product(s) and/or service(s) associated with this grant.

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 be sure the Vendor Identification number is included in your organization information. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: http://www.osc.state.ny.us/vendor_management/forms.htm. Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

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. The Vendor Responsibility Questionnaire must be updated and certified every six (6) months. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at http://www.osc.state.ny.us/vendrep/index.htm or go directly to the VendRep system online at https://portal.osc.state.ny.us.

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

Applicants should complete and upload **Attachment 12: Vendor Responsibility Attestation**. The Attestation is located under Pre-Submission uploads and once completed should be uploaded in the

same section.

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.

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

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

1) Register for the Grants Gateway

- On the Grants Management Website, download a copy of the Registration Form for Administrator. A signed, notarized original form must be sent to the NYS Grants Management office at the address provided in the submission instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

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

2) Complete your Prequalification Application

- Log in to the Grants Gateway. **If this is your first time logging in,** you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.

- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.

- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.

- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Gateway Team at grantsgateway@its.ny.gov.

3) Submit Your Prequalification Application

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

- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.

- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

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

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 included with the application.

4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

5. Provisions Upon Default

   a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.

   b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf

of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

c. If, in the judgement of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. Completing the Application

A. Application Format/Content

Please refer to the Grants Gateway: Vendor User 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/vendor-user-manual. Additional information for applicants is available at: https://grantsmanagement.ny.gov/resources-grant-applicants.

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

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

Pre-Submission Uploads

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

1. Application Cover Page (Attachment 2)
2. MWBE Forms (Attachment 11)
3. Vendor Responsibility Attestation (Attachment 12)
4. Agency Profile (Attachment 13)
5. PS Detail Narrative Budget Request (Attachment 17)
6. Vendor Contact Form (Attachment 18)
7. Subcontractor Information Form (Attachment 19), if applicable

Program Specific Questions **103 total points**

A. Application Cover Page (0 points)

A form is provided to serve as the cover page for the application. All requested information, including amount of funding requested, addresses of family planning clinic locations to be supported with requested funding, counties to be served, and average annual unduplicated client volume, should be supplied on this form. Please refer to **Attachment 2**.

B. Agency Profile (0 points)

The Agency Profile must be completed and submitted with the application to provide detailed information about services that will be provided at each clinic location, hours of operation, and staffing. Please refer to **Attachment 13**.

C. Executive Summary (0 points)

The purpose of this section is for the Applicant to provide a brief description of the program including proposed service areas, and to summarize each of the four major components of the application: Organizational Capacity and Experience, Community Resources and Needs Assessment, Program Narrative, and Budget. All information in the Executive Summary should be substantiated in the Application.

1. Organizational Capacity and Experience (Maximum Score: 30 points)

The purpose of this section is for the Applicant to describe its capacity to implement and administer the proposed project.

101 - Describe the organization's experience in providing comprehensive family planning, sexual, and reproductive health care services in accordance with national clinical guidelines, recommendations, and standards of care. The response should include a description of services provided, the number of years of experience, and the specific guidelines followed.

102 - Describe the organization's experience in meeting the sexual and reproductive health care needs of low-income, uninsured, and underinsured individuals in the proposed service area(s). Include in the description information about the average annual number of unduplicated family planning clients served in the past three-year period (2017-2019) and the proposed volume of clients to be served in the five-year funding cycle. Applicants that do not currently contract with the NYSFPP must upload reports here from de-identified electronic health records or other systems to substantiate proposed volume of clients to be served.

103 - Provide specific examples to demonstrate how the organization has engaged and served racial, ethnic, cultural, and linguistic minority populations, and other populations that are disproportionately impacted by adverse reproductive health outcomes.

104 - Describe the organization's programmatic capacity to sustain the delivery of family planning services. Discuss the organization's experience with the following: utilization of an Electronic Health Record (EHR) or other HIT system; maintenance of contracts with health insurance plans; systems for billing and capturing third-party revenue; and mechanisms to facilitate enrollment of clients into health insurance plans. Include detail on how the program bills all payers (public and commercial insurance) and monitors billing systems and accounts receivable.

105 - Describe the staffing that will support the proposed family planning program, including Program Director, Medical Director, Fiscal Manager, Clinical Staff, Data Manager, Health Educator, and Pharmacy and Medical Records consultants. Describe how the organization will ensure that NYSFPP-required staff positions, listed in **Attachment 5: Program-Specific Requirements**, are filled with qualified individuals. Combine into one document and upload resumes for key staff positions to include credentials, licensure, education, and relevant employment experience.

106 - Describe the organization's experience with administrative, fiscal, and programmatic oversight of government contracts, including timely and accurate submission of fiscal and project reports. Indicate contracts the agency has (or had) with the New York State Department of Health. If any contracts with NYSDOH were terminated by the Department, please explain why.

2. Community Resources and Needs Assessment (Maximum Score: 15 points)

The purpose of this section is to describe the existing provision of family planning, sexual, and reproductive health care services in the target communities, populations of reproductive age and their reproductive health outcomes, utilization of services, and gaps in services. This section should focus on the specific strengths and resources, priority needs, and gaps in services impacting low-income, uninsured, and underinsured individuals of reproductive age in the community.

201 - Describe the family planning, sexual, and reproductive health care services supporting low-income, uninsured, and underinsured individuals of reproductive age that are currently available in the community, including services provided by the Applicant organization and other providers in the service area. Detail the quality of services, gaps in services, and barriers individuals in the community experience with regard to accessing high quality family planning services. Describe how the Applicant organization will address those quality issues, gaps, and/or barriers with NYSFPP funding.

202 – Identify and describe the population(s) and specific communities to be served by the proposed program, including any high-need areas as identified in **Attachment 1: Perinatal High Risk ZIP Codes**. Discuss the geographic, economic, racial, and ethnic disparities in reproductive health outcomes experienced in the target communities and by the target population. Describe current utilization of family planning, sexual, and reproductive health care services by those populations, awareness and acceptability of existing services.

203 - Describe the individual, organizational, and community level factors and supports that impact reproductive health outcomes in the target communities, including the social determinants of health that contribute to disparities in outcomes.

204 – Describe the organization's experience with building relationships and collaborating with other community-based organizations and health care providers serving the target population(s) to address reproductive health issues in the community. Identify any stakeholders that contributed to preparation of this application.

3. Program Narrative (Maximum Score: 35 points)

The purpose of this section is to describe the design of the organization's comprehensive family planning, sexual, and reproductive health care program and how the organization and family planning program will meet the requirements listed in **Attachment 5: Program-Specific Requirements** and described in the RFA in Section III. Project Narrative/Workplan Outcomes.

301 - Describe how the organization will ensure that all required family planning and related preventive health services are delivered in accordance with *Providing Quality Family Planning Services (QFP)*. Provide details on the range of family planning, sexual, and reproductive health services, including contraceptive methods, that are provided by your organization as indicated in **Attachment 13: NYSFPP Agency Profile**, and any nationally recognized standards of care used to guide clinical service delivery. Discuss efforts to reduce barriers and ensure access to a full range of contraceptive methods.

302 – Describe how community and client input is used to develop and adjust program structure, including clinic locations, hours of operation, staffing, and available services, including educational offerings. Describe any innovative methods, technologies, or strategies used by the organization (for example, implementation of telehealth, virtual visits, mobile vans, patient portals, etc.) to reduce access barriers, meet the needs of clients, and improve delivery of family planning services. Discuss the impact that these strategies have had on access to care, client satisfaction, and improved health outcomes.

303 – Describe how the program will ensure that wellness and related preventive and primary health services are provided to promote optimal health and assist clients with preparing for a healthy pregnancy, including screening for alcohol and other drug use, intimate partner violence, tobacco use, depression, immunization status, obesity, hypertension, and diabetes.

304 – How will the organization implement a reproductive justice framework to ensure that all clients have access to the services and supports necessary to maintain personal bodily autonomy and achieve their reproductive health goals? Describe how the organization will ensure that services are client-centered, incorporate shared decision-making, and prioritize client choice.

305 - Describe the organization's strategies to increase awareness of and access to comprehensive family planning services for priority populations and people who are disproportionately impacted by poor sexual and reproductive health outcomes. Provide information about community outreach and education plans and efforts made to address social determinants of health and improve health equity.

306 - Describe how the program will ensure that services are accessible to all individuals regardless of their ability to pay. This includes the development and implementation of a schedule of discounts (see Attachment 6) for individuals with family incomes between 101% and 250% of the Federal Poverty Level, appropriately assessing client income, and facilitating clients' enrollment into health insurance as needed.

307 – Explain how the program will establish and maintain referral linkages in the proposed service area to ensure client access to services that are not delivered onsite, including those outlined in RFA Section III.A. Describe existing referral relationships with ancillary service providers and any policies or systems in place to ensure client access to referrals provided.

308 – Describe how the organization will effectively and efficiently administer the program, including providing ongoing training for staff, updating and maintaining clinical policies and protocols, maintaining systems to collect and report client-level and clinic visit-level data, and conducting ongoing quality improvement activities, including assessment of client experience and satisfaction.

4. Budget (Maximum Score: 20 points)

All costs must be related to the provision of the NYSFPP, as well as be consistent with the scope of services, reasonable, and cost effective.

Funds awarded under this RFA may NOT be used to support abortion services.

THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.

Applicants proposing to provide services in both regions (New York City and Rest of State) must provide the estimated amount of annual funding needed to support work in each region in **Attachment 2: Cover Page.**

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. Requested funding should not exceed the eligible base award, as outlined in Section II. D. Basis for Award.

401 – Complete Year 1 of the budget in the Grants Gateway. Refer to **Attachment 14: Grants Gateway Expenditure Budget Instructions, Attachment 15: Grants Gateway Budget Data Entry Guidelines, and Attachment 16: BWIAH Budget Guidance** for eligible expenses and instructions on completing the online budget. Assume a start date of July 1, 2021, and provide clear and appropriate justification for each line item that aligns with the scope of activities to be conducted. Justification for each cost should be submitted in narrative form. All costs must be related to the provision of family planning services, consistent with the scope of services, reasonable, and cost effective.

402 – In Year 1 of the budget in Grants Gateway, list all personal services for the program that will be funded by the grant. Any required position that is not supported in full or in part by grant funds should be indicated in the narrative, including how that position is funded. Additionally, complete and upload to the pre-submission upload section of Grants Gateway the **Attachment 17: PS Detail Narrative Budget Request** that lists all staff that will support the program, regardless of funding source. The budget should also list all non-personal services related to the program.

403 – Applicants must include travel expenses for up to two staff to attend required NYSDOH-sponsored trainings/meetings, including an annual two-day provider meeting in Albany, NY, and a one-day regionally-based training.

404 - Applicants should upload to the pre-submission upload section of Grants Gateway a completed Certification of Indirect Costs if utilizing a Federal indirect cost rate (ICR). If not using a Federal ICR, applicants must limit indirect costs to no more than 10% of total direct costs. Calculated indirect cost rates will be subject to DOH review and approval. Direct costs may include Personal Service, Fringe Benefits, Space, Program Operations, Travel, Equipment, and Other budget costs.

5. Workplan (0 points)

By submitting an application the Applicant agrees to provide the services listed in the work plan and to report on required performance measures.

501 - Objectives, tasks, and performance measures have been completed for Applicants in the Workplan section of the Grants Gateway on-line application. For the Grants Gateway Work Plan Project Summary, applicants are instructed to copy and paste the Project Summary as it is listed on page 1 of **Attachment 4 – NYSFPP Standardized Work Plan**. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to enter "not applicable." Any additional information entered into these areas will not be considered or scored by reviewers of the application.

6. Preferred Eligibility Criteria (3 points)

This section is for the Applicant to demonstrate that it has the experience and expertise as listed in the Preferred Eligibility Requirements section of the RFA (II, B).

601 - Describe the organization's experience (including number of years) in the administration of a comprehensive family planning, sexual and reproductive health program in compliance with NYS Family Planning Program requirements.

7. Supplemental Funding Request (5 points)

This section allows the Applicant to request supplemental funds, beyond the base award specified in RFA section II. D. To be considered, the Applicant must specify the requested funding amount (no more than 25% of base award) and justify the need for additional funds. Eligibility to receive supplemental funds is based upon demonstrated performance in successfully serving NYSFPP priority populations, including rural populations, clients with incomes under 100% FPL, and clients under age 25, as described in section II. D.

Responses to these questions will be scored separately from other application sections. If deemed eligible to receive supplemental funds, and satisfactory justification is provided, a supplemental award may be applied to the base award of the Applicant, based on available remaining funding. Any supplemental award determined by the Department will be added to the base budget request and negotiated with the grantee after awards are made.

701 – Does the Applicant request supplemental funding to support delivery of comprehensive family planning, sexual, and reproductive health services? If no, enter N/A for question 702 and 703.

Yes / No

702 – If yes, what is the requested supplemental funding amount?

703 - Describe the supplemental funding request. Provide justification for the need for additional funds and describe the manner in which supplemental funds will be used to support and enhance delivery of family planning, sexual, and reproductive health services. Describe how the organization has demonstrated performance in serving NYSFPP priority populations, including clients with incomes under 100% FPL, clients under age 25, and rural populations. Applicants that do not currently contract with the NYSFPP must upload here de-identified documentation from electronic health records or other systems to substantiate information about client demographics provided in the narrative response. Please note that only one file may be uploaded so any documentation should be combined into one file.

It is the Applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applicants should not upload any password protected files that can not be accessed by application reviewers. Applications must be submitted via the Grants Gateway

by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring the application.

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 competitively by the NYSDOH Division of Family Health, Bureau of Women, Infant, and Adolescent Health. It is anticipated that up to 50 awards will be made through this initiative (a total of approximately $49.3 million in awarded funds annually) for a five-year period contingent upon satisfactory performance and available funds.

- Applicants may apply for funds to provide services in multiple counties and/or regions of the state. Only one proposal per applicant may be submitted.
- Applicants proposing to provide services in both NYC and ROS regions must indicate the amount of budgeted funds requested for each region in **Attachment 2: Application Cover Page**.
- All applications will be pre-screened to ensure the minimum eligibility requirements are met. Minimum eligibility requirements are listed in Section II.A. Applications that do not meet these requirements will not be reviewed for funding.
- Applications meeting the minimum eligibility criteria will be reviewed and scored by a NYSDOH team of trained reviewers using a standardized review tool developed specifically for this RFA.
- Applications failing to provide all response requirements may be removed from consideration. Applications failing to provide responses in the prescribed format will have two points deducted.
- An application must have a minimum score of 70 to be considered for funding.
- Applications with a minimum score of 70 will be ranked in order of score. In the event of a tie score, the applicant with the greatest geographic coverage and volume of clients breaks the tie.
- A base award will be determined for each successful applicant, using the funding bands for volume and county coverage outlined in **Tables 2 and 3**. Base award funding will be distributed in order of ranked score, in the manner described in II. C. Available Funding, until no more than 90% of available funds are exhausted. The remaining funds will be reserved for applicants that request and qualify for the supplemental funding.
- Eligible supplemental awards will be determined upon review of applicant request and verification of applicant client demographic data. Supplemental awards will be applied proportionally with remaining available funding.

- Successful applicants proposing to serve both the NYC region and ROS will be awarded from the available funding in each of the respective funding pools (as noted in Table 1: Available Annual Funding), with proportion of award determined by review of applicant budget and applicant request made on **Attachment 2: Application Cover Page**.
- If insufficient funding remains in a region to make a full award to the next ranked applicant, the Department may offer to:
    - make a partial award to the next ranked applicant;
    - redistribute funds to another region. (The two regions are identified in Table 1 entitled, "Available Annual Funding")
- The Department reserves the right to negotiate with funded grantees to adjust their service areas to minimize gaps or duplication of services. Funding may be reduced if there is overlapping catchment/service areas among applicants.
- Successful applicants' proposed budgets will be reviewed and any unallowable expenses will be removed, including costs for which other funding sources are available. Applicants should refer to **Attachment 14**, **Attachment 15**, and **Attachment 16** for information on allowable expenses under this RFA.
- Applicants will be deemed to fall into one of three categories: (1) approved and funded, (2) not funded due to limited funds, and (3) not approved. Not funded applications may be awarded should additional funds become available.
- Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.
- If changes in funding amounts are necessary for this initiative, or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described.
- Awarded grantees will be required to complete and submit several Administrative Forms (**Attachment 20**) within 30 days of contract execution, including:
    - Schedule of Discounts
    - Family Planning Program Formulary
    - Family Planning Program Organizational Chart
    - Other Funds Detail (Source of Other Income)

  These requirements are included in the Pre-submission upload section of Grants Gateway, and provided as a sample for reference only. **Administrative Forms do not need to be completed at the time of application.** After notification of award, grantees will be required to upload each form in the Grantee Document Folder on the Grants Gateway.

Note: It is recognized that needs for services in some areas may change over the course of the 5-year funding cycle due to shifts in client demographics, health systems, or other factors. With NYSDOH approval, applicants awarded funding through this RFA may propose to make changes to their program, which may include closing, relocating, and/or consolidating clinic site locations to meet changing needs of service areas. Funding for the program may be recalculated and adjusted based on the change(s) in clinic sites.

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) calendar days from date of award or non-award announcement.

To request a debriefing, send an email to fprfa@health.ny.gov. In the subject line, please write: Debriefing Request (Comprehensive Family Planning & Reproductive Health Program).

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

VI. Attachments

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

Attachment 1: Perinatal High-Risk ZIP Codes (2015-2017)
Attachment 2: Application Cover Page*
Attachment 3: Family Planning Definitions
Attachment 4: NYSFPP Standardized Work Plan
Attachment 5: NYSFPP Program-Specific Requirements
Attachment 6: NYSFPP Schedule of Discounts Guidance
Attachment 7: Clinic Visit Record (CVR)
Attachment 8: New York CVR Specifications and Field Values
Attachment 9: NYSFPP Performance Measures
Attachment 10: Sample Letter of Interest*
Attachment 11: Minority & Women-Owned Business Enterprise Requirement Forms*
Attachment 12: Vendor Responsibility Attestation*
Attachment 13: NYSFPP Agency Profile*
Attachment 14: Grants Gateway Expenditure Budget Instructions
Attachment 15: Grants Gateway Budget Data Entry Guidelines
Attachment 16: BWIAH Budget Guidance
Attachment 17: PS Detail Narrative Budget Request*
Attachment 18: Vendor Contact Form*
Attachment 19: Subcontractor Information Form*
Attachment 20: Administrative Forms*

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

Total Birth Counts and Vital Statistics Risk Indicators for NY ZIP Codes Outside of NYC (Rest of State) with 10 or More Births in 2015-2017												
Ordered by Descending Average Risk Rank (>= 4.0) within Region and County												
Region	County	ZIP Code	Total Births	Total Low Birth Weight	Low Birth Weight Percent	Out of Wedlock Percent	Medicaid or Self-pay Percent	Late or No Prenatal Care Percent	Infant Death Rate*	Teen Birth Rate*	Teen Pregnancy Rate	Average Risk Rank
ROS	ST. LAWRENCE	13681	44	0	0.0	34.1	60.5	10.5	0.0	8.8	8.8	4.43
ROS	ST. LAWRENCE	13658	96	3	3.1	29.2	49.4	3.2	20.8	4.2	8.3	4.29
ROS	ST. LAWRENCE	13614	11	0	0.0	63.6	72.7	9.1	0.0	.	.	4.29
ROS	ST. LAWRENCE	13676	348	16	4.6	37.4	41.3	2.9	5.7	4.2	6.1	4.14
ROS	ST. LAWRENCE	13646	68	2	2.9	47.1	73.2	3.5	0.0	0.0	13.2	4.14
ROS	ST. LAWRENCE	13630	63	3	4.8	22.2	59.1	20.4	0.0	6.0	6.0	4.14
ROS	ST. LAWRENCE	13690	19	3	15.8	57.9	52.6	0.0	0.0	.	.	4.00
ROS	STEUBEN	14898	86	10	11.6	19.8	81.4	32.9	34.9	26.9	37.6	7.57
ROS	STEUBEN	14809	78	9	11.5	41.0	51.3	3.9	12.8	20.1	44.2	7.57
ROS	STEUBEN	14885	38	4	10.5	34.2	73.0	21.1	26.3	9.5	28.6	7.43
ROS	STEUBEN	14801	253	18	7.1	39.1	50.6	17.3	23.7	25.4	31.7	7.14
ROS	STEUBEN	14810	377	24	6.4	62.8	41.9	3.8	5.3	29.7	39.9	7.00
ROS	STEUBEN	14843	429	21	4.9	56.9	47.7	2.8	4.7	25.2	39.9	6.43
ROS	STEUBEN	14873	99	6	6.1	32.3	49.5	12.2	0.0	21.2	31.7	5.86
ROS	STEUBEN	14879	67	2	3.0	38.8	28.4	4.5	14.9	38.6	58.0	5.86
ROS	STEUBEN	14821	92	5	5.4	50.0	33.7	3.3	10.9	11.0	16.5	5.43
ROS	STEUBEN	14819	28	3	10.7	60.7	70.4	14.8	0.0	.	.	5.43
ROS	STEUBEN	14823	100	8	8.0	43.0	43.0	3.0	0.0	18.8	21.5	5.14
ROS	STEUBEN	14830	566	43	7.6	42.4	32.7	2.8	1.8	12.4	17.2	5.00
ROS	STEUBEN	14840	67	5	7.5	52.2	46.3	4.5	0.0	4.3	4.3	4.86
ROS	STEUBEN	14572	154	5	3.2	43.5	46.8	3.9	0.0	11.4	16.0	4.43
ROS	STEUBEN	14870	294	20	6.8	31.3	22.8	2.0	3.4	11.9	20.8	4.29
ROS	STEUBEN	14826	51	4	7.8	43.1	60.8	0.0	0.0	8.8	8.8	4.29
ROS	STEUBEN	14858	54	2	3.7	42.6	29.6	1.9	0.0	17.5	29.2	4.14
ROS	STEUBEN	14855	76	2	2.6	15.8	75.0	35.5	0.0	0.0	17.5	4.00
ROS	SUFFOLK	11798	858	103	12.0	66.2	70.9	6.0	5.8	36.7	73.4	8.43
ROS	SUFFOLK	11717	3423	304	8.9	64.5	78.0	8.3	5.8	46.0	64.0	8.29
ROS	SUFFOLK	11722	1841	168	9.1	63.4	73.4	7.8	2.7	45.0	62.5	8.29
ROS	SUFFOLK	11901	1220	94	7.7	61.6	65.8	6.7	4.9	31.4	37.9	8.00
ROS	SUFFOLK	11701	1071	94	8.8	58.3	63.4	6.6	4.7	23.4	48.5	8.00
ROS	SUFFOLK	11726	888	76	8.6	58.6	70.5	5.8	5.6	28.3	48.3	8.00
ROS	SUFFOLK	11713	487	47	9.7	54.8	46.3	4.9	12.3	27.7	52.1	7.86
ROS	SUFFOLK	11706	2773	248	8.9	51.3	60.3	6.9	5.0	20.1	38.6	7.71
ROS	SUFFOLK	11950	625	61	9.8	55.5	41.4	4.0	12.8	18.3	33.2	7.29
ROS	SUFFOLK	11944	150	6	4.0	53.3	55.3	4.8	6.7	20.8	29.8	6.71
ROS	SUFFOLK	11951	480	38	7.9	59.0	43.8	2.0	8.3	18.8	31.6	6.43
ROS	SUFFOLK	11978	116	9	7.8	42.2	45.2	5.2	8.6	12.2	21.4	6.43
ROS	SUFFOLK	11772	1660	118	7.1	44.0	36.5	3.5	2.4	16.6	28.8	6.00
ROS	SUFFOLK	11946	479	36	7.5	45.7	55.7	4.3	0.0	16.0	19.4	5.86
ROS	SUFFOLK	11749	122	7	5.7	50.8	43.0	1.7	8.2	20.2	26.9	5.86
ROS	SUFFOLK	11967	921	69	7.5	44.7	32.8	2.8	5.4	13.1	25.2	5.71
ROS	SUFFOLK	11763	898	75	8.4	41.8	33.0	4.1	2.2	11.7	20.7	5.57
ROS	SUFFOLK	11954	94	6	6.4	45.7	50.0	7.7	0.0	14.5	21.7	5.57
ROS	SUFFOLK	11933	161	16	9.9	39.8	36.3	6.3	0.0	10.7	16.0	5.43
ROS	SUFFOLK	11955	111	8	7.2	46.8	28.8	1.9	9.0	13.7	27.4	5.43
ROS	SUFFOLK	11704	1209	123	10.2	33.5	35.8	4.9	2.5	6.3	14.7	5.29
ROS	SUFFOLK	11937	585	27	4.6	43.1	57.4	4.3	1.7	8.7	18.2	5.29
ROS	SUFFOLK	11968	367	23	6.3	44.5	54.2	4.1	0.0	11.8	15.5	5.29
ROS	SUFFOLK	11746	2286	160	7.0	39.6	14.3	5.9	2.6	12.3	20.5	5.14
ROS	SUFFOLK	11757	1412	119	8.4	31.2	34.6	3.4	3.5	6.7	13.9	5.00

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Region	County	ZIP Code	Total Births	Total Low Birth Weight	Low Birth Weight Percent	Out of Wedlock Percent	Medicaid or Self-pay Percent	Late or No Prenatal Care Percent	Infant Death Rate*	Teen Birth Rate*	Teen Pregnancy Rate	Average Risk Rank
ROS	SUFFOLK	11703	552	50	9.1	27.8	30.3	5.4	5.4	1.4	16.9	5.00
ROS	SUFFOLK	11752	285	26	9.1	35.9	28.9	3.7	7.0	4.1	9.1	4.86
ROS	SUFFOLK	11727	956	67	7.0	37.9	25.3	2.9	5.2	7.9	15.4	4.71
ROS	SUFFOLK	11729	872	62	7.1	30.4	31.8	4.9	3.4	5.1	14.9	4.71
ROS	SUFFOLK	11776	773	48	6.2	33.0	21.9	3.6	7.8	8.3	15.3	4.57
ROS	SUFFOLK	11953	385	28	7.3	40.3	24.7	1.9	2.6	8.4	21.4	4.57
ROS	SUFFOLK	11784	774	61	7.9	32.8	25.0	1.7	2.6	7.4	19.2	4.43
ROS	SUFFOLK	11738	532	42	7.9	30.8	21.8	1.7	5.6	5.2	11.6	4.00
ROS	SUFFOLK	11961	293	20	6.8	37.2	19.5	1.4	6.8	4.7	10.3	4.00
ROS	SULLIVAN	12701	435	54	12.4	71.5	70.8	6.7	9.2	26.7	58.0	8.57
ROS	SULLIVAN	12759	73	6	8.2	68.5	82.2	4.2	13.7	54.1	135.1	8.29
ROS	SULLIVAN	12754	267	25	9.4	76.4	70.0	3.0	0.0	31.2	48.3	7.14
ROS	SULLIVAN	12779	141	9	6.4	70.9	87.9	7.8	0.0	50.6	59.1	7.14
ROS	SULLIVAN	12788	79	5	6.3	67.1	62.0	10.1	0.0	26.5	52.9	7.14
ROS	SULLIVAN	12789	98	7	7.1	40.8	77.6	3.1	10.2	23.0	28.7	6.71
ROS	SULLIVAN	12790	106	14	13.2	60.4	48.6	6.6	0.0	8.1	16.3	6.43
ROS	SULLIVAN	12721	282	20	7.1	34.5	53.7	7.9	10.6	14.2	15.7	6.29
ROS	SULLIVAN	12758	102	7	6.9	45.1	43.1	7.8	19.6	2.7	13.6	6.00
ROS	SULLIVAN	12747	47	2	4.3	53.2	60.9	6.4	0.0	12.2	16.3	5.71
ROS	SULLIVAN	12748	37	1	2.7	51.4	37.8	5.4	0.0	15.5	31.0	5.29
ROS	SULLIVAN	12738	12	1	8.3	75.0	83.3	16.7	0.0	.	.	5.29
ROS	SULLIVAN	12776	43	2	4.7	55.8	53.5	14.0	0.0	5.6	5.6	5.00
ROS	SULLIVAN	12768	16	2	12.5	62.5	50.0	6.3	0.0	.	.	5.00
ROS	SULLIVAN	12764	26	3	11.5	46.2	50.0	0.0	0.0	6.7	20.0	4.86
ROS	SULLIVAN	12733	95	1	1.1	8.4	87.2	12.0	0.0	10.8	21.5	4.57
ROS	SULLIVAN	12775	68	6	8.8	29.4	33.8	0.0	0.0	18.8	23.5	4.43
ROS	SULLIVAN	12737	43	5	11.6	46.5	38.1	4.8	0.0	0.0	5.3	4.43
ROS	SULLIVAN	12762	18	1	5.6	77.8	66.7	5.6	0.0	.	.	4.43
ROS	SULLIVAN	12734	17	1	5.9	58.8	76.5	5.9	0.0	.	.	4.29
ROS	SULLIVAN	12783	37	2	5.4	48.6	56.8	8.1	0.0	0.0	0.0	4.14
ROS	SULLIVAN	12719	31	1	3.2	58.1	54.8	22.6	0.0	.	.	4.14
ROS	SULLIVAN	12723	30	2	6.7	46.7	43.3	3.3	0.0	2.0	10.1	4.14
ROS	TIOGA	13736	72	11	15.3	56.9	32.4	4.2	41.7	19.6	31.4	7.29
ROS	TIOGA	14883	114	8	7.0	47.4	36.0	7.0	8.8	21.7	21.7	6.57
ROS	TIOGA	13734	70	3	4.3	48.6	31.4	4.3	28.6	13.7	22.8	5.86
ROS	TIOGA	13835	70	8	11.4	48.6	38.6	1.4	0.0	18.0	27.0	5.71
ROS	TIOGA	13827	304	24	7.9	44.4	28.6	3.3	6.6	15.2	19.3	5.57
ROS	TIOGA	13812	67	5	7.5	47.8	25.4	6.0	0.0	18.8	28.2	5.57
ROS	TIOGA	13811	118	5	4.2	47.5	25.4	7.6	0.0	21.9	35.1	5.29
ROS	TIOGA	14892	217	14	6.5	56.7	32.4	2.3	0.0	22.5	25.3	5.14
ROS	TIOGA	14859	32	4	12.5	46.9	40.6	0.0	0.0	18.5	18.5	5.14
ROS	TIOGA	13743	108	5	4.6	39.8	26.9	2.8	0.0	19.8	19.8	4.14
ROS	TOMPKINS	13068	172	9	5.2	37.8	40.4	2.4	17.4	22.7	34.0	5.86
ROS	TOMPKINS	13073	166	14	8.4	45.8	39.8	3.0	0.0	17.8	25.0	5.57
ROS	TOMPKINS	14882	114	6	5.3	37.7	34.5	3.5	17.5	16.9	21.7	5.57
ROS	TOMPKINS	14867	203	10	4.9	51.7	45.0	3.0	0.0	25.0	29.2	5.43
ROS	TOMPKINS	14886	162	8	4.9	37.0	34.4	3.7	6.2	18.8	28.2	5.29
ROS	TOMPKINS	14817	84	8	9.5	33.3	28.6	2.4	0.0	22.2	27.8	4.86
ROS	TOMPKINS	14850	1353	92	6.8	27.0	35.0	4.5	2.2	2.3	4.8	4.00
ROS	ULSTER	12446	172	14	8.1	55.8	55.2	8.2	11.6	24.5	36.8	7.71

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ROS	ULSTER	12401	1206	85	7.0	58.0	56.3	5.2	5.8	26.9	49.0	7.43
ROS	ULSTER	12428	227	13	5.7	62.1	71.1	8.6	4.4	27.0	51.1	7.43
ROS	ULSTER	12449	93	10	10.8	52.7	58.1	5.4	0.0	13.0	47.6	6.86
ROS	ULSTER	12466	86	9	10.5	64.0	54.7	4.7	0.0	9.0	18.0	6.29
ROS	ULSTER	12542	153	11	7.2	40.5	37.3	4.0	6.5	7.4	22.2	5.57
ROS	ULSTER	12477	486	31	6.4	46.9	41.2	3.5	6.2	6.0	21.0	5.43
ROS	ULSTER	12404	81	7	8.6	51.9	43.8	1.3	0.0	17.0	27.2	5.29
ROS	ULSTER	12487	127	14	11.0	26.0	44.9	0.8	15.7	3.5	13.9	5.14
ROS	ULSTER	12528	398	35	8.8	36.3	34.3	4.5	0.0	6.2	22.5	5.00
ROS	ULSTER	12589	385	31	8.1	33.1	29.7	4.2	2.6	6.9	18.1	5.00
ROS	ULSTER	12525	61	3	4.9	36.7	33.9	8.3	16.4	3.1	9.3	5.00
ROS	ULSTER	12458	60	1	1.7	56.7	55.0	3.4	0.0	12.7	21.1	5.00
ROS	ULSTER	12486	33	4	12.1	27.3	30.3	0.0	0.0	22.2	55.6	4.86
ROS	ULSTER	12566	304	25	8.2	36.8	27.4	5.0	0.0	7.2	21.7	4.71
ROS	ULSTER	12498	57	5	8.8	24.6	38.6	8.9	17.5	0.0	0.0	4.71
ROS	ULSTER	12464	19	1	5.3	68.4	63.2	10.5	0.0	.	.	4.71
ROS	ULSTER	12481	22	3	13.6	31.8	31.8	4.5	90.9	0.0	0.0	4.57
ROS	ULSTER	12484	53	2	3.8	26.4	30.2	9.4	0.0	15.6	15.6	4.29
ROS	ULSTER	12456	17	1	5.9	64.7	52.9	5.9	0.0	.	.	4.29
ROS	ULSTER	12409	15	2	13.3	33.3	40.0	13.3	0.0	.	.	4.29
ROS	ULSTER	12443	78	0	0.0	41.0	34.6	3.9	0.0	9.4	25.2	4.14
ROS	ULSTER	12548	48	5	10.4	22.9	25.0	6.3	0.0	0.0	25.0	4.14
ROS	ULSTER	12472	41	0	0.0	48.8	36.6	0.0	0.0	18.9	31.4	4.14
ROS	WARREN	12846	88	13	14.8	46.6	12.5	11.4	11.4	18.9	37.9	6.86
ROS	WARREN	12853	39	4	10.3	61.5	10.3	2.6	25.6	35.5	49.6	6.71
ROS	WARREN	12885	139	13	9.4	54.0	10.1	3.7	14.4	20.2	27.8	6.43
ROS	WARREN	12801	518	43	8.3	53.9	6.4	4.9	3.9	22.5	40.1	6.29
ROS	WARREN	12843	23	5	21.7	39.1	8.7	0.0	43.5	33.3	44.4	5.71
ROS	WARREN	12845	69	8	11.6	47.8	8.7	3.0	14.5	9.5	14.3	5.57
ROS	WARREN	12814	17	2	11.8	47.1	0.0	0.0	58.8	11.1	22.2	5.29
ROS	WARREN	12804	608	36	5.9	41.4	4.9	6.6	3.3	10.4	16.0	4.57
ROS	WASHINGTON	12887	165	15	9.1	51.5	16.5	16.4	6.1	19.6	35.3	6.71
ROS	WASHINGTON	12828	198	27	13.6	51.0	10.6	4.1	15.2	16.1	23.0	6.43
ROS	WASHINGTON	12839	452	26	5.8	59.3	9.7	8.0	4.4	39.6	51.4	6.14
ROS	WASHINGTON	12832	182	15	8.2	58.8	12.1	6.1	0.0	23.9	47.8	6.00
ROS	WASHINGTON	12834	155	11	7.1	38.7	13.6	5.2	12.9	6.7	10.0	4.86
ROS	WASHINGTON	12827	119	7	5.9	35.3	5.9	4.3	8.4	17.7	21.3	4.86
ROS	WASHINGTON	12865	74	6	8.1	44.6	14.9	4.2	0.0	9.3	21.6	4.57
ROS	WAYNE	14590	154	10	6.5	65.6	63.6	6.6	13.0	38.3	40.2	8.14
ROS	WAYNE	14513	428	45	10.5	58.4	54.3	3.8	18.7	27.5	35.8	7.71
ROS	WAYNE	14551	196	16	8.2	64.3	64.3	8.4	0.0	20.3	22.1	7.14
ROS	WAYNE	14489	263	15	5.7	56.3	58.9	5.8	3.8	21.3	32.6	6.86
ROS	WAYNE	14433	170	11	6.5	41.8	65.5	5.4	29.4	17.8	22.2	6.86
ROS	WAYNE	14522	221	18	8.1	45.2	47.5	2.4	4.5	15.5	21.0	6.00
ROS	WAYNE	13143	82	3	3.7	53.7	58.5	1.2	12.2	24.8	28.4	6.00
ROS	WAYNE	14516	67	3	4.5	49.3	59.1	6.1	0.0	20.2	25.3	5.86
ROS	WAYNE	14505	183	15	8.2	36.6	36.1	7.5	0.0	3.8	13.3	4.86
ROS	WAYNE	14589	239	13	5.4	33.5	37.7	3.9	4.2	9.7	13.9	4.57
ROS	WAYNE	13146	78	4	5.1	41.0	69.2	2.6	0.0	11.6	11.6	4.43
ROS	WAYNE	14502	339	24	7.1	27.7	28.0	4.0	2.9	9.4	9.4	4.29

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ROS	WESTCHESTER	10550	1668	203	12.2	67.8	72.3	10.6	5.4	20.8	50.6	8.57
ROS	WESTCHESTER	10701	2810	269	9.6	58.6	70.3	5.7	3.2	24.0	42.7	7.86
ROS	WESTCHESTER	10705	1759	170	9.7	57.9	70.9	6.8	5.1	19.3	35.0	7.86
ROS	WESTCHESTER	10553	354	35	9.9	63.3	59.0	7.6	2.8	12.2	25.2	7.43
ROS	WESTCHESTER	10566	1003	87	8.7	51.5	60.2	5.1	1.0	20.1	35.9	7.29
ROS	WESTCHESTER	10703	797	74	9.3	45.6	53.7	5.1	2.5	14.8	29.0	7.00
ROS	WESTCHESTER	10801	1632	124	7.6	46.7	60.4	7.6	1.2	15.5	25.0	6.86
ROS	WESTCHESTER	10601	506	42	8.3	35.8	28.9	4.6	4.0	20.7	31.7	6.14
ROS	WESTCHESTER	10552	680	68	10.0	35.8	40.4	4.5	4.4	7.4	17.7	5.86
ROS	WESTCHESTER	10573	1405	94	6.7	45.1	58.8	2.2	3.6	14.0	20.8	5.71
ROS	WESTCHESTER	10606	656	47	7.2	40.9	33.3	3.5	6.1	16.3	25.1	5.71
ROS	WESTCHESTER	10704	1147	90	7.8	33.3	43.2	4.8	5.2	10.4	19.8	5.57
ROS	WESTCHESTER	10805	591	33	5.6	44.3	51.9	5.6	3.4	5.8	12.7	5.43
ROS	WESTCHESTER	10562	1237	90	7.3	36.8	42.5	1.5	4.9	10.0	17.5	5.00
ROS	WESTCHESTER	10591	810	70	8.6	31.3	32.7	1.9	3.7	7.9	9.4	4.43
ROS	WESTCHESTER	10710	788	74	9.4	26.9	31.3	4.3	1.3	4.0	7.9	4.43
ROS	WESTCHESTER	10548	145	11	7.6	36.4	38.7	3.4	0.0	6.5	13.1	4.43
ROS	WESTCHESTER	10511	61	4	6.6	30.5	44.1	1.6	16.4	4.3	8.7	4.43
ROS	WESTCHESTER	10603	628	50	8.0	31.6	22.2	2.1	3.2	5.8	14.9	4.00
ROS	WESTCHESTER	10549	572	35	6.1	34.2	52.2	1.4	0.0	5.9	9.5	4.00
ROS	WESTCHESTER	10507	263	21	8.0	38.2	43.8	2.3	0.0	4.9	6.6	4.00
ROS	WYOMING	14550	50	6	12.0	44.0	32.0	2.0	20.0	17.5	17.5	6.14
ROS	WYOMING	14009	175	14	8.0	46.9	34.1	2.9	5.7	9.7	15.6	5.43
ROS	WYOMING	14530	157	7	4.5	47.8	33.8	3.2	6.4	15.7	21.6	5.43
ROS	WYOMING	14591	53	4	7.5	37.7	17.3	4.0	0.0	32.1	44.9	5.14
ROS	WYOMING	14066	47	6	12.8	48.9	51.1	12.8	0.0	0.0	0.0	5.14
ROS	WYOMING	14569	192	13	6.8	39.6	38.0	0.5	0.0	14.8	20.4	4.29
ROS	YATES	14527	527	25	4.7	25.4	74.9	7.4	5.7	13.5	15.6	5.57
ROS	YATES	14837	219	12	5.5	34.7	68.7	4.6	0.0	19.2	24.0	5.43
ROS	YATES	14507	29	1	3.4	20.7	58.6	10.3	34.5	6.9	6.9	5.00
ROS	YATES	14544	70	4	5.7	28.6	68.6	1.4	0.0	23.5	28.2	4.71
ROS	YATES	14842	35	2	5.7	11.4	88.6	8.6	0.0	9.3	18.5	4.71
ROS	YATES	14418	51	2	3.9	19.6	70.6	3.9	0.0	15.9	23.8	4.57

*Statistics excluded for counties with teen population below 100

Attachment 3

NEW YORK STATE DEPARTMENT OF HEALTH
Comprehensive Family Planning and Reproductive Health Program

Family Planning Definitions

Family Planning Encounter Definition

A family planning encounter is defined as a documented, face-to-face contact between an individual and a family planning provider that takes place in a family planning service site.

The purpose of a family planning encounter is to provide family planning and related preventative health services to clients who want to avoid unintended pregnancies or achieve intended pregnancies.

To be counted for NYS FPP reporting purposes, a written record of the services provided during the family planning encounter must be documented in the client record.

Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless there is face-to-face contact between the client and provider, the provider documents the encounter in the client's record, and the tests are accompanied by family planning counseling or education.

Family Planning Client Definitions

New Client – A new client is one who has visited the family planning clinic site for the first time or one who has not made a repeat visit to the family planning clinic site for a period of 36 months. To prevent duplication at the program level rather than just at the clinic level unique identifiers are required across sites.

Continuing Client – A continuing client is one who has made a repeat visit to the clinic site at least once within the prior 36 months.

Unduplicated Client Count – The number of unique new and continuing clients served in family planning encounters within a specific time frame.

NEW YORK FAMILY PLANNING ENCOUNTER FORM

COMPLETE AT FIRST VISIT, UPDATE FOR CHANGES AND AT ANNUAL EXAM

CLINIC NO._____

CLIENT NUMBER _____ DATE OF BIRTH __ – __ – __ SEX F M CONTACT STATUS_____

NAME_____ (LAST) _____ (FIRST) ____ (M.I.) PHONE _____ _____COUNTY_____

ADDRESS_____ CITY_____ ST_____ ZIP_____

MONTHLY INCOME_____ FAMILY SIZE_____

PREGNANCIES_____ BIRTHS_____ ANOTHER SOURCE OF HEALTHCARE Y N MEDICAID NO._____ (optional)

RACE (check all applicable)
- ☐ 1. White
- ☐ 2. Black / Afr. American
- ☐ 3. American Indian
- ☐ 4. Alaskan Native
- ☐ 5. Asian
- ☐ 6. Other
- ☐ 7. Pacific Islander / Hawaiian Native

STUDENT STATUS
☐ Full Time ☐ Part Time ☐ No Highest Grade Completed_____

HISPANIC ☐ Yes ☐ No/Unknown

BILINGUAL STAFF / INTERPRETER NEEDED
☐ Yes ☐ No

COMPLETE AT EACH VISIT

3. VISIT DATE __ – __ – 20__

8. PURPOSE OF VISIT (Check One)
- ☐ 1-Initial Medical Exam
- ☐ 2-Annual Medical Exam
- ☐ 3-Method Check/Maintenance
- ☐ 6-Medical Problem/Follow-up
- ☐ 4-Counseling
- ☐ 5-Pregnancy Test

5. ASSIGNED CHARGE CATEGORY (Check One)
- ☐ 01 - No Charge
- ☐ 04 - Private Insurance
- ☐ 02 - Title XIX (Medicaid)
- ☐ 08 - Title XIX (Medicaid Managed Care)
- ☐ 09 - Title XIX (Medicaid 24 Mo. Ext.) and Last Preg. Ended MO. YR.
- ☐ 10 - Family Planning Benefit Program
- ☐ 11 - FPBP Presumptive Eligibility
- ☐ 12 - Medicare
- ☐ 05 - Full Fee (100% of Scale)
- ☐ 06 - Partial Fee
- ☐ 07 - Other

5A. IF PRIVATE INSURANCE, IS PRIMARY CARE COVERED?
☐ Yes ☐ No

9. CONTRACEPTIVE METHODS (Two May Be Coded)

02 - Oral	04 - Diaphragm	20 - Abstinence
21 - Oral - Extend. Cycle	05- Condom	13 - Cervical cap
14 - Hormonal Inj. - 3 mo.	06 - Spermicide	15. Female Condom
11 - Implant	08 - NFP/FAM	01. Sterilization
03 - IUD/IUS	22 - LAM	09. Withdrawal/Other
17 - Contraceptive Patch	19 - Sponge	10. None
18 - Vaginal Ring		

Prior to A. This Visit _____ After B. This Visit _____

9C. IF NONE, GIVE REASON:
- ☐ 1 - Pregnancy
- ☐ 2 - Infertility
- ☐ 3 - Seeking Pregnancy
- ☐ 4 - Other Medical Reasons
- ☐ 5 - Relying on Female Method
- ☐ 6 - Other
- ☐ 7 - Not Sexually Active
- ☐ 0 - Same Sex Partner

Relying on Male Method:
☐ 8 - Vasectomy ☐ 9 - Condom

10. REFERRED FOR NON-FAMILY PLANNING SERVICES (Check All Applicable)
- ☐ 1 - Pregnancy
- ☐ 2 - Sterilization
- ☐ 3 - Infertility
- ☐ 4 - Medical Problem/Follow-up
- ☐ 5 - CBE F/U
- ☐ 6 - Primary Care
- ☐ 9 - Other

11F. PROVIDER OF MEDICAL SERVICES (Check All Applicable)
- ☐ 1 - Physician
- ☐ 2 - PA / NP / CNM
- ☐ 3 - Other Clinician
- ☐ 4 - Non-Clinician

12B. PROVIDER OF COUNSELING SERVICES (Check All Applicable)
- ☐ 1 - Physician
- ☐ 2 - PA / NP / CNM
- ☐ 3 - Other Clinician
- ☐ 4 - Non-Clinician

VISIT CODES OTHER INS. _____

NEXT EXAM DATE_____ AMOUNT PAID _____

11A. MEDICAL SERVICES PROVIDED (Check All Applicable)

Exam Procedures
- ☐ 02-Pap Smear
- ☐ 03-Blood Pressure
- ☐ 04-Hgt./Wgt.
- ☐ 05-Thyroid Palp.
- ☐ 06-Heart/Lung Ausc.
- ☐ 07-Breast Exam
- ☐ 08-Abdominal Palp.
- ☐ 09-Extremities
- ☐ 10-Bimanual Pelvic
- ☐ 11-Vaginitis Rx
- ☐ 12-Male Exam
- ☐ 21-UTI Treatment
- ☐ 23-Method Initiation
- ☐ 46-Method Cessation
- ☐ 27-Colposcopy
- ☐ 47-Cryosurgery
- ☐ 29-Postpartum Check
- ☐ 30-Other Medical
- ☐ 48-Emergency Contraception
- ☐ 49-HPV Vaccine

Lab Services
- ☐ 31-Hgb / Hct
- ☐ 32-Urine Dipstick
- ☐ 33-Urinalysis
- ☐ 34-Urine Culture
- ☐ 35-Repeat Pap Smear
- ☐ 38-Wet Mount/ Gram Stain
- ☐ 40-Rubella Screen
- ☐ 42-Sickle Cell Screen
- ☐ 44-Other Lab

12A. COUNSELING SERVICES PROVIDED (Check All Applicable)
- ☐ 01-Contraceptive
- ☐ 02-Sterilization
- ☐ 03-Infertility
- ☐ 04-Nutrition
- ☐ 05-Pregnancy
- ☐ 06-WIC
- ☐ 09-STD/HIV
- ☐ 10-Pre/Interconception
- ☐ 11-Abstinence/ Abstinence Skills
- ☐ 12-Breast Self Exam
- ☐ 07-Other
- ☐ 13-Family Engagement
- ☐ 14-Coercion
- ☐ 15-Alcohol/Substance Abuse

11B. PREGNANCY TEST
☐ 1 - Negative ☐ 2 - Positive

IF POSITIVE, WAS PREGNANCY
☐ 1 - Desired Now ☐ 2 - Desired Sooner ☐ 3 - Desired Later
☐ 4 - Not Desired ☐ 5 - Unknown

11C. STD SERVICES (Check All Applicable)
- ☐ 01 - Gonorrhea Test
- ☐ 03 - Syphilis Test
- ☐ 05 - Herpes Diagnosis
- ☐ 07 - HPV Diagnosis
- ☐ 09 - Chlamydia Test
- ☐ 02 - Gonorrhea Treatment
- ☐ 04 - Syphilis Treatment
- ☐ 06 - Herpes Treatment
- ☐ 08 - HPV Treatment
- ☐ 10 - Chlamydia Treatment

11E. HIV COUNSELING AND TESTING

1. Pretest Counseling	☐ 1 - Yes	☐ 2 - No
2. HIV Test	☐ 1 - Yes	☐ 2 - No
3. HIV Test Result	☐ 1 - Positive	☐ 2 - Negative
4. Post Test Counseling	☐ 1 - Yes	☐ 2 - No

AGENCY USE

	Clinic	Project	State		Clinic	Project	State
a.				d.			
b.				e.			
c.				f.			

Attachment 8

New York CVR Specifications and Field Values, 1/1/2020

Field Description	Format	Justify	Length	Record Position	Valid Codes for Each Field
Site/Clinic Number	Numeric	Right	7	001-007	Unique Clinic ID Number
Client Number	Numeric	Right	9	008-016	Nine-Digit Number used to identify the Client
Date of Visit, CCYYMMDD	Numeric	Right	8	017-024	Self-Explanatory
Purpose of Visit	Alphameric	Left	1	025-025	Values 1, 2, 3, 4, 5 or 6
Date of Birth, CCYYMMDD	Numeric	Right	8	026-033	Self-Explanatory
Medical Services Provided	Alphameric	Left	40	034-073	Values of 02,03,04,05,06,07,08,09,10,11,12,21,23,27,29,30
					31,32,33,34,35,38,40,42,44, 46,47,48 or 49
Provider of Medical Services	Alphameric	Left	4	074-077	Values of 1, 2, 3, 4
Counseling Services Provided	Alphameric	Left	20	078-097	Values of 01,02,03,04,05,06,07,09,10,11,12,13,14,15
Provider of Counseling Services	Alphameric	Left	4	098-101	Values of 1, 2, 3, 4
Beginning Contraceptive Method	Alphameric	Left	4	102-105	Values 01,02,03, 04,05,06,08,09,10,11,13,14,15,17,18,19,20
					,21 and 22
Ending Contraceptive Methods	Alphameric	Left	4	106-109	Values 01,02,03, 04,05,06,08,09,10,11,13,14,15,17,18,19,20
					,21 and 22
Reason for No Method	Alphameric	Left	1	110-110	Values 0,1, 2, 3, 4, 5, 6, 7, 8, 9 or Blank
Pregnancy Test	Alphameric	Left	1	111-111	Values 1, 2, or Blank
If Positive	Alphameric	Left	1	112-112	Values 1,2,3,4,5, or Blank
Referred Elsewhere	Alphameric	Left	10	113-122	Values 01, 02, 03, 04, 05, 06, 09, or Blank
Interpreter Needed	Alphameric	Left	1	123-123	Values 1 or 2 1=YES 2=NO
STD Services	Alphameric	Left	20	124-143	Values 01, 02, 03, 04,05, 06, 07, 08, 09, 10 or Blank
Race	Alphameric	Left	7	144-150	Values 1, 2, 3, 4, 5, 6 or 7
Insurance Coverage	Alphameric	Left	1	151-151	Values 1, 2 or Blank 1=YES 2=NO
Ahlers Internal Use	Alphameric	Left	6	152-157	Blank
HIV Pretest Counseling	Alphameric	Left	1	158-158	Values 1, 2, or Blank
HIV Test	Alphameric	Left	1	159-159	Values 1, 2, or Blank
HIV Test Result	Alphameric	Left	1	160-160	Values 1, 2, or Blank
HIV Post Test Counseling	Alphameric	Left	1	161-161	Values 1, 2, or Blank
Number of Times Pregnant	Numeric	Right	2	162-163	Number of Times or Zero Fill
Number of Births	Numeric	Right	2	164-165	Number of Times or Zero Fill
Monthly Family Income	Numeric	Right	6	166-171	Self-Explanatory
Number Supported b/Income	Numeric	Right	2	172-173	Self-Explanatory
Zip Code	Numeric	Right	5	174-178	Self-Explanatory
Ahlers Internal Use	Alphameric	Left	1	179-179	Blank
Ethnicity	Alphameric	Left	1	180-180	Values 1 or 2 1=YES 2=NO/UNKNOWN
Gender	Alphameric	Left	1	181-181	Values 1 or 2 1=Female 2=Male
Highest Grade Completed	Numeric	Right	2	182-183	00-16
Student Status	Alphameric	Left	1	184-184	Values 1, 2, 3, or Blank

County of Residence	Numeric	Right	2	185-186	Values of 01-62 and 80-89
**Agency Use Row A	Numeric	Right	12	187-198	Your Unique Coding or Zero-Fill
**Agency Use Row B	Numeric	Right	12	199-210	Your Unique Coding or Zero-Fill
**Agency Use Row C	Numeric	Right	12	211-222	Your Unique Coding or Zero-Fill
**Agency Use Row D	Numeric	Right	12	223-234	Your Unique Coding or Zero-Fill
**Agency Use Row E	Numeric	Right	12	235-246	Your Unique Coding or Zero-Fill
**Agency Use Row F	Numeric	Right	12	247-258	Your Unique Coding or Zero-Fill
Census Tract	Numeric	Right	5	259-263	Optional or Zero-Fill
Other Source of Healthcare	Numeric	Right	1	264-264	Values 1, 2, or Zero
Medicaid Recipient Number	Alphameric	Left	11	265-275	Actual Number or Blank Fill
Amount Other Ins. Paid	Numeric	Right	5	276-280	Optional or Zero-Fill
Other Insurance	Alphameric	Left	2	281-282	2 Digit Medicaid Code or Blank
FPEP Last PG Ended,CYM	Numeric	Right	6	283-288	Date or Zero Fill
Version Code	Alphameric	Left	8	289-296	Value 20180101
Ahlers Internal Use	Alphameric	Left	2	297-298	Blank
Source of Payment	Alphameric	Left	2	299-300	01, 02, 04, 05, 06, 07, 08, 09, 10, 11, 12

****Agency Use Rows A-F are each comprised of six two-digit Numeric Fields**
All Alphameric Fields are Left-Justified and Blank Filled Unless Otherwise Specified
All Numeric Fields are Right-Justified and Zero-Filled Unless Otherwise Specified
All Fields Must be Completed on each record, according to Format
Please See Attachment A for Submitting CVR Items 11A and 11C

ERROR ID	ERROR DESCRIPTION
1050	REJECT: VERSION NBR IS MISSING OR INVALID
1051	REJECT: CLINIC NUMBER INVALID
1052	REJECT: PROJECT IS INVALID FOR THIS CLINIC
2050	REJECT: PATIENT NUMBER MISSING/INVALID
3050	REJECT: DATE MISSING OR INVALID
3051	REJECT: DATE OF VISIT OVER 12 MONTHS OLD
3052	REJECT: DATE OF VISIT IS A FUTURE DATE
4050	REJECT: DATE OF BIRTH MISSING/INVALID
4051	REJECT: DATE OF BIRTH IS A FUTURE DATE
4052	REJECT: DOB BIRTH DOES NOT MATCH MASTER RECORD
4054	REJECT: CLIENT'S AGE IS LESS THAN 10 YEARS
4055	REJECT: CLIENT'S AGE IS GREATER THAN 59 YEARS
5050	REJECT: SOURCE OF PAY MISSING OR INVALID
5052	REJECT: LAST PREGNANCY MORE THAN 26 MONTHS AGO
5053	REJECT: SOP EQUALS '9' BUT DATE IS BLANK OR INVALID
5054	REJECT: DATE IS NOT BLANK BUT SOP IS NOT 9
5055	REJECT: PRIVATE INSURANCE MISSING/INVALID
5056	REJECT: SOP 9 PREG DATE IS GREATER THAN THE VISIT DATE
5057	REJECT: SOP 9 AND GENDER IS A MALE
6050	REJECT: HIGHEST GRADE MISSING/INVALID
8050	REJECT: VISIT ALREADY ON FILE FOR TRANSACTION
8051	REJECT: MAINTENANCE DOESN'T MATCH PRIOR VISIT
8052	REJECT: CLIENT MAINTENANCE DOESN'T MATCH MASTER
8054	REJECT: PURPOSE OF VISIT MISSING/INVALID
9150	REJECT: CONTRACEPTIVE METHOD MISSING/INVALID
9151	REJECT: MALE CLIENT HAS FEMALE CONTRACEPTIVE
9152	REJECT: FEMALE HAS MALE CONTRACEPTIVE
9153	REJECT: STERILIZATION FOR PATIENT UNDER 21
9250	REJECT: REASON FOR NO METHOD MISSING OR INVALID
10150	REJECT: * REFERRED ELSEWHERE INVALID
11150	REJECT: *MEDICAL SERVICES INVALID
11151	REJECT: MALE CLIENT HAS FEMALE SERVICES CODED
11152	REJECT: *POSITIVE PREGNANCY TEST, REASON INVALID
11153	REJECT: *STD SERVICES INVALID
11154	REJECT: FEMALE CLIENT HAS MALE SERVICES CODED
11156	REJECT: *PREGNANCY TEST RESULTS INVALID
11157	REJECT: *REASON FOR RESULTS INVALID
11163	REJECT: *HIV SERVICES INVALID
11252	REJECT: MEDICAL PROVIDER MISSING OR INVALID
12150	REJECT: *COUNSELING SERVICES INVALID
12151	REJECT: MALE CLIENT HAS FEMALE SERVICES CODED
12152	REJECT: COUNSELING INSISTENT W/SVCS. OR METHOD
12250	REJECT: COUNSELING PROVIDERS MISSING OR INVALID
13050	REJECT: GENDER REQUIRED
13052	REJECT: *GENDER CODE INVALID
13056	REJECT: GENDER DOES NOT MATCH MASTER FILE
14050	REJECT: RACE REQUIRED FOR EACH VISIT
14052	REJECT: *RACE CONTAINS INVALID DATA
15050	REJECT: ETHNICITY FIELD CONTAINS INVALID DATA
15051	REJECT: HISPANIC FIELD REQUIRED
16050	REJECT: ZIP CODE REQUIRED
16051	REJECT: SOP 9 BUT ZIP CODE INVALID, BLANK OR 99
16052	REJECT: *ZIP CODE CONTAINS INVALID DATA

ERROR ID	ERROR DESCRIPTION
17050	REJECT: COUNTY CODE REQUIRED
17051	REJECT: COUNTY CODE NOT 01-62 FOR SOP '09'
17052	REJECT: *COUNTY CODE CONTAINS INVALID DATA
18050	REJECT: INCOME REQUIRED
18052	REJECT: *INCOME CONTAINS INVALID DATA
18150	REJECT: FAMILY SIZE REQUIRED
18252	REJECT: *FAMILY SIZE CONTAINS INVALID DATA
19050	REJECT: PREGNANCY HISTORY REQUIRED
19150	REJECT: PREGNANCY HISTORY DATA INVALID
19250	REJECT: NUMBER OF PREGNANCIES ANSWERED BY MALE
19251	REJECT: NUMBER OF BIRTHS INCONSISTENT
19252	REJECT: NUMBER OF BIRTHS ANSWERED BY MALE
20150	REJECT: SOURCE OF HEALTHCARE FIELD IS INVALID
20151	REJECT: STUDENT STATUS CONTAINS INVALID DATA
22050	REJECT: MEDICAID NUMBER MISSING/INVALID
22051	REJECT: INTERPRETER CONTAINS INVALID DATA
22052	REJECT: CPT CODE IS MISSING/INVALID
22053	REJECT: PRIMARY DIAGNOSIS IS MISSING/INVALID
22054	REJECT: ATTENDING/PERFORMING NPI IS MISSING/INVALID

Attachment 9
NYS Family Planning Program - Selected Performance Measures & Indicators

Performance Standard Identifier	Measure/ Indicator	Source of Information	Proposed Threshold/Benchmark
Priority Measures			
PS-1	Total Number of Active Clinic Sites	Agency Profile/ Quarterly Reports	Maintain # active clinic sites at application
PS-1	Total Number of Unduplicated Clients Served	Clinic Visit Record (CVR)	Maintain or increase unduplicated client volume, compared to historical number of clients served and/or volume proposed at application
PS-2	% of Female Clients Age 25 and Under Receiving Chlamydia Testing	CVR	Compare to NYS FPP statewide average and/or Healthcare Effectiveness Data and Information Set (HEDIS) average
PS-3	% of Family Planning Agencies that Routinely Assess Patient Experience and/or Satisfaction	Annual Narrative Report	Year 1 = 100% of family planning agencies implement patient experience assessment; Years 2-5 = Standardized measure TBD
PS-4	% of Family Planning Clinic Sites with Timely and Complete Monthly Data Submission	Program Desk Audit	100% of clinic sites submit timely and complete required monthly data to FPDMIS (Ahlers)
Other Measures			
PS-1	% of Clients with Medicaid or Expanded Medicaid (FPBP/FPEP) Coverage	CVR	Compare to NYSFPP statewide average and local community demographics
PS-1	% of Clients with Incomes <= 100% FPL	CVR	Compare to NYSFPP statewide average and local community demographics
PS-1	% of Clients Residing in High-Risk Zip Codes	CVR	Compare to Perinatal High-Risk Zip Codes in service area
PS-1	% of Adolescent Clients Served (<19)	CVR	Compare to local community demographics
PS-1	% of Racial/Ethnic Minority Clients Served	CVR	Compare to local community demographics
PS-1	% of clinic sites offering the full range of FDA-approved contraceptive methods onsite	Agency Profile	Compare to Healthy People 2030 target
PS-2	% of All Negative Pregnancy Test Clients Leaving with Any Contraceptive Method	CVR	N/A
PS-2	% of Female Clients Leaving with an Effective or Highly Effective Contraceptive Method	CVR	N/A
PS-2	% of Clients Receiving HIV Testing	CVR	N/A
PS-2	% of Clients Receiving STI Testing	CVR	N/A
PS-2	% of Clients Receiving Cervical Cancer Screening	CVR	N/A

Attachment 9
NYS Family Planning Program - Selected Performance Measures & Indicators

Performance Standard Identifier	Measure/ Indicator	Source of Information	Proposed Threshold/Benchmark
PS-3	% of family planning agencies that involve the community in development of program goals and activities	CPEP Plan/ CPEP Annual Report	100% of family planning agencies develop and submit an annual CPEP plan
PS-2 PS-4	% of family planning agencies that establish and maintain comprehensive referral networks	Agency Profile/ Annual Narrative Report	100% of family planning agencies have active bi-directional referral agreements in place with ancillary service providers (e.g. intimate partner violence, mental health, primary care, substance use, etc.)
PS-4	% of family planning agencies participating in NYSFPP sponsored training opportunities	NYSFPTC Training registration lists	At least 90% of family planning agencies participate in each NYSFPP-sponsored training opportunity.

CPEP = Community Participation, Community Education, and Program Promotion
CVR = Clinic Visit Record
FPDMIS (Ahlers) = Family Planning Data Management Information System Vendor
NYSFPTC = New York State Family Planning Training Center

Grants Gateway Budget Instructions
Applications OR New Budget Periods

Data Entry of the Expenditure Budget - A step by step data entry document titled **"Grants Gateway Budget Data Entry Guidelines"** has been provided in Pre-Submission Uploads located in the Forms Menu.

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

Additional Considerations

- All costs must directly relate to the provision of services outlined in this funding opportunity, be consistent with the scope of services, reasonable, and cost effective.
- Contracted organizations must have on file documentation to support allocation of shared costs to the contract in accordance with applicable regulations and approved budget.
- For each section of the budget in which a budget item is proposed, all required fields must be completed. Failure to complete required fields will result in a global error message which must be resolved prior to submission.
- Equipment purchases for major items that will depreciate in a very short period of time (e.g. one to three years) will only be considered when supported by a strong justification. The Department of Health (DOH) recognizes that organizations may classify items as equipment within their own accounting system that do not fall under the definition of equipment and may be included in the equipment budget category.
- Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
- Budget lines that are not well-justified may delay the budget approval process.
- Indirect costs for organizations without a federally-approved indirect cost rate, will be limited to no more than 10% of total direct costs.
- A "match" contribution is **NOT** required for this grant award. Please do not enter information in the match sections of the budget.
- For fields titled "Other Funds" always leave blank. Additional costs incurred by the program, referred to as "in-kind contributions" should be detailed under the narrative sections for the respective budget category. (i.e. In-kind staff should not be listed in the Salary Detail, but please identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative)
- **Travel**: All Travel, other than travel for individuals / organizations funded under the contractual service line, subcontractor travel, should be budgeted in this section. Out-of-State travel requires prior approval.
    - OCS Guidelines: http://www.osc.state.ny.us/agencies/travel/manual.pdf
    - USGSA: http://www.gsa.gov/portal/category/21283

Family Planning Program (FPP) Specific Requirements:

In order to be approved, all FPP budgets **must** clearly include the following:

- The following positions are a required part of the FPP and must clearly be identified in the budget. These positions can be found in either Personal Services or Non-Personal Services (when fulfilled through a contractual relationship) as appropriate. If one (or more) of these positions is not supported by grant funds, you must still include the narrative justification (including FTE percentage or line item detail) for the position in the appropriate narrative section. Positions required include:
    - Program Director/Manager (who serves as primary FPP contact)
    - Medical Director (who must have specific training/experience in reproductive health)
    - Pharmacist or Pharmacy Consultant
    - Medical Records Specialist/Consultant
    - Health Educator
- A minimum of 15% of the total award amount must be allocated toward Non-Personal Expenses.
- Line item detail of funds (either grant or in-kind) used to support travel for at least two staff to attend the Bureau of Women, Infant, and Adolescent Health Provider Meeting.
- Line item detail of funds (either grant or in-kind) used to support the purchase of Contraceptive supplies. This should be included in the narrative justification under NPS "Operating Expenses" and include the cost per unit multiplied by the total number of units purchased. The acquisition cost for all contraceptives must reflect current 340B costs.
- Advertising/Marketing Expenses, when supported with grant funding, must include line item detail for the expense, a clear timeframe when ads/campaign will run, and a brief description of how efforts will be assessed (i.e. tracking patient calls, volume, website clicks) during specified time period. The justification must clearly state that all materials will be reviewed and approved by the I & E Committee.
- Funds can not be used to provide abortion or abortion-related services.
- Please refer to the Bureau of Women, Infant, and Adolescent Health (BWIAH) Budget Guidance Document for additional information on allowable expenses.

Document Uploads (as applicable)

Other Expenses Detail – Indirect Costs: If using a Federally Approved Rate Agreement, upload a copy of the current federal rate agreement

Other Helpful Links:

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

CFR Supbart E - Basic Considerations: http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabbd3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200_1401.sg12

Grants Gateway Budget Data Entry Guidelines

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

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

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

Grants Gateway Field	Character Limits	Enter Required Information as Instructed Below
Non Personal Services	**Non Personal Service expenses. For each Non Personal Service expense not supported by grant funds, the applicant should include a description in the appropriate NPS Narrative section. For example if you contract with a Pharmacist using other funds you would list under the Contractural Narrative - Pharmacist $25/hour for 20/hours total cost $500.00.**	
Contractual*	*** Refer to Grants Gateway Budget Instructions document for additional information. This category should be used to budget for specific services which cannot be accomplished by existing staff as well as for any services/expenses which will be provided by a subcontractor. Include expenses such as contracted staff, per diem staff, bookkeeping, payroll and audit services. Include the time frame for the delivery of services. Contractors may be required to submit subcontracts to the Department for review and approval prior to execution of the subcontract. The contractor remains fully responsible for all work performed by the subcontractor. ALL related expenses are to be budgeted under this section (any non-personal service costs to include travel) associated with the staff/organizations allocated to CS. If Contractual Services are not applicable, leave this section blank.**	
Type/Description	125	Provide the name of the organization, company or individual and the type of service being provided. If not known, enter TBH in place of the name of the organization, company or individual. (i.e. Pharmacist - TBH)
Justification	1000	Describe how this expense supports the work plan objectives of the project. Include the timeframe for delivery of services.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Contractual Narrative	**4000**	The following positions are a required part of the FPP and must clearly be identified in the budget. These positions can be found in either Personal Services or Non-Personal Services (when fulfilled through a contractual relationship) as appropriate. If one (or more) of these positions is not supported by grant funds, you must still include the narrative justification (including FTE percentage or line item detail) for the position in the appropriate narrative section. Positions required include: Program Director/Manager (who serves as primary FPP contact); Medical Director (who must have specific training/experience in reproductive health); Pharmacist or Pharmacy Consultant; Medical Records Specialist/Consultant; Health Educator
Travel*	*** Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. Itemized travel estimates should be based on the lesser of the written policy of the organization, the Office of State Comptroller (OSC) guidelines, or the United States General Services Administration (USGSA) rates. Out-of-State travel requires prior approval by the State. Travel expenses associated with any Subcontractor, Consultant, or Vendor, must be included in the Contractual Services budget line. If Travel is not applicable, leave this section blank.**	
Type/Description	125	Provide the type of travel. A separate entry should be completed for each category of travel (i.e. Client, Staff Travel, In-State, or Out-of-State).
Justification	1000	Describe how this expense supports the work plan objectives of the project, include the title of the position(s) traveling.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Travel Narrative	**4000**	Line item detail of funds (either grant or in-kind) used to support travel must be provided. Be sure to include travel expenses for at least two staff to attend the Bureau of Women, Infant, and Adolescent Health Provider Meeting. Please include name and anticipated travel dates for all conferences and trainings included. A breakdown of all costs for each conference or training is required and must include: Registration fee(s), mileage rate x # miles/vehicle rental/airfare, etc., destination location (City, State), travel dates, lodging rate x # nights per person, per diem rate x # days per person, as well as any other applicable expenses.

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

Grants Gateway Field	Character Limits	Enter Required Information as Instructed Below
Equipment	*** Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize both purchased and rental equipment costs. Equipment is defined as items such as computers, printers, phones, apparatus or fixed asset (other than land or a building) that are tangible personal property having a useful life of more than one year and a purchase price equal or exceeding $5,000. These items must be inventoried (tagged) and included on the annual equipment inventory form. This also includes a grouping of like items which equals or exceeds $5,000. Item(s) not falling under this definition should be included under Operating Expenses. If Equipment is not applicable, leave this section blank.**	
Type/Description	125	Provide the type of equipment and the quantity to be purchased or rented. (i.e. 3 Desk Top PCs)
Justification	1000	Provide the names of the staff that will be using the equipment and provide the calculation used to determine the allocation of this expense to the project. Reminder: staff % Funded (time and effort) must be taken into consideration when determining the appropriate allocation of the expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Equipment Narrative	**4000**	**Program Specific Instructions / Requirements** Not applicable - leave blank
Space/Property: Rent	**This section is used to itemize costs associated with Space/Property: Rent. A separate entry will be required if more**	
Type/Description	125	Provide the physical address of the rental property.
Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Space/Property: Rent Narrative	**4000**	**Program Specific Instructions / Requirements** - Use space as needed for additional justification
Space/Property: Own	**This section is used to itemize costs associated with Space/Property: . If Space/Property: Own is not applicable, leave this section blank. The expenses included are, maintenance, insurance (property and liability). Demonstrate how the total expense being allocated to this program is calculated. Provide the allocation methodology and percent. Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.**	
Type/Description	125	Provide the physical address of the property that is owned.
Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Space/Property: Own Narrative	**4000**	**Program Specific Instructions / Requirements** - Use space as needed for additional justification
Utilities	**This section is used to itemize costs associated with Utilities. A separate entry is needed for each category of expense relating to utilities (i.e., utilities, telephone, mobile, etc.)using other funds. If Utilities are is not applicable, leave this section blank.**	
Type/Description	125	Provide the type of expense and include the property address. (i.e. Telephone - 123 Cherry Lane)
Justification	1000	Provide details such as which project(s) share this expense, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Utilities Narrative	**4000**	**Program Specific Instructions / Requirements** - Use space as needed for additional justification

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

Grants Gateway Field	Character Limits	Enter Required Information as Instructed Below
Operating Expenses	*** Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize costs associated with the operation of the project, including but not limited to insurance/bonding, photocopying, advertising, office supplies, direct medical service supplies, program supplies/materials. A separate entry for each type of expense is needed. Expenses for any costs shared across multiple projects must be appropriately cost-allocated in accordance with the benefit received or effort provided to the project. If Operating Expenses are not applicable, leave this section blank.**	
Type/Description	125	Provide the type of expense
Justification	1000	Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Operating Expenses Narrative	**4000**	**Program Specific Instructions / Requirements** Line item detail of funds (either grant or in-kind) used to support the purchase of Contraceptive supplies must be provided. This should include the cost per unit multiplied by the total number of units purchased. The acquisition cost for all contraceptives must reflect current 340B costs. Advertising/Marketing Expenses, when supported with grant funding, must include line item detail for the expense, a clear timeframe when ads/campaign will run, and a brief description of how efforts will be assessed (i.e. tracking patient calls, volume, website clicks) during specified time period. The justification must clearly state that all materials will be reviewed and approved by the I & E Committee. Promotional items are not an allowable expense.
Other Expenses Detail*	**Only Indirect costs are to be budgeted under this section (also referred to as Administrative costs), unless determined not to be allowed by the award. Non-profit agencies receiving federal funds are eligible to charge their federally approved indirect cost rate. A copy of the current federal ICR agreement must be uploaded to the Grantee Document Folder section of the application. For organizations without a federally-approved indirect cost rate, indirect costs will be limited to no more than 10% of total direct costs. Direct costs may include Personal Service, Fringe Benefits, Space, Program Operations, Travel, Equipment, and Other budget costs. Applicants must provide a description of costs included in the indirect cost calculation in the Other Expenses budget narrative section of the application. Calculated indirect cost rates will be subject to DOH review and approval.**	
Type/Description	125	Provide the requested indirect costs rate, indicating whether it is based on a Federally Approved Rate Agreement.
Justification	1000	Indicate specifically that the document was uploaded to the Grants Gateway (Federally Approved Rate Agreement)
Total Grant Funds	N/A	Provide the requested value using the formulary provided.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Other Narrative	**4000**	**Program Specific Instructions / Requirements** Not applicable - leave blank

Budget Category Side-by-Side – use this chart to assist with aligning cost categories with the (8) defined budget categories, labeled a through f on the budget summary. This a sample listing of those most commonly used

Master Grant Contract Budget Categories	***Sample of Budget Categories***
Personal Services	ALL employees on payroll
Fringe	Payroll Taxes, Health Insurance, Pension, Worker's Compensation, etc.
Contractual Services*	Vendors*
Contractual Services**	Subcontractors / Consultants / Affiliate Staff
Travel	Travel (ALL - for client, staff, and volunteers). Travel for individuals funded under the Contractual Service budget category must be included under CS.
Equipment Expense	> article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds $5,000, or a grouping of like items which equals or exceeds $5,000. < $5,000 budget under Operating Expenses
Space/Property & Utility Expenses	Rent, Depreciation, Maintenance & Repairs, Utilities (including electric, heat, cell phone, internet, telephone)
Operating Expense	Equipment, Office Technology purchases < $5,000
Operating Expense	Beverages, Food, Meeting Costs. Adherence to Guidelines for Healthy Meetings as adopted from National Alliance for Nutrition and Activity (NANA) Healthy Meeting Guidelines is required: https://www.health.ny.gov/prevention/healthy_lifestyles/guidelines.htm.
Operating Expense	Office Supplies, Program Supplies/Materials
Operating Expenses	Conference Costs/Registration Fees. IF these costs are associated with other reimbursable travel (lodging, mileage, etc.), these costs should be budgeted under travel.
Operating Expenses	Staff Training/Professional Development (for costs such as conference fee - NOT travel)
Operating Expenses	Vehicle Operating Expenses
Operating Expenses	Client Services (medical supplies, translation services, etc.)
Operating Expenses	Direct Medical Supplies
Operating Expense unless fringe benefit related, then it is Personal Services	Insurance (e.g. general liability)
Operating Expense unless it is contracted out, then it is Contractual Services	Database Management, Computer/Network Maintenance
Operating Expense unless it is contracted out, then it is Contractual Services	Media Placement, Advertising (e.g. recruitment ads, program promotion). ALL purchased media placement or advertising requires prior approval.
Operating Expense unless it is contracted out, then it is Contractual Services	Educational Materials, Printing, Postage
Operating Expenses any associated travel must go under travel	Special Events, Workshops
Other	Indirect

*Contractual Services - Vendors: include those persons or organizations that provide the same or similar services to any customer without altering its product. Examples of vendors include audit services, payroll services, bookkeepers, laboratory services, and IT consultants.

**Contractual Services – Subcontractors / Consultants / Affiliate Staff: performs a portion of the scope of work from the lead contractor's project, often off-site and under the direction of a third party. The subcontractor has its performance measured against the objectives of its portion of the scope of work of the lead program.

New York State Department of Health
Bureau of Women, Infant and Adolescent Health
Budget Guidance Document

Purpose: This document provides budget guidance to the Bureau of Women, Infant and Adolescent Health's contractors on allowable expenses. All questions should be directed to your contract manager.

1. FOOD

For all BWIAH Programs, purchase of food using contract funds is only ***allowed*** for client focus groups and client educational trainings, but ***not allowed*** for staff functions or participants (e.g., stakeholders) at community meetings. In the case where both clients and stakeholders are in attendance, DOH will only reimburse for food at meetings if: 1) the target audience is primarily clients, and 2) clients make up 50% or more of the attendees. In addition, contractors must:

- Use National Alliance for Nutrition and Activity Meeting/Conference Guidance http://www.health.ny.gov/prevention/healthy_lifestyles/guidelines.htm
- Ensure that any bottle deposit or NYS Sales Tax payments are backed out of the expense before contractor requests reimbursement

For Adolescent Health Programs including CAPP/PREP, purchase of food using contract funds ***is allowed*** for students and is used as a teachable moment. Contractors must:

- Use Adolescent Food Guidance Document http://www.actforyouth.net/resources/n/n_adolescent_food_guidelines.pdf

2. INCENTIVES

Incentives are ***allowed*** for all BWIAH Programs, but ***limited to 1% of the total approved budget***. An incentive tracking log must be maintained by the contractor, and made available for review upon request. Gift cards must be to businesses that do not sell tobacco or alcohol products (Adolescent programs are an exception due to state laws prohibiting sale of tobacco/alcohol to minors).

Note: Incentives ***cannot*** be used for transportation to medical appointments (funds/services are available through Medicaid, see section 4.b. Transportation for Client Travel).

3. MEDIA CAMPAIGNS

Expenses related to media campaigns are ***allowed*** in all BWIAH Programs for targeted audiences given appropriate detailed justification is provided. This includes expenses for social media campaigns and associated contracts/research. In order for requests to be approved, contractors must:

- Provide a line-item budget of anticipated expenses;
- Use market research (e.g., focus groups, community partners) to guide media campaign efforts; and
- Include a method to evaluate the effectiveness of the campaign (demonstrate how the campaign benefits the program).

Note: Contractors are strongly encouraged to seek out free or low-cost media opportunities within their community before requesting use of state funds.

New York State Department of Health
Bureau of Women, Infant and Adolescent Health
Budget Guidance Document

4. TRAVEL

A. TRANSPORTATION for STAFF TRAVEL

Expenses for staff-related travel is ***allowed***. Staff transportation includes travel expenses related to conducting home visits, outreach, and attending conferences, educational events/trainings.

Note: For Rape Crisis, this includes contractor staff travel and volunteer advocate travel when accompanying/meeting a victim at the hospital (use of car service or taxi service, which may include gratuity).

B. TRANSPORTATION for CLIENT TRAVEL

Expenses are ***allowed*** for client-related travel (e.g., metro cards/bus passes) to assist clients in getting to educational programs.

For Medicaid-eligible appointments, Medicaid-OHIP Contractors should be used. The only exception would be if all other options (rides with family members/friends/Medicaid-OHIP Contractors) are exhausted.

Note: It is highly recommended that Programs work with clients to get family and friends' assistance first, then Medicaid-OHIP Contractors, then if all else fails, can use metro card/bus, etc.

Medicaid Transportation for Medicaid-Eligible Services - Use OHIP Contractors listed below:

- Medical Answering Services at https://www.medanswering.com/. Manages transportation for all Medicaid enrollees having Medicaid eligibility through all counties except for Long Island (Nassau and Suffolk counties).
- LogistiCare-LI at http://longislandmedicaidride.net/. Manages transportation for all Medicaid enrollees having Medicaid eligibility through either of the two counties encompassing Long Island (Nassau and Suffolk counties).

Individual clients can arrange their own travel via the websites above and confidentiality of users is protected.

5. MEMBERSHIPS, SUBSCRIPTIONS, and PROFESSIONAL ACTIVITY COSTS

Allowed

-Costs of the non-Federal entity's membership in business, technical, and professional organizations.
-Costs of the non-Federal entity's subscriptions to business, professional, and technical periodicals.
-Costs of membership in any civic or community organization are allowable with prior approval by the Federal awarding agency or pass-through entity.

Not Allowed

-Costs of membership in any country club or social or dining club or organization.
-Costs of membership in organizations whose primary purpose is lobbying.

New York State Department of Health
Bureau of Women, Infant and Adolescent Health
Budget Guidance Document

6. PROMOTIONAL ITEMS

Expenses for promotional items are ***not allowed***. Promotional items are defined as articles of merchandise (often branded with a logo or slogan) which are given away to promote a company, corporate image, brand, or event at trade shows, conferences, or as part of marketing campaigns (e.g., water bottles, tote bags, pens, T-shirts, hats, pens etc.).