part 2: Physician Identification
The questions in this section refer to the physician who will be completing the DANY service obligation.

2a. Physician Name.

2b. Physician Title (either MD or DO).

2c. Physician Mailing Address.

2d. Physician Phone.

2e. Physician Email.

2f. Physician Specialty.

2g. Physician NPI Number.

Part 3: Facility Identification
The questions in this section refer to the primary facility where the physician will be practicing when fulfilling their DANY service obligation. One hundred percent of the physician's time must be accounted for at all sites combined.

3a. How many different facilities will the physician be practicing in while fulfilling their DANY service obligation?

3b. Primary Facility Name.

3c. Primary Facility Address.

3d. County of Primary Facility.

3e. Primary Facility Region (either NYC or ROS).

3f. Identify primary facility by type (e.g. Federally Qualified Health Center, private practice, hospital, nursing home).

3g. Primary Facility New York State DOH, OASAS, or OHM Operating Certificate # or Department of State Identification #. This number can be obtained from your employers Administrative Office.

3h. Percent of time spent at Primary Facility.

3i. Is Primary Facility in a HPSA?

3j. If yes, provide the HPSA number.

If there is a second facility, answer the questions below for that second facility. If there is not a second facility, enter NONE.

3k. Second Facility Name.

3l. Second Facility Address.

3m. County of Second Facility.

3n. Second Facility Region (either NYC or ROS).

3o. Identify second facility by type (e.g. Federally Qualified Health Center, private practice, hospital, nursing home).

3p. Second Facility New York State DOH, OASAS, or OHM Operating Certificate # or Department of State Identification #. This number can be obtained from your employers Administrative Office.

3q. Percent of time spent at Second Facility.

3r. Is Second Facility in a HPSA?

3s. If yes, provide the HPSA number.

If there is a third facility, answer the questions below for that third facility. If there is not a third facility, enter NONE.

3t. Third Facility Name.

3u. Third Facility Address.

3v. County of Third Facility.

3w. Third Facility Region (either NYC or ROS).

3x. Identify third facility by type (e.g. Federally Qualified Health Center, private practice, hospital, nursing home).

3y. Third Facility New York State DOH, OASAS, or OHM Operating Certificate # or Department of State Identification #. This number can be obtained from your employers Administrative Office.

3z. Percent of time spent at Third Facility.

3aa. Is Third Facility in a HPSA?

3bb. If yes, provide the HPSA number.

Is there is a fourth or other subsequent facility(ies)? If the answer is yes, answer YES and fill out Attachment 2 with information on that facility(ies). If the answer is no, enter NONE.

3cc. Is there a fourth or other subsequent facility?

Part 4: Use of Funds
Identify what the DANY funds will be used for (applicant must select YES to only ONE of the following options):

4a. A physician to repay outstanding qualified educational debt?

4b. A physician to establish or join a medical practice?

4c. A Health Care Facility to retain or recruit physicians (i.e. sign-on, productivity or retention bonuses, repayment of physician's outstanding qualified educational debt, or enhanced compensation to the physician)? *Monies must be used to provide additional funding over and above what would have been provided to the physician prior to a DANY award being granted; funds cannot be used as an offset.

Part 5: Minimum Physician Eligibility Requirements

THE PHYSICIAN WHO IS COMPLETING THE DANY SERVICE OBLIGATION IS ELIGIBLE TO PARTICIPATE IN THIS PROGRAM ONLY IF THE APPLICANT CAN ANSWER "YES" TO QUESTIONS (A-P) PERTAINING TO THE PHYSICIAN.

5a. Is the physician a U.S. citizen or permanent resident alien holding an I-155 or I-551 card?

5b. Is the physician a graduate of an allopathic or osteopathic medical school?

5c. Will the physician be licensed to practice in New York State by the time the three-year DANY service obligation begins?

5d. Is the physician in good standing with the Department, meaning that he or she has not been excluded from, or terminated by, the Federal Medicare or Medicaid programs (see http://www.omig.ny.gov)?

5e. Is the physician in good standing with the Department, meaning that he or she has not been disciplined by the New York State Board for Professional Medical Conduct (see https://www.health.ny.gov/professionals/doctors/conduct)?

5f. Is the physician in good standing with the Department, meaning that he or she is not under indictment for, or has not been convicted of any crime as defined by NYS Penal Code (see http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:)?

5g. Is the physician in good standing with the Department, meaning the physician has not had his or her medical license revoked in any state or territory in the United States?

5h. Does the physician have a three-year employment contract or business plan to provide medical services in a health care facility or practice (defined in Section II A & B of this RFA)?

5i. Is the health care facility or practice where the physician will be employed, or the medical practice that the physician will establish or join, located in an underserved area (defined in Attachment 6, of the RFA)?

5j. Will the physician be in full-time clinical practice (defined in Section II A & B of this RFA)?

5k. Is the date on which the physician's employment contract or business plan begins no earlier than April 4, 2019 and no later than November 1, 2020? (If the physician that was named in a Cycle VI application and was either wait listed and not given an award or disapproved, is now being named in a new application for Cycle VII, did that physician's employment contract begin no earlier than June 13, 2018 and no later than November 1, 2019?)

5l. Is the start date of the physician's DANY service obligation under this contract November 1, 2020?

5m. Does the employment contract or business plan reflect that the physician will provide health services to individuals in the area without discriminating against them because of their inability to pay for those services?

5n. Does the employment contract or business plan reflect that the physician will provide health services to individuals in the area without discriminating against them because of enrollment in or utilization of insurance provided under Part A "Medicaid" or Part B "State Children's Health Insurance Program" of Title XVIII of the Social Security Act (42 U.S.C. 1395)?

5o. Does the employment contract or business plan reflect that the physician will accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act?

5p. Does the employment contract or business plan reflect that the physician will enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals

entitled to medical assistance under the plan? If no current agreement exists, will an agreement be in place by November 1, 2020?

IF THE APPLICANT CANNOT ANSWER YES TO QUESTIONS (A-P) LISTED ABOVE <u>STOP</u>. THIS APPLICATION CANNOT BE PROCESSED.

THE PHYSICIAN WHO IS COMPLETING THE DANY SERVICE OBLIGATION IS ELIGIBLE TO PARTICIPATE IN THIS PROGRAM ONLY IF THE APPLICANT CAN ANSWER "NO" TO QUESTIONS (Q-V) PERTAINING TO THE PHYSICIAN.

5q. Is the physician in breach of a health professional service obligation to the federal government, any state government or a local government?

5r. Does the physician have any judgement liens arising from debt owed to the federal or any state government?

5s. Is the physician delinquent in child support payments?

5t. Is the physician a past recipient of DANY PLR or PPS funding?

5u. Is the physician fulfilling an obligation under any local, state or federal government loan repayment program which overlaps or coincides with the three-year DANY service obligation (except the Public Service Loan Forgiveness Program)?

5v. Has the physician worked as a physician in any capacity in ANY underserved area (as defined in Attachment 6 of this RFA) prior to April 4, 2019?

These limits do not apply to time spent as a resident or fellow. (If the physician that was named in a Cycle VI application and was either wait listed and not given an award or disapproved is now being named in a new application for Cycle VII, did that physician work in any underserved area prior to June 13, 2018 (i.e. the eligibility date for Cycle VI)?

IF THE APPLICANT CANNOT ANSWER NO TO QUESTIONS (Q-V) LISTED ABOVE <u>STOP</u>. THIS APPLICATION CANNOT BE PROCESSED.

Part 6: Physician Current Status

6a. Is the physician currently licensed to practice as a physician in New York State?

If yes, provide license number. If no, provide the date license application was submitted to the New York State Education Department. If neither, you are not eligible for the DANY funding opportunity.

6b. Is the physician a resident?

A <u>resident</u> is an individual enrolled in a graduate medical education program that is accredited by a nationally recognized accreditation body and/or an individual enrolled in a medical or osteopathic

residency program that is approved by any other nationally recognized organization (i.e., specialty board). This definition includes fellows, chief residents, and residents. If yes, provide the anticipated date of completion (mm/yy).

6c. What is the physician's medical specialty?

6d. What is the physician's start date for his/her employment contract or business plan submitted with this application? Provide that start date in the format of (mm/dd/yy).

Part 7: Other Scholarships, Loan Forgiveness, Etc.

A physician participating in DANY cannot be fulfilling a public or private obligation under any local, state or federal government loan repayment program (except the Public Service Loan Forgiveness Program) where the obligation period would overlap or coincide with the DANY obligation period.

7a. Has the physician received a NYS Regents Health Care Scholarship?

If yes, date of service obligation (mm/dd/yy).

7b. Has the physician received a Regents Physician Loan Forgiveness Award Program?

If yes, date of service obligation (mm/dd/yy).

7c. Has the physician received a National Health Service Corps Scholarship?

If yes, date of service obligation (mm/dd/yy).

7d. Has the physician received a National Health Service Corps Loan Repayment Award?

 If yes, date of service obligation (mm/dd/yy).

7e. Has the physician received any other loan repayment program funds other than listed above? If yes, please specify name of program and dates of service obligation (mm/dd/yy).

7f. Has the physician underline applied for any scholarships, loan forgiveness, or other funds which are pending a decision?

If yes, name the program and when the physician will be notified of their award status (mm/dd/yy).

3. Work Plan

This RFA has a Grant Opportunity Defined Work Plan set in the Grants Gateway. The Objectives and Tasks cannot be changed or removed. The Applicant will adhere to the implementation of Work Plan activities per the standardized Work Plan. Click on the Objectives and Tasks to review the information and ensure your understanding. Please note that the Work Plan for this RFA is limited to the following: 1 Objective, 1 Task, and 1 Performance Measure.

In the Summary Section of the Grants Gateway on-line application, Applicants are instructed to enter the dates of service in the Contract Period. The Applicant will enter the following dates: November 1, 2020– October 31, 2023.

The Applicant will add the **County(ies) of Service** and the **Medical Specialty** in the Project Summary paragraph. No other information is required to be entered into the Project Summary section of the work plan. In the Organizational Capacity box, enter **N/A.**

4. Budget

As previously mentioned there are two different types of applicants: Individual Physician Applicants and Health Care Facility Applicants. The following guidelines must be adhered to by each type of applicant when completing the budget.

Individual Physician Applicants:

- Budgets submitted by Individual Physician Applicants employed by a health care facility or medical practice may propose to use funds only to repay outstanding qualified educational debt.

- Budgets submitted by Individual Physician Applicants as a sole provider or partner in a medical practice may propose to use funds only for the following, to:

  - Repay outstanding qualified educational debt; or
  - Support the cost of establishing or joining a medical practice:

    i. Acquiring land or a building;
    ii. Capital investment;
    iii. Renovation of existing space;
    iv. Equipping and furnishing space;
    v. Minor medical equipment (for a maximum of $10,000);
    vi. Rent and insurance; or
    vii. Payment of salaries of office personnel.

Health Care Facility Applicants:

a) Budgets submitted by Health Care Facility Applicants seeking to recruit or retain a physician may propose to use funds only for the following:

  - Repay a physician's outstanding qualified educational debt (which can only be paid directly to the physician); or
  - Retain or recruit physicians (i.e. sign-on bonuses; or enhanced compensation to the physician). In such cases, 100 percent of the award must go to the physician.

All Applicants are instructed to prepare a three-year, fixed term budget for the period for which they are applying. The service dates are November 1, 2020 – October 31, 2023. Grant awards for successful Applicants will be up to $40,000 per year and up to $120,000 for the three-year term.

Applicants may not exceed the grant award amount. All costs must relate directly to the provisions of this RFA. One hundred percent of the funds should go to the physician, or the physician's practice.

When completing budget in the Grants Gateway, applicants should refer to Section 5.2.3 – Budget of the Vendor User Manual (available at: https://grantsmanagement.ny.gov/grantee-documents#vendor-user-manual) for instructions on how to complete the online Budget.

Please refer to the training video – Apply for a Grant (available at: https://grantsmanagement.ny.gov/videos-grant-applicants and clicking the appropriate link) for detailed instructions on how to complete the online budget with examples. This content begins approximately nine minutes into the video. Online training opportunities are also available at: https://grantsmanagement.ny.gov/live-webinars.

Based on this particular funding opportunity, below is a customized quick summary on how to complete budgets within the Grants Gateway:

Applicants requesting funds **ONLY** for loan repayment of outstanding qualified educational debt should complete the Expenditure Based budget in the following manner:

    a) Log onto Grants Gateway with your username and password.

    b) Access your online application.

- If you have started an application and have logged out of the system, the next time you log in, the application will be found in your *My Tasks* section on the home page.
- If you have not started an application, reference Attachment 1 (Starting a Grant Application) for the steps on how to start one.

    c) Click on the *Forms* menu at the top of the page.

    d) Under *Expenditure Budget*, click on *Other Expense Detail.*

- For *Other Expenses-Type/Justification* enter: Repayment of Educational Loans;
- For *Justification* enter: Repayment of Educational Loans; and
- For *Total Grant Funds* enter: amount you are requesting (which shall be no more than $120,000 for the three-year term).

    e) Click *Save* after all information is entered.

    f) Again, click on the *Forms* menu at the top of the page.

    g) Under *Other Narrative*, in the free text area, indicate the total funds requested per year. For example:

- If it is $120,000 or greater, then request $40,000 per year for three years.

- If is it less than $120,000, then divide the total amount by 3 and request that amount in each of the three years.

h) Click *Save* after all information is entered.

Applicants requesting funds for anything **OTHER THAN** exclusively for loan repayment of outstanding qualified educational debt should complete the Expenditure Based budget in the following manner:

a) Log onto Grants Gateway with your username and password.

b) Access your online application.

- If you have started an application and have logged out of the system, the next time you log in, the application will be found in your *My Tasks* section on the home page.
- If you have not started an application, reference Attachment 1 (Starting a Grant Application) for the steps on how to start one.

c) Click on the *Forms* menu at the top of the page.

d) Under *Expenditure Budget*, click on each applicable detail budget form you need to include in your budget.

e) Enter all required information.

- Be sure to Click on the Save button after all information is entered.
- Additional expenses may be included in each budget category form by clicking the *Add* button in the blue toolbar near the top of your screen.

f) After you save each detail budget form, hover over the *Forms Menu* and click on the associated Narrative form.

- Use this form to provide a detailed justification for each budget line.
- 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 Workplan.

g) Once your detail pages have been completed, click on the Expenditure Summary and SAVE.

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 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.

B. Freedom of Information Law

All applications may be disclosed or used by NYSDOH to the extent permitted by law. NYSDOH 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 NYSDOH 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 by the Department. Applications will be evaluated on a Pass/Fail basis.

Applications will be accepted beginning on the first day of the application period as stated on the cover page of this RFA and running continuously until 4 p.m. on the due date stated on the cover page of this RFA. Applications will be time and date stamped upon receipt by the Gateway, and Department staff will review applications in the order in which they are received.

The Department will notify an Applicant by e-mail if the application is complete or incomplete. If the application is complete, no further action by the Applicant is needed. If the application is incomplete, the Department will provide the Applicant a list of outstanding items. The Applicant will have one opportunity to supply the missing information within 10 business days of being notified by the Department via email. All missing information must be emailed to: DANY2018@health.ny.gov. If the Applicant fails to respond to the missing information request within this time period, the application will not be processed any further and will not be funded. Because of this, it is advantageous to submit a complete application, and to respond to the Department's email regarding any omissions, as soon as possible. The due date will be clearly stated in the communication from the Department advising that the application is incomplete. No additional information will be accepted after this due date.

A complete application does not guarantee that the Applicant will be awarded funding.

The pool of complete and eligible applications will be awarded in order of the date and time of receipt of initial application according to the funding allocations established in the paragraph below until available funding is exhausted for that region or provider category. When funding has been depleted to a level such that an Applicant's total requested funding amount cannot be met, the Applicant will be offered a reduced award amount. If the Applicant accepts that amount, no further awards will be made. If the Applicant declines that amount, the next eligible Applicant will be offered an award until funds are completely exhausted. The Department reserves the right to allocate funding in ways to best serve the interests of the State.

As required by PHL § 2807-m, one-third of funding awarded under this RFA must be allocated to facilities and Individual Physician Applicants in New York City with the remaining two-thirds to

facilities and Individual Physician Applicants located in the rest of the state. No less than fifty percent of available funds must be allocated to physicians working in general hospitals. Within the group of applicants eligible and identified for funding, federal funds will be assigned at the discretion of the Department.

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.

The Department anticipates that awards will be announced in summer 2020. Awardees will have a DANY contract start date of November 1, 2020.

Applicants will be deemed to fall into one of three categories: (1) approved and funded, (2) approved but not funded due to lack of resources, or (3) not approved. Approved but not funded applications may be funded should additional funds become available.

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 DANY2018@health.ny.gov. In the subject line, please write: Debriefing Request Doctors Across New York: PLR and PPS.

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.)

Grants Gateway: Vendor User Guide

NEW YORK STATE OF OPPORTUNITY. | **Office of Information Technology Services**

Version 2.1   3/13/19

Grants Gateway Help and Information

New York State Grants Gateway Help Desk

Phone: 518-474-5595

Email: grantsgateway@its.ny.gov

Grants Management Website: https://grantsmanagement.ny.gov

Grants Gateway Website: https://grantsgateway.ny.gov

Contents

1. Grant Opportunity Portal

The Grant Opportunity Portal provides a one-stop shop for anyone interested in locating grant funding opportunities with State agencies. Anyone can access the Grant Opportunity Portal. You do not need to be registered with the Grants Gateway to view anticipated and available grant opportunities. The following pages provide detailed information on how to use the Grant Opportunity Portal to view grant opportunities.
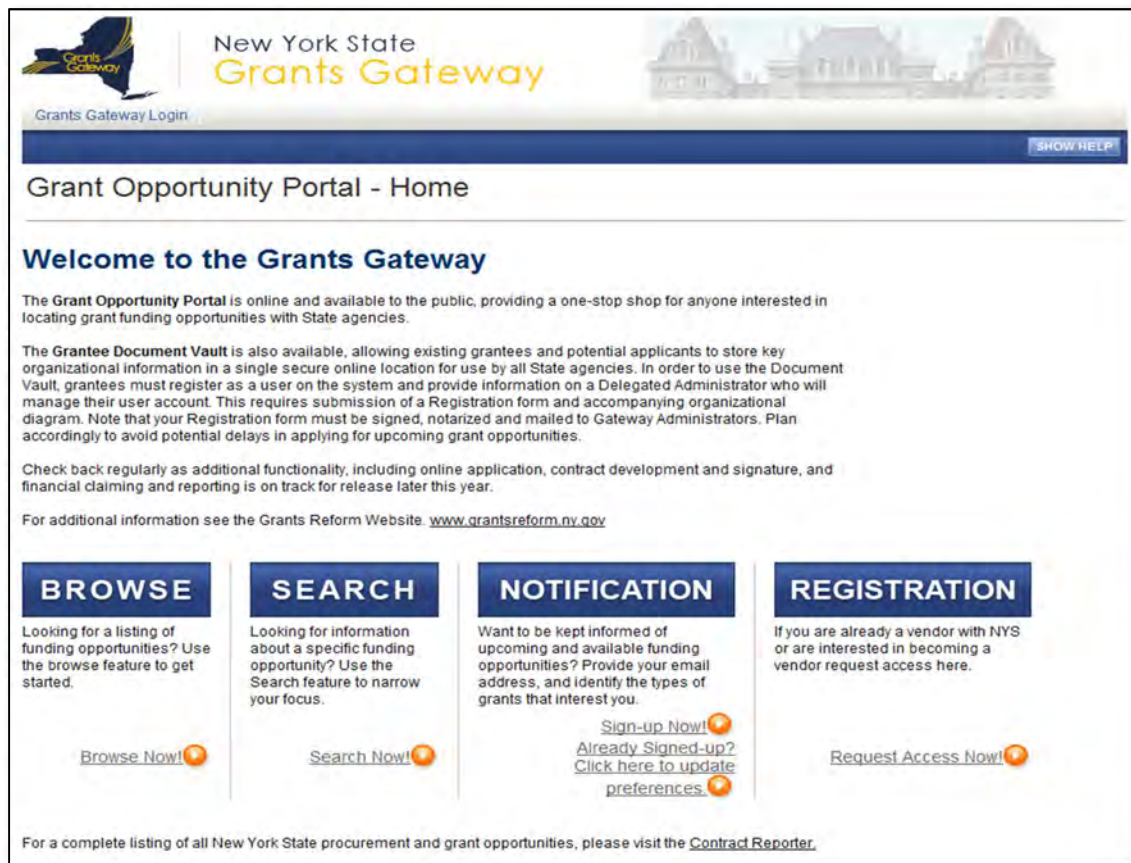
1.1 Browse

Browsing for opportunities in the Grant Opportunity Portal is a quick and easy way to see what types of available and anticipated funding opportunities have been posted by State agencies.

Browse by doing the following:

Click the Browse Now! Link on the portal home page.

Click on a column header link, such as Status, to sort the list by that column.

1.1.1 Grant Opportunity Profile

Click the Grant Opportunity name to view the Grant Opportunity Profile.

This displays a high-level overview of the grant opportunity. In order to see the full solicitation for the opportunity (either PDF or a link to it), click on "View Grant Opportunity."

Grant Opportunity Portal - Grant Opportunity Profile

Browse for Opportunities | Search for Opportunities

Grant Opportunity Profile

Grant Opportunity ID
CFS01-0427CC-2015
Agency
Office of Children & Family Services
Grant Opportunity
Competitive Capital 4/27
Contact Name
Nat Beyer
Contact Email
scijam@hotmail.com
Solicitation Profile
Testing Competitive Capital

VIEW GRANT OPPORTUNITY

Full Announcement Details	
Announcement Link	Click here
Applications Due (Date / Time) May 07, 2015 / 01:00 AM ET	
Bidder's Conference(s)/Application Workshop(s) *None available*	
Anticipated Award Date	Thursday, April 30, 2015
Anticipated Initial Contract Length	24 Months
Total Funding Available	$40,000.00
Anticipated Amount of Award(s)	$400.00
Narrative	
Letter of Intent	Required
Letter of Intent Due	
Narrative	Letter of Intent Narrative
Questions Due Date	Friday, May 01, 2015
Questions and Answers Narrative	
Questions and Answers Posting Type	Link
Questions and Answers Posting Date	4/30/2016 12:00:00 AM
Questions and Answers Link or Upload	Click here
Eligible Applicants	Not-For-Profit, For Profit, Governmental Entity, Tribal Organization, Individual
Target Population(s)	
Service Area(s)	

1.2 Search

It is also possible to search the Grant Opportunities Portal to locate specific opportunities or opportunities posted by specific funding agencies.

Search by doing the following:

Click the Search Now! Link on the portal home page.

Enter information in the search fields to narrow your results.

Select the [SEARCH] button.

The search results will then appear. Click on the Grant Opportunity Name and follow the directions in section 1.1.1 to view the Grant Opportunity Profile.

1.3 Notification

Individuals can sign up to be notified of grant opportunities that are of interest to them.

In order to sign up for notifications:

Click the Sign-up Now! Link on the portal home page.
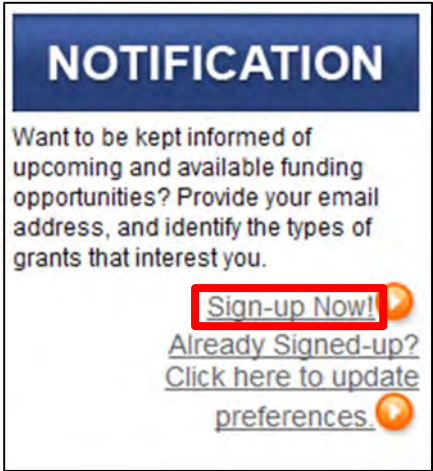
Enter your information in the required fields.

NOTE: Required fields are marked with an *.

Click the check box next to your service area or areas of preference. Individuals will be notified via email whenever a State Agency posts a grant that falls under the chosen service area.

Select the [SIGN-UP] button.

To modify which service areas a user receives notification emails for, click on the "Already Signed-up? Click here to update preferences" link.

Enter your email address and select the [LOGIN] button.

Make changes to your preferences:

| Note: To unsubscribe completely and no longer received any emails, choose Un-subscribe. |

Select the [UPDATE PREFERENCES] button.

The message below will appear on the screen:
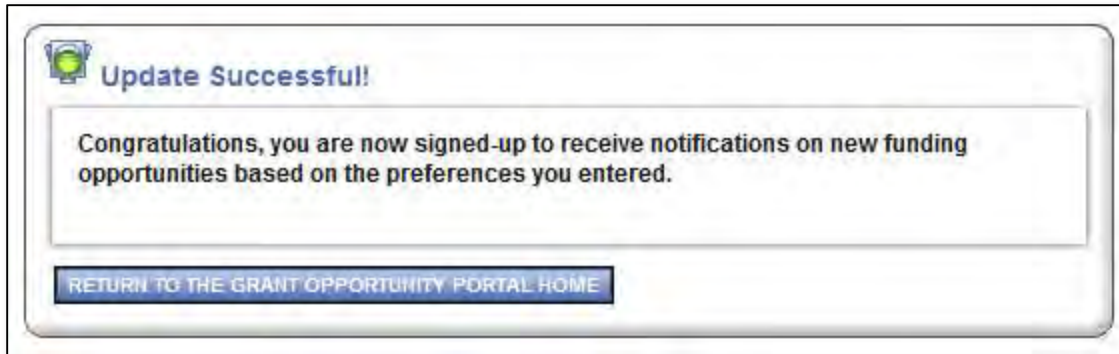
1.4   Registration

To register an organization, Click on the Request Access Now! Link:
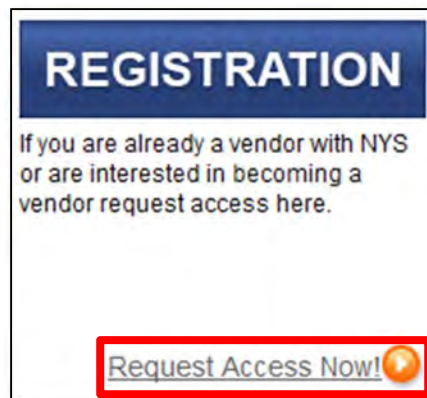
If you have already received a Grants Gateway username and password via email click the Click here to login link. See section 1.4.1 Logging into the Grants Gateway for further information.

To find out if your organization is already registered in the Grants Gateway, enter your organization's 10-digit Statewide Financial System (SFS) Vendor ID and select the [VERIFY SFS VENDOR ID] button. If you don't know your SFS Vendor ID, check with your finance office.

Existing New York State Vendors

If your organization has registered with the Grants Gateway, it will have an Administrator who is responsible for managing users. You will need to contact this individual to request access to the system. If you are unsure of whether your organization has registered for the Grants Gateway or how to contact its Administrator, enter your organization's New York State SFS Vendor ID below. If you do not know your organization's Vendor ID, someone with your finance office may be able to assist you.

Verify SFS Vendor ID

If your organization has registered, you will see your Organization Name and the name and email address of the person who has been assigned as the Grantee Delegated Administrator. Click on the Email link to contact the Grantee Delegated Administrator and request that they give you access to the Grants Gateway.

100099999   Verify SFS Vendor ID

Organization Name	Delegated Admin	
Vivian's Dance	Vivian Lee Email audrey.dean@budget.ny.gov	Contact the Delegated Administrator for your organization to request access.

If your organization is not listed, download and complete the Registration Form.

If your Organization Name is listed, but the Grantee Delegated Administrator is not, click on the Registration Form link. Download and complete the Registration Form following all instructions included on the form.

1000000120   Verify SFS Vendor ID

Organization Name	Delegated Admin	
DB Enterprises		Your organization has not established a Delegated Administrator. Download and complete the Registration Form.

If your organization is not listed, download and complete the Registration Form.

If your organization does not have a SFS number with NYS click on both the Substitute W-9 Form and Registration Form links. Download and complete both forms and follow all instructions included on the Registration Form, including attaching an organization chart to your submission.

All Other Vendors

If your organization has not previously done business with New York State, you will need to:

1. Download and complete the Substitute W-9 Form to obtain a NYS SFS Vendor ID.

2. Download and complete the Grants Gateway Registration Form.

3. Follow instructions on registration form.

Once your registration has been processed the individuals that were identified as Delegated Administrators on your Registration Form will receive two emails, one with their username and one with their password. See 1.4.1 Logging into the Grants Gateway for further information.

Helpful Hints for filling out the Registration Form:

- The form must be printed out and signed by the head of the organization. Only original documents will be accepted (no copies).

- The form must be notarized. The notary must complete each box in "The Acknowledgement to be completed by a Notary Public" section, sign and stamp it.

- The form must be accompanied by an organization chart showing the head of the organization, organization member names, and titles

- If the organization does not have an SFS ID, a substitute W-9 must accompany the form. The Grants Management staff will request a SFS ID for the organization. This process takes 3 – 5 business days.

- Please allow 5 – 10 business days for your entire registration to be complete once all completed, accurate materials have been delivered to the Grants Management office.

1.4.1 Logging into the Grants Gateway

To log in to the Grants Gateway click the Grants Gateway Login link on the Grant Opportunity Portal Home page.

Enter your Username and Password on the front page of the Grants Gateway and click the [LOGIN] button.
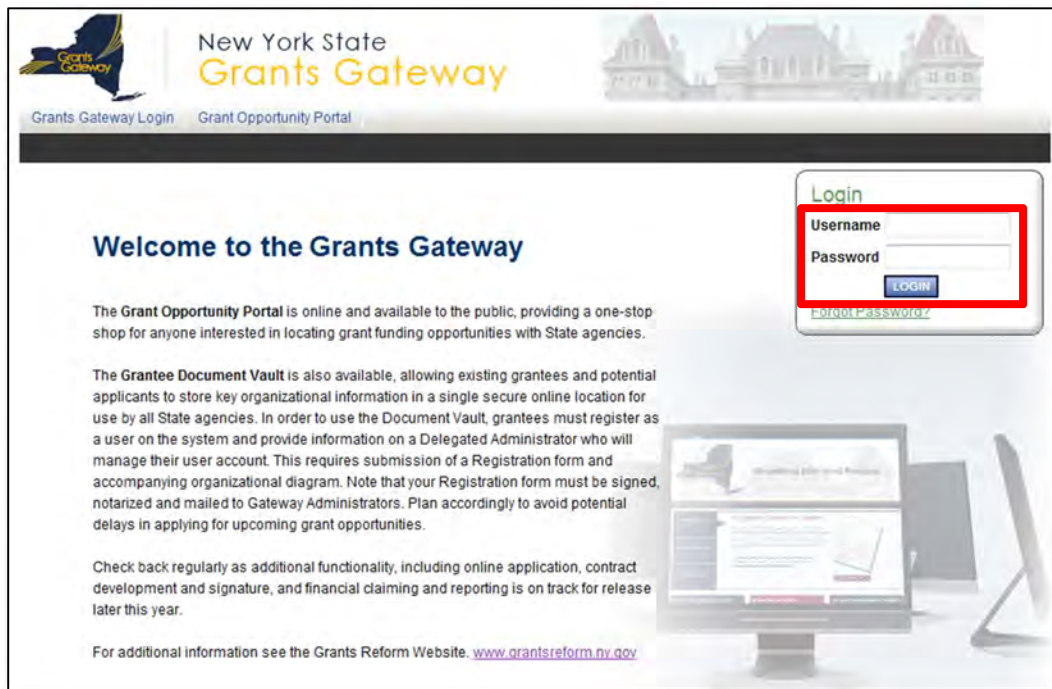
The first time you login, (and every three months thereafter) to the Grants Gateway you will be prompted to change your password.
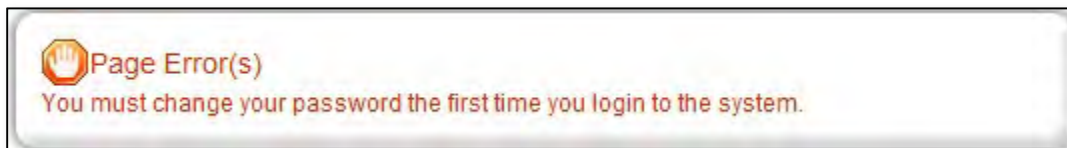
Enter your new Password. Enter your new Password a second time in the Confirm Password box to ensure that you have entered it correctly. Your new Password must consist of at least 8 characters/numbers. You must include at least 1 capital letter and at least 1 number.

Password		Confirm Password	

Click the [SAVE] button on the menu tab.

SAVE   SHOW HELP

Page Error(s)
You must change your password the first time you login to the system.
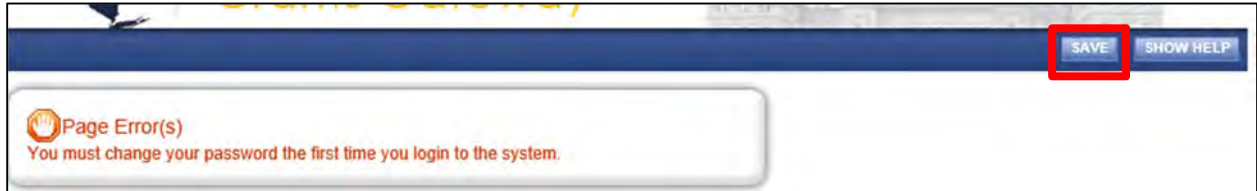
You will get a "Page Information" confirmation after the save is complete.

Page Information
Your user information has been saved.
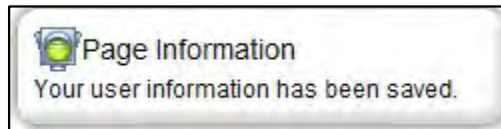
2. Delegated Administrator – Maintaining User Accounts

2.1 Grantee Roles

Delegated Administrator – The Grantee Delegated Administrator is the Grantee Organization user responsible for performing user management tasks within the system. This includes but is not limited to creating and maintaining user accounts and ensuring that user accounts remain current. Activities for this role include but are not limited to:

- Create User Accounts
- Maintain User Accounts
- Inactivate User Accounts
- Create, maintain, update, and submit the Document Vault
- View applications, contracts, documents, reports, and statuses

Grantee – The Grantee role is the Grantee Organization user responsible for performing tasks related to applications, contracts and reporting. Activities for this role include but are not limited to:

- Initiate and complete applications
- Complete contract development activities (updating workplan and budget)
- Initiate payment and modification requests
- Submit modification requests
- Initiate, complete and submit progress reports
- Create, maintain, and update the Document Vault

Grantee Contract Signatory – The Grantee Contract Signatory role is the user authorized to review and sign contracts on behalf of the Grantee Organization. Activities for this role include but are not limited to:

- Initiate, complete, and submit applications
- Complete contract development activities (updating workplan and budget)
- Sign contracts
- Initiate, complete and submit modification requests
- Initiate payment requests

- Initiate, edit, and submit progress reports

Grantee Payment Signatory – The Grantee Payment Signatory role is the user authorized to review and submit payment requests on behalf of the Grantee Organization. Activities for this role include but are not limited to:

- Initiate and complete applications
- Complete contract development activities (updating workplan and budget)
- Initiate, complete, and submit payment requests
- Initiate, complete and submit progress reports

Grantee System Administrator – The Grantee System Administrator role is the user authorized to complete all the processes required of a Grantee user. Activities for this role include but are not limited to:

- Initiate, complete and submit applications
- Complete contract development activities (updating workplan and budget)
- Sign contracts
- Initiate, complete, and submit modification requests
- Initiate and complete payment requests
- Initiate, complete and submit progress reports

Grantee View Only – The Grantee View Only role is the user authorized to view all information for the Grantee Organization. This role is assigned permission to view documents, reports and statuses.

2.2   Create User Accounts

> Note: It is advisable that you develop a process within your organization for requesting and authorizing access to the Grants Gateway. You may want to develop a form for this purpose that contains an official signoff process. The method you choose for authenticating users being given access to the system is up to your organization, but it is strongly recommended that you have some type of written approval process.

Click the Organization(s) link on the home page.
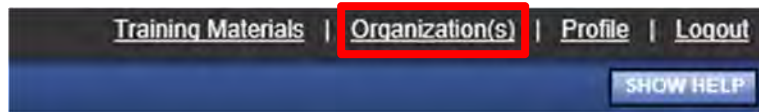
Click the Add Members link.
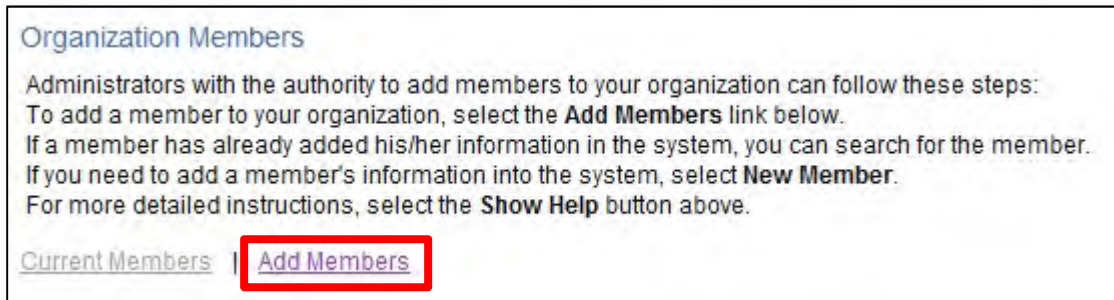
Select the [NEW MEMBER] button.
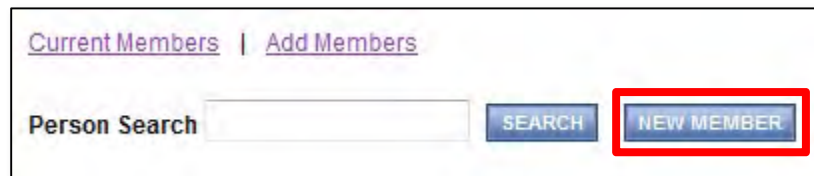
Complete all required fields on the page. Required fields are indicated by a red asterisk.

Select the appropriate role for the user you are adding. The Date Active will be prepopulated with the date you are completing the form. Do not complete the Date Inactive unless you want to have an end date for the person's access.

Select the [SAVE & ADD TO ORGANIZATION] button to complete the process.
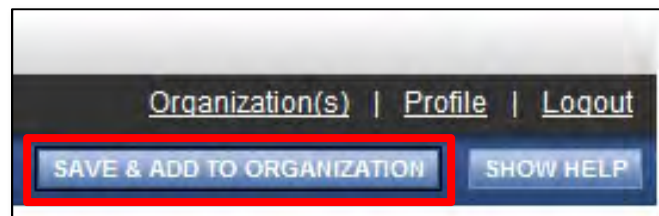
The new user will receive two separate emails from the Grants Gateway: One email will contain the username and the other will contain the password.

2.3 Modify User Accounts

> Note: All users in the system are able to update their profile information with the exception of their role. It is recommended that the Delegated Administrator do a periodic review of user accounts to ensure that the information within the system is accurate.

Click the Organization(s) link on the home page.

Click on the Organization Members link.

Current users (members) for the organization will be displayed. Click on the user's name link in the Person column.

Modify the user's address/contact information as appropriate and click the [SAVE] button.

Do not change a user's role. Please see Section 2.5 of this document for information on managing roles.

2.4 Inactivate User Accounts

Inactivating user accounts is a critical part of the Delegated Administrator's responsibilities. It is imperative that any individual that leaves the employ of your organization be inactivated in the Grants Gateway as quickly as possible. The Grants Gateway is an Internet based system which means that any active user can access the system anytime from any computer. Until a user is inactivated they can enter the system and potentially delete and/or change your organization's information.

Click the Organization(s) link on the home page
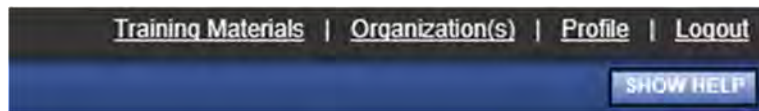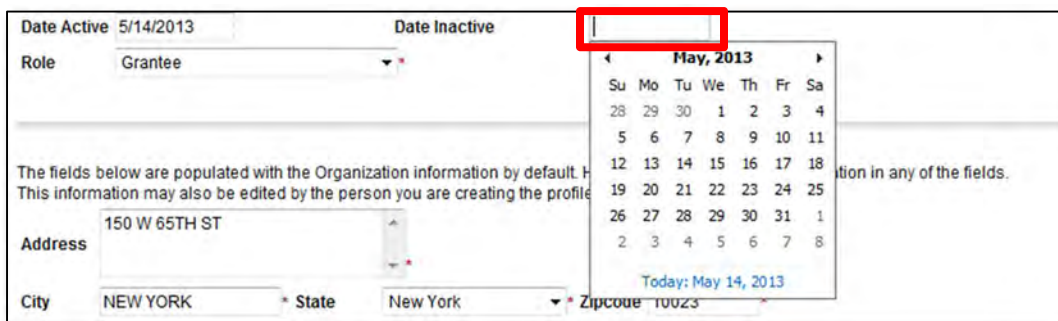
Click on the Organization Members link.

Current users (members) for the organization will be displayed. Click on the user's name link in the Person column.

Inactivate the user by selecting (or entering) a Date Inactive and click the [SAVE] button.

2.5   Manage Roles

Refer to section 2.1 Grantee Roles of this manual for a list of Grantee roles and their responsibilities. In order to effectively use roles to manage your business on the Gateway, each role must be assigned separately. That is, it is advised that you do not **change** a user's role on the system. This means users may have more than one role in the Grants Gateway for different functions.

Delegated Administrators should create new roles for users when they need one in order to do different functions in the system. Please refer to section 2.2 for instruction on how to create new roles.

3. Creating and Maintaining Organization Information

Once users are added in the system, the Organization Information page should be completed.

3.1 Organization Information Page

To populate the Organization Information page:

Click the Organization(s) link on the home page.
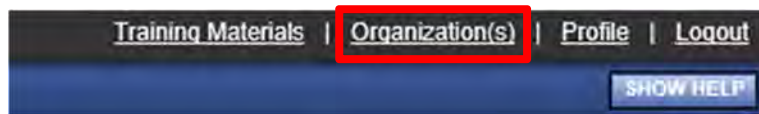
On the Organization Information page there are a number of data elements that are imported from the Statewide Financial System (SFS). These data elements are grayed out and cannot be updated in the Grants Gateway. If this information is inaccurate you must change it in SFS and it will be imported into the Grants Gateway after it is processed.

Complete the blank fields (required fields are indicated by *).

You will be asked to select the agency that your organization has done the most business with (greatest number of contracts) in the last 3 years. If your organization has not had a contract with a State agency select the one you anticipate contracting with.

Click the [SAVE] button.
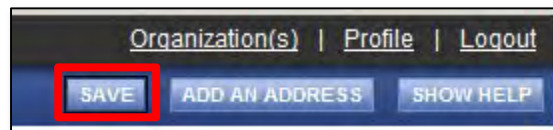
When the information is captured correctly, you will get the "Green Light" to move forward.

Once you have selected the State agency the Document Vault tab will be available on the menu bar. Click the Document Vault link to begin the process of submitting information for State Agency review.

3.2 Create a Document Vault

3.2.1 Government, Individual, Tribal Nation, and For-Profit Organizations

For Government, Individual, Tribal Nation, and For-profit organizations, the document vault consists of a number of optional documents. This is where organizations can upload any documents they would like to store in the Document Vault.

Status	Page Name	Note	Created By	Last Modified By
Form Optional Documents				
🗋	Licenses (Site or Professional)			
🗋	Certificate of Assumed Name or DBA			
🗋	Certificate of Insurance - Disability			
🗋	Certificate of Insurance - Workman's Compensation			
🗋	Certificate of Insurance - Unemployment			
🗋	Policies and Procedures			
🗋	Annual Report			
🗋	Certificate of Occupancy			
🗋	Place of Assembly Permit			
🗋	CBDO Certificate			
🗋	CHBO Certificate			
🗋	Project Labor Agreement			
🗋	Lease, Sublease, Mortgage, Deed			
🗋	Time Records			
🗋	Services Capability Statement			
🗋	Municipal Resolution			
🗋	Limited Immunity Agreement			
🗋	7871 Certification			
🗋	Tribal Resolution			
🗋	Subcontracts			
🗋	MWBE Forms			
🗋	Equipment Inventory			

Once a document vault has been established for a Government, Individual, Tribal Nation, or For-profit organization, users can upload documents that they want to store in their document vaults.

3.2.2   Nonprofit Organizations

For nonprofit organizations, the document vault consists of a number of required forms and required documents, as well as a section for optional documents. This is where organizations will complete their prequalification application.

4. Nonprofit Prequalification

4.1 Document Vault Statuses

NFP Prequalification Exempt

The Nonprofit vendor is exempt from the prequalification requirement. See section 4.2 for more information about prequalification exemption.

Document Vault Initialized

The Document Vault has been created. This is the status the document vault is in both prior to completing the organization information page and when it is ready for a Not-for-Profit grantee to complete the prequalification application for the first time.

Document Vault Available

The Document Vault has been created. This is the status the document vault is in for Government, For-Profit, Individual, and Tribal Nation Organizations once it has been created. It will remain in this status. No other changes will occur.

Document Vault in Review

The Document Vault has been filled out (or updated) and submitted by the vendor. This is the status where the state is reviewing the prequalification application.

Document Vault Modifications Required

The Document Vault has been reviewed by the State Prequalification Specialist and has been returned to the vendor for additional, information and/or changes.

Document Vault Open

The Document Vault is open for editing by the Vendor. This is a not prequalified status. Vendors are not able to compete for grants.

Document Vault Open for PQS Edits

The Document Vault has been opened by the Prequalification Specialist for editing (usually for fixing an incorrect date).

Document Vault Prequalified Open

The Document Vault is open for editing and is also in a prequalified status. This means that the vendor was proactive in opening their Document Vault to update the yearly expiring documents.

Document Vault Prequalified/In Review

The Document Vault is being reviewed by the State Prequalification Specialist and is also in a prequalified status. This means that the vendor was proactive in opening their Document Vault to update the yearly expiring document.

Document Vault Prequalified

The Document Vault is prequalified. The Document Vault is locked at this time. If the vendor wishes to make changes, they must open the Document Vault.

Document Vault Expired

The Document Vault is Expired. Key Documents that expire yearly are out of date. Vendors are not able to compete for grants.

Document Vault Not Prequalified

The Document Vault is not prequalified. Vendors are not able to compete for grants.

4.2 Prequalification Exemption

Although all nonprofit organizations seeking to do business with the State must register with the Grants Gateway, certain nonprofit organizations as defined on the Grants Management website are exempt from the requirement to prequalify. Exemption must be requested at time of registration for the Grants Gateway. Along with the Registration Form for Administrator, nonprofits seeking exemption must also submit a Prequalification Exemption Form with the required supporting documentation attached. Requests for exemption will be reviewed and, upon determining that supplied documentation is adequate, the organization will be issued a Grants Gateway status of NFP Prequalification Exempt. No further action will be required. Prequalification Exemption Request Forms are available along with the Registration Form for Administrator on the Grants Management website.

4.3 Required Forms

Please note that the following sections will demonstrate the technical side of how to apply for prequalification. For information about the content of the prequalification application, please see the vendor prequalification manual, located on the Grants Management website.

Click each "Required Form" link and populate all required fields.

Populate all required information.

NOTE: Required fields are marked with an *.

ORGANIZATION CAPACITY

1. Does organization have a system whereby one staff person is authorized to receive money and someone else is authorized to disburse money?*

   ⊙ Yes ○ No

2. Does the organization have an automated payroll system?*

   ○ Yes ○ No

3. Does your organization use an electronic system for accounting?*

   ○ Yes ○ No

Click the [SAVE] button after each document is completed.

After confirming that your document has been saved, scroll to the bottom of the screen and click the next document in the section.

Navigation Links

Status	Page Name	Note	Created By	Last Modified By
📝	Organization Capacity		DelegatedAdministrator, Grantee 5/7/2013 1:39:55 PM	
📄	Organization Compliance			
📄	Organization Integrity			
📄	Service Descriptors			
📄	Service Capacity			

Repeat this process until each of the "Required Forms" is completed and saved.

Navigation Links

Status	Page Name	Note	Created By	Last Modified By
📝	Organization Capacity		DelegatedAdministrator, Grantee 5/7/2013 1:39:55 PM	
📝	Organization Compliance		DelegatedAdministrator, Grantee 5/7/2013 1:45:33 PM	
📝	Organization Integrity		DelegatedAdministrator, Grantee 5/7/2013 1:46:13 PM	
📝	Service Descriptors		DelegatedAdministrator, Grantee 5/7/2013 1:46:41 PM	
📝	Service Capacity		DelegatedAdministrator, Grantee 5/7/2013 1:49:24 PM	DelegatedAdministrator, Grantee 5/7/2013 1:49:36 PM

4.3.1   Organization Capacity Form

A nonprofit vendor must demonstrate that it has the organizational capacity to operate a sound human services organization, undertake contracts and deliver services in a cost-effective manner.

Nonprofits are required to complete the form in its entirety. An error will display if the vendor tries to submit prequalification application without it being completed.

4.3.2   Organization Compliance Form

The nonprofit vendor must be able to present evidence that it has the appropriate legal structure in place to transact business in the State of New York. It must also demonstrate that it has all necessary licenses, certifications, accreditations, registrations and other documents verifying its ability to perform its primary services for which it may be seeking a contract.

Nonprofits are required to complete the form in its entirety. An error will display if the vendor tries to submit prequalification application without it being completed.

4.3.3   Organization Integrity Form

The Integrity questions pertain to matters of organizational and business ethics and many are drawn directly from the Vendor Responsibility Form, which is familiar to most nonprofits. They are structured in a simple yes or no format. "Yes" answers will, in most cases, invite further inquiry from the Prequalification Specialists or their supervisors within their State agency.

Nonprofits are required to complete the form in its entirety. An error will display if the vendor tries to submit prequalification application without it being completed.

4.3.4   Service Descriptors Form

When you are filling out the Service Descriptors form, please use the instructions below for Question #3.

- Work left to right when selecting items in the dropdowns. In the example below on the first line you would select Age and then Children.

- When you choose an item from the first dropdown (level 1) the second dropdown (level 2) will be populated with the appropriate associated values. This will continue until all pertinent selections have been populated.

- Note that not all items will have corresponding selections for the third and fourth levels. For example, in the first line below there are no corresponding values for levels 3 and 4.

4.3.5 Service Capacity Form

When you are filling out the Service Capacity form, please use the instructions below.

If you choose **yes** to question number 1:

Choose one existing or previous contract you have had with a State agency for the service area you chose, and answer the following questions:

- Enter existing Contract/Grant ID number: Use State agency generated Contract ID

- Type: Enter the type of grant (Member Item, Competitive, Non-competitive)

- Funding Agency: Enter the State agency that held your contract

- Funding Source Type: Enter Funding Source (State, Federal, or Unknown)

- Funder Reference Name: Name of contact at the State agency that worked on your grant

- Funding Reference Title: Title of the funding reference

- Funding Reference Email: Email address of the funding reference

- Program Name/Description: Name or short description of the project funded

- Contract Start Date: Date the contract began

- Contract End Date: Date the contract ended

- Total Contract Amount: Dollar amount of the contract

If you choose **no** to question number 1: you will be asked question number 2, which is:

Do key staff members employed by your organization have experience delivering the selected Service?

If you choose **yes** to question number 2:

You will be asked to identify that staff member and enter key information about them.

If you choose **no** to question number 2: you will be asked question number 3, which is:

You have indicated that your organization has not had contracts or grants within the past five years and does not currently employ staff with experience to perform the selected Service. Do

you wish to submit a Capability Statement that describes current programs offered and the rationale for launching or expanding Services?

If you choose yes to question number 3:

You will be directed to upload a capability statement in the Optional Documents section of the Document Vault.

To return to the Grantee Document Vault document list, click the "Document Information" link at the top of the screen.

4.4   Required Documents

There are a set of required document information to complete and upload. Please note that some documents may require multiple parts (i.e. senior leadership resumes may include more than one resume). In that case, please create one PDF with all of the required resumes and upload that.
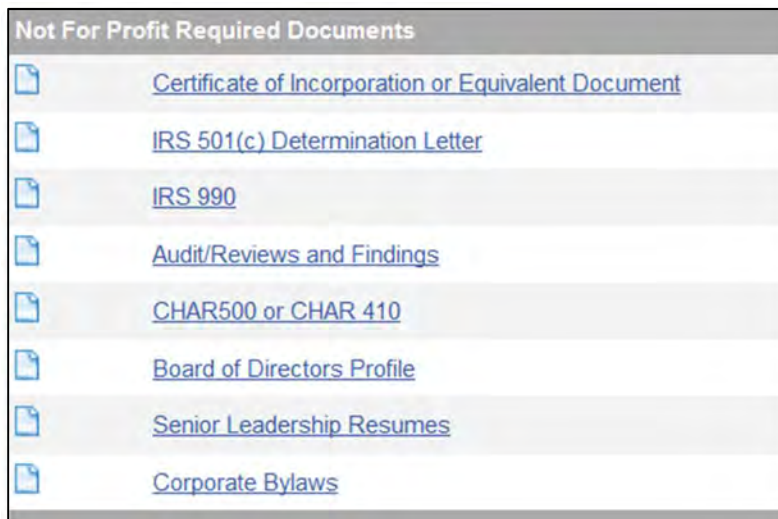
4.4.1   Certificate of Incorporation or Equivalent Document

Upload a copy of your certificate of incorporation, State Charter or equivalent document, depending on your organizational structure. Complete the date field with the date the document was issued.

Click Save.

To delete the upload, click on the delete box and click save. Please note that once a Document Vault has been submitted, vendors can no longer change or delete an upload.

4.4.2   IRS 501(c) Determination Letter

Upload a copy of IRS 501(c) determination letter. Complete the date field with the date the document was issued.

Click Save.

To delete the upload, click on the DELETE box and click save. Please note that once a Document Vault has been submitted, vendors can no longer change or delete an upload.

4.4.3   IRS 990

Upload a copy of the organization's most recent IRS Form 990. Identify the Tax Year Begin and the Tax Year End dates. Organization's Tax Year Begin and End dates can be found at the top of most recently filed IRS 990.

Enter the Tax Year Begin and End dates on the IRS 990 form. The Date Next 990 Due will be autometically calculated based on the Tax Year End Date entered.

Nonprofits that are not required to file an IRS 990 must upload supporting documentation and/or a written statement explaining the basis for their exemption.   When completing the upload, the nonprofit should enter the begin and end date of their most recently completed tax year.

All provided documentation will be evaluated by the State. Where supported, the Prequalification Specialist will mark the Exempt checkbox on the organization's behalf. Nonprofits do not have access to the Exempt checkbox.

4.4.4   Audit/Reviews and Findings

Enter the begin and end date of the corresponding tax year. In most cases the current audit statement will cover the same period as the most recently filed IRS 990.

The form performs the same way as the IRS 990 form. See section4.4.3 for instructions on how to complete the form.

4.4.5   CHAR 500 or CHAR 410

When uploading the most currently filed CHAR 500, Tax Year Begin and End dates can be found at the top of the form. The form performs the same way as the IRS 990 form. See section4.4.3 for instructions on how to complete the form.

4.4.6   Board of Directors Profile

Upload a copy your Board Profile including the names of your board members, a brief profile of each one, stating their employer or affiliation, years on the board, office held and Committee participation.

4.4.7   Senior Leadership Resumes

Upload Senior Leadership Resumes or CVs. Organizations must upload copies (submitted together in a single pdf) of all of the senior or key employees in the organization. These individuals might include the Executive Director, the Financial Officer, and the top Program Director.

4.4.8   Corporate Bylaws

Upload a copy of your corporate bylaws, adopted by your organization's board of directors.

4.5   Submit your Document Vault

On the Document Vault main page (about halfway down the page) click the "Click Here to Submit your Document Vault" link.
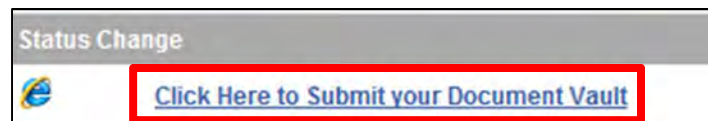
Click on the link to submit your Document Vault.

You will be asked to attest to two certifications in order to submit. Click on "I agree." (If you click on "I do not agree," your document vault will not be submitted).

You can then confirm it has been submitted by expanding the Details section on your Document Vault.

Once the Document Vault has been submitted the Grantee Delegated Administrator and/or Grantee that submitted the Document Vault will receive an email indicating that the Document Vault has been submitted. Within the Grants Gateway, a system generated message will also be delivered to the Grants Gateway Inbox.

4.6   Document Vault Review

Once a document vault has been submitted, a prequalification specialist will review the application. When the Prequalification Specialist from a State Agency's review is complete, the Document Vault status will change. You can check back to see the status at any time.

A complete list of Document Vault statuses can be found in section 4.1. The most frequent statuses after a Document Vault is in review are:
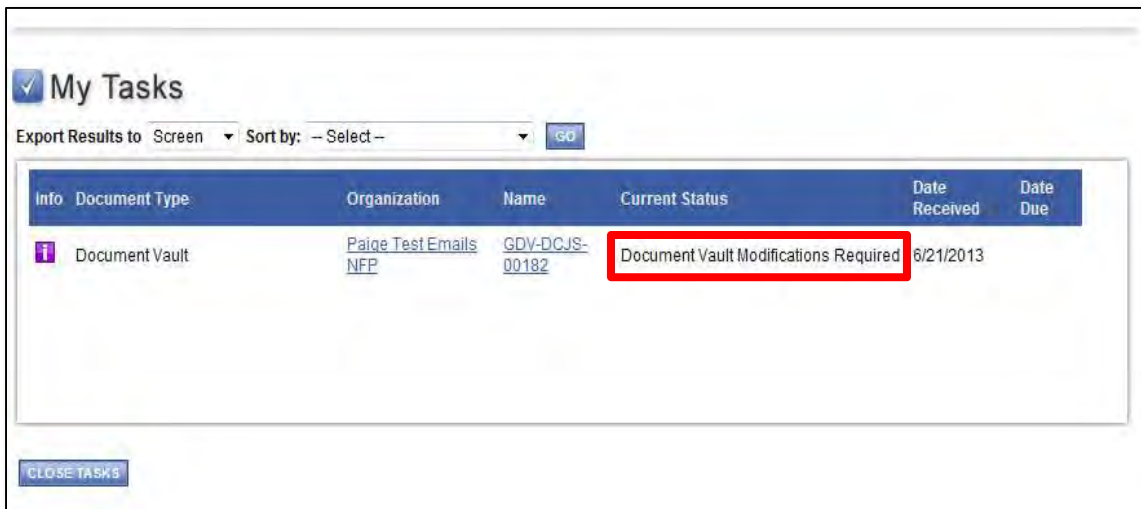
Document Vault Modifications Required or Document Vault Prequalified.

If the Document Vault is in the status of Document Vault Prequalified, no further action is necessary at that time.

> NOTES: Document Vaults do expire annually and certain financial documents and forms must be updated each year. Please see section 4.7 for more information.

If the Document Vault is in the status of Document Vault Modifications Required, there are sections that need attention before the Document Vault can be prequalified.

You will receive an email from the Gateway if your Document Vault needs modifications. You will receive a system generated message in your Grants Gateway Inbox. There also will be a task in your Task Box.

To retrieve the Document Vault for modifications, click on Home, My Tasks and the link for Document Vault.
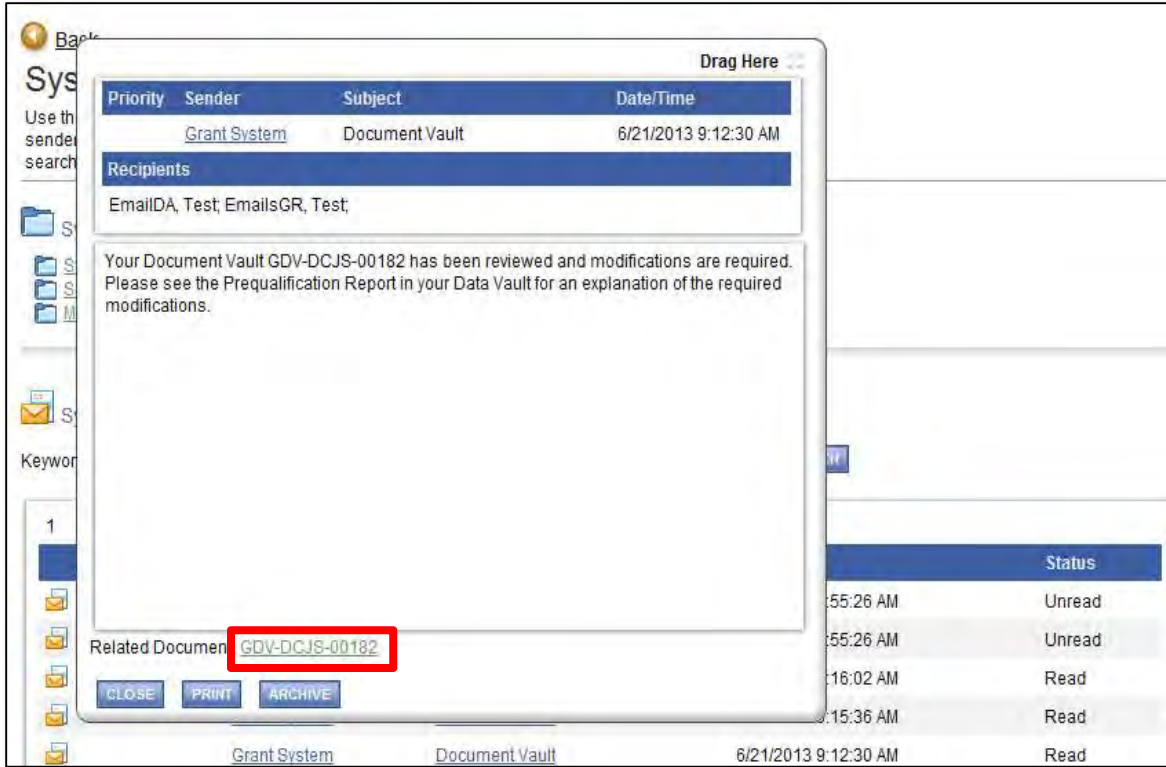
As the State Agency reviews the Document Vault they will add questions or comments for the particular section of the Document Vault that requires further information or clarification. This will be indicated by an orange arrow in the first status column of the Document Vault.

When a Document Vault is returned to you in Modifications Required Status, run the State Prequalification Application Status Report to determine what action is required.

Unless otherwise instructed by the State agency you should make the necessary corrections where indicated on the Prequalification Status Report, then follow the instructions for submitting a Document Vault as outlined beginning in Section 4.5, Submit your Document Vault.

Once the corrected Document Vault has been resubmitted the State agency will complete its review. When the Document Vault in its entirety is considered acceptable, the reviewer will change the status to Document Vault Prequalified.

The Grantee Delegated Administrator will receive a system generated email indicating the Prequalified Status and will also receive a system generated message in the system Inbox.

4.7 Maintain Prequalification

New York State requires Grantees to annually update the organization's IRS 990 Tax Form, the Audit Review and Findings and the CHAR 500 (Charities Registration Form) in the Grants Gateway to remain Prequalified and eligible for State grant awards. Additionally, the following forms must be reviewed, updated if necessary, and saved: Organization Compliance,

Organization Capacity, and Organization Integrity. See section 4.3 for more information about these forms.

The Date Next Due on the Financial Document Forms prompts notifications for the annual review and, where the review is not completed timely, triggers loss of prequalification.

The Grants Gateway will send system generated email to each Grantee Delegated Administrator for your organization 30, 20 days and 10 days in advance of the expiration of one of the Required Documents.

Upon receiving this email, the Grantee should obtain all of the documents that require updating.

However, the Grantee does not have to wait the intervening 30 days to upload the Documents or perform their review of the required forms. To open the Document Vault for updating, log into the Grants Gateway and click the Organization link in top blue navigation ribbon.   Click the Document Vault link to open the main Document Vault page.

From the main Document Vault page, use the Click Here to Open Document Vault link. This will change the status to Document Vault Prequalified Open and the you can upload the new documents by clicking the appropriate section from the Main Document Vault page. Please note that proactively opening your vault for updates does not affect your Prequalified status.
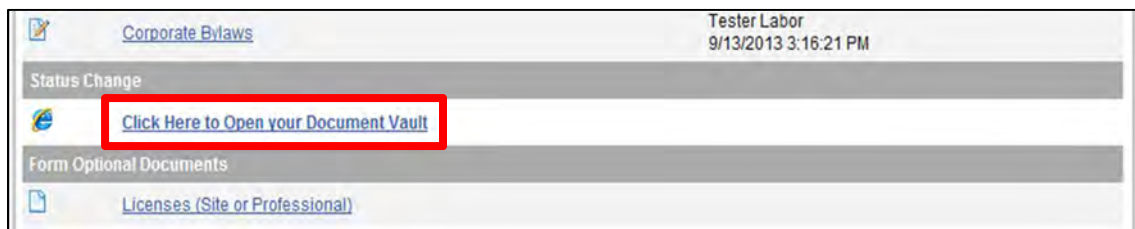
The Grants Gateway uses the Date Next Filing is Due to trigger the Document Vault to change from its current status to Document Vault Expired. Once the Document Vault is in Expired Status the Grantee is no longer Prequalified, and must upload the most current documents, review the required forms, and submit for review to reinstate Prequalified Status.

From the main Document Vault Page click the link for each of the documents that require updating. You will see the current document that is uploaded and the Date Next Filing is Due is nearing expiration or has expired.

To update the required financial forms (IRS 990, Audit Review/Findings, and Char 500):

From the main Document Vault screen, click on the link for the document
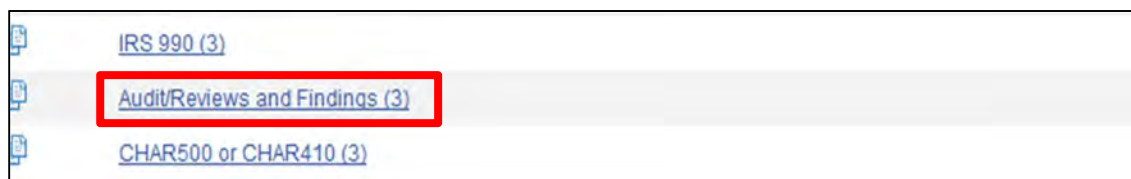
Click the [ADD] button, only once, from the blue navigation ribbon at the top

of the screen to add a new screen.

NOTE: Previous documents cannot be deleted or altered.
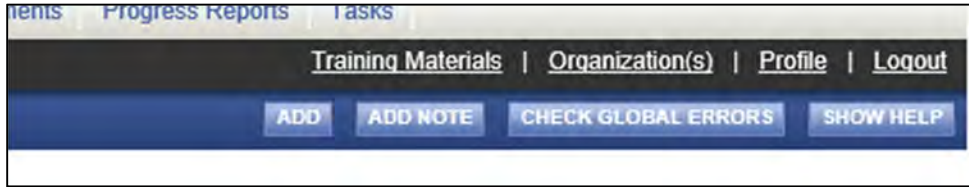
Attach the upload using the [Browse…] button and then fill out the Tax Year Begin and Tax Year End date fields. The system will automatically populate the Date Next Due field.

Click the Document Vault link at the top of the sections to return to the main Document Vault page.

See section 4.5 for information about how to submit your document vault.

5. Competitive Application

5.1 Search for Grants

You must be logged in under the right role in order to begin a grant application. Refer to section 2.1 for a detailed explanation of the roles with the appropriate permissions.
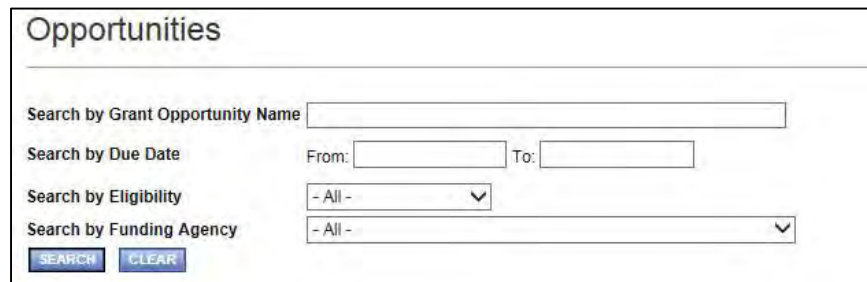
Log in to the Grants Gateway in any of the following roles:

- Grantee

- Grantee Contract Signatory

- Grantee System Administrator

On the Home page, there is a section called View Available Opportunities. Click on the [VIEW OPPORTUNITIES] button.
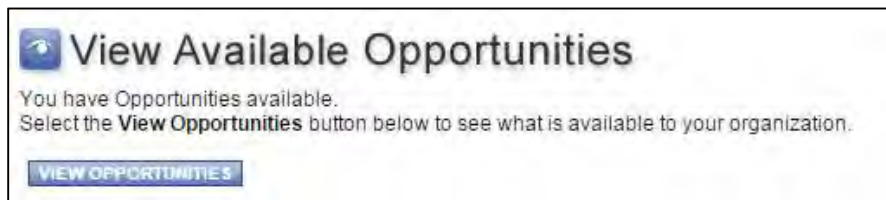
You will be redirected to the Search screen. Search for the grant by using any of the available search fields. You can select the agency's name or type in a key word in the Grant Opportunity Name field.

All results will appear below the search box. Click on the link to the Grant Opportunity you wish to apply for. This will bring you to the Opportunity Funding Profile page that was previously discussed in section 1.1. Begin your application by clicking on the [APPLY FOR GRANT OPPORTUNITY] button.

5.2 Completing an Application

Everything that is required of you to complete an application will be found on the Forms Menu. This menu includes several pages of forms and documents that you must complete in order to submit your application.

When the Forms Menu comes up, the top few links are informational.

Contract Document Properties – This link will show you the documents that will be included in the contract once executed including the A-1: Program Specific Terms and Conditions and any additional documents that the awarding agency plans to include in the contract. There is also a link to a sample Master Contract for Grants for you to see the standard language that is included in the contract.

Print Application – This link will open a new window for you to print a blank copy of the application. As you start to complete information, this document will update with your responses. When you are done with your application, you can use this link to print your completed application for your records.

Full Version of RFP – This link will take you to a full copy of the RFP supplied by the awarding agency. If you are looking for any information or instruction on completing your application, it is best to pull up this document for reference.

Application Versions – When first starting an application this screen will be blank. Once you have submitted your application, a copy will be saved here for your future reference. If your application is returned to you for further information to be collected and you resubmit your application, both the first completed application and the revised application version will be saved here.

5.2.1   Project / Site Addresses

The first page for you to start completing information on is the Project / Site Address page. Agencies can require different information on every opportunity based on what they need to score your application. On all pages of the application, you must answer all questions with a red asterisk (*) at the end of it.

Name / Description: All applicants must enter a Project Name unless directed by the awarding agency to enter something different

Project Statewide: If your project will occur statewide, select Yes from the dropdown box. This will grey out the address information. If your project is not statewide and will occur at a specific location, select No from the dropdown box and enter the address of the project location in the address fields.

Regional Council: From the dropdown box, select which of the Regional Economic Development Council locations your project will be conducted in.

Agency Specific Region: If the agency provided their own regions to select from, choose the selection that best represents where your project will be conducted.

When you have completed all fields on the page click the [SAVE] button at the top of the page.

If there are any required fields left blank, you will receive a Page Error at the top of the page indicating what field was missed.

If you click the [Submit] button and all information was entered correctly, you will receive a "green light" at the top of the page indicating that all information was saved successfully.

If you need to add a second (or multiple) addresses, click the [ADD] button at the top of the page for a new address screen to enter. Be sure to click the [SAVE] button after every entered address.
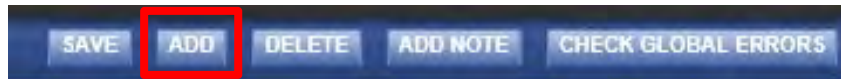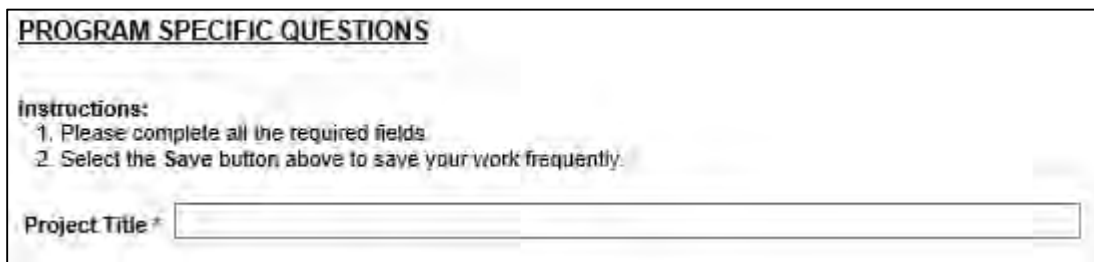
NOTE: The [ADD] button will only appear if it was allowed by the funding agency. When more than one address is saved in the system, a pull-down menu will appear which gives you an option to go to any of the previously saved addresses.

Return to the Forms Menu to navigate to the next page to complete.

5.2.2   Program Specific Questions

From the Forms Menu, click on the Program Specific Questions link. All applicants must enter a Project Title.

Under the Project Title, the funding agency can ask as many questions as they would like. Follow the instructions provided in the opportunity to complete the form. There are five different types of responses you could be asked for.

- Text – Agencies can limit the response type to 250, 500, 1000, or 4000 characters. The field limit is listed directly under the text box that you are provided to enter into. As you type into

the field, you will see how many characters you have entered so you stay within the parameters provided.

- Integer – Enter any number up to 10 integers.

- Yes/No/NA – Select your answer from the dropdown box.

- Date – If you are asked for a date, click the arrow on the dropdown box and select the date that answers the question

- Upload – If you have been provided a space to upload a document, click the [Browse…] button, locate the file on your computer that you want to upload and click the [Open] button.

> NOTE: You must Save the page frequently or the system will time out for security and you will lose any information that has been entered since your last Save. The system will time out every 20 minutes that it goes without being saved or moving between pages.

5.2.3   Budget

There are three different budget types you could see based on the budget type the funding agency has chosen for this opportunity.

Expenditure
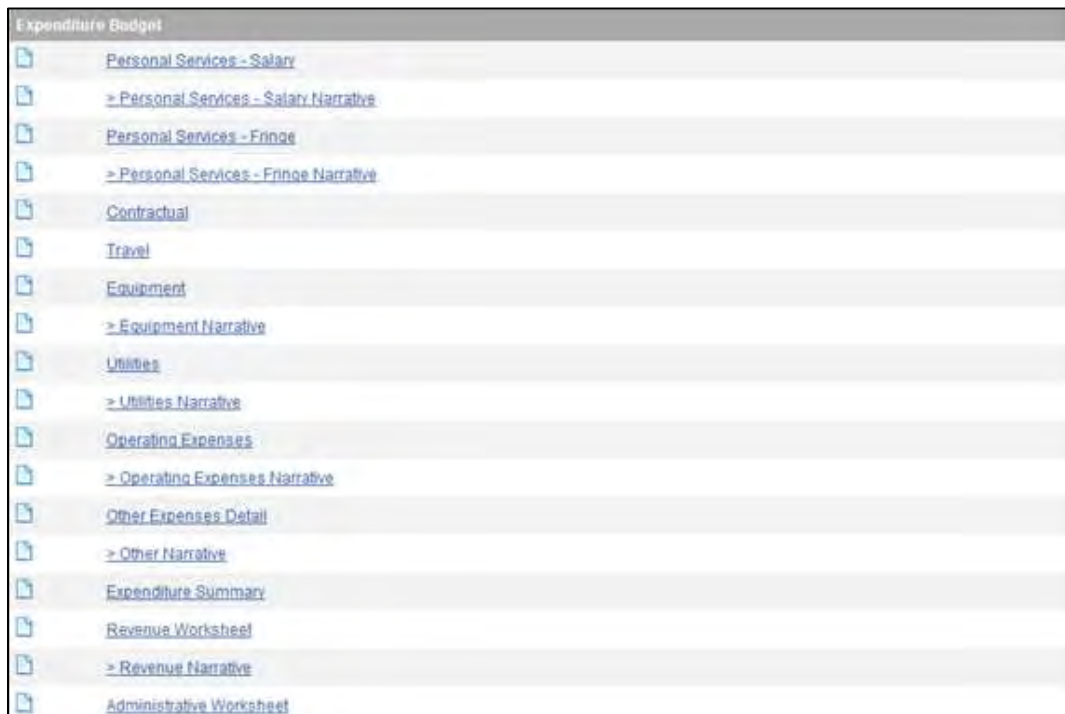
Complete all the applicable detail budget forms you need to include in your budget, by clicking on the individual form links, being sure to click the [SAVE] button on each form.

Match Worksheet

If the RFP requests Match funding, a Match worksheet will be required as part of the budget forms to be completed. Enter the required fields and the total amount of Match funds. Click the [SAVE] button at the top of the page and return to the Forms menu.

Match Worksheet Detail
Provide detail on the match amounts identified in the detail worksheets. Complete the Form of Documentation Provided column and provide required matching funds documentation with the application/contract package.

Details

Source of Matching Funds

Describe Match Source

(I.E. Local, State, Federal, or Private)

Form of Documentation Provided

Financial

Match Amount	$5,000.00 *
Line Total	$5,000.00
Match Worksheet Detail Total	$5,000.00
Budget Detail Match Total	$5,000.00

CATEGORY TOTAL SUMMARY

Revenue Worksheet

If the funding agency has included the Revenue Worksheet to be completed, click on it from the Forms Menu. Review the RFP or Application Instructions provided for details on how to complete it.

```
REVENUE WORKSHEET

Instructions:

    1.  Please complete required fields.
    2.  Select the Save button above to save your work frequently.
    3.  Once a Revenue item has been saved successfully, select the Add button above to add additional Revenue items.
    4.  Click Forms Menu to return to the navigation links.


Revenue Worksheet Detail
Provide detail on the revenue amounts identified in the detail worksheets.
Complete the Form of Documentation Provided column and provide required revenue funds documentation
with the application/contract package.

Details

Source of Revenue Funds          [                                                    ]*
Describe Revenue Source          [                                                    ]*
(I.E. Local, State, Federal, or Private)
Form of Documentation Provided   [                                                    ]*

Financial

Revenue Amount                   [                              ]*

                    Line Total   |                                              $0
                    Revenue Total |                                          $0.00
```

Administravtive Worksheet

If the funding agency has included the Administrative Worksheet to be completed, click on it from the Forms Menu. Review the RFP or Application Instructions provided, for details on how to complete it.

ADMINISTRATIVE WORKSHEET

Instructions:

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

Administrative Worksheet Detail

Provide a breakout of administrative costs that were included in the detail worksheets. All columns should be completed unless administrative costs are not included/allowed.

Administrative Expense	Total Grant Funds	Grant Funds Admin	Grant Funds Admin %	Grant Funds Admin % for Category Total	Match Funds	Other Funds	Total
Salary	$20,000.00		%	%			
Fringe	$0		%	%			
Contractual Services	$0		%	%			
Travel	$400,000.00		%	%			
Equipment	$0		%	%			
Space/Property: Rent	$0		%	%			
Space/Property: Own	$0		%	%			
Utilities	$0		%	%			
Operating Expenses	$0		%	%			
Other	$0		%	%			
Total	$0	$0	%	%		$0	$0

Once you have completed all budget forms and included worksheets, click on the Expenditure Summary link from the Forms Menu and click the [SAVE] button to ensure everything has been entered as required.

The Summary will show a total of all funds you entered for each category and the total budget.

Category of Expense	Grant Funds	Match Funds	Match % Calculated	Match % Required	Other Funds	Total
1. Personal Services						
a) Salary	$0	$0	0%	11%	$0	$0
b) Fringe	$0	$0	0%	11%	$0	$0
Subtotal	$0	$0	0%		$0	$0
2. Non Personal Services						
a) Contractual	$0	$0	0%	11%	$0	$0
b) Travel	$0	$0	0%	11%	$0	$0
c) Equipment	$0	$0	0%	11%	$0	$0
d) Space/Property & Utilities	$0	$0	0%	0%	$0	$0
e) Operating Expenses	$0	$0	0%	0%	$0	$0
f) Other	$25,000.00	$5,000.00	20%	11%	$0	$30,000.00
Subtotal	$25,000.00	$5,000.00	20%		$0	$30,000.00
Total	$25,000.00	$5,000.00	20%	0%	$0	$30,000.00
PERIOD TOTAL	$0					

Performance Budget

Click on the link for the Performance Budget and complete the form. Click the [SAVE] button at the top of the page, return to the Forms menu and click on the Performance Summary link.

On the summary page, click the [SAVE] button at the top of the page to ensure there are no errors and then return to the Forms Menu.

Capital Budget

Complete each budget form, for each category, that you are requesting funds from for your project. On each category page, enter the Total Cost for each category (Total Cost = Grant Funds + Match Funds + Other Funds). Make sure to click the [SAVE] button at the top of each page you make changes to before moving to another page.

Once you have completed all budget forms, click on the Capital Summary link from the Forms Menu. The Total column will show the amount in each category line that you entered on the respective category form. Enter the Grant Funds, Match Funds and Other Funds amounts showing the breakdown of each category total amount.

The Summary will show a total of all funds you entered for each category and the total budget.

Category of Expense	Grant Funds *	Match Funds	Match % Calculated	Match % Required	Other Funds	Total
1. Scoping and Pre Development	$0	$0	0%	0%	$0	$0
2. Design	$0	$0	0%	0%	$0	$0
3. Acquisition	$10,000.00	$5,000.00	50%	0%	$0	$15,000.00
4. Construction	$0	$0	0%	0%	$0	$0
5. Administration	$0	$0	0%	0%	$0	$0
6. Work Capital/Reserves	$0	$0	0%	0%	$0	$0
7. Other	$0	$0	0%	0%	$0	$0
Total	$10,000.00	$5,000.00	50%	25%	$0	$15,000.00
Period Total	$0.00					

Make sure to click the [SAVE] button at the top of the page to ensure you have no errors before moving on.

5.2.4 Work Plan

The next section of the application is the Work Plan. Start by clicking on the Work Plan Overview Form.

All fields on this page are required in order to submit your application. The Work Plan Period should be the first period of your project term.

> NOTE: If your application is selected for funding, the information entered in the Organizational Capacity field will show in the executed contract.

Once you have completed all fields on this page, click the [SAVE] button at the top of the page and return to the Forms Menu.

From the Forms Menu, click on the Work Plan Properties link. Upon initially opening, all objective sets will be expanded. You can work on each set either in the order listed or collapse the full grid to see the overview of the entire Work Plan and expand each section as you complete it. See below.

Editing State Defined Objective Sets

Full objective sets, which include an objective, a task, and a performance measure are all listed on one page.

If you pull up the Work Plan Properties page to an Objective set that the state has provided for you, first look to see if you are permitted to make updates.

- o **Grantee Updates Allowed** – when there is a checkmark in this box, the state has provided you access to make changes to what they have entered. You may type over or edit what has been provided for you. Make sure you click the [SAVE] button at the top of the page after making changes.

- o **Performance Measure Data Capture Type** – If no selection has been made from the dropdown box in the Performance Measure section, click the dropdown and select the best way to report on the performance measure associated to it. If an upload line shows on the screen, the state has allowed for you to provide an upload as your performance measure. If the [Browse] button is followed by a red asterisk, the state has required an upload and you will need to upload a document before you can submit your application.

NOTE: You must first enter a Performance Measure Narrative, Integer, Yes/No response, or Date before you can successfully upload a document. If you upload a document prior to completing the description, your upload will not be attached, and the system will not generate an error.

If the state indicated that a task or performance measure was required, there will be a red asterisk after the required field(s) and you will not be able to submit your application until they are completed.

If the fields were not required, you may choose to leave the fields blank (provided there aren't other directions in the RFP or Application Instructions) and will still be able to submit the application for review.

Reviewing State Provided Objective Sets

If you pull up your Work Plan Properties to an Objective set that the state has provided you that contains an Objective, Task and Performance Measure and the 'Grantee Updates Allowed' does NOT have a checkmark in the box, you may not make edits to it. The data will be greyed out for you to review only, as seen below.

Adding Your Own Objective Sets

If you pull up the Work Plan Properties page and all you see is the below, you may add your own objective sets consisting of Objectives, Tasks and Performance Measures. Read the RFP, application instructions, or talk to your agency contact to determine if there is a min/max number you are expected to add. Every opportunity has different requirements. In order for a contract to go for signatures, every Objective must have one Task and every Task must have one Performance Measure.

To get started, add your first Objective Name and Description and then click the [SAVE] button at the top of the page.

After hitting Save, a field for the Task Name and Task Description will show under the Objective box. Complete both fields and hit the [SAVE] button at the top of the page.

After entering the Task information and clicking Save, you will now see a box for the Performance Measure information and a box to enter a second Task (provided the state allowed for more than one).

Enter a Performance Measure Name and select the Performance Measure Data Capture Type from the dropdown box.
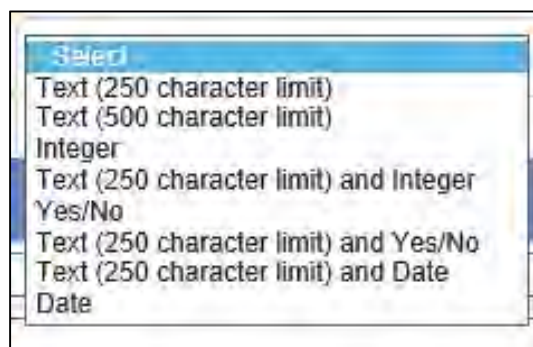
The type you choose from the dropdown will show on the screen for you to complete. Once you've entered the name, data capture type and the text/integer/or date as applicable, click the [SAVE] button at the top of the page.
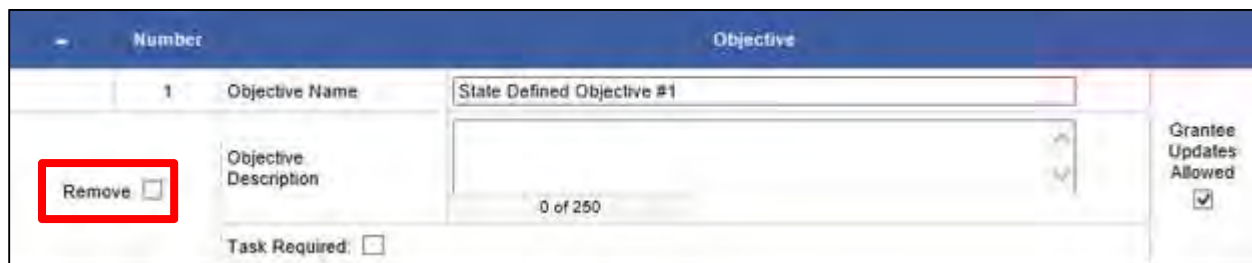
You may continue to add Objectives, Tasks and Performance Measures up to and including the max amount allowed by the state.

Additional Features of the Workplan
Remove

A 'Remove' box has been added within each Objective, Task and Performance Measure box. If you have added a row that you would like to delete, put a checkmark in the box next to 'Remove' and hit the [SAVE] button at the top of the page.

If you remove an Objective, all associated Tasks and Performance Measures will also be deleted upon hitting [SAVE]. Likewise, if you remove a Task, all associated Performance Measures associated with that Task will be deleted.

Move Up / Move Down

Reordering is easy with the move up/move down feature. For example, if you create an objective set and then realize that there should have been another one listed before it, click the arrow button facing down next to that task (or objective, or performance measure) that you want to reorder. The task that you clicked the down arrow on will be renumbered to the number it was plus 1. The task that was listed after it initially will now be the number it was, minus 1.

> For example: If Task 1.1 should follow 1.2, click the down arrow to the left of Task 1.1. What was Task 1.1 is now 1.2. What was Task 1.2 is now 1.1.

> NOTE: Moving an Objective will also move all related Tasks and Performance Measures associated with that Objective. Moving a Task will also move all Performance Measures associated with that Task.

The Move Up / Move Down Feature is not available during modifications and you may also not rearrange state defined objective sets.

5.2.5   Pre-submission Uploads

The next section of the application is the Pre-Submission Upload page. Pre-Submission uploads, (if any were requested by the funding agency), may require you to upload documents to be included with your application. If the agency has a template they would like you to use, it will be provided for you under the file upload field.
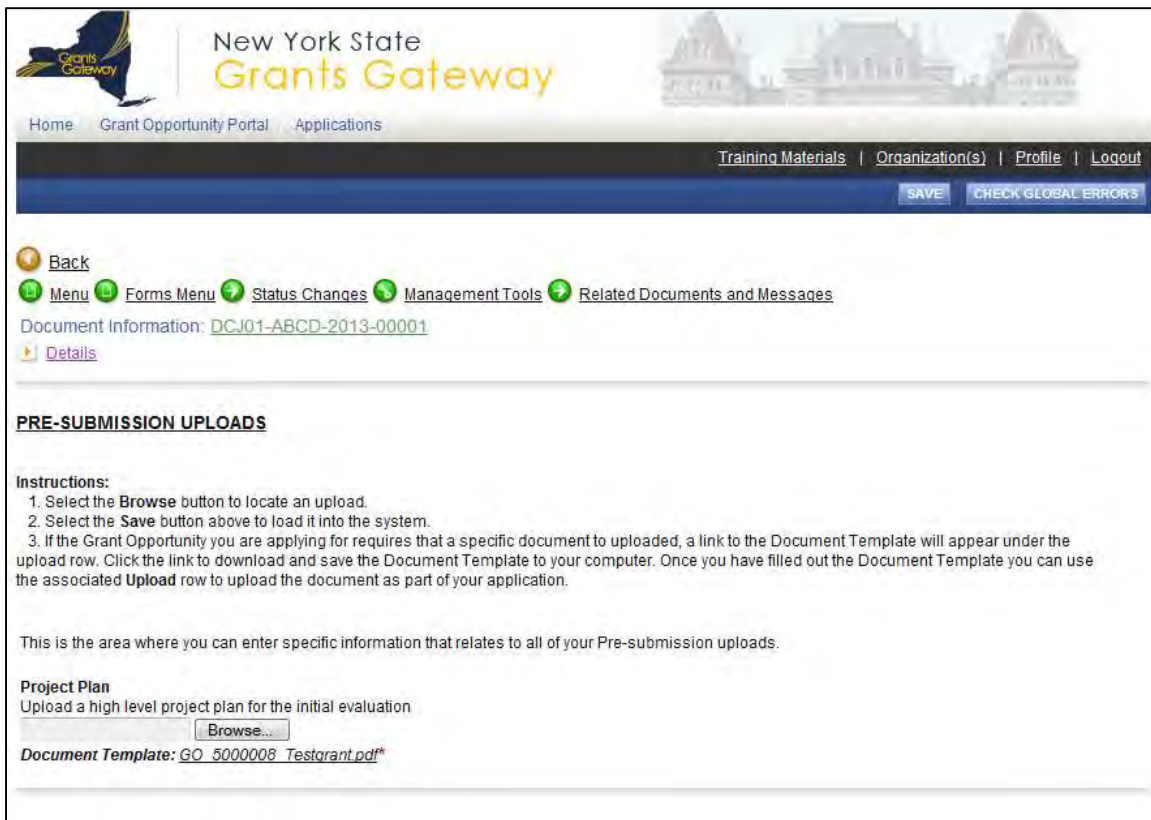
If a template was provided for you, click on the template link, download the file to your computer and save it with a name you will recognize. The open the document and complete it and resave it to your computer.

To upload a document, click the [Browse..] button, locate the file on your computer and click the [OPEN] button. You will see the file link in the upload field.

Only one document may be uploaded for each question. If you need to upload two or more documents in response to one question, you will need to first merge them into one document before uploading.

Click the [SAVE] button after each time you upload a file.

> NOTE: Each uploaded document needs to be 10MB or less. You may upload Excel, Word, PDF or JPG files. PDF files **cannot** be protected.

Once you have uploaded all requested documents and saved the page, return to the Forms Menu.

5.2.6   Grantee Document Folder

The last page on the Forms Menu is the Grantee Document Folder. The RFP will indicate if the funding agency would like you to upload anything additional in this folder.
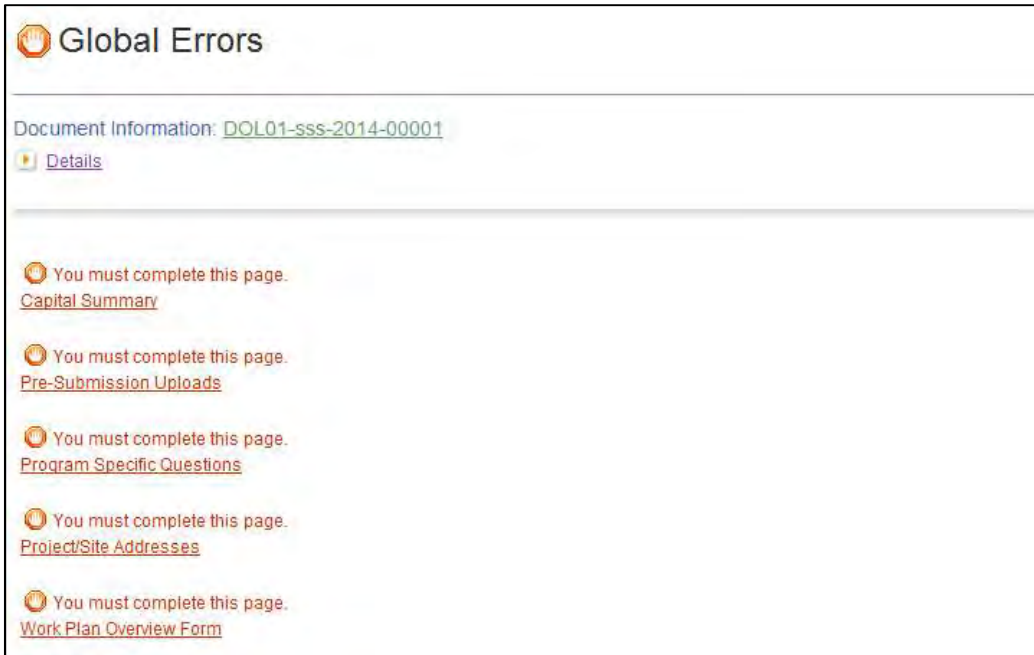
When you first open this page the [SAVE] button is greyed out. If you upload a document, you must complete the Description field before the [SAVE] button will become available.

5.2.7   Check Global Errors

At any point that you would like the system to check your application for completeness, click on the [CHECK GLOBAL ERRORS] button at the top of the page.
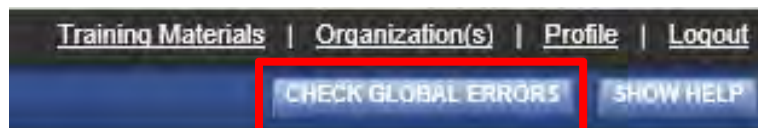
The system will display an error if you have missed one or more required sections in your application and alert you to any pages that may need to be reviewed. Click on the link to any error displayed to be taken to that page. Continue this process until there are no further errors.
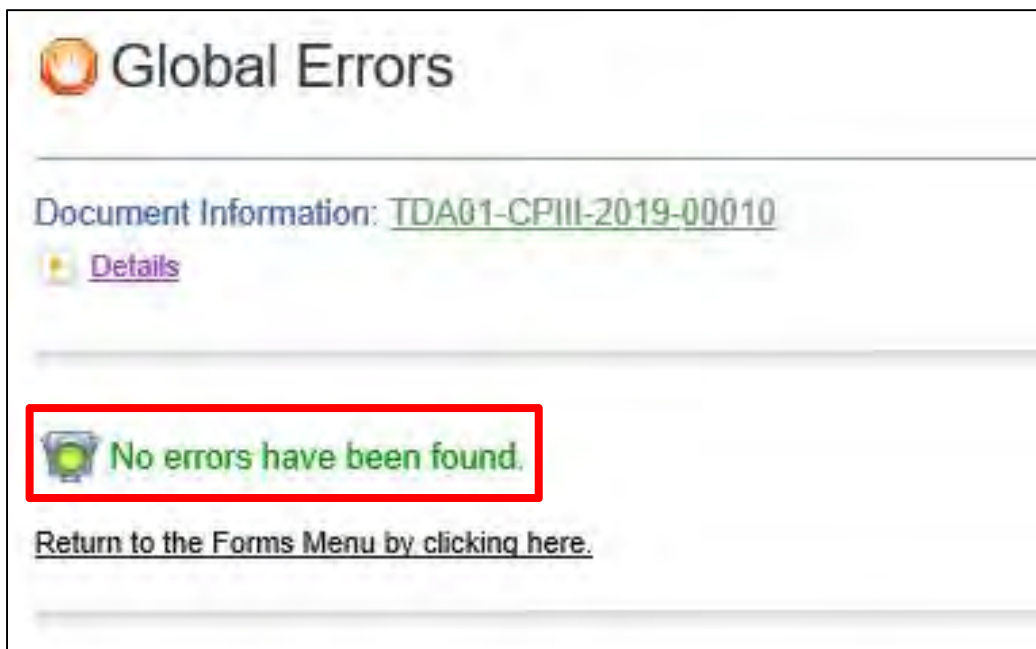
Once there are no Global Errors found, it is ready to be submitted.

5.3 Retrieve an Application

If you start an application and need to come back to it at a later time, you can retrieve it from the system. Start by logging in to Grants Gateway using your Gateway credentials.

From the Home screen, click on the [OPEN TASKS] button. Your previously started application will be listed. Find the application you want to continue working on, click on the 'Name' link to be redirected to the Home screen of the application.

You can also retrieve a previously started application by clicking the Applications link at the top of the page.

Enter the Grant Opportunity Name and/or the Application Number and click the [SEARCH] button. Select the application you would like to work on from the list of results generated.

5.4 Cancel an Application

Any application in the status of "Application in Process" can be cancelled by the Grantee Contract Signatory or the Grantee System Administrator.

To cancel an application, log in to the Grants Gateway with one of the referenced roles. Retrieve the application you would like to cancel and click on the Status Changes link.

If needed, refer to section 5.4 on how to retrieve an application already in process.

Then click on the [APPLY STATUS] button under APPLICATION CANCELLED heading.
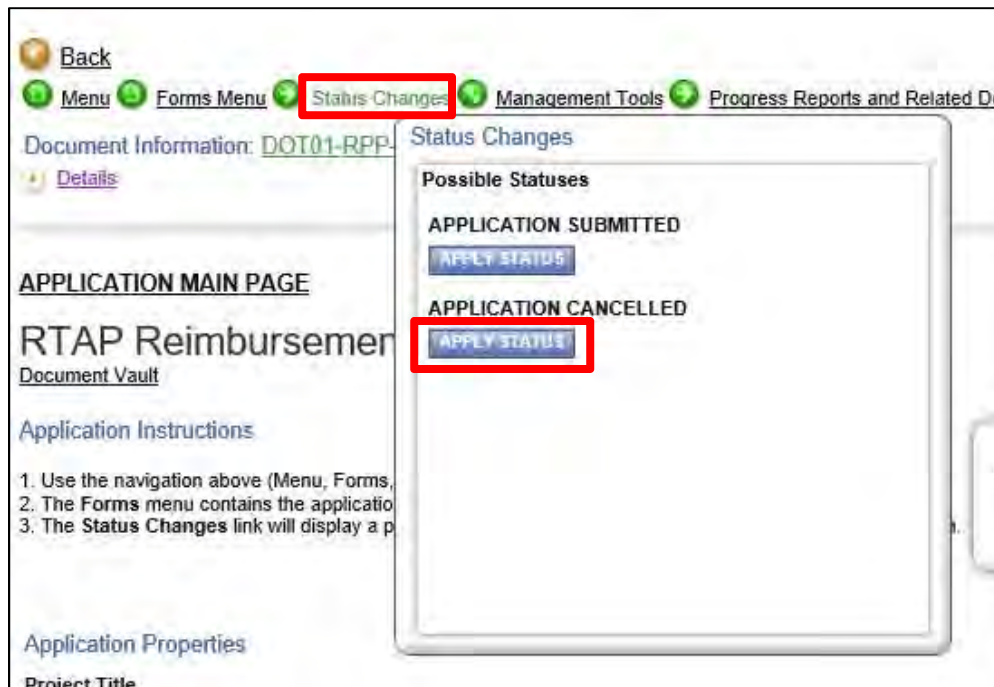
To verify the status change, click the arrow next to the Details link under the Document Information number. A box will open showing you the Current Status which is now Application Cancelled.

5.5 Add/Edit People

Only a Grantee Contract Signatory or a Grantee System Administrator can submit a completed application through the Grants Gateway. If you are a Grantee, you will need to add someone within your organization with one of the aforementioned roles.

While you are in the application, hover over the Management Tools link and click on Add/Edit People.
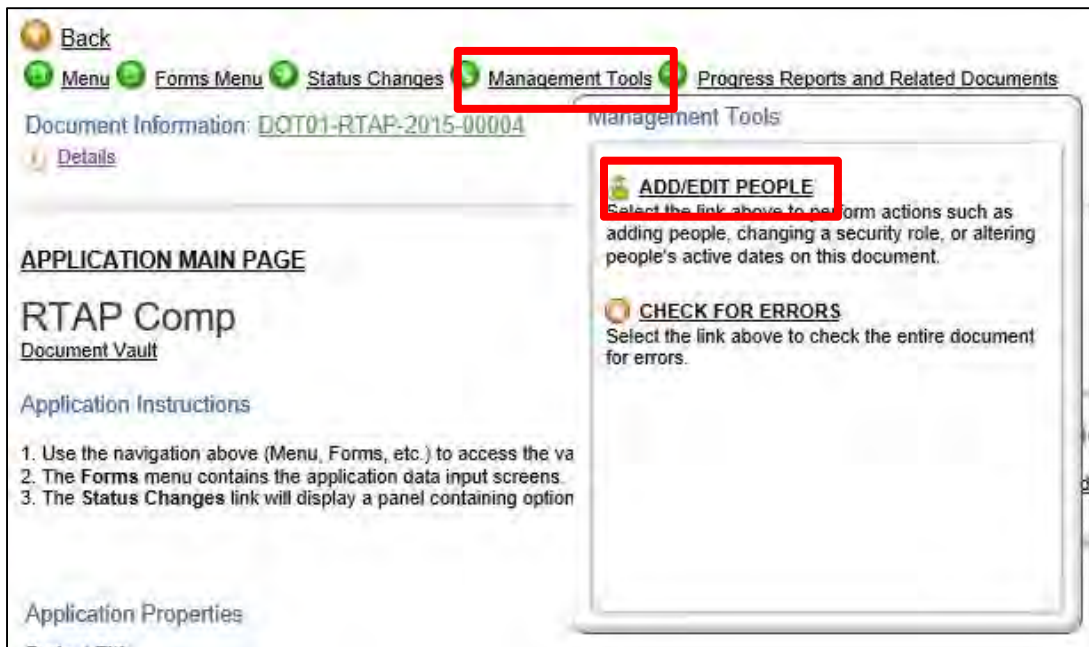
A list of users in your organization will appear.

Find the name of the person you want to add with the role they need to have in parenthesis next to their name. Put a checkmark in the box to the left of their name, and if not already done so, select the correct role from the dropdown box that matches the role in the parenthesis. Click the [SAVE] button at the top of the page.
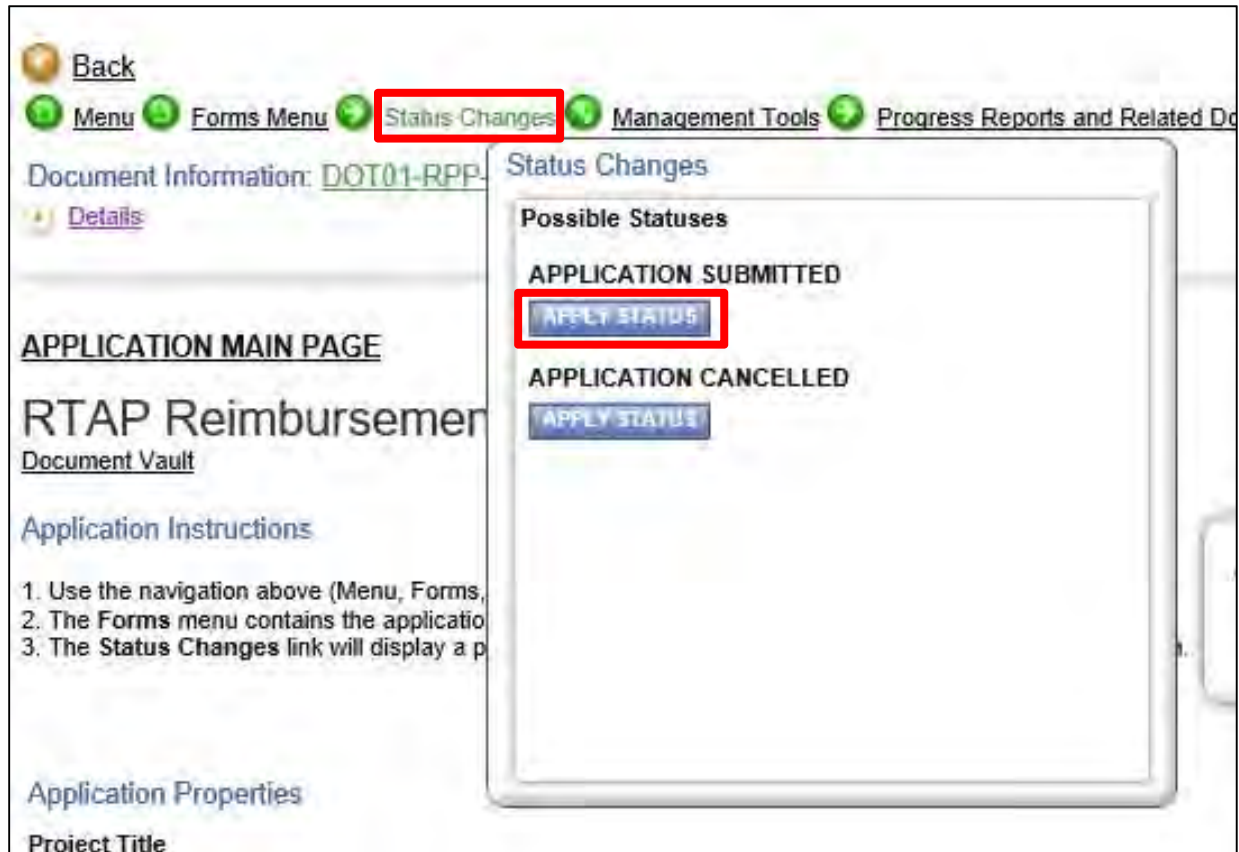
5.6 Submit an Application

After completing all pages in the Forms menu and checking the Global Errors, (covered in section 5.3.7), you are ready to submit your application.

While in your application, hover over the status change link and click on the [APPLY STATUS] button under APPLICATION SUBMITTED.

You will be redirected to an attestation that you must "sign" by clicking the [I AGREE] button. This will submit the application.

If you are not the right person to submit the application, you can click on the [I DO NOT AGREE] button and the application will not be submitted.

Agreement

Please make a selection below to continue.

By clicking the **I Agree** button below, you certify and agree that you are authorized on behalf of the applicant and its governing body to commit the applicant to comply with the requirements of Article 15-A of the New York State Executive Law: Participation By Minority Group Members and Women With Respect To State Contracts by providing opportunities for Minority-owned Business Enterprise (MBE)/Woman-owned Business Enterprise (WBE) participation. You further certify that the applicant will maintain such records and take such actions necessary to demonstrate such compliance throughout the completion of the project.

By clicking the **I Agree** button below, you certify that you are authorized on behalf of the applicant and its governing body to submit this application. You further certify that all of the information contained in this Application and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving Assistance for the project described in this application, are true, correct and complete to the best of your knowledge and belief. You acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law.

Once you have submitted your application, you are returned to the Application Main page. If you hover over the status changes link again, you will see that there are no available status options at this time.
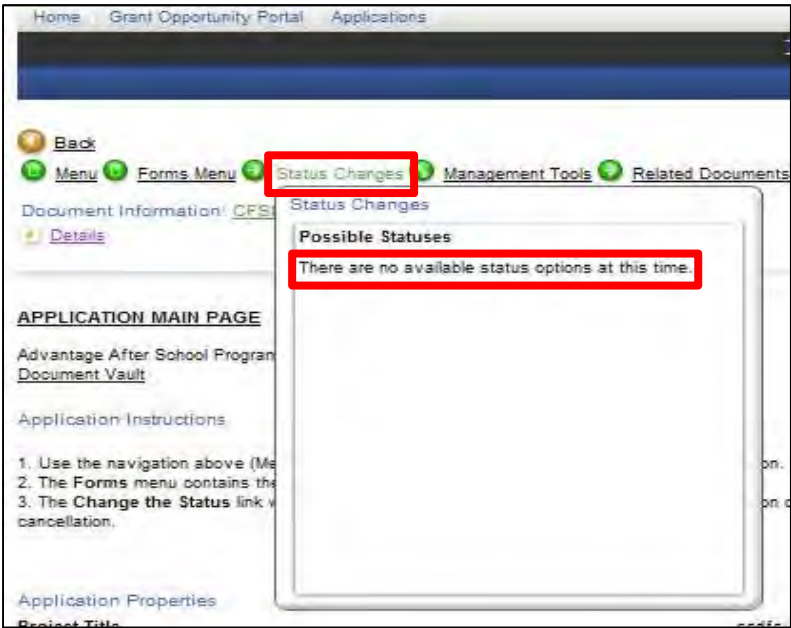
5.7 Application PDF

Your application will be stored electronically in the Grants Gateway. If you would like to save your own copy of the completed application, the Gateway provides you with a PDF that you can print or save to your computer.

Click on the Forms Menu link and then click on the Application Versions link.
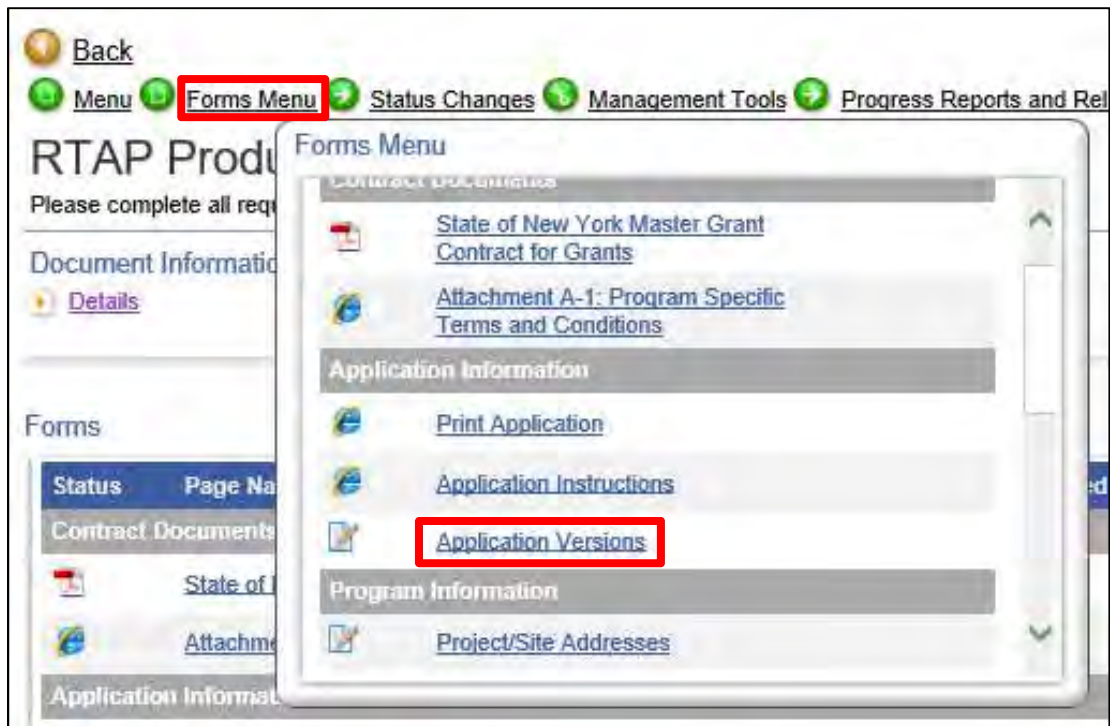
You will be redirected to the Application Versions screen.

When you submit your application, a pdf version is created showing all sections, including any uploaded documents, in one document. If for some reason your application is returned to you for changes, when you submit your application again, this screen will now show two versions; your original submission and the most recent that includes any changes made.

Click the PDF link to have the file open for you to save or print.

5.8   Application Statuses

Application In Process

Once the application has been started, it will be in Application In Process stage. During this stage, it is usually a task for the person who started the application from the Grantee Organization.

Assignment of Reviewers

The application has been submitted and is now with the state to have reviewers assigned to it.

Lock Bid Assignment of Reviewers

If the State agency has chosen to have a "Bid Lock" (this means that the agency cannot see any applications until after the due date and time of the application) on the applications, this status will apply after for submitted applications after the due date and time of the Grant Opportunity. The funding agency can assign the reviewer(s) to the application once the Bid Lock date and time has passed.

Lock Out Period

If the grant Opportunity has Bid Lock on it, once the application has been submitted, the system moves the application to the Lock Out period stage until the application due date and time has passed.

Application Cancelled

This status means that the application has been put to an end by Grantee Organization. If the due date and time of the grant opportunity for which this application has been started has not ended yet, the status can still be changed to Application in Process.

Application Deadline Passed

This means that the date and time to apply for the Grant Opportunity has ended.

Eligibility Review

The application is being reviewed for the initial pass/fail review.

Application Info Requested

The application has been sent back to the grantee for more information before they can start the review process.

Application In Review

The application has passed through the eligibility review and is now being scored by state agency reviewers.

Scoring Review In Process

The scores entered on each application are being reviewed and checked for variance.

Scoring and Funding Evaluation In Process

All scores have been locked in on all accepted applications. The state agency is reviewing all scores to determine who will receive funding.

Application Denied

The funding agency has denied the application.

Application Rejected

This status means that the State Agency has completed their initial pass/fail review and the application did not pass.

Application Submitted

An application has been submitted.

Denial Letter In Process

State Agency is getting ready to send out Denial Letters to Grantee Organization.

Award Letter In Process

The funding agency is getting ready to send out Award Letters to the Grantee Organization.

PO Awarded

A Purchase Order has been awarded for grant funds under $10,000.

PO Award Letter In Process

The funding agency is getting ready to send out Award Letters to the Grantee Organization for grant funds under $10,000.

Non-GG Contract Awarded

The application was selected for funding but the contract process will not go through the Gateway.

On Waitlist

The funding agency has scored the application and put it on the waitlist to assign award.

Non-GG Contract Award Letter in Process

The funding agency is getting ready to send out Award Letters for to Grantee organization for Non-Grants Gateway Contracts.

Offline Application In Process

When the funding agency creates an application on behalf of the Grantee Organization, it will be in this status.

6. Contract Development Process

Once your application has been selected for funding, all materials will be reviewed by the State Agency and then sent back to the vendor for review and/or editing. The next status you will see it in is Contract Information Requested (PM). This section will walk you through how to go about making those edits.

6.1 Find Your Contract

There are two ways to locate your contract within the Grants Gateway.

1. My Tasks

2. Contracts Search

6.1.1   My Tasks

Log into the Grants Gateway with your Grantee Contract Signatory or Grantee System Administrator login. If the contract was originally assigned to you, you will find the link to the contract in your My Tasks box.

> NOTE: The user who initiated the application will get a task in their Task Box. This could be any person in your organization with the role of Grantee, Grantee Contract Signatory, or Grantee System Administrator.

Click on the [OPEN TASKS] button from your Home screen.
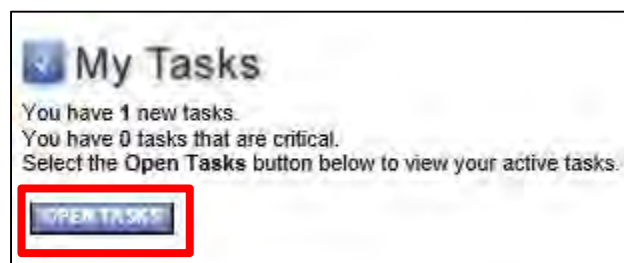
Then click on the Name link of the contract in the status of Contract Info Requested (PM) that you want to make changes to. This will redirect you to the Main page of the contract.

6.1.2 Contract Search

If the contract that you are looking for is not in your Task Box, you can use the Contract Search tool to locate it.

Click the Contracts link at the top of the page, which will redirect you to the Contract Search tool.

Enter the search criteria that will best help you locate the contract you're looking for. The more criteria you enter, the shorter the list of results will be displayed. Click the [SEARCH] button.

Find the contract in the list of results that you want to work on and click on the Application Number link to open to the Main page of the contract.

NOTE: You can work on any contract within your organization (even ones not specifically assigned to you) if you have the Grantee, Grantee System Administrator or Grantee Contract Signatory role in the Grants Gateway System.

6.2 Contract Main Page

Once you have opened the contract that you want to review and/or edit, you will be brought to the Contract Main Page. This page will show you information related to the Contract Properties, Period Financial Summary and the Period Reports.

Contract Properties

Contract Number – The contract number assigned by either the funding agency or auto-generated by the Grants Gateway.

Contract Term From – The date the contract starts.

Contract Term To – The date the contract ends.

Contract Period From – The starting date of the first period within the contract term.

Contract Period To – The last day of the first period within the contract term.

Contract Type – This shows the type of contract that was selected by the funding agency. It can reflect any of the following:

- o Fixed Term – Contracts that are for a fixed period of time and at the end of the term, the contract expires. In Fixed Term contracts, the period and the term dates are identical.

- o Multi-year – Contracts with a contract terms that has multiple contract periods (with their own budgets and workplans) within it.

- o Simplified Renewal – Contracts that have a renewal option at the end of the period.

SFS Integration – Indicates if the contract has been set up to receive payments through the Grants Gateway system

Period Financial Summary

This summary shows the amount awarded for the first period of the contract.

Period Reports

The Schedule Report is a tool in the Grants Gateway designed to assist with timely completion of contracting tasks.

1. Current Contract Status – The status of the contract when the report was run.

2. Contract Period – The contract period for which the report was run.

3. Remaining Schedule Days – Days remaining for the overall schedule (Total Schedule Days minus Total Actual Days)

4. Remaining Days – Days remaining for each individual status.

5. Total Actual Days – Total actual days in which Contract Development and Approval process was complete.

6. Total Schedule Days – Total days scheduled for the contract Development and Approval process

7. Grants Gateway role responsible for each corresponding status.

8. Grants Gateway statuses during the Contract Development and Approval Process.

In the example above, the status of Program Manager Review was scheduled to be completed by the Program Manager in 7 days. However, the Program Manager completed their work in 5 days and had 2 days remaining. Similarly, the Grantee was scheduled to complete their work in the status of Contract Information Requested (PM) in 5 days. However, they completed their work in 6 days which means they were 1 day behind. From an individual standpoint, one status was over in days, and one was under. From an overall standpoint, for those two statuses, the net result is one day ahead. In order for the schedule report to be effective, users must consider both the number of days assigned to their individual status (task) and the number of days provided by the overall schedule.

Where on or more users exceed the number of days assigned to their individual status, the contract will be late if others do not recover the balance.

For this reason, the Schedule Report tracks both Status Remaining Days and Remaining (Total) Scheduled Days.

6.3   Editing Contract Info

Changes can be made to contract information by selecting the appropriate option in the Forms Menu and adding/editing the forms as requested by the State Agency user. You may only make changes when the contract is in the status of Contract Information Requested (PM).

> NOTE: For a list of all contract statuses and their meanings, please see section 7.1.

6.3.1   Contract Information

From the Forms Menu, click on the Contract Information link, under the Program Information heading. When this page loads, you will see three addresses that have been populated from information in the Statewide Financial System (SFS). If an address on this page is wrong, you will need to have it updated in SFS and then contact the Grants Gateway Help Desk to notify them that an address has been added / updated.

```
CONTRACT INFORMATION

Contractor Addresses

Instructions:

    1)  Please select an address for Primary. Payment and Contract Mailing addresses to populate the Master Grant Contract only
    2)  The dropdown list is populated from the address options in the State Financial System (SFS).
    3)  If additional addresses need to be added/ updated, please make the appropriate changes in SFS.
    4)  Select the Save button above to save your work frequently.
    5)  Click Forms Menu to return to the navigation links.


    Primary Mailing Address:    [334 GRAND AVE, BROOKLYN, NY 11238  ▾]
    Contract Payment Address:   [334 GRAND AVE, BROOKLYN, NY 11238  ▾]
    Contract Mailing Address:   [334 GRAND AVE, BROOKLYN, NY 11238  ▾]
```

Once all addresses show correctly, click the [SAVE] button at the top of the page.

6.3.2   Budget Forms

Contracts awarded from Competitive Applications

The budget information that you entered during your application period has been carried over to your contract. Your contract has been awarded with the amount that the funding State Agency has agreed to provide you. Refer to section 5.2.3 on how to edit budget information for the Budget Type provided to you.

Regardless of the Budget Type, the budget summary page from the Forms Menu needs to be saved with no errors.

Noncompetitive Awards

If you did not have to complete an application but have been awarded funding from a State Agency you will need to enter your budget information. Refer to section 5.2.3 to follow the instructions on how to complete a budget for the budget type you have been provided.

6.3.3   Work Plan

Contracts awarded from Competitive Applications

The Objectives, Tasks and Performance Measures that you entered during the application period have been carried over to your contract. The funding agency may have provided you with notes on how to edit or add to your workplan. Refer to section 5.2.4 on how to enter / edit your Objectives, Tasks and Performance Measures.

Noncompetitive Awards

If you did not have to complete an application but have been awarded funding from a State Agency you will need to enter your Workplan information to include your Objectives, Tasks and Performance Measures if the funding agency has not yet done so for you. Refer to section 5.2.4 on how to enter / edit your Workplan information.

6.3.4   Grantee Document Folder

At the bottom of the Forms Menu is the Grantee Document Folder. This folder can be used to upload any contract related document(s), if requested by the State.

The [SAVE] button will be disabled until you enter a description of the document and upload a document. Click the [SAVE] button at the top of the page.

If you need to add more than one document to the folder, after uploading the first document and clicking Save, then click the [ADD] button at the top of the page to upload a new document.

As soon as multiple documents have been entered, a drop down box will show on the far right side of the screen allowing you to toggle back and forth between them. Select the document you would like to return to and click the [GO] button.

6.4 Submit Contract for Approval

Now that you have reviewed all entered information and made any necessary changes, the contract is ready to be reviewed by the funding agency. The Grantee Contract Signatory or Grantee System Administrator can submit the contract back to the Program Manager by changing the status.

Hover over the Status Changes link and click the [APPLY STATUS] button under CONTRACT INFORMATION SUBMITTED to apply the status change.
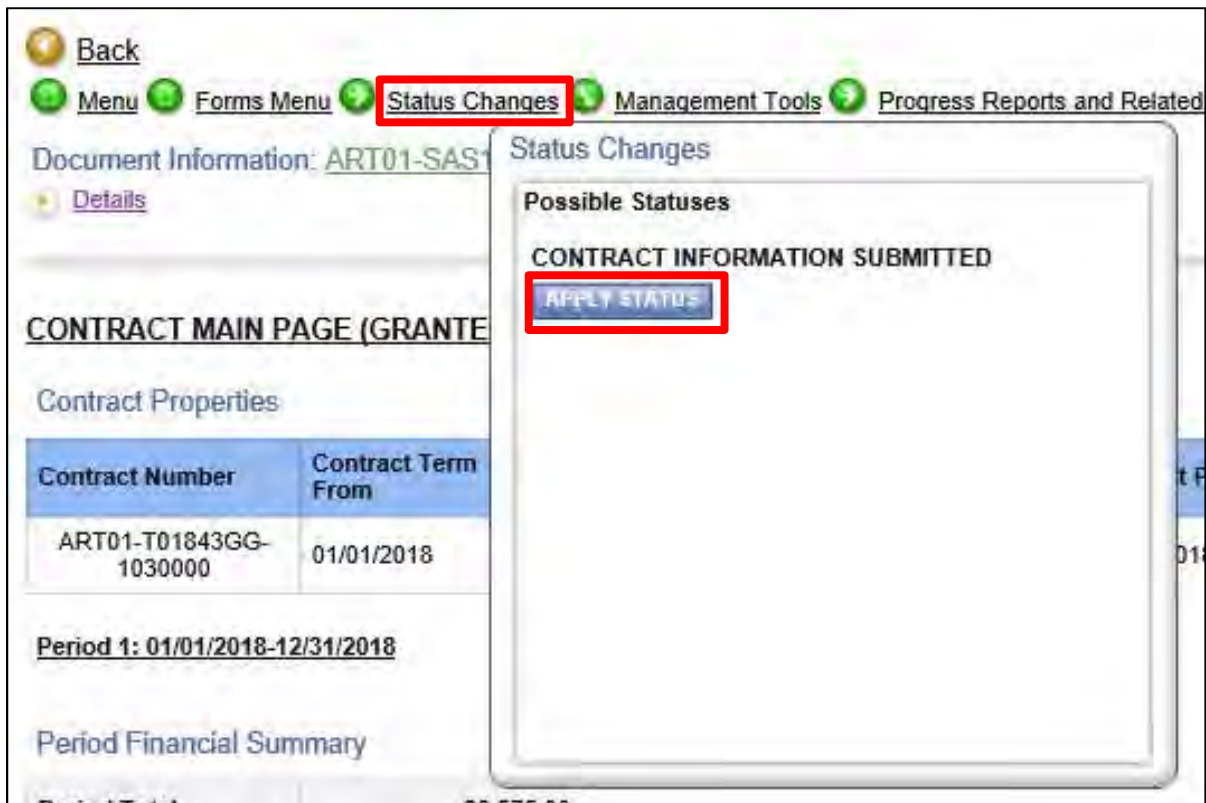
6.4.1   Contract Preview

From the Forms Menu, this section will display all the current (real time) contract related information in a preview of the Master Grant Contract. As information is entered, this preview will be updated.

6.4.2   Contract Versions

This section will be updated once the approval process begins through the Grants Gateway. Once the budget and workplan have been agreed on by both the state and the vendor organization, the state will send it to the vendor to be electronically signed. As the contract moves through the signature process, a PDF file will be stored and displayed here at each status.

Prior to Signatures Being Collected

After Signatures Have Been Collected

7. Contract Approval Process

The contract will continue to pass through the development loop, detailed in section 6, until both the funding agency and the organization have agreed that there are no further changes needed.

The Contract Manager will change the status to Grantee Contract Signature Required to obtain your signature on the contract. Only a Grantee Contract Signatory or a Grantee System Administrator have the credentials to sign a contract through the Grants Gateway.

> NOTE: To add a Grantee Contract Signatory or Grantee System Administrator to the contract, refer to section 5.5 on how to use the Add/Edit People tool.

Once logged in with one of the above roles, find the contract by using the My Tasks or the Contract Search tool, both described in section 6.1.

> NOTE: You can sign any contract within your organization if you have the right role, even if it's not assigned to you, by doing a contract search.

When you have located the contract that needs to be signed, click on the Name.

The system will display the Contract Name page. You can view the contract, or any of the pages from the Forms menu that you have been working on, but will not be able to make any changes. Once you have finished reviewing the contract and are ready to sign it, click on the Status Changes link, and then click the [APPLY STATUS] button under GRANTEE CONTRACT SIGNATURE COMPLETE.

Grantee Contract Signature Complete – captures your electronic signature stating that you are satisfied with what is included in the contract and you are ready to move forward to executing the contract. This will change the status of the contract to Contract Package Validation.

Contract Manager Review New Period – this status is not applicable at this stage of the contract and is listed for future use in a Multi-Year contract after the contract has been executed.

Contract Manager Review Modification – this status is not applicable at this stage of the contract. This will be used to request any changes to the contract after it's been executed.

Contract Manager Review – if the contract has been sent to you to sign, but upon reviewal you determine it needs additional changes before signing it, select this status to send it back to the Contract Manager and put the contract back into the Contract Development loop.

After clicking on the [APPLY STATUS] button for Grantee Contract Signature Complete you will be redirected to an attestation that you have the authority and are acting within your authority to sign the contract on behalf of the organization. Read the paragraph closely and click the [I AGREE] button to sign the contract.

Agreement

Please make a selection below to continue

By clicking the I Agree button, I, acting in the capacity as Contractor, certify that I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, and as such I do agree, and I have the authority to agree, to all of the terms and conditions set forth in the Master Contract, including all appendices and attachments. I understand that (i) payment of a claim on this Master Contract is conditioned upon the Contractor's compliance with all applicable conditions of participation in this program and (if I am acting in the capacity as a not-for profit Contractor) the accuracy and completeness of information submitted to the State of New York through the Gateway vendor prequalification process and (ii) by electronically indicating my acceptance of the terms and conditions of the Master Contract. I certify that (a) to the extent that the Contractor is required to register and/or file reports with the Office of the Attorney General's Charities Bureau ("Charities Bureau"), the Contractor's registration is current, all applicable reports have been filed, and the Contractor has no outstanding requests from the Charities Bureau relating to its filings and (b) all data and responses in the application submitted by the Contractor are true, complete and accurate. I also understand that use of my assigned User ID and Password on the State's contract management system is equivalent to having placed my signature on the Master Contract and that I am responsible for any activity attributable to the use of my User ID and Password. Additionally, any information entered will be considered to have been entered and provided at my direction. I further certify and agree that the Contractor agrees to waive any claim that this electronic record or signature is inadmissible in court, notwithstanding the choice of law provisions.

[I AGREE] [I DO NOT AGREE]

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NOTE: It is the grantee's responsibility to review the entire contract before signing it, as it may have changed during the contract development process. By clicking the [I DO NOT AGREE] button, the contract will not be signed, and will remain in the status of Grantee Contract Signature Required.

To view the signed copy of the contract, go to the Forms Menu and click on Contract Versions.

CONTRACT VERSIONS

Instructions:
- Click a link below to view the version of the contract.

Version	Role	Person	Signature Status	File Link
Unsigned Contract	N/A	N/A	N/A	U-CFS01-C00370GG-3400000-P1-102417.pdf 10/24/2017 10:11:44 AM
Grantee Signed Contract	Grantee Signatory	Stacey Eldridge	Grantee Signature Complete	G-CFS01-C00370GG-3400000-P1-102417.pdf 10/24/2017 10:28:36 AM
Agency Signed Contract	Agency Signatory	Stacey Wood	Agency Signature Complete	A-CFS01-C00370GG-3400000-P1-102417.pdf 10/24/2017 10:50:01 AM
Attorney General Signed Contract	AG Signatory	Stacey Wood	AG Signature Complete	AG-CFS01-C00370GG-3400000-P1-102417.pdf 10/24/2017 11:13:53 AM
OSC Approval	External		Contract Executed	
OSC Non-Approval	External		Contract Not Approved	

7.1 Contract Statuses

Program Manager Review

The contract has been initiated for editing and review by the Program Manager. You cannot make changes while the contract is in this status.

Contract Information Requested (PM)

The contract has been sent to the vendor organization to review any information entered by the funding agency and/or to be edited by the organization.

Contract Information Submitted

The vendor organization has submitted the contract back to the funding agency for review.

Contract Manager Review

The contract is with the Contract Manager for review of the contract prior to moving forward in the review process. You cannot make any changes to the contract while it is in this status.

Contract In Internal Review

The contract is being reviewed by additional State agency internal groups before going out to signature. These groups could be, (but not limited to), Legal or Fiscal management.

Grantee Signature Required

The contract has been forwarded to the grantee for their electronic signature. No changes can be made at this time.

Grantee Contract Signature Complete

The grantee has signed the contract electronically and it has been rerouted back to the state agency.

Contract Package Validation

The funding agency is attaching any additional files that the State Comptroller may need when reviewing the contract.

Agency Signature Required

The Contract Manager has forwarded the contract to the appropriate person with the State agency to sign the contract.

Agency Signature Complete

The contract has been signed by the state agency.

Contract Manager Routing

The contract has been returned to the Contract Manager to determine if it needs to go through the AG.

AG Review & Approval

The contract is with the Attorney General (AG) to be reviewed and signed.

AG Approved As To Form

The AG has reviewed the contract and signed it.

Funding Check

The system is checking to ensure that coding has been added to the contract to ensure that funds have been properly assigned.

Agency STS Determination

The state agency is sending the SFS coding to create a requisition. The requisition allows the creations of the PO which allows the agency to pay out the funds.

Transmit Contract Package to OSC

The contract has been signed by all applicable parties and is being sent to OSC for review and approval to execute.

Contract Executed

The contract has been executed and is in effect.

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8. Modifications

Grantees or Program Managers can request modifications to existing executed contracts in order to change the duration, value, or details of a contract. Once the modification request is made, the Contract Manager must approve the request before the changes can be made.

8.1 Initiate the Modification Request

Either the Grantee Contract Signatory, Grantee, or Grantee System Administrator can initiate a Modification Request.

Locate and view the contract you wish to have modified by using the Contract Search function (described in section 6.1.2).

You will be directed to the Contract Main Page. Hover over the Status Changes link and click the [APPLY STATUS] button under GRANTEE MODIFICATION REQUEST (PM).
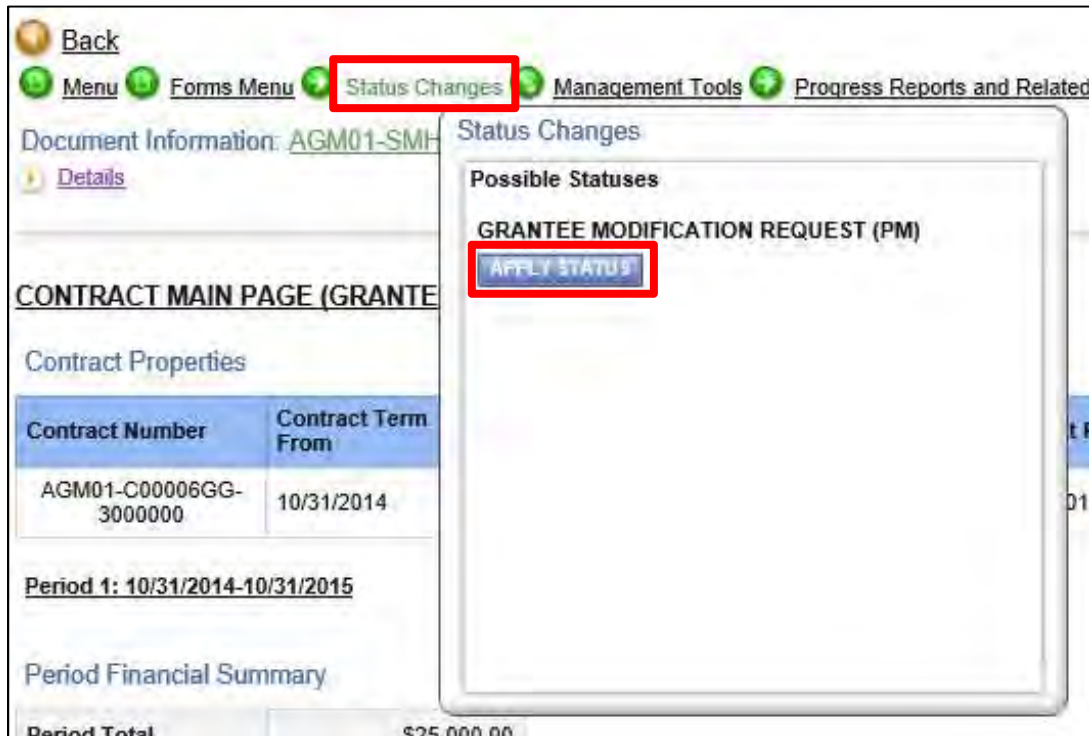
8.2 Completing the Modification Request Form

Click or hover your mouse over the Forms Menu and click on the Modification Request link from the bottom of the list.
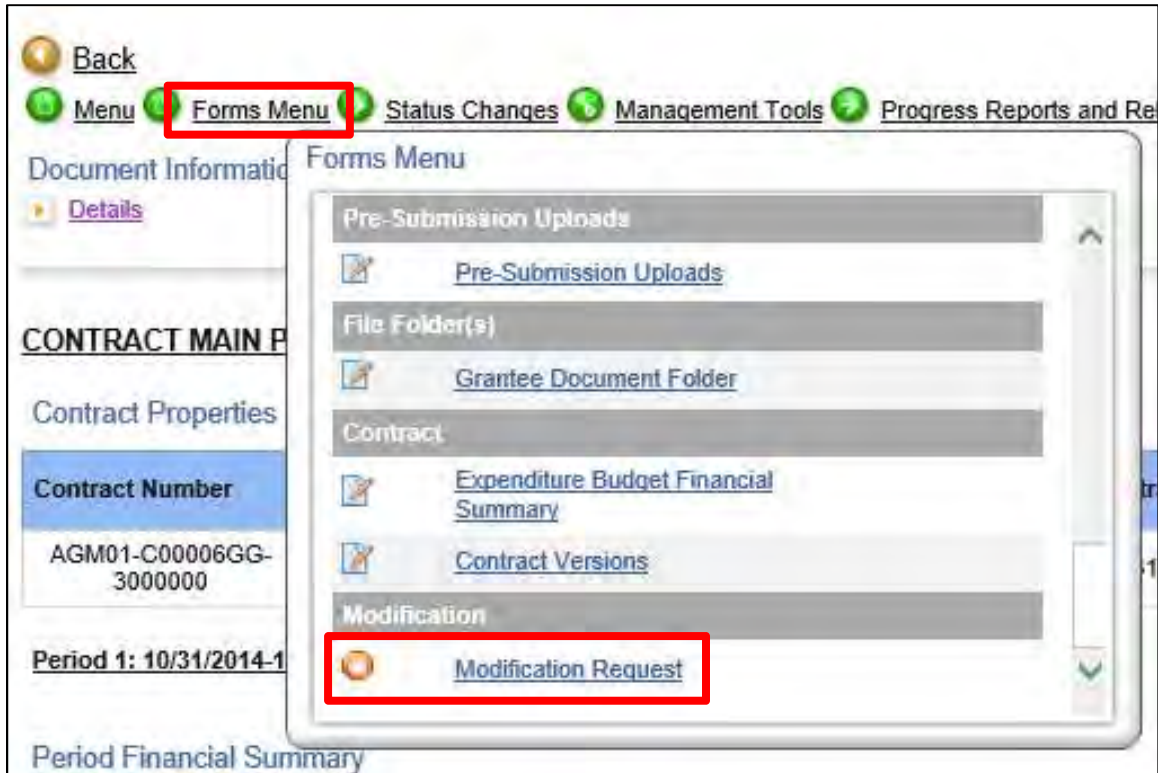
Fill out the Modification Request form.

Enter the Modification Request Date. This is usually just "today's date".

Then select the reason(s) for the request. You can check more than one box if your request if for more than one reason.

Note that if you select the Time Extension box, you must also enter the new proposed end date for your contract.

Finally, use the text box to enter the Nature of Modification Request. This field is limited to 250 characters.

MODIFICATION REQUEST

Instructions:
1. Modify a field below.
2. Select the Save button above to save your work frequently
3. To complete the Modification Request, select the Modification Request Submitted status.
4. To cancel the Modification Request, select the Modification Request cancel check box and change the status to "Modification Request Cancelled".

Grantee Request

Modification Request Date [   ]
This request is for the following change(s). Check all that apply *

☐ Budget Modification

☐ Time Extension   New Date[   ]

☐ Scope Change

☐ Other

☐ Modification Request Cancelled

Nature of Modification Request

[   ]

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8.3 Submitting your Modification Request

Once all fields have been entered on the Modification Request form, click the [SAVE] button at the top of the page.

Once you have received the confirmation that all changes have been saved successfully, hover over the Status Changes link and click on the [APPLY STATUS] button under the MODIFICATION REQUEST SUBMITTED heading.
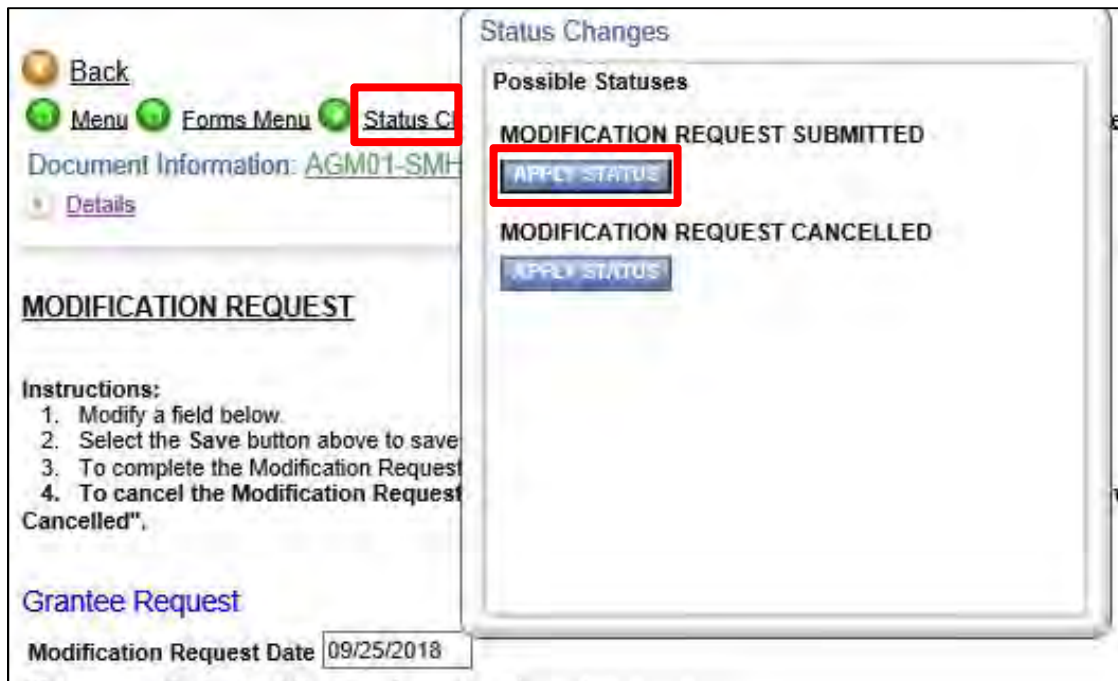
This will move your contract to a status of Modification Request Review (PM).

After your request has been submitted, the Program Manager and Contract Manager will review the request. You may be contacted via phone or mail to clarify your request or explain the details.

The Contract Manager will fill out their half of the Modification Request form and enter in a justification which will be reflected on the modified contract.

If your request has been approved, you may be required to enter more information into the contract.

- For **time extension** requests, you will not be asked to enter any information. The extension will be entered by the Contract Manager.

- For **scope changes** or **budget modifications**, either you, the Program Manager, or the Contract Manager can update or save this information. If the program requests that you make the updates, you will be contacted via phone or email alerting you of this.

8.4   Contract Information Requested Modification

If the program is requesting that you enter information for your modification, for instance updating the Work Plan or Budget, it will be sent to you in the status of Contract Info Requested Modification (PM). During this status, you can make changes to the Work Plan or Budget via the Forms Menu, and then submit your changes.

Make the required changes by accessing the appropriate pages in the Forms Menu. Once your changes are complete submit the Modification by using the Status Changes option.
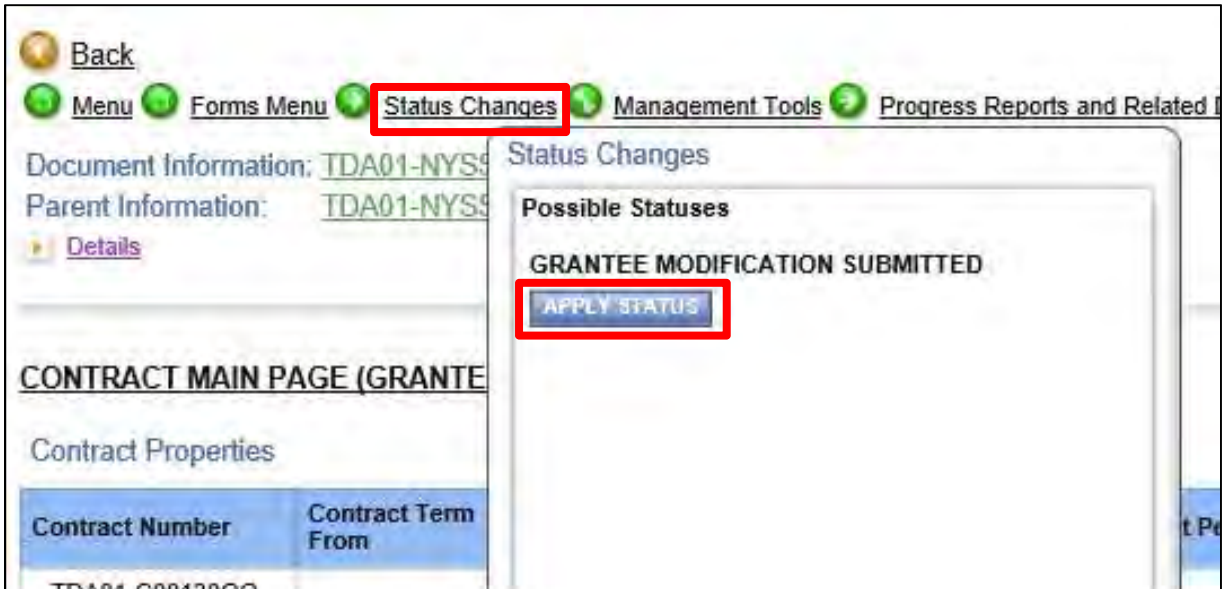
> NOTE: When you try to submit your modification, you may get alerts noting that you have to review certain pages for changes. Simply click on those pages to review them and click the Status Changes link again.

Once your modification has been submitted, the Program Manager and Contract Manager will have the opportunity to review and edit your contract details. You may be required to make more changes or review the changes that were made. Once the changes have been approved by all parties, the modified contract will be sent for signatures.

8.5 Sign the Modified Contract

Once the modified details have been approved, the modification will be sent back to you for your electronic signature.

Just as you would have done during the original contract signature phase, review the contract, and then sign it using the Status Changes option. The contract will then go through the required signature and review processes and eventually be approved and executed. You will be contacted if any issues arise or once the modified contract has been executed.

8.6 Modification Statuses

Contract Cancelled Modification

The modification request that was started has been cancelled.

Contract In Internal Review Modification

The approved modification request has been made and is being reviewed by Legal and/or Fiscal managers.

Contract Info Requested Modification (PM)

The request to make a modification to the contract has been approved and is now ok to move forward with making the change. The contract is now with you to update the budget or work plan.

Contract Manager Review Modification

The Contract Manager is reviewing the requested modification for approval to process.

Grantee Modification Request (PM)

This is the first status that you will move the contract to when you request that the contract is modified.

Grantee Modification Submitted

You have submitted the modification.

Program Manager Review Modification

The Program Manager is reviewing the requested modification for approval to process.

9. Progress Reports

If your agency requests for you to enter progress reports through the Grants Gateway follow the below steps.

9.1 Initiate a Progress Report

Log in as grantee and find the contract that you want to initiate a new progress report on. The contract has to be in the status of "Contract Executed", "Grantee Modification Request (PM)", "Offline Grantee Modification Request (PM)", "Modification Request Review (PM)", "Modification Request Review (CM)" or "Modification Request in Internal Review" within a period to have a Progress Report initiated.

If in one of the stated statuses, click on the Application Number link.

Application Number	Contract Number	Contract Type	Organization Legal Name	Term From/To	Period #	Period From/To	Contract Status	Contract Amount
DEC01-CWA15-2015-00003	DEC01-C00002GG-3350000	Multi-Year	Linda V	01/01/2016-12/31/2018	1	01/01/2016-12/31/2016	Contract Executed	$60,000.00

Once open, hover over the Progress Reports and Related Documents link and click on Initiate a/an Progress Report.

ement Tools ● Progress Reports and Related Documents

Related Documents

Name

Initiate a/an Progress Report

PRGRPT-DEC01-C00002GG-3350000-P1-001

If another Progress Report has already been initiated it will show here
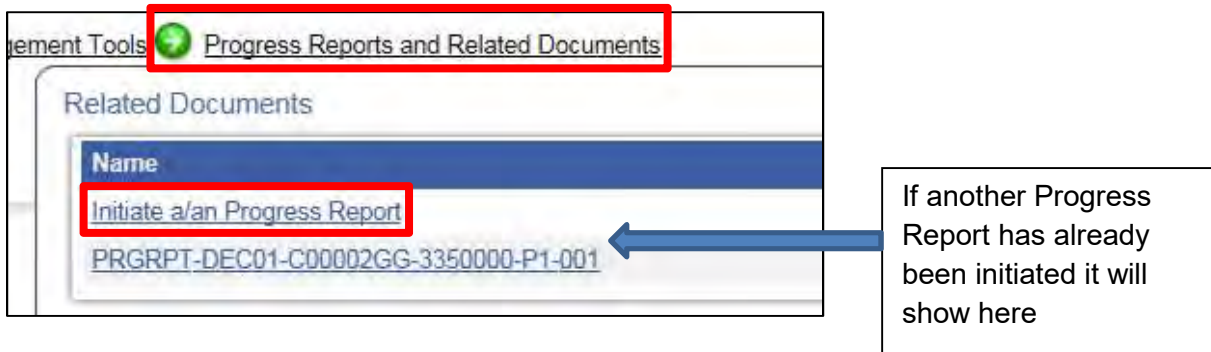
This takes you to the Progress Report Main Page as shown below. Note all fields will appear blank until you start working through the Forms Menu and information will fill in as completed.

PROGRESS REPORT MAIN PAGE

Contract Properties

Contract Number	Contract Term From	Contract Term To	Contract Type
DEC01-C00002GG-3350000	01/01/16	12/31/18	Multi-Year

Period 1: 01/01/2016 - 12/31/2016

Progress Report Summary

Progress Report Number: PRGRPT-DEC01-C00002GG-3350000-P1-002

Progress Report Period: -

Progress Report Name:

Submitted By:

Date Submitted:

Date Approved:

Final Report:

9.2   Completing a Progress Report

From the Main Page, click on the Forms Menu link:
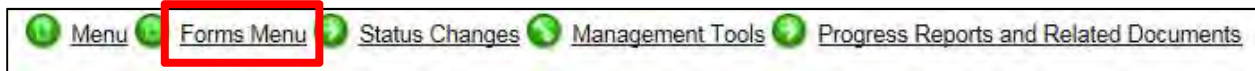
The items to be updated are dependent on what was selected during the Contract Build Phase. The state agency can select either Work Plan or Uploads to be updated or may select both.

Grant Creation and Editing Module
Use the menu below to access the various components of the template.

Current Mode: **Active**

Grant Opportunity Build Menu | Contract Build Menu

Progress Report Formats
Instructions:
1. Complete the required fields below.
2. Upload Progress Report Templates or enter a link to your website if applicable.
3. Select the **Save** button to save your work before moving from this screen

Acceptable Progress Report Formats:

-Select-
Work Plan and Upload(s)
Work Plan Only
Upload(s) Only

Progress Reports

9.2.1   Progress Report Properties

First, click on the Progress Report Properties link. You must complete Report Period From and To dates, Progress Report Name and indicate if the Progress Report you are doing is the Final Report in order to get the page to save successfully.

Note that the 'Stop' sign shows next to the link until the page has been changed, just like when working through the contracting process. You will know you have completed that page once the icon has changed

9.2.2   Progress Report Work Plan Based - Project Summary

Go back to the Forms Menu link and select the next link; Progress Report Work Plan Based – Project Summary. Just like when completing an application, Project Summary Update is required (indicated by the red asterisk); Organizational Capacity Update is not. Once completed go back to the Forms Menu and select the next link.

Progress Report Summary

Progress Report - Project Summary Update
Provide an update on the project, including the overall goal and desired outcomes. Include information such as location, target population, overall number of persons to be served, service delivery method and hours of operation.

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Progress Report - Organizational Capacity Update
Provide an update on the project staffing, qualifications and ongoing staff development/training activities, and relevant experience of the provider organization to support the project.

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9.2.3   Progress Report Work Plan Based – Performance Measures

The next link on the Forms Menu takes you to the Progress Report Work Plan Based – Performance Measures. This screen shows you all of the information the contract was originally submitted with and provides a place for you to input an update to your Performance Measure on each Objectives Task. You are also able to upload any documents to update your Performance Measure if uploads were originally allowed by the funding agency when creating the application.

If you have more than one Performance Measure on your contract, all Performance Measures will be listed in a dropdown box on the top right-hand portion of the screen. Click the first Performance Measure you would like to work on and click the [GO] button. Continue working through that list until an update has been entered on each Performance Measure.

PROGRESS REPORT WORK PLAN BASED - PERFORMANCE MEASURES

Instructions:

1. Complete the required fields below.
2. Select the Save button to save.

Period 1:	09/01/2018 - 04/30/2020
Progress Report Number	PRGRPT-AGM01-T00081GG-3000000-P1-001
Progress Report Period	09/01/2018-09/30/2018
Progress Report Name	Progress Report 1

Progress Report Performance Measure

Objective Name	Identify climate mitigation/adaptation BMPs
Objective Description	Identify potential best management practices (BMPs) that may effectively and economically reduce greenhouse gas (GHG) emissions, sequester carbon, improve soil, air, and water quality, increase productivity, and resiliency.
Task Name	Scope of practices.
Task Description	Identify scope of potential carbon farming practices.

Progress Report Performance Measure Update

Performance Measure Name Identify sources and sinks of greenhouse gases.

Progress Report – Performance Measure Narrative Update

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Progress Report Performance Measure Upload Update

Browse...

An update must be made to each Performance Measure before you can submit your Progress Report successfully. Make sure you are clicking the [SAVE] button at the top of the page of each Performance Measure before switching pages to the next Performance Measure. Once you have updated each page, you can return to the Forms menu to click on the next link.

Progress Report Performance Measure Upload Update

Browse...

Contract Performance Measure

Contract – Performance Measure Narrative
description of perf measure #1

Contract – Performance Measure Upload
N/A

Contract – Performance Measure Integer

9.2.4   Progress Report Uploads

If the agency has provided a template for you to update as part of your Progress Report you will do so on the Progress Report Uploads screen. Even if a template was not provided, documents can be uploaded here, (provided uploads were chosen during the contract creation).

Enter a name for the document you want to upload, a short description and then use the [Browse…] button to upload a document from your computer.

Click the [SAVE] button at the top of the page to have a new row open for a second document.

9.3   Submitting the Progress Report

Once you think you have updated all screens, click on the [CHECK GLOBAL ERRORS] button in the blue ribbon at the top of the screen:

The green light indicates that all required screens have been updated successfully and the Progress Report is ready to be submitted:

No errors have been found.

Return to the Forms Menu by clicking here.

To submit the Progress Report, click Status Changes and then click the [APPLY STATUS] button under PROGRESS REPORT SUBMITTED heading.

At the end of section 9.1, we saw how none of the information on the Progress Report Main Page was completed. Once the report has been submitted you can go back to the Progress Report Main Page and see the Summary completed.

10. Payments

This section explains the process of initiating and submitting a payment through the Grants Gateway.

Before beginning, however, a cautionary note is in order. It is assumed that readers are familiar with pre-existing Grants Gateway contract management tools and the processes for creating, developing and executing contracts. Those topics are covered elsewhere and will not be revisited here.

10.1 Grantee Roles and Access

Role/Task	Initiate Payment request	Add/Edit Payment request		Upload Document(s)	Certify & Submit Payment Request	Payment status view only
		Payment Properties	Claim / Advance detail			
Grantee Delegated Administrator						✓
Grantee	✓	✓	✓	✓		
Grantee Contract Signatory	✓	✓	✓	✓		
Grantee Payment Signatory	✓	✓	✓	✓	✓	
Grantee System Administrator	✓	✓	✓	✓		
Grantee View Only						✓

10.2 Payment Requests

Grantees can perform various actions based on their roles as shown in the previous section. They may:

- Submit a new Payment Request;

- Update an existing Payment Request;

- View the status of an existing Payment Request.

10.2.1 New Payment Request

Login with any of the Grantee roles from the table above that have permissions to initiate a new payment request.

Once logged in, click on the Contracts link at the top of the page, enter the search criteria needed to locate the contract you want to initiate a payment on and click the [SEARCH] button.

From the Search results, select the Application Number to the left of the desired contract number.

This will redirect you to the CONTRACT MAIN PAGE. Hover over the Progress Reports and Related Documents link and click on 'Initiate a/an Payment.' This will change the status to 'Payment In Process'.
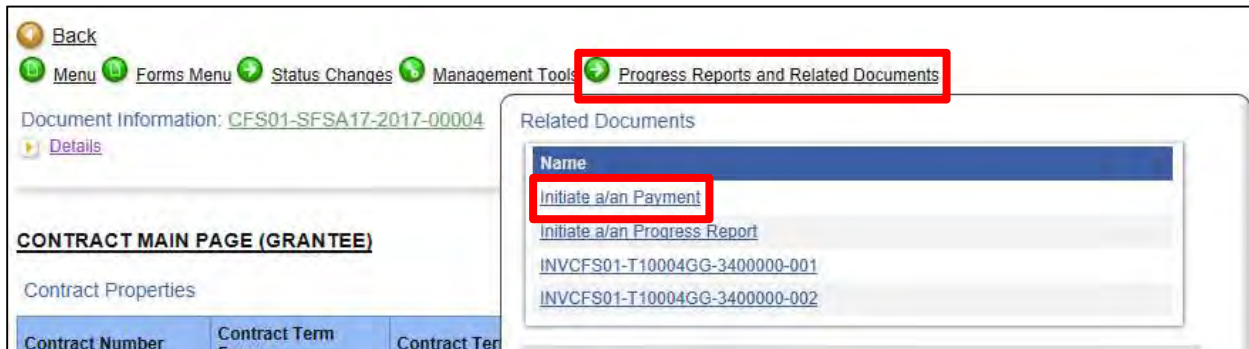
Clicking on that link will redirect you to the PAYMENT MAIN PAGE. Click on the Forms Menu link and select 'Payment Properties' to open the form.

All fields with a red asterisk (*) are required. Complete all relevant information and click [SAVE] at the top of the page.

Payment Type: Select the appropriate payment type based on the contract.

- o Claim: Select this value if the request is for reimbursement of expenses or milestones achieved as set forth in the approved contract budget.

- o Advance: Select this value if the request is for start-up or operating costs and will create a balance receivable.

> NOTE: The payment type selected will open corresponding forms in the Forms Menu. This is explained in greater detail in the next section of this document.

Final Payment: Select whether this is the final payment or not.

- o This drives no functionality and is for reporting purposes only. Selecting 'Yes' will not stop the user from submitting another payment.

Payment Period: Enter the payment period for which this request is being initiated.

Payment Method: Select the payment method used to receive this payment.

Payment Address: Select the address from the dropdown where the payment should be sent.

Payment IRS Code: This is an optional field. If the State Agency that holds the contract directs you to, select one from the dropdown.
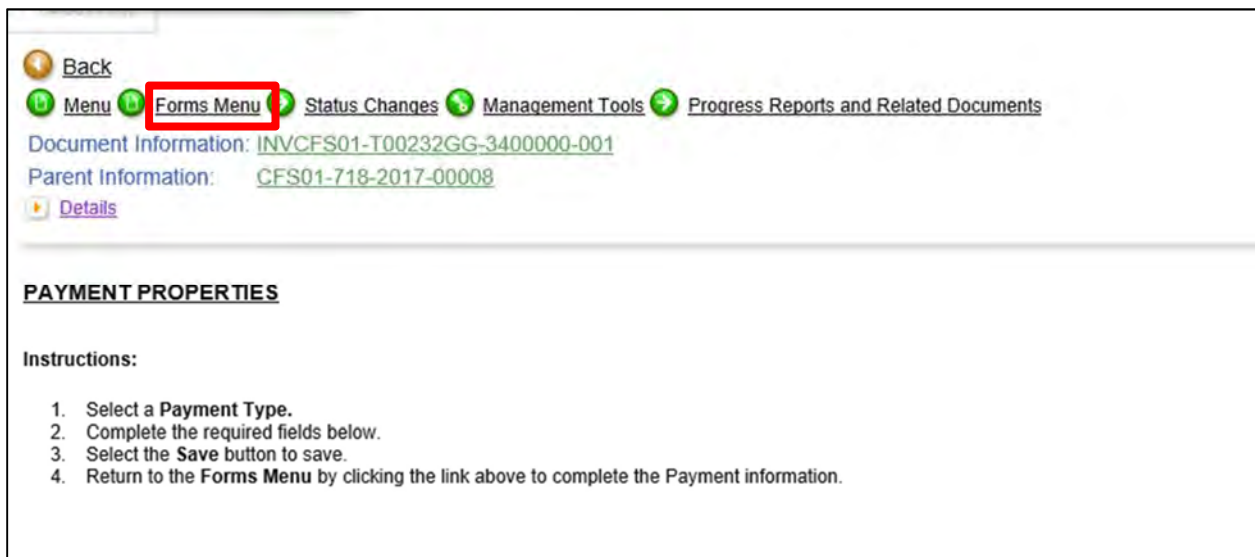
Adjustment Payment: This functionality is for State use only.

Offline Payment: This functionality is for State use only.

10.2.2 Payment (Advance/Claims) Details

Based on the budget type and which payment type options were selected under the Payment Properties, the system will require further details. The following provides information on what is needed for each payment type.

Click on (not hover over) the Forms Menu to open the forms you will need to complete.

Advance Payment Request Form

Selecting Advance as the payment type will require you to complete the Advance Request form on the Forms Menu.

Click on the Advance Request link and enter the Advance Amount Requested and the Advance Request Justification and click the [SAVE] button at the top of the page.

NOTE: If the payment request is completed by anyone other than the Grantee Payment Signatory, the 'Accept' selection under the Payee Certification section will remain greyed out. If the payment request is completed by any role other than the Grantee Payment Signatory, the Signatory can still review, certify ('Accept') and submit the payment request.

Period Total: Contractual amount awarded for the contract period

Advance Percentage: Percentage for the advance as specified in the contract

Advance Amount Calculated: Maximum amount of advance that can be requested as determined by the advance percentage allowed by the contract

Advance Amount Requested: Enter the Advance Amount Requested. The system edits will ensure that the amount requested does not exceed the maximum allowed by the contract.

Advance Request Justification: Enter any justification you may have for why you are requesting an advance. An example may be because you have start-up costs.

Unitemized Expenditure Claim Detail

Selecting Claim as the payment type with an Expenditure Budget will require you to fill out the Unitemized Expenditure Claim Detail form on the Forms Menu.

When the Claim Detail page opens, complete the expenditure amount for all categories that funding is being requested for under the 'Grant Funds' column. Please note that there is only one box for each category, so if you have multiple expenditures for the same category, they will need to be combined.

Example: You have John's salary of $1,000, Kelly's salary of $4,000, and Brett's Salary of $2,000. You would enter $7,000 in the 'Expenditures for this Report' for the salary category.

If the contract has match funding, enter the match funds under the 'Match Funds' column.

- Users may enter any comments in the 'Vendor Comments' field.

- Once completed, click the [SAVE] button at the top of the page.

UNITEMIZED EXPENDITURE CLAIM DETAIL

SFS Vendor ID: 1000001587
SFS Payee Name: MOSES LUDINGTON HOSPITAL
Payment Address: 1019 WICKER ST, TICONDEROGA, NY 12883

Instructions:

1. Enter claim amounts below in the **Expenditures for this Report** column.
2. Select the **Save** button to save and run the calculations.
3. The Payee Certification will be automatically populated on Save by Grantee Payment Signatory and updated when the request is submitted via status change.

Grant Funds

Category of Expense	Approved Budget Grant Funds	Previous Cumulative Expenditures Grant Funds	Expenditures for this Report Grant Funds	Current Cumulative Expenditures Grant Funds	Audit Grant Funds
Salary	$5,500.00	$0	$0.00	$0	$0.00
Fringe	$0.00	$0	$0.00	$0	$0.00
Contractual Services	$0.00	$0	$0.00	$0	$0.00
Travel	$0.00	$0	$0.00	$0	$0.00
Equipment	$2,000.00	$0	$0.00	$0	$0.00
Space/Property Rent	$0.00	$0	$0.00	$0	$0.00
Space/Property Own	$0.00	$0	$0.00	$0	$0.00
Utilities	$0.00	$0	$0.00	$0	$0.00
Operating Expenses	$0.00	$0	$0.00	$0	$0.00
Other Expenses	$0.00	$0	$0.00	$0	$0.00
Total	**$7,500.00**	**$0.00**	**$0**	**$0.00**	**$0**

Match Funds

Category of Expense	Approved Budget Match Funds	Previous Cumulative Expenditures Match Funds	Expenditures for this Report Match Funds	Current Cumulative Expenditures Match Funds	Audit Match Funds
Salary	$0.00	$0	$0.00	$0	$0.00
Fringe	$0.00	$0	$0.00	$0	$0.00
Contractual Services	$0.00	$0	$0.00	$0	$0.00
Travel	$0.00	$0	$0.00	$0	$0.00
Equipment	$0.00	$0	$0.00	$0	$0.00
Space/Property Rent	$0.00	$0	$0.00	$0	$0.00
Space/Property Own	$0.00	$0	$0.00	$0	$0.00
Utilities	$0.00	$0	$0.00	$0	$0.00
Operating Expenses	$0.00	$0	$0.00	$0	$0.00
Other Expense	$0.00	$0	$0.00	$0	$0.00
Total	**$0**	**$0.00**	**$0**	**$0.00**	**$0**

Vendor Comments

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Capital Budget Claim Form

Selecting Claim as the payment type with a Capital Budget will require you to fill out the Capital Claim Detail form on the Forms Menu.

When the Capital Claim Detail page opens, complete the Expenditures for this Report column for all categories that funding is being requested for under the 'Grant Funds' column. Please note that there is only one box for each category, so if you have multiple expenditures for the same category, they will need to be combined.

Example: You have one construction cost of $1,000, another construction cost of $4,000, and a third construction cost of $2,000. You would enter $7,000 in the 'Expenditures for this Report' for the Construction category.

If the contract has match funding, enter the match funds under the 'Match Funds' column.

- Users may enter any comments in the 'Vendor Comments' field.

- Once completed, click the [SAVE] button at the top of the page.

10.3 Payment Uploads

To upload any supporting documents for the payment request, click on the Forms Menu and select the 'Payment Uploads' link under the Forms. On the Payment Uploads form the system will display the upload grid with *Supporting Documentation* as the default (and only) option under the 'Type' column.

Under the 'Category' column, the options displayed will vary based on the Payment Type selection (Advance or Claim) and Budget. Select the Category option that best fits the document to be uploaded.

Enter a description of what the upload is (max of 140 characters).

> NOTE: The State Agency holding the contract will determine what types of documents are to be uploaded here. Please contact them if you are unsure.

Browse and attach the supporting documents for the selected category.

Click the [SAVE] button at the top of the page.

> NOTE: You may **only upload PDFs** to the Payment Upload form. They **can NOT** have password protection and can have a maximum size of 10MB each.

Each time the [SAVE] button is clicked, the system will create a new blank line for an additional document to be uploaded. Repeat these steps as many times as needed. Use the View File link below the line to view/verify the uploaded document.

By default, the Display in Voucher box is checked, and all uploaded documents are viewable in the voucher unless the Grantee deletes the upload before the first submission. After the payment has been submitted, only the Agency reviewer can uncheck them.
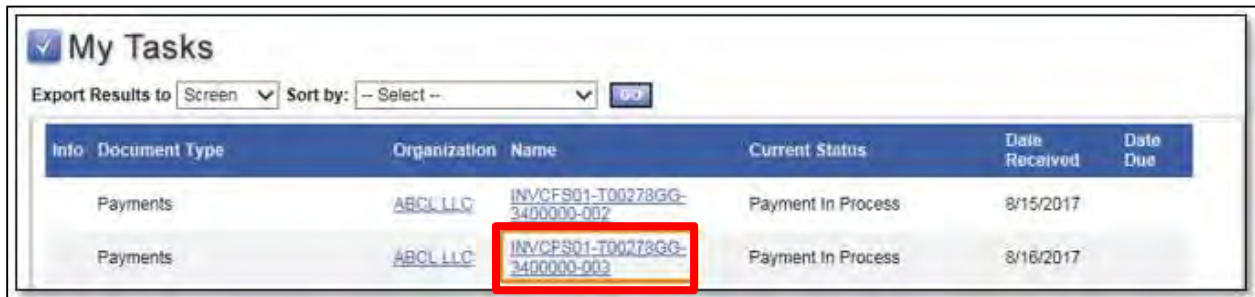
To delete any uploaded document from the upload grid, select the checkbox under the Delete column for that document line and click the [SAVE] button at the top of the page.

> NOTE: All Grantee roles, other than the Grantee View Only role, can upload and delete documents from the upload grid. A document can ONLY be deleted until the payment request is submitted.

10.4 Payment Certification and Submission

Once the Advance or Claim Payment form has been completed, and any supporting documentation has been uploaded, the Grantee Payment Signatory can certify and submit the Payment Request to the State Agency.

If the Grantee Payment signatory was who originally created the payment request, or if they were added to the payment document or contract by another user, a task will show in their Task box with a status of 'Payment In Process'. Click on the payment number as shown below:

If the task does not show in the Grantee Payment Signatory's task box, they can search for it using the Payment Search tool by clicking on the Payments link at the top of the page. Enter your search criteria and click the [SEARCH] button at the bottom of the page. Find the payment you want to review in the Search Results and click on the Payment Number link.

Alternatively, if the Grantee Payment Signatory is within the payment forms, they do not have to go to the home page to find the payment. They would go to the Forms menu and then click on the 'Unitemized Claim Detail' page.

Review and verify information in each section of the Forms menu before the payment is certified and submitted. Once the payment is submitted, the system will not allow any modification except uploading new documents.

To certify the Payment, click on the 'Unitemized Claim Detail' link from the Forms Menu. Scroll to the Payee Certification section and click once on the 'Accept' radial button. Click the [SAVE] button at the top of the page.

NOTE: To uncheck the radial button click on it twice and hit the [SAVE] button at the top of the page.

Payee Certification:

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Accept ⦿

Signatory's Name:
Title:
Date:

Audit Comments

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To submit the payment, hover over the Status Change link and click the [APPLY STATUS] button under the Payment Submitted label.

Click the [I AGREE] button to the attestation that comes up. If you click on [I DON'T AGREE], the payment will not be submitted.

Agreement
Please make a selection below to continue.

By clicking the I Agree button below, I certify that the information provided is just, true, and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are included.

[I AGREE] [I DO NOT AGREE]

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After clicking on [I AGREE], the screen will refresh, and the status is changed to 'Payment In Review (PM)' or 'Payment in Review (FS)'. The status depends on choices made by the State Agency earlier in the process. This status indicates that the payment was routed to the Agency Level 1 auditor's task box for review and audit.

10.5 Payment Vouchers

10.5.1 Payment Voucher Preview

A payment voucher will contain a summary for the payment request, including supporting documents. It can be previewed by any Grantee role at any point before the final audited payment is submitted to SFS.

To preview the voucher for the payment, open the payment request, go to the Forms menu, and click on the Payment Voucher Preview link under Payment Processing.

Wait for the system to generate and create the link to open the document. Click on the [Open} button to open the document.

The payment voucher will include the following in this order:

- Cover Page

- Detail Page

- Attachments Page Directory followed by all attachments

10.5.2 Final Payment Voucher

Once the payment is submitted to SFS, the system will generate a final version of the voucher and store it under the PAYMENT VOUCHER form.

To view the final payment voucher, open the payment request, go to the Forms menu, and click on the Payment Voucher link under Payment Processing.
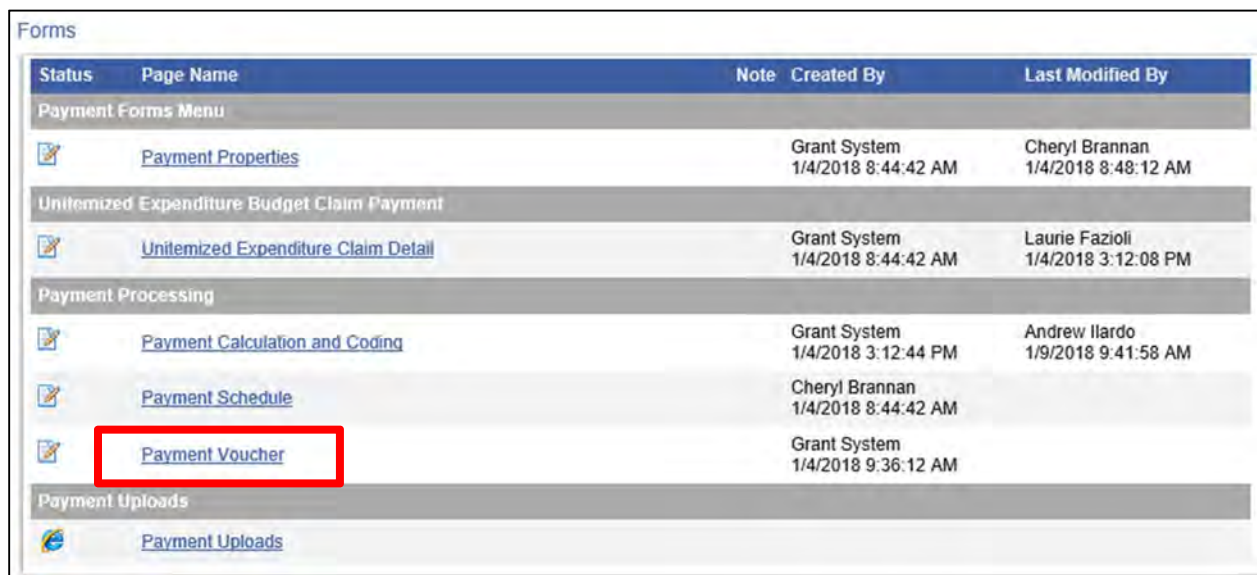
The payment voucher page will open. Click on the link for the payment voucher.
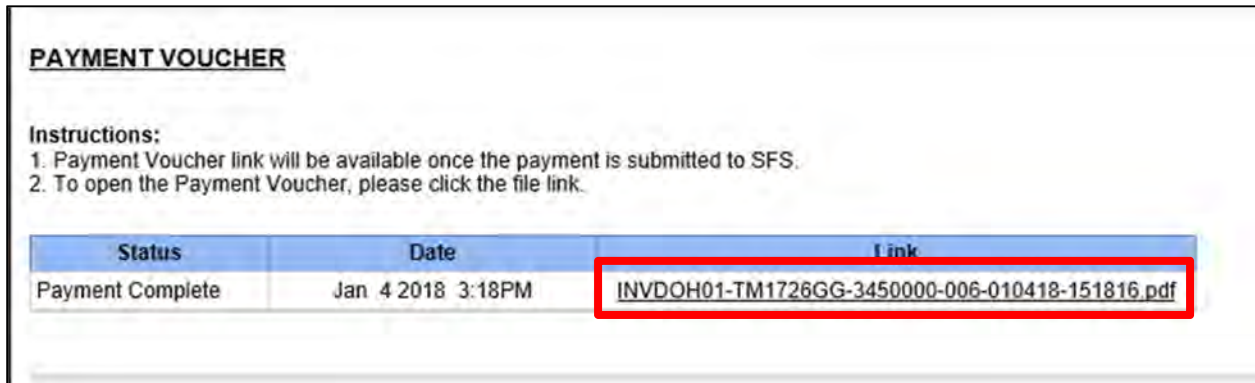
Wait for the system to generate and create the link to open the document. Click on the [Open] button to open the document.
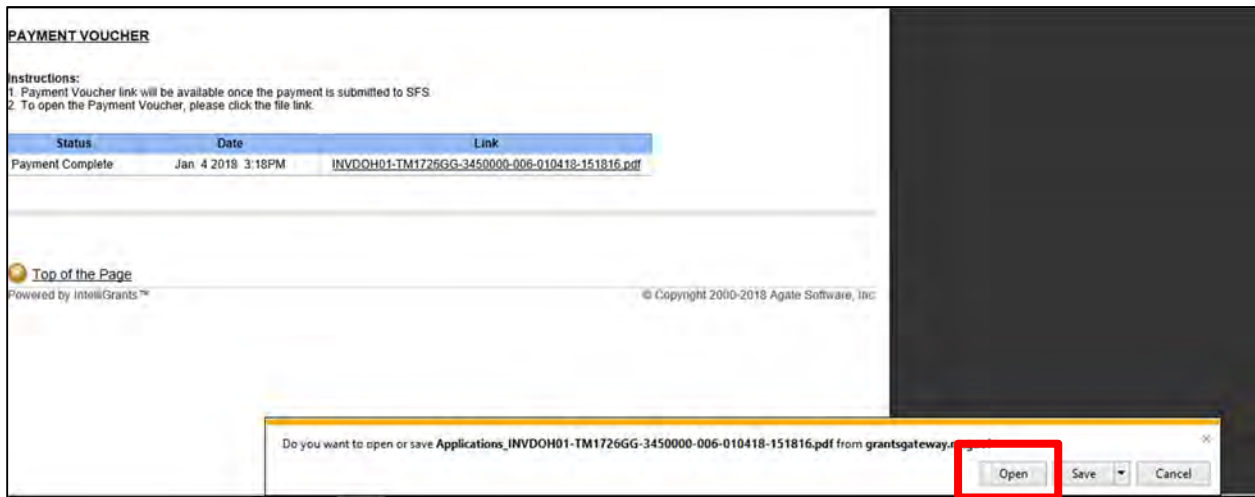
The final payment voucher will include the following in this order:

- Cover Page

- Detail Page

- Attachments Page Directory followed by all attachments

10.6 Update Payment Request Information

Once a payment has been submitted, the system will not allow the user to update information or upload a new document unless the State agency Level 1 Auditor sets the status to 'Payment Information Requested'. The auditor can move it to that status and create a task for the Grantee Payment Signatory if they need further supporting documentation or clarification on the payment request.

When the payment is in a status of 'Payment Information Requested', the system will only allow restricted changes on the payment request as outlined in the table below:

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Role/Task	Update Payment Properties	Update Advance Amount or Expenditure Claim Funds amount	Update Advance Request Justification or Vendor Comments	Upload additional document(s)	Certify & Re-Submit Payment Request
Grantee Delegated Administrator					
Grantee			✓	✓	
Grantee Contract Signatory			✓	✓	
Grantee Payment Signatory			✓	✓	✓
Grantee System Administrator			✓	✓	
Grantee View Only					

If the payment is in the status of 'Payment Information Requested', a grantee role as outlined above should login, and open the payment request from the task list by clicking on the payment number.

Once the requested document and the supporting comments are updated on the payment and saved, the Grantee Payment Signatory should re-certify the payment by single clicking the 'Accept' radial button on the Advance Request or Expenditure Claim details form as outlined in Section 4 of this document.

Re-submit the payment request by hovering over the Status Change link and clicking on the [APPLY STATUS] button under PAYMENT INFORMATION SUBMITTED heading. The payment status will change to 'Payment in Review (PM)' or 'Payment in Review (FS)' and will route back to the Agency Level 1 auditor's task list for review and audit.

11. Additional Tools and Resources

11.1 Notes

For contracts and periods that were initiated post May 1, 2018, you will find a Notes link on the bottom of the Forms Menu under the Contract heading.

This form is viewable by both you and the funding agency. You are able to view Notes that have been added at any point once you are in the contract build. You may update / add a note to this form when your contract is in the following statuses:

- Contract Information Requested (PM)
- Contract Information Requested (CM)
- Contract Information Requested Modification (PM)
- Contract Information Requested New Period (PM)
- Contract Information Requested New Period (CM)
- Grantee Contract Signature Required

Instructions
* Use the grid below to enter notes and comments
* Click the "Save" Button to to save your entry

Date & Time	Name/ Role	Status	Comments
MM/DD/YYYY (HH:MM AM/PM	Jon Smith (Program Manager)	Program Manager Review	
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Date & Time – Reflects the date and time the note was added to the page.

Name/Role – If any user in a grantee role enters a note, their name and role will be displayed. When the agency enters a note, you will see 'State' listed under this column.

Status – Displays the transaction status at the time the note was entered.

11.2 Search and View Payment Request Status

Any grantee role can search for the status of a payment request.

Log in and select the Payments link at the top of the page. Enter the search criteria and click on the [SEARCH] button at the bottom of the page.

Once the results are populated, look at the Payment Number column (far left) and the Status column (far right) to view a single or group of payments for payment requests that have already been initiated.

If you already have a specific payment open to view, they can check the status by clicking on the Menu link and then on the Details link under the Document Information. Clicking on the dropdown arrow next to Details will open a box showing the current status, what role the user is logged in as and the Organization the payment is for.

Once a payment has reached the status of 'Payment Complete,' there is additional information populated on the Payment Calculation and Coding form. This form can be accessed by going back to the Forms Menu after the payment is in the status of 'Payment Complete.'

The top section of the Payment Calculation and Coding form contains information about the payment that the State Agency uses to determine the net payment paid to the vendor and from which funding location within the State that the payments are coming from.

The bottom section called Voucher Details contains information that is important to the vendor.

Liability Date: Payment Period To date on the Payment Properties Screen

MIR Date: Initial received/generated date field in the Payment Details section of the Payment Calculation and Coding form

MIR Date Change and Reason: If the MIR date should be changed for any reason, the State Agency changes the date here and issues a reason for the change

Process Date: Populated with the date the payment goes to the status of 'Payment Submitted to SFS'

Payment Date: The date payment was issued by the Statewide Financial System

Payment Amount: The amount of payment issued by the Statewide Financial System

Reference/Invoice Number: Payment Number

Document Number: Voucher number from the Statewide Financial System

Check Number: Check or ACH number issued by the Statewide Financial System

Check Date: Date of Check or ACH issued by Statewide Financial System

11.3 Task List

If you need to see the status of any document / vault / progress report / or payment within your organization, (whether it is assigned to you or someone else within your organization), you can use the Tasks tool at the top of the page to search for them.

Log in to the Grants Gateway and click on the Tasks link.

When the Search Tasks page comes up, enter as much information you have to search on. At a minimum you must select an Agency and you must select at least one Document Type.

Once you have entered the Search criteria, click the [SEARCH] button.

The amount of search criteria entered will determine the size of the search results you receive. The more information used to search, the narrower the results list will be.

By using the bare minimum of search criteria, you will receive all documents of the type you selected that are in the agency you selected.

The Search Results will provide the following information:

Document Type – This should only reflect the Document Type that you selected in the search criteria.

Organization Legal Name – This is the organization that your role is associated with.

Name – The application / contract / payment / document vault or progress report link that will take you to the document.

Period – If the document is a contract or payment, this column will reflect which period it is in.

Current Status – This is the current status of the document.

Assigned To – This will show the name of the user within your organization that the document is assigned to.

Date Received – This is the date that the document was sent to the person it is Assigned To.

Status Days Remaining – The funding agency defines the number of days that it should take documents to be within a specific status. In the example above, it shows a negative number because it is that many days past the number of days it should have taken to move it to the next status.

Remaining Schedule Days – The number of days left in the overall schedule based on the sum of days assigned to each status within a process by the funding agency.

Site Information

Funding Opportunity # 18377
Grants Gateway # DOH01-DRPLR7-2020

DANY Physician Loan Repayment/Physician Practice Support Programs

Instructions: Complete all sections of this form for the fourth or other subsequent facility(s). Complete a separate form for each site. You will upload all completed pages into the Grants Gateway together.

Site #_____ of _____

1. Site name:

2. Site address:

3. Type of site (i.e. FQHC, private practice, hospital, nursing home).

4. On an annual basis, what is the percentage of total work hours the physician will provide clinical services at this site:

_____%

5. This site is primarily located in an area identified as (Check one):

_____ Rural   _____ Inner City   _____ Suburban

6. County where site is located: _____

7. Other counties served by this site: _____

Loan Statements
For Qualified Educational Debt

Funding Opportunity #18377
Grants Gateway # DOH01-DRPLR7-2020

<u>DANY Physician Loan Repayment/Physician Practice Support Programs</u>

Applicants are instructed to upload the most current Loan Statements for qualified educational debt* here as Attachment 3 in the Grants Gateway online application. These statements should be no greater than (30) days from the date in which the application is submitted. The date needs to appear on the statement along with the physician's name.

* Qualified educational debt is defined in Section III (A) of this RFA.

<div align="center">

Consent to Disclosure

Funding Opportunity #18377
Grants Gateway # DOH01-DRPLR7-2020

DANY Physician Loan Repayment/Physician Practice Support Programs

</div>

I authorize and provide my consent for any lender, servicer, the U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to disclose to NYS Higher Education Services Corporation (HESC) any information relevant to HESC's review and consideration of my outstanding student loan debt. I give HESC permission to contact and disclose my personal information to any lender, servicer, U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to facilitate HESC's review and consideration of my outstanding student loan debt. I give HESC permission to share my personal information with its agents, business partners, other State and/or federal agencies, and other institutions or individuals necessary for the purpose of evaluating my student loan debt. I give HESC permission to use whatever means it deems necessary to verify any information I have provided, or will provide, to be used for the purpose of evaluating my student loan debt, including but not limited to, documentation submitted or accessed through other parties.

_____
Physician's Name (Print)

_____
Physician's Signature

_____
Date

Employment Contract (or Business Plan) & Addendum

Funding Opportunity # 18377
Grants Gateway # DOH01-DRPLR7-2020

DANY Physician Loan Repayment/Physician Practice Support Programs

Applicants are instructed to upload a copy of their **Employment Contract* or Business Plan** (if the physician is not employed and is in a private practice) here as Attachment 5 in the Grants Gateway online application. The employment contract should state the start date of the physician's employment with the employer. It must be **dually signed** by the employer and the physician.

Since employment contracts are not customizable, to ensure all the DANY provisions are addressed, the Department is requesting that you also provide an **Addendum Letter**, on the employer's letterhead along with your employment contract or business plan.

The Addendum Letter must be signed by the physician and an employee with the authority to represent the employer with respect to human resources matters, including Human Resources Director, the Chief Executive Officer or the Chief Operating Officer. The following statements should be contained therein:

- *"It is mutually understood that (physician name) intends to fulfill a DANY service obligation with (name of employer) during the period November 1, 2020 through October 31, 2023.*

- *During that time, (physician name) will be assigned to (name and address of work site), for _____ % of his/her time. (If the physician is working at more than one site this sentence should be repeated as necessary. One hundred percent of the physician's time must be accounted for at all sites.*

- *S/he will work as a (clinical title and specialty) for approximately _____ clinical hours (**excluding teaching or research**) per week for _____ weeks per year during that time. For the purposes of this grant application, any hours worked in excess of 40 hours per week shall not be applied to any other work week.*

- *The physician will work no less than 4 days per week and no more than 12 hours in a 24-hour period will be used to calculate the 40 hours per week.*

- *The 40 hours per week will not include time spent in "on-call" status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in Attachment 3 of this application during that time.*

- *The physician may work in telehealth services however it will not account for more than 40% of his/her overall work hours per week.*

- *The start date of the physician with this organization is/was: _____"*

* Employment contract is defined in Section II (A) of this RFA.

Tool to Identify an Underserved Area

Funding Opportunity #18377
Grants Gateway # DOH01-DRPLR7-2020

DANY Physician Loan Repayment/Physician Practice Support Programs

Choose Options A, B or C as necessary per the instructions below. Note that you MUST complete one of these sections for your application to be accepted. Applicants should review all options before proceeding with their response.

OPTION A – Primary Care/Psychiatric Physician in a HPSA / MUA / MUP

Select Option A if:

1. The physician will be practicing in General Internal Medicine, Family Practice, General Pediatrics, Geriatrics, OB/GYN or Adult /Child Psychiatry, **AND**

2. The area or site where the physician will be practicing is in, or serves one or more of the following:
   - Federally-Designated Primary Care or Mental Health Professional Shortage Area(s) - HPSA
   - Medically Underserved Area(s) - MUA, or
   - Medically Underserved Population(s) - MUP

Instructions:

To identify if a facility is located in a HPSA, MUA or MUP (or is designated as a HPSA) go to:
   - https://data.hrsa.gov/tools/shortage-area/by-address

Enter the address under consideration. The resulting search should yield all HPSA's, MUA's and MUP's by status, in which the address is located.

ACTION:

Applicants must upload documents supporting the HPSA/MUA/MUP status as Attachment 8 in the Grants Gateway online application.

OPTION B – <u>Primary Care/Psychiatric Physician in a Rural County or Town</u>

<u>Select Option B if:</u>

1. The physician will be practicing in General Internal Medicine, Family Practice, General Pediatrics, Geriatrics, OB/GYN or Adult/Child Psychiatry, AND

2. The area or site where the physician will be practicing is in a rural county or town.

<u>Instructions:</u>

To identify if a facility is in a rural county or town go to:
- Attachment 7 and print off the two-page document.

<u>ACTION:</u>

Circle the rural county or town where the physician will be practicing. Applicants must upload these pages as Attachment 8 in the Grants Gateway online application.

OPTION C – <u>Alternate Method to Verify an Underserved Area</u>

<u>Selection Option C if:</u>

1. A physician cannot complete Options A or B.

2. The physician is a specialist.

<u>Instructions:</u>

To identify if the site where the physician is working is an underserved area:
- Applicants must answer YES to any (6) questions from the list below.
- Be sure to review and complete all (17) questions, print off and upload as Attachment 8 in the Grants Gateway online application, AND
- Provide supporting documentation for each question.

<u>PROPOSED SERVICE AREA</u>

Instructions:
For questions (1-5) go to The United States Census Bureau website: https://data.census.gov

- In the search bar where it says "I'm Looking for…" enter *New York State* and hit *Search*
- Click on the "*Pages*" tab
- Click on *US Census Bureau QuickFacts: United States*

- In the search bar, enter the following:
  - For Non-NYC statistics enter: ***Town or County*** for your proposed service area and click on the "***Select a Fact***" ***drop-down box*** to choose your search criteria
  - For NYC statistics enter: ***Zip Codes*** for your proposed service area and click on the "***Select a Fact***" ***drop-down box*** to choose your search criteria
- A table will appear with statistics based on the search criteria chosen
- You may select additional search criteria to add to this table (i.e. table can include several zip codes side-by-side)
- The answers to questions (1-5) can be found under the following table headings:
  - Age and Sex
  - Race and Hispanic Origin
  - Income and Poverty
- To print a copy of this table, click on the square at the top that says ***More*** and choose ***Print***
- Place a star and the question number next to the row where you found the answer to each of the following questions.

1. The service area contains a high percentage of indigent persons.

   Yes   No

   This is demonstrated by (check all that apply):

   _____ A percentage of individuals below poverty level that exceeds 11.6% of the population of the service are (for non-NYC areas), or 19.6% for NYC; **AND/OR**

   _____ A median household income level lower than $62,765; **AND/OR**

   _____ A per capita income level lower than $35,752.

2. The service area contains more than 44.6% (statewide average) of non-white, non-Hispanic individuals.

   Yes   No

3. The service area contains less than 63.1% (statewide average) of the total percent of population in the civilian labor force (16 years and over).

   Yes   No

4. The service area contains more than 5.8% (statewide average) of children under age 5.

       Yes   No

5. The service area contains more than 16.4% (statewide average) of adults ages 65 or older.

       Yes   No

6. The service area contains more than 30.6% of households with a language other than English spoken at home by persons over 5 years of age.

       Yes   No

PROPOSED SITE

Site Name: _____

Instructions: For question (7) – obtain facility-specific visit data from your employer for the last 12-month period (i.e. January 2019 – December 2019). Upload data along with this document as Attachment 8 in the Grants Gateway online application.

7. Twenty-five percent (25%) or more of the site's (or if a hospital, department's) visits are for indigent care (i.e. Medicaid, Child Health Plus, free and sliding scale combined as a percentage of total visits).

       Yes   No

Instructions: For question (8) – print out Attachment 7. Circle the rural county or town where the physician will be practicing. Upload Attachment 7 along with this document as Attachment 8 in the Grants Gateway online application.

8. For rural health providers: the site is in a rural town or county as listed in Attachment 7.

       Yes   No

Instructions: For questions (9-13) – you will affirm to any "yes" answers when you complete the attestation on Attachment 9 of this document. Also, for question (9) attach four full months of ED data from that facility. Upload all supporting data along with this document as Attachment 8 in the Grants Gateway online application.

9. For primary care services only, greater than (25%) of all ED visits in the past four months to the hospital served by this site were for non-urgent care.

        Yes   No

10. Average waiting time for established patients for routine preventative or follow up appointments with a primary care physician is more than (7) days from the initial patient request.

        Yes   No

11. Average waiting time for new patients for routine preventative appointments with a primary care physician is more than (14) days from the initial patient request.

        Yes   No

12. Average waiting time is greater than (48) hours for patients with urgent appointments or greater than (72) hours for patients with non-urgent "sick visit" appointments related to the specialty requested.

        Yes   No

13. Search for a practice physician in the same specialty at the health care facility has not produced a physician in (12) months.

        Yes   No

PROPOSED SPECIALTY

Instructions: For question (14) - attach documentation including a distance map (http://maps.google.com/). Upload the data along with this document as Attachment 8 in the Grants Gateway online application.

14. The travel distance from the applicant's proposed service site to the next closest provider practicing the listed specialty exceeds 5 miles (NYC) or 20 miles (Rest of State).

        Yes   No

Instructions: For questions (15-17) - you will affirm to the "yes" answers when you complete the attestation included in Attachment 9.

15. Currently there are NO other providers offering similar services or there is insufficient capacity of providers for this specialty type at the proposed service site.

        Yes   No

16. Site anticipates a decrease in the number of physicians practicing in the specialty due to announced or anticipated retirements or departures.

        Yes   No

17. Site employed one or more Locum Tenens to provide full time services in the proposed specialty for a minimum of (6) months in the past year.

        Yes   No

Rural Counties and Towns

Funding Opportunity #18377
Grants Gateway # DOH01-DRPLR7-2020

DANY Physician Loan Repayment/Physician Practice Support Programs

RURAL NEW YORK STATE COUNTIES:

The following counties have a population of less than 200,000:

Allegany	Cortland	Jefferson	Putnam	Tioga
Broome	Delaware	Lewis	Rensselaer	Tompkins
Cattaraugus	Essex	Livingston	Schenectady	Ulster
Cayuga	Franklin	Madison	Schoharie	Warren
Chautauqua	Fulton	Montgomery	Schuyler	Washington
Chemung	Genesee	Ontario	Seneca	Wayne
Chenango	Greene	Orleans	St. Lawrence	Wyoming
Clinton	Hamilton	Oswego	Steuben	Yates
Columbia	Herkimer	Otsego	Sullivan	

NEW YORK STATE RURAL TOWNS:

The following towns have a population of less than 200 persons per square mile. The county these towns are located in are in bold.

ALBANY
Berne
Coeymans
Knox
New Scotland
Rensselaerville
Westerlo

DUTCHESS
Amenia
Clinton
Dover
Milan
North East
Pawling
Pine Plains
Rhinebeck*
Stanford
Union Vale
Washington

ERIE
Boston*
Brant
Cattaraugus
  Reservation

Colden
Collins
Concord
Eden
Holland
Marilla
Newstead
North Collins
Sardinia
Tonawanda
  Reservation
Wales

MONROE
Clarkson*
Hamlin*
Mendon*
Riga
Rush
Wheatland

NIAGARA
Cambria
Hartland
Newfane

Pendleton*
Porter*
Royalton
Somerset
Tuscarora
  Reservation
Wilson

ONEIDA
Annsville
Augusta
Ava
Boonville
Bridgewater
Camden
Deerfield
Florence
Floyd
Forestport
Lee
Marshall
Paris
Remsen
Sangerfield
Steuben

Trenton
Vernon
Verona
Vienna
Western
Westmoreland

ONONDAGA
Elbridge
Fabius
LaFayette
Marcellus
Onondaga
  Reservation
Otisco
Pompey
Skaneateles
Spafford
Tully

ORANGE
Crawford*
Deerpark
Greenville
Hamptonburgh*

Minisink
Tuxedo
Wawayanda*

SARATOGA
Charlton
Corinth
Day
Edinburg
Galway
Greenfield
Hadley
Northumberland
Providence
Saratoga Town
Stillwater*

SUFFOLK
Shelter Island

WESTCHESTER
North Salem*
Pound Ridge*

*Towns with between 200 and 250 Persons Per Square Mile. Approval by the Commissioner is required for towns of this size.

Sources: 1U.S. Census Bureau. (2017, March). *July 1, 2016 County Population Estimates*. Retrieved from https://www.census.gov/data/datasets/2016/demo/popest/counties-total.html; 2U. S. Census Bureau. (2010). *2010 Census Summary File: Compare New York Cities and Towns for Population, Housing, Area and Density*. Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

December 2017

Supporting Documentation
for the Underserved Area

Funding Opportunity #18377
Grants Gateway # DOH01-DRPLR7-2020

<u>DANY Physician Loan Repayment/Physician Practice Support Programs</u>

Applicants are instructed to upload their supporting documentation for the underserved area here as Attachment 8 in the Grants Gateway online application.

Attestation and Authorized Representative

Funding Opportunity #18377
Grants Gateway # DOH01-DRPLR7-2020

DANY Physician Loan Repayment/Physician Practice Support Programs

Contact Information of the Person Completing the Application (required):

Name: _____

Title: _____

Address: _____

_____

Phone: _____

Email: _____

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this report on

behalf of: _____

(Applicant Name)

I further certify that the information contained in this report (including all attachments) is accurate, true

and complete in all material respects.

Signature of Applicant or Authorized Applicant Representative:

_____   _____
Signature   Date

_____
Name (printed)

Vendor Responsibility Attestation

Funding Opportunity #18377
Grants Gateway # DOH01-DRPLR7-2020

DANY Physician Loan Repayment/Physician Practice Support Programs

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, M. Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

☐   An on-line Vender Responsibility Questionnaire has been updated or created at OSC's website: https://portal.osc.state.ny.us within the last six months.

☐   A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____