

**Funding Opportunity #17835
Grants Gateway # (DOH01-DRPLR5-2019)**

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

Request for Applications

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

KEY DATES

Release Date:	April 18, 2018
Applicant Webinar:	April 25, 2018
Questions Due:	May 2, 2018
Questions, Answers and Updates Posted (on or about):	May 9, 2018
Application Submission Start Date:	May 16, 2018
Application Submission Deadline:	June 13, 2018 by 4:00 PM – E.S.T.
DOH Contact Name & Address:	Karolyn Garafalo New York State Department of Health Corning Tower, Room 1695 Albany, New York 12237 DANY2018@health.ny.gov

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I. Introduction

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

This is the fifth DANY PLR/PPS cycle of funding, referenced herein as Cycle V. Previous cycles awarded funding in amounts that were different for PLR and PPS and that required different lengths of time for the physician’s commitment to work in an underserved area. For Cycle V, pursuant to changes made by Public Health Law (“PHL”) § 2807-m(12) in 2016, both PLR and PPS awards will provide up to \$40,000 per year for three years to or on behalf of a physician who agrees to practice in an underserved area for the three-year DANY service obligation period. Up to \$9 million is currently available under this Request for Applications (“RFA”), which is expected to result in approximately 75 three-year awards. Additionally, up to \$1.5 million in federal funds may become available.

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

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

The New York State Department of Health (“Department”) will host a webinar for this funding opportunity on April 25, 2018. Applicants are strongly encouraged to attend the applicant webinar, which will provide technical assistance in completing the application. A recording of the webinar will be posted to the Department’s website shortly after the live event. The website address where the recording can be located will be included in the Question and Answers that will be posted on or about the date listed on the cover page of this RFA.

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

II. Who May Apply

Only physicians and health care facilities that meet the criteria set forth below are eligible to apply for

DANY funding through this RFA.

A. Eligible Physician Applicants

A physician is eligible for a DANY award for the period (January 1, 2019 – December 31, 2022) to repay qualified educational debt or pay costs of establishing or joining a medical practice if the following requirements are met:

1. The physician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
2. The physician must be a graduate of an allopathic or osteopathic medical school.
3. The physician must be licensed to practice medicine in New York State by the time the three-year DANY service obligation begins.
4. The physician must be in good standing, meaning that he or she:
 - a. Has not been excluded from or terminated by the federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>);
 - b. Has not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>);
 - c. Is not under indictment for, or has not been convicted of any felony as defined by New York State Penal Code (see <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>); and
 - d. Has not had his or her medical license revoked in any state or territory in the United States.
5. The physician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.
6. The physician must not have any judgment liens arising from debt to the federal or any state government.
7. The physician must not be delinquent in child support payments.
8. The physician must not have previously received DANY PLR or PPS funding.
9. The physician must not be fulfilling an obligation under any state or federal loan repayment program which overlaps or coincides with the three-year DANY service obligation.
10. The physician must have either an employment contract or a business plan, as described below:
 - a. A physician who seeks a DANY award to repay educational debt must have an employment contract with a health care facility requiring the physician to provide physician services for at least the entire DANY service obligation period. For these purposes, a “health care facility” means:

- i. A general hospital, diagnostic and treatment center (“D&TC”), or a nursing home licensed by the New York State Department of Health pursuant to PHL Article 28;
- ii. A facility certified, but not operated, by the New York State Office of Mental Health (“OMH”) pursuant to Mental Hygiene Law (“MHL”) Article 31;
- iii. A facility licensed, but not operated, by the New York State Office of Alcoholism and Substance Abuse (“OASAS”) pursuant to MHL Article 32;
- iv. A hospital or nursing home operated by the New York State Department of Health, meaning Helen Hayes Hospital, the New York State Veterans Home at Batavia, the New York Veterans Home at Montrose, the New York State Veterans Home at Oxford, or the New York State Veterans Home at St. Albans; or
- v. A medical practice that is registered with the New York State Department of State as a Professional Corporation (“PC”) or Professional Limited Liability Corporation (“PLLC”).

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

- b. A physician who seeks a DANY award to pay costs to establish or join a medical practice must have a business plan for at least the entire DANY service obligation period, where such practice is or will be registered with the New York State Department of State as a PC or PLLC.
11. The health care facility or practice where the physician will be employed or the medical practice that the physician will establish or join must be located in an underserved area, as defined in Attachment 7 of this RFA.
 12. The services that the physician will provide under the employment contract or business plan must constitute full time clinical practice, meaning at least 40 hours of service (with a minimum of 32 clinical hours) per week for at least 45 weeks per year. The 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. The 40 hours per week may not include time spent in “on-call” status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in Attachment 3 of this application during that time. Any hours worked in excess of 40 hours per week shall not be applied to any other work week.
 13. The physician cannot have worked as a physician in any capacity in any underserved area, as defined in Attachment 7 of this RFA, between the dates of August 30, 2010 and August 30, 2015.
 14. The date on which the physician’s employment contract or business plan begins must be no earlier than August 31, 2015 and no later than January 1, 2019.
 15. The start date of the physician’s DANY service obligation under this contract will be January 1, 2019.

16. The employment contract or business plan, as applicable, must reflect that the physician will provide health services to individuals in the area without discriminating against them:
 - a. Because of their inability to pay for those services; or
 - b. Because of their enrollment in or utilization of insurance provided under Part A “Medicaid” or Part B “State Children’s Health Insurance Program” of Title XVIII of the Social Security Act (42 U.S.C. 1395).
17. The employment contract or business plan, as applicable, must reflect that the physician:
 - a. Shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act; and
 - b. Shall enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan if no current agreement exists with the employing facility.

B. Eligible Health Care Facility Applicants

A health care facility is eligible for a DANY award for the period (January 1, 2019 – December 31, 2022) to provide a physician with a sign-on bonus, funds to repay outstanding educational debt, and/or enhanced compensation (not including salary offsets) if the following requirements are met:

1. The health care facility must be one of the following:
 - a. A general hospital, D&TC, or a nursing home licensed by the New York State Department of Health pursuant to PHL Article 28;
 - b. A facility licensed, but not operated, by the New York State Office of Mental Health pursuant to MHL Article 31;
 - c. A facility licensed, but not operated, by the New York State Office of Alcoholism and Substance Abuse Services pursuant to MHL Article 32; or
 - d. A medical practice that is registered with the New York State Department of State as a PC or PLLC.

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

2. The health care facility must be located in an underserved area, as defined in Attachment 7 of this RFA.
3. The health care facility must have an employment contract with a physician requiring the provision of physician services for the DANY service obligation period.

4. The physician with whom the health care facility has an employment contract for the DANY service obligation period must meet the following criteria:
 - a. The physician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
 - b. The physician must be a graduate of an allopathic or osteopathic medical school.
 - c. The physician must be licensed to practice medicine in New York State by the time the three-year DANY service obligation begins.
 - d. The physician must be in good standing, meaning that he or she:
 - i. Has not been excluded from or terminated by the federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>);
 - ii. Has not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>);
 - iii. Is not under indictment for, or has not been convicted of any crime as defined by New York State Penal Code (see <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>); and
 - iv. has not had his or her medical license revoked in any state or territory in the United States.
 - e. The physician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.
 - f. The physician must not have any judgment liens arising from debt owed to the federal or any state government.
 - g. The physician must not be delinquent in child support payments.
 - h. The physician must not have previously received DANY PLR or PPS funding.
 - i. The physician must not be fulfilling an obligation under any state or federal loan repayment program which overlaps or coincides with the three-year DANY service obligation.
 - j. The physician cannot have worked as a physician in any capacity in any underserved area, as defined in Attachment 7 of this RFA, between the dates of August 30, 2010 and August 30, 2015.
5. The date on which the physician's employment contract begins must be no earlier than August 31, 2015 and no later than January 1, 2019.
6. The start date of the physician's DANY service obligation under this contract will be January 1, 2019.
7. The services that the physician will provide under the employment contract or business plan must constitute full time clinical practice, meaning at least 40 hours of service (with a minimum of 32

clinical hours) per week for at least 45 weeks per year. The 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. The 40 hours per week may not include time spent in “on-call” status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in Attachment 3 of this application during that time. Any hours worked in excess of 40 hours per week shall not be applied to any other work week.

8. The employment contract must reflect that the physician will provide health services to individuals in the area without discriminating against them:
 - a. Because of their inability to pay for those services; or
 - b. Because of their enrollment in or utilization of insurance provided under Part A “Medicaid” or Part B “State Children’s Health Insurance Program” of Title XVIII of the Social Security Act (42 U.S.C. 1395).
9. The employment contract must reflect that the physician:
 - a. Shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act; and
 - b. Shall enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan if no current agreement exists with the employing facility.

III. Project Narrative

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

A. Use of Funds

DANY funds can be awarded to: (1) a physician to pay qualified educational debt; (2) a physician to pay costs of establishing or joining medical practices; or (3) a health care facility to help retain and recruit a physician by providing that physician with a sign-on bonus, funds to repay outstanding educational debt, or enhanced compensation (except where the award is made to a health care facility operated by SUNY). In all cases, 100 percent of the funds ultimately must be distributed to the physician. Accordingly, funding awarded under this RFA can be used only as follows:

1. Repaying qualified educational debt: For purposes of this RFA, “qualified educational debt” means any outstanding amounts remaining on student loans that were used by the physician to pay graduate or undergraduate tuition or related educational expenses, where such loans were made by or guaranteed by the federal or state government or made by a lending or educational institution approved under Title IV of the federal Higher Education Act. An applicant seeking to use DANY

funds for loan repayment must include educational loan statements dated no more than 30 days prior to submission (to be uploaded as Attachment 4). Such statements will be forwarded to the New York State Higher Education Services Corporation (“HESC”) to verify the existence and amount of qualified education debt. Applicants must complete Attachment 5 to give consent for HESC to disclose any loan information to the Department. No DANY award shall be made in excess of the outstanding amount of educational debt as verified by HESC. Where a DANY award is made for this purpose, the physician will be required to submit educational loan statements on an annual basis to ensure payments are being applied to the loans.

2. Supporting the cost of establishing or joining a medical practice: DANY funding awarded to a physician to pay costs of establishing or joining medical practices can be used for expenses such as acquiring the land or a building where the practice will be located, capital investment, renovation of existing space, minor medical equipment (for a maximum of \$10,000), equipping and furnishing the space, rent, insurance, and payment of salaries of office personnel (see Section V.A.4 Budget). Upon claiming an award, the physician will be required to submit vouchers with receipts of qualified expenses for reimbursement.
3. Helping health care facilities recruit or retain physicians: A DANY award made to a health care facility can be used to provide one physician, who must be identified in the application, with a sign-on bonus, repayment of outstanding qualified educational debt, enhanced compensation, or any combination thereof, with one exception: a health care facility operated by SUNY can only use DANY funds for loan repayment of outstanding qualified educational debt. In all cases, 100 percent of funding provided under the award must go to the physician.

B. Application Limits

1. No more than one application will be accepted from a single physician. If a physician submits more than one application, only the application received first will be reviewed.
2. No more than two applications will be accepted from a health care facility with the same operating certificate number or health care facility that is a medical practice with the same Department of State Identification Number. If a health care facility submits more than two applications, only the first two applications received will be reviewed.

C. Award Limits

1. A minimum of one-third of DANY funds awarded under this RFA shall be allocated to physicians practicing in and health care facilities located in New York City (comprised of New York, Bronx, Kings, Queens and Richmond counties) with the remaining two-thirds to individual physicians practicing in and health care facilities located in the rest of the state.
2. No less than fifty percent of the funds awarded under this RFA shall be used to support a DANY service obligation to be carried out in a general hospital. This provision shall not apply if less than fifty percent of the eligible funding is requested from such applicants.
3. No more than five percent of the funds awarded under this RFA shall be used to support a DANY service obligation to be carried out at a health care facility exclusively licensed by OMH.
4. No more than five percent of the funds awarded under this RFA shall be used to support a DANY

service obligation to be carried out at a health care facility exclusively licensed by OASAS.

5. No more than two awards will be made to support a DANY service obligation to be carried out at a health care facility with the same operating certificate number or, in the case of a medical practice, the same NYS Department of State registration number, regardless of whether the applications were submitted by physicians or health care facilities.

D. Application Deadlines

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

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

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

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

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

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA.

Questions of a technical nature can be emailed to DANY2018@health.ny.gov. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

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

When applying for a Grants Gateway account, be sure to request the role of “Grantee Contract Signatory” or “Grantee System Administrator” since these roles are necessary to submit an application.

Some helpful links for questions of a technical nature are as follows:

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

Prospective Applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application. This RFA has been posted on the NYS Grants Gateway website at: https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and a link provided on the Department's public website at: <http://www.health.ny.gov/funding/>. Questions and Answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

C. Letter of Interest

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

D. Applicant Webinar

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

preclude the submission of an application, however; participation is highly encouraged.

E. How to File an Application

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

To apply for this opportunity:

1. Log into the Grants Gateway as either a “Grantee” or “Grantee Contract Signatory”.
2. Click on the “View Opportunities” button under “View Available Opportunities”.
3. In the Search Criteria, enter the Grant Opportunity name <Doctors Across New York Physician Loan Repayment and Physician Practice Support Programs> and select the Department of Health as the Funding Agency.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

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

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

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

- Not-for-Profit Applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s

prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.

- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An Applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.66 of the Grantee User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Grantees should ensure that any attachments uploaded with their application are not “protected” or “pass-worded” documents.

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

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

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

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

F. Department of Health’s Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.
3. Make an award under the RFA in whole or in part.

4. Disqualify any Applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an Applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the Applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct Applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible Applicant, should the Department be unsuccessful in negotiating with a selected Applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the Applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful Applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all Applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

G. Term of Contract

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

It is expected that contracts resulting from this RFA will be three-year fixed term contracts and Applicants will start on January 1, 2019 and serve until December 31, 2021.

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

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

H. Payment & Reporting Requirements of Grant Awardees

1. No advances will be allowed for contracts resulting from this procurement.
2. No payment shall be made before a contract is executed.
3. Physicians must work for three months under the terms of this contract before payment is made.
4. Payments will be made quarterly or semiannually at the discretion of the Department and only after the reports listed below are received.
5. Physicians accepting monies for loan repayment are expected to use the funds to pay down qualified educational debt. Statements submitted must demonstrate that all disbursed grant funds were applied in full to the loan following receipt of payment from the Department.
6. The grantee will be required to submit the following reports periodically (at the discretion of the Department):
 - Progress reports to verify employment;
 - Educational loan statements (current within 30 days); and/or
 - Expenditure reports.

Such reports will be submitted to the following designated payment office (below) or in the future through the Grants Gateway:

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

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting

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

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms shall provide that the Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan.

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

I. Minority & Woman-Owned Business Enterprise Requirements

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

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

J. Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of 0%.

This RFA does not establish minimum goals for participation of minority or women-owned business.

Therefore, completion of the MWBE Utilization Plan is not required. Funded Applicants are encouraged to engage with firms found in the directory for the acquisition of required 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.

K. 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>.

L. Vendor Identification Number

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

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover page. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: http://www.osc.state.ny.us/vendor_management/forms.htm.

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

M. Vendor Responsibility Questionnaire

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

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

A completed Vendor Responsibility Questionnaire is required **only** from Health Care Facility

Applicants applying for an award of greater than \$100,000. The Health Care Facility Applicant must then also assure that they have completed a Vendor Responsibility Questionnaire by filling out the Vendor Responsibility Attestation (Attachment 10) and uploading it to the Grants Gateway. Individual Physician Applicants do NOT need to complete this questionnaire or attestation.

N. Vendor Prequalification for Not-for-Profits

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

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the Grants Reform Website at <https://grantsreform.ny.gov/>.

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.

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

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

1. Register for the Grants Gateway

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

- Registration Form for Administrator; and
- Substitute W-9 Form.

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

- Click on *Grantees* tab at the top left of the page.
- On the left side panel for *Quick Links*, under *Grants Gateway* you will see links for Registration Form for Administrator and Substitute Form W-9.
- Download a copy of each form for completion.

- Each form has an instruction page included with it explaining how the form should be completed as a health care facility applicant.
- A signed, notarized original form must be sent to NYS Grants Reform at the address provided in the instructions.
- Once this form is processed and approved, you will then be provided with a Username and Temporary Password allowing you to access the Grants Gateway.

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

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

Organization Information:

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

Organization Type:

- Check the box Labelled “Individual”.

Delegated Administrators:

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

Authorization:

- Enter your own name under the Box labelled “Head of Organization”.
- Enter your phone number, email address, and sign and date where prompted.

Acknowledgement to be completed by a Notary Public:

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

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

Part I:

- Box 1 - print your full legal name.
- Box 3 - check the box labeled “Individual Sole Proprietor”.

Part II:

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

Part II

- Box 2 - check the box labeled “Social Security Number (SSN).

Part III:

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

Part IV:

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

Part V:

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

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

2. Complete Your Prequalification Application (Not for Profits Only)

- Once you have obtained your Username and Temporary Password, log in to the [Grants Gateway at http://GrantsReform.ny.gov](http://GrantsReform.ny.gov). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with (i.e. Department of Health). This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.

- Specific questions about the prequalification process should be referred to your agency representative at DANY2018@health.ny.gov or to the Grants Gateway Team at grantsgateway@its.ny.gov.

3. Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

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

O. General Specifications

1. By submitting the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the Applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such Applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

P. Default Provisions

At the time of contract, a physician will be notified of the source of his/her DANY grant funding; either state monies or a combination of state and federal monies. Most of DANY funds are exclusively state funds, however, a few awards will be supported by a combination of state and federal monies.

There are significant financial consequences in the event a physician fails to complete his/her three-year service obligation. Moreover, there are substantial differences between the default penalties

depending on the source of their funding. These default provisions are defined in the Master Grant Contract as follows:

1. State Funding (100%): In the event of default, the physician will repay the State of New York according to the following formula: $A = 3 [\phi] (T - S)/T$.
 - "A" is the amount the State is entitled to recover;
 - "[phi]" is the sum of the amounts paid under this contract to or on behalf of the CONTRACTOR and the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at a rate equal to that owed on underpayments of New York State personal income tax;
 - "T" is the total number of months in the individual's period of obligated service; and
 - "S" is the number of months of such period served by him in accordance with the terms of this contract.
2. Combined State (50%) and Federal (50%) Funding: In the event of default, the physician will, within one year of defaulting, repay the State of New York the greater of either \$31,000 or the sum of:
 - The proportionate amount of the loan repayments paid by the State of New York to the physician representing any period of obligated service not completed; AND
 - \$7,500 multiplied by the number of months of obligated service not completed; AND
 - Interest on the above amount calculated from the date of default at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach.

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

Q. Contract Modifications

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

1. Change of Location:
 - Physicians who request to change their service location(s) for reasonable cause may submit such request in writing to the Department.
 - Examples of a reasonable cause may include: loss of job, facility reorganization or closure, family relocation, etc.
 - The new location must meet all the requirements listed under this RFA.
 - The decision to permit a change of location will be solely at the discretion of the Department.
2. Request to Defer Obligation:

- Physicians who request to defer their service obligations for reasonable cause may submit a request in writing to the Department.
- Examples of reasonable cause may include: maternity or paternity leave, personal or family illness, military service, etc.
- The decision to permit a deferral will be solely at the discretion of the Department.
- Any deferral period granted by the Department will be added to the obligated physician's term obligation.

R. Tax Issues

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

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

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

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

"(4) Payments under national health service corps loan repayment program and certain state loan repayment programs.—In the case of an individual, gross income shall not include any amount received under section 338B(g) of the Public Health Service Act, under a State program described in section 338I of such Act, or under any other State loan repayment or loan forgiveness program that is intended to provide for the increased availability of healthcare services in underserved or health professional shortage areas (as determined by such State)."

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

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

V. Completing the Application

A. Application Format/Content

Please refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at: <https://grantsreform.ny.gov/grantees>.

It is the Applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA.

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

1. Pre-Submission Uploads (Attachments)

The following attachments include both reference materials and items that must be completed and uploaded with the application. Many of the items in Attachment 7 will require supporting documentation. This documentation will be required for all applicants to justify that the physicians will be working in an underserved area. Responses will be uploaded as Attachment 9. Grants Gateway will not allow you to submit your application if any of the **mandatory uploads** are not attached.

- Attachment 1: Starting a Grant Application (for reference only)
- Attachment 2: Application Cover Page (mandatory)
- Attachment 3: Site Information (mandatory)
- Attachment 4: Loan Statements for Qualified Educational Debt
(mandatory only for applicants seeking loan repayment)
- Attachment 5: Consent to Disclosure
(mandatory only for applicants seeking loan repayment)
- Attachment 6: Employment Contract or Business Plan (mandatory)
- Attachment 7: Tool to Identify an Underserved Area (mandatory)
- Attachment 8: Rural Counties and Towns (for reference only)
- Attachment 9: Supporting Documentation for the Underserved Area (mandatory)
- Attachment 10: Vendor Responsibility Attestation
(not mandatory for all applicants, see Section IV M of this RFA)
- Attachment 11: NYS Grants Gateway Vendor User Guide (for reference only)

2. Program Specific Questions

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

Part 1: Applicant Identification

Indicate the type of Applicant. **You are not eligible unless you can answer “Yes” to ONE of the following (5) options:**

1a. Are you an Individual Physician Applicant?

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

Part 2: Physician Identification

Provide the name of the physician who will be completing the DANY service obligation.

2a. Physician Name: _____

Part 3: Minimum Physician Eligibility Requirements

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

3a. Is the physician a U.S. citizen or permanent resident alien holding an I-155 or I-551 card?

Yes

No

3b. Is the physician a graduate of an allopathic or osteopathic medical school?

Yes

No

3c. Will the physician be licensed to practice in New York State by the time the three-year DANY service obligation begins?

Yes

No

3d. Is the physician in good standing with the Department, meaning that he or she has not been excluded from, or terminated by, the Federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>)?

Yes

No

3e. Is the physician in good standing with the Department, meaning that he or she has not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>)?

Yes

No

3f. Is the physician in good standing with the Department, meaning that he or she is not under indictment for, or has not been convicted of any crime as defined by NYS Penal Code (see <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:>)?

Yes

No

3g. Is the physician in good standing with the Department, meaning the physician has not had his or her medical license revoked in any state or territory in the United States?

Yes

No

3h. Does the physician have a three-year employment contract or business plan to provide medical services in a health care facility or practice (defined in Section II A & B of this RFA)?

Yes

No

3i. Is the health care facility or practice where the physician will be employed, or the medical practice that the physician will establish or join, located in an underserved area (defined in Attachment 7, of the RFA)?

Yes No

3j. Will the physician will be in full-time clinical practice (defined in Section II A & B of this RFA)?

Yes No

3k. Is the date on which the physician's employment contract or business plan begins no earlier than August 31, 2015 and no later than January 1, 2019?

Yes No

3l. Is the start date of the physician's DANY service obligation under this contract January 1, 2019?

Yes No

3m. Does the employment contract or business plan reflect that the physician will provide health services to individuals in the area without discriminating against them because of their inability to pay for those services?

Yes No

3n. Does the employment contract or business plan reflect that the physician will provide health services to individuals in the area without discriminating against them because of enrollment in or utilization of insurance provided under Part A "Medicaid" or Part B "State Children's Health Insurance Program" of Title XVIII of the Social Security Act (42 U.S.C. 1395)?

Yes No

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

Yes No

3p. Does the employment contract or business plan reflect that the physician will enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan or if no current agreement exists with the employing facility?

Yes

No

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

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

3q. Is the physician in breach of a health professional service obligation to the federal government, any state government or a local government?

Yes

No

3r. Does the physician have any judgement liens arising from debt owed to the federal or any state government?

Yes

No

3s. Is the physician delinquent in child support payments?

Yes

No

3t. Is the physician a past recipient of DANY PLR or PPS funding?

Yes

No

3u. Is the physician fulfilling an obligation under any state or federal loan repayment program which overlaps or coincides with the three-year DANY service obligation?

Yes

No

3v. Has the physician worked as a physician in any capacity in ANY underserved area (as defined in Attachment 7 of this RFA) between the dates of August 30, 2010 and August 30, 2015?

Yes

No

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

Part 4: Physician Current Status

4a. Is the physician currently licensed to practice as a physician in New York State?

Yes

No

If yes, provide license number: _____

If no, provide the date license application was submitted to the New York State
Education Department: (mm/yy): ____/____

If neither, you are not eligible for the DANY funding opportunity.

4b. Is the physician a resident?

A resident is an individual enrolled in a graduate medical education program that is accredited by a nationally recognized accreditation body and/or an individual enrolled in a medical or osteopathic residency program that is approved by any other nationally recognized organization (i.e., specialty board). This definition includes fellows, chief residents, and residents.

Yes

No

If yes, provide the anticipated date of completion (mm/yy): ____/____

4c. What is the physician's medical specialty? _____

4d. What is the anticipated (or actual) start date that the physician will be beginning in the position for which they will be fulfilling their DANY service obligation?

____/____/____ (mm/dd/yy)

Part 5: Other Scholarships, Loan Forgiveness, Etc.

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

5a. Has the physician received a NYS Regents Health Care Scholarship?

Yes No

If yes, date of service obligation: _____

5b. Has the physician received a Regents Physician Loan Forgiveness Award Program?

Yes No

If yes, date of service obligation: _____

5c. Has the physician received a National Health Service Corps Scholarship?

Yes No

If yes, date of service obligation: _____

5d. Has the physician received a National Health Service Corps Loan Repayment Award?

Yes No

If yes, date of service obligation: _____

5e. Has the physician received any other loan repayment program funds other than listed above, please specify:

Yes No

If yes, name of program: _____

If yes, date of service obligation: _____

5f. Has the physician applied for any scholarships, loan forgiveness, or other funds which are pending a decision?

Yes

No

If yes, name the program: _____

If yes, when will the physician be notified of their award status:
_____/_____(mm/yy)

3. Work Plan

This RFA has a Grant Opportunity Defined Work Plan set in the Grants Gateway. The Objectives and Tasks cannot be removed from the Work Plan. The Applicant will adhere to the implementation of Work Plan activities per the standardized Work Plan.

In the Project Summary Section of the Grants Gateway on-line application, Applicants are instructed to enter the dates of service in the Contract Period. The Applicant will enter the following dates: January 1, 2019 – December 31, 2021.

The Applicant will add the **County(ies) of Service** and the **Medical Specialty** in the Project Summary paragraph. No other information is required to be entered into the Project Summary section of the work plan.

4. Budget

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

Individual Physician Applicants:

- Budgets submitted by Individual Physician Applicants employed by a health care facility or medical practice may propose to use funds only to repay outstanding qualified educational debt.
- Budgets submitted by Individual Physician Applicants as a sole provider or partner in a medical practice may propose to use funds only for the following, to:
 - Repay outstanding qualified educational debt; or
 - Support the cost of establishing or joining a medical practice:
 - i. Acquiring land or a building;
 - ii. Capital investment;
 - iii. Renovation of existing space;
 - iv. Equipping and furnishing space;
 - v. Minor medical equipment (for a maximum of \$10,000);

- vi. Rent and insurance; or
- vii. Payment of salaries of office personnel.

Health Care Facility Applicants:

- a) Budgets submitted by Health Care Facility Applicants seeking to recruit or retain a physician may propose to use funds only for the following:
 - Repay a physician's outstanding qualified educational debt (which can only be paid directly to the physician); or
 - Retain or recruit physicians (i.e. sign-on bonuses; or enhanced compensation to the physician). In such cases, 100 percent of the award must go to the physician.

All Applicants are instructed to prepare a three-year, fixed term budget for the period for which they are applying. The service dates are January 1, 2019 - December 31, 2021. Grant awards for successful Applicants will be up to \$40,000 per year and up to \$120,000 for the three-year term. Applicants may not exceed the grant award amount. All costs must relate directly to the provisions of this RFA. One hundred percent of the funds should go to the physician, or the physician's practice.

When completing budget in the Grants Gateway, applicants should refer to Section 6.2.9.1 – Expenditure Budget of the Grantee User Guide (available at: <http://grantsreform.ny.gov/Grantees> and clicking on “Grantee User Guide” in the Quick Links Menu) for instructions on how to complete the online Budget.

Please refer to the training video – Grantee Tutorial: Apply for Funding (available at: <http://grantsreform.ny.gov/youtube> and clicking the appropriate link) for detailed instructions on how to complete the online budget with examples. This content begins approximately nine minutes into the video. Online training opportunities are also available at: <http://grantsreform.ny.gov/training-calendar>.

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

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

- a) Log onto Grants Gateway with your username and password.
- b) Access your online application.
 - If you have started an application and have logged out of the system, the next time you log in, the application will be found in your *My Tasks* section on the home page.
 - If you have not started an application, reference Attachment 1 (Starting a Grant Application) for the steps on how to start one.
- c) Click on the *Forms* menu at the top of the page.

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

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

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

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

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

- If it is \$120,000 or greater, then request \$40,000 per year for three years.
- If it is less than \$120,000, then divide the total amount by 3 and request that amount in each of the three years.

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

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

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

b) Access your online application.

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

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

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

e) Enter all required information.

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

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

- Use this form to provide a detailed justification for each budget line.
- Provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Workplan.

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

ANY INELIGIBLE BUDGET ITEMS WILL BE REMOVED FROM THE BUDGET PRIOR TO CONTRACTING. THE BUDGET AMOUNT REQUESTED WILL BE REDUCED TO REFLECT THE REMOVAL OF THE INELIGIBLE ITEMS.

B. Freedom of Information Law

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

C. Review & Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated by the Department. Applications will be evaluated on a Pass/Fail basis.

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

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

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

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

As required by PHL § 2807-m, one-third of funding awarded under this RFA must be allocated to facilities and Individual Physician Applicants in New York City with the remaining two-thirds to facilities and Individual Physician Applicants located in the rest of the state. No less than fifty percent of available funds must be allocated to physicians working in general hospitals. Within the group of applicants eligible and identified for funding, federal funds will be assigned at the discretion of the Department.

The Department anticipates that awards will be announced in fall 2018. Awardees will have a DANY contract start date of January 1, 2019.

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

Once the Department makes the award announcements, Applicants that are not approved may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from date of award or non-award announcement.

To request a debriefing, please send an email to DANY2018@health.ny.gov. In the subject line, please write: Debriefing Request Doctors Across New York: PLR and PPS.

VI. Attachments (Pre-submission Uploads)

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

- Attachment 1: Starting a Grant Application (provided for reference only by DOH)
- Attachment 2: Application Cover Page (to be completed and uploaded by applicant)
- Attachment 3: Site Information (to be completed and uploaded by applicant)
- Attachment 4: Loan Statements for Qualified Educational Debt (to be uploaded by applicants seeking loan repayment)

- Attachment 5: Consent to Disclosure (to be uploaded for applicants seeking loan repayment)
- Attachment 6: Employment Contract or Business Plan (to be uploaded by applicant)
- Attachment 7: Tool to Identify an Underserved Area (to be uploaded by applicant as Attachment 9 along with supporting documentation)
- Attachment 8: Rural Counties and Towns (provided for reference only by DOH)
- Attachment 9: Supporting Documentation for the Underserved Area
- Attachment 10: Vendor Responsibility Attestation (to be completed and uploaded by certain applicants, as applicable:
- Attachment 11: NYS Grants Gateway Vendor User Guide (provided for reference only by DOH)

Starting a Grant Application

Funding Opportunity # 17835 Grants Gateway # DOH01-DRPLR5-2019

1 Prerequisites

- 1.1 **Registration:** All entities that wish to apply for grants in NY State must be registered in the Grants Gateway. This process includes filling out and mailing a signed and notarized registration form. Your organization will not be able to start a grant application until it has an account with the Grants Gateway. If your organization does not yet have an SFS (Statewide Financial System) Vendor ID number, the registration process will take an extra 2-3 business days to be processed.

Related Links:

- 1.1.1 [Registration Form](#)
- 1.1.2 [Video: Grants Gateway Registration](#)
- 1.1.3 [Grants Gateway Registration](#)

- 1.2 **Prequalification:** All non-profit organizations applying for grants in NY State must be prequalified in the Grants Gateway prior to the grant application due date and time.

NOTES:

Governmental entities and for-profit organizations are not required to be prequalified.

You may work on your prequalification and grant applications simultaneously; you don't have to wait for prequalification to start an application.

Related Links:

- 1.2.1 [Vendor Prequalification Manual](#)
- 1.2.2 [Maintaining Prequalification document](#)
- 1.2.3 [Video: Grants Gateway Prequalification](#)

1.3 **System Roles:** You must be logged in under the right role in order to begin a grant application. The role of *Grantee Delegated Administrator* **cannot** start a grant application. However, this user can create accounts for roles that can start applications.

1.3.1 **Grantee:** This role can start, edit, and save a grant application, but can't submit the application.

1.3.2 **Grantee Contract Signatory:** This role can start, edit, save, and submit (sign) a grant application.

1.3.3 **Grantee System Administrator:** This role has the same rights as the Grantee Contract Signatory.

1.3.4 The *Grantee Delegated Administrator* can add a new account by following these steps:

- 1) Click on **Organization(s)**
- 2) Click on **Organization Members**
- 3) Click on **Add Member**
- 4) Click on **New Member**
- 5) Fill out the required fields on the blank New Member page and select the appropriate role.
- 6) Click **[SAVE AND ADD TO ORGANIZATION]** when complete.

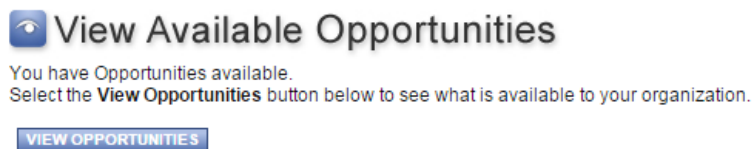
Refer to the section starting on page 15 of the [Grantee User Guide](#) for detailed instructions.

2 Search for the Grant Opportunity

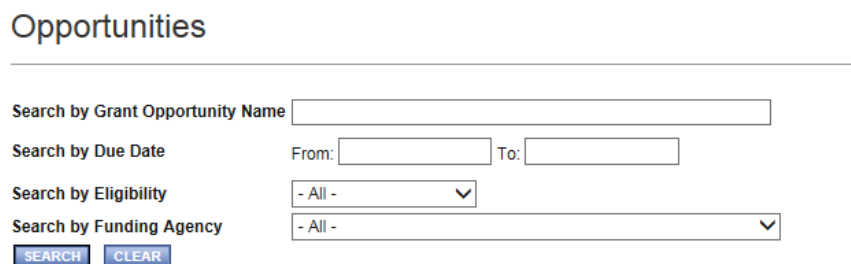
2.1 Log in to the Grants Gateway system in either one of the following roles

- Grantee
- Grantee Contract Signatory
- Grantee System Administrator

2.2 On your home page there is a section called “View Available Opportunities”. Click on the **[VIEW OPPORTUNITIES]** button.



2.3 Search for the grant by using some of the search fields. You can select the agency's name or type in a key word in the Grant Opportunity Name field



- 2.4 The results will appear below the search box. Click on the link to the Grant Opportunity you wish to apply for; this will bring you to the Opportunity Funding Profile page.
- 2.5 Begin your application by clicking on the [APPLY FOR GRANT OPPORTUNITY] button.

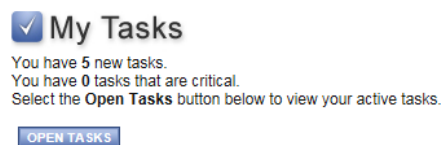
APPLY FOR GRANT OPPORTUNITY

3 Work through the Forms Menu

Everything that is required of you will be found in the “Forms Menu” of the application. The Forms Menu includes several pages of forms and documents that you must complete and save. This includes your project address, questions to be answered (Program Specific Questions), your budget, a work plan, and attachments (Pre-Submission Uploads).

4 Finding an Application You’ve Already Started

If you’ve started an application and have logged out of the system, the next time you log in, the application will be found in your “My Tasks” section on the home page. You can also use the “Applications” search function at the top of the page to search for all applications started for your organization.



5 Submitting Your Application

All grant applications have a due date and time. The Grants Gateway system will not accept applications after the specific time applications are due. You are strongly encouraged to submit your application 24 or 48 hours in advance of the deadline to ensure that any problems you encounter are handled before the deadline.

- 5.1 Log in to the Grants Gateway system in either one of the following roles
 - Grantee Contract Signatory
 - Grantee System Administrator
- 5.2 Locate (search for) and access the application
- 5.3 Review the application: You can go through each section in the Forms Menu and/or you can click on the “Print Application” option which will show you all of your text-based answers (it will not show you the attachments you have added).
- 5.4 Submit the application
 - 5.4.1 Click on Status Changes and apply the status of **Application Submitted**.
- 5.5 Confirm that the application was submitted: You will receive an email a few minutes after submission, confirming that the application was submitted; your task will go away (as it is now a task for the state agency); the status of the application will change to “Assignment of Reviewers”.

Application Cover Page

**Funding Opportunity # 17835
Grants Gateway # DOH01-DRPLR5-2019**

DANY Physician Loan Repayment/Physician Practice Support Programs

Section 1: Individual Physician or Health Care Facility applying for Funding

1. Applicant Name:

2. Applicant Address:

3. Applicant Identification (Check one):

_____ Individual Physician Applicant.

_____ Health Care Facility Applicant operating as a general hospital, diagnostic and treatment center (D&TCs), or nursing home licensed by the New York State Department of Health.

_____ Health Care Facility Applicant licensed, but not operated by NYS Office of Mental Health (OMH).

_____ Health Care Facility Applicant licensed, but not operated by New York State Office of Alcoholism and Substance Abuse (OASAS).

_____ Health Care Facility Applicant operating as a medical practice that is registered with the New York State Department of State as a PC or PLLC?

4. Grants Gateway Vendor ID #: _____

Only Answer questions (5-7) if you are a Health Care Facility Applicant. If you are an Individual Physician Applicant, skip to Section 2.

5. Status: _____ Not for Profit _____ For Profit

6. FEIN #: _____

7. New York State DOH, OASIS or OMH Operating Certificate # or Department of State Identification # (if applicable):

You may contact your finance department or administrative office for this information.

Section 2: Physician Information

8. Contact Information for the Physician Completing the DANY Service Obligation:

Physician Name:

Physician Address:

Physician Phone: _____

Physician Email: _____

9. Physician Specialty:

10. Physician Practice Location:

_____ New York City _____ Rest of the State

11. What Will DANY Funds Be Used For? (Check all that apply):

_____ A Physician to repay outstanding qualified educational debt.

_____ A Physician to establish or join a medical practice.

_____ A Health Care Facility to retain or recruit physicians (i.e. sign-on bonuses, repayment of physician's outstanding qualified educational debt or enhanced compensation to the physician.)

Section 3: Attestation and Authorized Representative

12. Contact Information of the Person Completing the Application:

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this report on behalf of: _____

I further certify that the information contained in this report (including all attachments) is accurate, true and complete in all material respects.

Signature of Authorized Applicant Representative:

Signature

Date

Name (printed)

Site Information

**Funding Opportunity # 17835
Grants Gateway # DOH01-DRPLR5-2019**

DANY Physician Loan Repayment/Physician Practice Support Programs

Instructions: Complete all sections of this form. If serving more than one site, complete a separate form for each site. You will upload all completed pages into the Grants Gateway together.

Site # _____ of _____

1. Site name:

2. Site address:

3. On an annual basis, what is the percentage of total work hours the physician will provide clinical services at this site:

_____ %

4. This site is primarily located in an area identified as (Check one):

_____ Rural

_____ Inner City

_____ Suburban

5. County where site is located: _____

6. Other counties served by this site: _____

**Loan Statements
For Qualified Educational Debt**

**Funding Opportunity # 17835
Grants Gateway # DOH01-DRPLR5-2019**

DANY Physician Loan Repayment/Physician Practice Support Programs

Applicants are instructed to upload the most current Loan Statements for qualified educational debt* here as Attachment 3 in the Grants Gateway online application. These statements should be no greater than (30) days from the date in which the application is submitted.

* Qualified educational debt is defined in Section III (A) of this RFA.

Consent to Disclosure

Funding Opportunity # 17835
Grants Gateway # DOH01-DRPLR5-2019

DANY Physician Loan Repayment/Physician Practice Support Programs

I authorize and provide my consent for any lender, servicer, the U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to disclose to NYS Higher Education Services Corporation (HESC) any information relevant to HESC's review and consideration of my outstanding student loan debt. I give HESC permission to contact and disclose my personal information to any lender, servicer, U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to facilitate HESC's review and consideration of my outstanding student loan debt. I give HESC permission to share my personal information with its agents, business partners, other State and/or federal agencies, and other institutions or individuals necessary for the purpose of evaluating my student loan debt. I give HESC permission to use whatever means it deems necessary to verify any information I have provided, or will provide, to be used for the purpose of evaluating my student loan debt, including but not limited to, documentation submitted or accessed through other parties.

Applicant's Name (Print)

Applicant's Signature

Date

**Employment Contract or
Business Plan**

**Funding Opportunity # 17835
Grants Gateway # DOH01-DRPLR5-2019**

DANY Physician Loan Repayment/Physician Practice Support Programs

Applicants are instructed to upload a copy of their employment contract* **or** business plan (if the physician is not employed and is in a private practice) here as Attachment 4 in the Grants Gateway online application.

An employment contract or business plan must cover at minimum the dates January 1, 2019 – December 31, 2021, which are the dates attributed to this DANY grant cycle.

* Employment contract is defined in Section II (A) of this RFA.

Tool to Identify an Underserved Area

Funding Opportunity # 17835
Grants Gateway # DOH01-DRPLR5-2019

DANY Physician Loan Repayment/Physician Practice Support Programs

Choose Options A, B or C as necessary per the instructions below. Note that you MUST complete one of these sections in order for your application to be accepted. Applicants should review all options before proceeding with their response.

OPTION A – Primary Care/Psychiatric Physician in a HPSA / MUA / MUP

Select Option A if the physician will be practicing in General Internal Medicine, Family Practice, General Pediatrics, Geriatrics, OB/GYN or Adult /Child Psychiatry – **AND** -

The area or site where the physician will be practicing is located in, or serves one or more of the following:

- Federally-Designated Primary Care or Mental Health Professional Shortage Area(s) - HPSA
- Medically Underserved Area(s) - MUA, or
- Medically Underserved Population(s) - MUP

To identify if a facility is located in a HPSA, MUA or MUP (or is designated as a HPSA) go to:

- <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>.

The website will require you to enter the address under consideration. The resulting search should yield all HPSA's, MUA's and MUP's by status, in which the address is located.

Applicants are instructed to upload documents supporting your HPSA/MUA/MUP status as Attachment 9 in the Grants Gateway online application.

OPTION B – Primary Care/Psychiatric Physician in a Rural County or Town

Select Option B if the physician will be practicing in General Internal Medicine, Family Practice, General Pediatrics, Geriatrics, OB/GYN and Adult or Child Psychiatry – **AND** -

The area or site where the physician will be practicing is located in a rural county or town.

To identify if a facility is located in a rural county or town go to:

- Attachment 8 and print off the necessary pages.

Circle the rural county or town where the physician will be practicing. Applicants are instructed to upload this page(s) as Attachment 9 in the Grants Gateway online application.

OPTION C – Alternate Method to Verify an Underserved Area

Select Option C if a physician cannot complete options A or B. To identify if the site where the physician is working is an underserved area:

- Applicants must answer YES to any (6) items from the list below.
- Be sure to review and complete all (17) questions, print off and upload as Attachment 9 in the Grants Gateway online application **AND** provide supporting documentation for each item.

Proposed Service Area

Instructions: For questions (1-5), reference The United States Census Bureau – American Fact Finder site (<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml#>) and attach a page print out along with this document as Attachment 9 in the Grants Gateway online application.

- Type of search:
 - Non-NYC statistics: Enter name of town our county in the box under “Community Facts” and click “GO”.
 - NYC statistics: type in the zip codes for your proposed service area. Make sure to use ALL applicable zip codes and provide the average for the data.
- Click “Poverty” tab on the left to find the # of individuals below poverty level
- Click “Income” tab on the left to find the median household income.
 - Click on “Selected Economic Characteristics” under Census 2000 to find answers to questions asked in this section (employment status)
- Click “Population” tab on left, then click “General Demographic Characteristic” under Census 2000 to find answers to questions asked in this section (sex, age, race).

1. The service area contains a high percentage of indigent persons.

Yes No

This is demonstrated by (check all that apply):

_____ A percentage of individuals below poverty level that exceeds 14.9% of the population of the service area (for non-NYC areas), or 19.9% for NYC; **AND/OR**

_____ A median family income level lower than \$57,683; **AND/OR**

_____ A per capita income level lower than \$32,104.

2. The service area contains more than 34.0% (statewide average) of non-white individuals.

Yes No

3. The service area contains less than 58.1% (statewide average) of employed persons, for persons in the civilian labor force (population 16 years and over).

Yes No

4. The service area contains more than 6% (statewide average) of children under age 5.

Yes No

5. The service area contains more than 13.6% (statewide average) of adults ages 65 or older.

Yes No

Proposed Site

Site Name: _____

Instructions: For question (6) – obtain facility-specific visit data from your employer for the last 12-month period (i.e. January 2017 – December 2017). Upload data along with this document as Attachment 9 in the Grants Gateway online application.

6. Twenty-five percent (25%) or more of the site's (or if a hospital, department's) visits are for indigent care, i.e. Medicaid, Child Health Plus, free and sliding scale combined as a percentage of total visits.

Yes No

Instructions: For question (7) – print out Attachment 8. Circle the rural county or town where the physician will be practicing. Upload Attachment 8 along with this document as Attachment 9 in the Grants Gateway online application.

7. For rural health providers: the site is located in a rural town or county as listed in the glossary.

Yes No

Instructions: For question (8-12) – you will affirm to any “yes” answers when you complete the attestation included in Attachment 2. Also, for question (8) attach (4) full months of ED data from that facility. Upload all supporting data along with this document as Attachment 9 in the Grants Gateway online application.

8. For primary care services only, greater than (25%) of all ED visits in the past four months to the hospital served by this site were for non-urgent care.

Yes No

9. Average waiting time for established patients for routine preventative or follow up appointments with a primary care physician is more than (7) days from the initial patient request.

Yes No

10. Average waiting time for new patients for routine preventative appointments with a primary care physician is more than (14) days from the initial patient request.

Yes No

11. Average waiting time is greater than (48) hours for patients with urgent appointments or greater than (72) hours for patients with non-urgent “sick visit” appointments related to the specialty requested.

Yes No

12. Search for a practice physician in the same specialty at the health care facility has not produced a physician in (12) months.

Yes No

Proposed Specialty

Instructions: For question (13) – attach documentation including a distance map (<http://maps.google.com/>). Upload the data along with this document as Attachment 9 in the Grants Gateway online application.

13. The travel distance from the applicant’s proposed service site to the next closest provider practicing the listed specialty exceeds 5 miles (NYC) or 20 miles (Rest of State).

Yes No

Instructions: For questions (14-16) you will affirm to the “yes” answers when you complete the attestation included in Attachment 2.

14. Currently there are NO other providers offering similar services or there is insufficient capacity of providers for this specialty type at the proposed service site.

Yes No

15. Site anticipates a decrease in the number of physicians practicing in the specialty due to announced or anticipated retirements or departures.

Yes No

16. Site employed 1 or more Locum Tenens to provide full time services in the proposed specialty for a minimum of 6 months in the past year.

Yes No

Instructions: For question (17) – see the following website and attach a page printout along with this document as Attachment 9 in the Grants Gateway online application (https://apps.health.ny.gov/statistics/prevention/quality_indicators/mapaction.map).

17. For the hospital serving the site (or the hospital itself if the applying site is a hospital) the rates of hospitalization for preventable conditions, or prevention quality indicators (PQI), exceed the statewide rate by (25%) for the composite of conditions related to the specialty.

Yes No

Rural Counties and Towns

**Funding Opportunity # 17835
Grants Gateway # DOH01-DRPLR5-2019**

DANY Physician Loan Repayment/Physician Practice Support Programs

RURAL NEW YORK STATE COUNTIES:

The following counties have a population of less than 200,000:

Allegany	Cortland	Jefferson	Putnam	Tioga
Broome	Delaware	Lewis	Rensselaer	Tompkins
Cattaraugus	Essex	Livingston	Schenectady	Ulster
Cayuga	Franklin	Madison	Schoharie	Warren
Chautauqua	Fulton	Montgomery	Schuyler	Washington
Chemung	Genesee	Ontario	Seneca	Wayne
Chenango	Greene	Orleans	St. Lawrence	Wyoming
Clinton	Hamilton	Oswego	Steuben	Yates
Columbia	Herkimer	Otsego	Sullivan	

NEW YORK STATE RURAL TOWNS:

The following towns have a population of less than 200 persons per square mile. The county these towns are located in are in bold.

ALBANY	Colden	Pendleton*	Trenton	Minisink
Berne	Collins	Porter*	Vernon	Tuxedo
Coeymans	Concord	Royalton	Verona	Wawayanda*
Knox	Eden	Somerset	Vienna	
New Scotland	Holland	Tuscarora	Western	SARATOGA
Rensselaerville	Marilla	Reservation	Westmoreland	Charlton
Westerlo	Newstead	Wilson		Corinth
	North Collins		ONONDAGA	Day
DUTCHESS	Sardinia	ONEIDA	Elbridge	Edinburg
Amenia	Tonawanda	Annsville	Fabius	Galway
Clinton	Reservation	Augusta	LaFayette	Greenfield
Dover	Wales	Ava	Marcellus	Hadley
Milan		Boonville	Onondaga	Northumberland
North East	MONROE	Bridgewater	Reservation	Providence
Pawling	Clarkson*	Camden	Otisco	Saratoga Town
Pine Plains	Hamlin*	Deerfield	Pompey	Stillwater*
Rhinebeck*	Mendon*	Florence	Skaneateles	
Stanford	Riga	Floyd	Spafford	SUFFOLK
Union Vale	Rush	Forestport	Tully	Shelter Island
Washington	Wheatland	Lee		
		Marshall	ORANGE	WESTCHESTER
ERIE	NIAGARA	Paris	Crawford*	North Salem*
Boston*	Cambria	Remsen	Deerpark	Pound Ridge*
Brant	Hartland	Sangerfield	Greenville	
Cattaraugus	Newfane	Steuben	Hamptonburgh*	
Reservation				

*Towns with between 200 and 250 Persons Per Square Mile. Approval by the Commissioner is required for towns of this size.

Sources: 1U.S. Census Bureau. (2017, March). *July 1, 2016 County Population Estimates*. Retrieved from <https://www.census.gov/data/datasets/2016/demo/popest/counties-total.html>; 2U. S. Census Bureau. (2010). *2010 Census Summary File: Compare New York Cities and Towns for Population, Housing, Area and Density*. Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

December 2017

Supporting Documentation
for the Underserved Area

Funding Opportunity # 17835
Grants Gateway # DOH01-DRPLR5-2019

DANY Physician Loan Repayment/Physician Practice Support Programs

Applicants are instructed to upload their supporting documentation for the underserved area here as Attachment 9 in the Grants Gateway online application.

Vendor Responsibility Attestation

Funding Opportunity # 17835
Grants Gateway # DOH01-DRPLR5-2019

DANY Physician Loan Repayment/Physician Practice Support Programs

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, M. Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

- ☐ An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.
- ☐ A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____