

**RFA # 18363**  
**Grants Gateway # DOH01-STEM6-2021**

**Investigator Initiated Research Projects (IIRP) and  
Innovative, Developmental or Exploratory Activities (IDEA)  
in Stem Cell Research (Rd 6)**

**QUESTIONS and ANSWERS**

**January 28, 2020 – March 10, 2020**  
**Including an applicant conference on February 26, 2020**

**Please note that the slides from the Applicant Conference are attached to the end of this Question and Answer document for reference.**

Letter of Intent (RFA Section IV.C. and Attachment 1)

1. When is the Letter of Intent due?
  - A. The Letter of Intent form (Attachment 1) was due on 3/3/20. The Letter of Intent is not mandatory but is strongly encouraged; it will assist in developing the peer review panel. See Section IV.C. of the RFA for submission instructions. Letters of Intent will still be accepted after the deadline.
2. Do we need to include any information (e.g., potential conflicts of interest) in addition to the Letter of Intent form?
  - A. Submit only the information requested on the form. No additional information will be considered. We rely on title, key words, summary paragraph and names to help identify potential peer reviewers. Submit this form as a single fillable Portable Document Format (PDF) file.
3. Who should we list on the Letter of Intent form?
  - A. Identify all participants involved in the proposed project, both internal and external to your organization. It is understood that these names may change; they are used only for preliminary screening for conflict of interest among potential peer reviewers. Sections may be added, if necessary, to list all participants.
4. The box of the Letter of Intent form permits the text to exceed the size of the box. Should we limit the amount of text to that which is visible, or can we use the scroll bars to add additional text?
  - A. You may use the scroll bars to add text as much as allowed in the form. The paragraph does not need to be limited to the visible part of the box. Submit this form as a single fillable PDF file.

5. When I upload the Letter of Intent in the pre-submission uploads section of the NYS Grants Gateway I receive an error message, am I doing something wrong?
  - A. The error message may appear because a section of the application is missing required information, in this case attachments 9 and 10. Attachments 9 and 10 need to be completed and uploaded before the application due date in the Pre-submission Uploads section of the NYS Grants Gateway. Please contact our office should you have any additional concerns with error messages.
6. I am still interested in completing a letter of intent; however, I do not have access to the NYS Grants Gateway. Can I still submit a letter of intent?
  - A. For assistance you can seek guidance within your organization (Grants Gateway roles are assigned by the Grants Gateway Delegated Administrator within your organization) and/or you can contact [nystem@health.ny.gov](mailto:nystem@health.ny.gov) for technical assistance.

#### Project Narrative / Workplan Outcomes (RFA Section III)

7. Why are there two workplans in the application?
  - A. The Workplan Narrative – Form 11, will be used by the peer reviewers to understand the full context and details of your research plan. Page limits are established for each funding mechanism (IIRP and IDEA) for sections a-d of this document. The NYS Grants Gateway Online Workplan will be included in the system-generated contract using this standardized format and is an outline of the Workplan Narrative. See the Application Completion Instructions in Attachment 2 of the RFA.
8. Is the online workplan a summary of Form 11? Are performance measures required to be detailed?
  - A. The online workplan is an abbreviated version of Form 11. Performance measures are required to be included in the online workplan.

#### Eligibility (RFA Section II)

9. Is there a minimum percent effort required by the PI and/or other staff role?
  - A. Per RFA Attachment 2, page 7: The percentage of professional effort for personnel is not prescribed; it should be dependent upon the nature of the role of each individual at various time points during the project and should be sufficient to complete the work within the contract period.

10. Can I apply for both an IIRP and an IDEA award?
- A. Yes, if they are separate projects. However, if a PI submits multiple IIRP applications or multiple IDEA applications, all the PI's applications for that funding mechanism will be disqualified.
11. If my institution determines that I have the skills, knowledge and resources necessary to carry out the proposed workplan and am not a postdoctoral fellow or other dependent research staff, am I an eligible PI to apply for this RFA?
- A. If your organization determines that you are no longer dependent research staff, then yes, you are eligible to apply for this RFA.
12. Can I submit two IIRP applications, one as PI and the other as Co-PI? Can a PI on her/his own application be a collaborator on an application with a different PI?
- A. Yes, if they are separate projects. You cannot be a PI on two IIRP applications or two IDEA applications. A PI can be a Co-PI or collaborator on other applications; however, the PI cannot exceed 100% effort for all projects.
13. Will participating in more than one application impact the score of an application?
- A. It could. The peer review panel is charged with identifying potential overlap (see RFA Section V.C.). If scientific, budgetary or time commitment overlap among the pending and active research is of potential concern, the applicant should clearly delineate the differences among the projects using Attachment 8, Application Form 15 – Other Support. Section V.E. of the RFA outlines the specific evaluation criteria and weights; the criteria do include assessment of the availability of time and resources to accomplish the project.
14. Can the research use consultants, subcontractors and/or collaborators outside of New York State?
- A. Applicants wishing to receive funding from this RFA must be New York State organizations. However, those organizations are permitted to subcontract with collaborators (e.g. individual consultants or organizations) world-wide and they may be public, not-for-profit and for-profit private companies. Please note that all research done outside of NYS must be performed in accordance with New York State laws, regulations and applicable contract provisions.
15. My proposed research focuses on cancer stem cells. Is this type of research appropriate for this RFA? Also, I have significant preliminary data. Should I apply for an IIRP or an IDEA award?
- A. Any (within regulation) type of research involving stem cells may be funded by this RFA. Proposed research with robust preliminary data may use the IIRP funding

mechanism. If there is no robust preliminary data associated with the proposed research, the IDEA funding mechanism should be used.

PIs, Co-PIs and Co-Investigators (RFA Attachment 2 re: Application Forms 1, 1-S and 2)

16. What is the definition of key personnel? This will help us determine the staff that should provide biographical sketches.

A. A biographical sketch should be provided for at least the PI and Co-PI, then other key personnel in alphabetical order using additional copies of Form 8. Key personnel are team members (staff, collaborators, consultants and contributors) with the knowledge, skills, research tools, experience and time commitments to complete the proposed work. Please refer to RFA Attachment 2 for additional details, page limitations and penalties.

17. What is the difference between a Co-PI and a co-investigator?

A. A Co-PI is designated by the PI as an individual who has equal responsibility and authority for ensuring the completion of the entire project. A co-investigator may be responsible for a specific component of the research project. The PI is the point of contact for all aspects of the application and contract. See RFA Attachment 2 for further delineation.

18. What if my Co-PI is from a different institution?

A. That is acceptable. Work with the grants office at your organization to confirm if this would result in a subcontract. See the instructions (RFA Attachment 2) for Forms 1 and 1-S for further details.

19. I have more than one Co-PI from my institution. How do I list all Co-PI's on the application?

A. Form 1 allows only one Co-PI to be listed. Use Form 2 and the work plan narrative to designate the others.

Subcontractors in the Application

20. Is there a limit to the percentage of work or the amount of funding that can be subcontracted to out of state collaborators?

A. No limit is imposed by the RFA. Please note that the peer reviewers are required to note any excessive and/or unnecessary costs in budgets. Further, the Empire State Stem Cell Board Funding Committee will consider applications that receive a final score of 1.0 through 3.9 and they may have an opinion as to whether the amount subcontracted is reasonable.

21. Are we required to provide a copy of the subcontract, or the subcontract indirect cost rate, as part of the application or at any time after award?
- A. Draft subcontracts will be requested at time of award. See the NYS Master Grant Contract Section IV.B. The sub-applicant indirect cost rate need not be submitted as part of the application but may be requested at time of award.
22. Do sub-applicants/subcontractors need to be registered in the NYS Grants Gateway, be pre-qualified and have an SFS Vendor ID number?
- A. Sub-applicants are not required to be registered or pre-qualified in the NYS Grants Gateway. However, at time of award, the State may require the applicant/sub-applicant to provide information the State needs to determine whether a proposed subcontractor is a responsible vendor. If the sub-applicant is receiving more than \$100,000 this will include applying for a SFS Vendor ID. See the NYS Master Grant Contract Section IV.B.
23. If proposed work is to be done at a shared core facility at the applicant's institution, is a subcontract required?
- A. No. These expenses should be included in the applicant's budget.
24. Where do I place subcontractor details?
- A. Subcontractor details can be described in the subcontractor budget forms (Attachment6), facilities and resources, human subjects, vertebrate animals, and human stem cells forms (Attachment 7) and supplemental information (agreements, contracts, memoranda of understanding) may be included in the Appendices (placed at the end of the Forms 8-14).
25. Is cost sharing allowed between the applicant and sub-applicant?
- A. Cost sharing is allowed and should be explained in the application.

#### Submitting the Application

26. What is to be submitted by the application due date?
- A. Refer to RFA Section IV.E. How to Complete and File an Application. Applications may only be submitted through the NYS Grants Gateway; no paper, facsimile or any other type of electronic submissions will be accepted. No other documents will be accepted after the due date.
27. What is the application due date and time?
- A. The application must be successfully uploaded, found to be error-free and accepted through the NYS Grants Gateway by 4pm on April 28, 2020.

28. When is the contract start date?

A. The anticipated contract start date is June 1, 2021.

29. How do I get help using the Grants Gateway?

A. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: <https://grantsmanagement.ny.gov/> and select the “Apply for a Grant” from the Apply & Manage menu. There is also a more detailed “Grants Gateway: Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsmanagement.ny.gov/live-webinars>. Technical questions regarding the forms used in the application should be directed to the DOH contact listed on the cover of the RFA. Questions regarding application completion/submission, policy, prequalification and registration should be directed to the Grants Gateway Team Email, Monday-Friday from 8am – 4pm at 518-474-5595 or [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov). After hours support with user names and lockouts should be directed to the Agate Technical Support Help Desk, Monday-Friday from 8am-8pm at 1-800-820-1890 or [helpdesk@agatesoftware.com](mailto:helpdesk@agatesoftware.com).

30. Who can submit an application in the NYS Grants Gateway?

A. See RFA Section IV.E for information about “roles.” Roles are assigned by the Grants Gateway Delegated Administrator within your organization. Applicants are strongly encouraged to watch the training videos provided on the NYS Grants Gateway website.

31. The upload time for forms and documents can be lengthy. How could this impact a timely submission of my application?

A. A large number of applications are expected to be submitted for this RFA. Applicants are strongly encouraged to start completing an application in the NYS Grants Gateway no less than seven days before the due date. Applicants are strongly encouraged to submit proposals 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 where needed. Although both DOH and Grants Gateway Team staff are available to answer applicants’ technical questions and provide technical assistance prior to the application deadline staff resources are not unlimited and applicants should plan accordingly. Please confer with your organization’s office of sponsored programs (or the like) to make certain you are meeting their internal deadlines for applying.

32. If there are multiple errors uploading completed application forms to the NYS Grants Gateway, will the applicant be notified of all errors at once, or only one at a time?

A. A single list of global errors will be produced. It is recommended to use the “Check Global Errors” button repeatedly until no errors are found.

33. Does the Grantee Document Folder need to be prepared in the NYS Grants Gateway?

A. This section of the Grants Gateway is not applicable to this funding opportunity. Do not upload any documents in this section.

34. I accidentally made two application numbers and would like to remove one. How do I do this in the NYS Grants Gateway?

A. In order to do this, someone at your organization with the Grants Gateway user role of Grantee Contract Signatory or Grantee System Administrator can cancel one for you. Please refer them to the step-by-step instructions at this link, Section 5.4, page 67: <https://grantsmanagement.ny.gov/system/files/documents/2019/03/grantsgatewayvendorsermanual03-13-2019.pdf>

35. Is there a checklist that a PI can use to see whether they have completed everything for application submission?

A. To ensure that all mandatory pass/fail items and penalty items are adequately addressed, see RFA Attachment 2 page 1. The Grants Gateway requires other forms to be completed and submitted as well. See the instructions provided in Pre-Submission Uploads and Program Specific Questions. If files are not uploaded, you will receive an error message describing what is missing. **NOTE:** The Grants Gateway does not assess the content or file format of an upload, only if a file upload was successful.

### Application Forms

36. We downloaded all the forms from the Pre-submission Uploads section of the Grants Gateway. Where do we upload them?

A. Most completed application forms will be uploaded in response to Program Specific Questions. The exceptions are RFA Attachments 1, 9 and 10, which are uploaded in the Pre-submission Uploads section. Please do not upload other forms in the Pre-submission uploads section as this will cause duplicate uploads. Duplicate pages make it difficult for the reviewers to navigate the complete application and have resulted in different versions of the file being uploaded in those two locations. This can adversely impact the final score of the application.

37. Are we required to make a PDF of the application forms? Do you have any advice for creating these documents properly?

A. The forms listed below will be uploaded through the Grants Gateway as separate Program Specific Questions: Forms 1-6 should be completed and uploaded as a single fillable Portable Document Format (PDF) file; Forms 1-S (if sub-contracting is

proposed) should be completed and uploaded as a single fillable PDF file; Form 7 should be completed and uploaded as a single Microsoft Excel (XLS or XLSX) file/workbook; Forms 7-S (if sub-contracting is proposed) should be completed and uploaded as a single Microsoft Excel (XLS or XLSX) file/workbook; Forms 8-14 and all appendix material should be submitted as a single PDF file; Form 15 should be completed and submitted as a single Microsoft Excel (XLS or XLSX) file/workbook. Attachment 11 (if applicable) can be completed and uploaded as a Microsoft Word file or single PDF file. Please refer to RFA Attachment 2 for additional details, page limitations and penalties.

38. Why is spell check turned off on some of the application forms and why can't we cut and paste into them?

A. Forms 1-6 are set up as protected fillable forms so the data can be exported to databases used to facilitate peer review and award processes. Spell checking is disabled in Forms 1-6 only; it is available in other form sets. The cut/paste function will work on Forms 1-6; be sure to insert text inside the gray boxes.

39. What are the format specifications of the workplan and forms (font, margins, etc.)?

A. The forms are pre-set with acceptable fonts, margins, etc. Please refer to RFA Attachment 2 for additional details, page limitations and penalties.

40. Where should I include letters of collaboration (not co-PI) and collaborators' biographical sketches?

A. Letters of collaboration may be included in the appendices (in the same file as Forms 8-14). Biographical sketches of collaborators named in the workplan and budget should be incorporated to the other biographical sketches using Form 8. See RFA Attachment 2 for further details.

41. Our research will require IRB, IACUC and SCRO review and approval. Can these approvals be pending at the time of application submission, or must they be fully approved?

A. Complete the required application forms 12-14 (Human Subjects, Vertebrate Animals, and Human Stem Cells) and follow the instructions listed in Attachment 2. You can indicate that your IRB, IACUC and SCRO reviews are pending using the forms and these protocols will need to be approved before any experiments can begin.

42. If our IRB, IACUC and SRCO are pending at time of application is necessary to provide and approval date?

A. No. Indicate that these protocols are pending using the forms. These will need to be approved before any experiments can begin.

43. Can we budget for less money than the available funds for each mechanism?

- A. Yes, you should only request funds appropriate for the cost-effective performance of the proposed project. Budgets are reviewed as part of the peer review process.
44. Are there salary limits for PIs, postdocs or graduate students? Does this pertain to all salaries/wages and fringe per budget period?
- A. The maximum salary is limited to \$199,700 per person in each budget year and is not adjustable as the federal salary cap changes.
45. Can I list someone by title on the budget instead of by name?
- A. Budget lines should be completed using the position title, annualized salary per position, standard work week hours, percentage of effort funded, and number of months funded. Detailed budget justifications are required for each budget line; all key personnel should be identified by name in the justification section. If support personnel are yet to be filled, you should specify the title of the position and “to be determined” for the name of the individual for the budget justification.
46. Should our application include a minimum number of aims/goals?
- A. There is no minimum number of aims/goals. If you’re applying for the IIRP mechanism, the application should include robust preliminary data (Refer to RFA Section III. A.).
47. Is overhead allowed? Is it the same as the National Institutes of Health (NIH)?
- A. Overhead is allowed but it is not the same as the NIH. Facilities and Administrative Costs are limited to 20% of modified total direct costs. See RFA Attachment 2 for details.
48. Does our organization and sub-applicant organization need to submit F&A rate agreements in the Appendix.
- A. Only if federally approved rate is less than 20%.
49. May I delete non-applicable tabs from the budget forms?
- A. No. There are no non-applicable tabs in Form 7. Form 7-S has tabs for three (3) subcontractors. If you have only one subcontract, use the tabs for SUBCONTRACTOR #1, but the others cannot be deleted.
50. Does the applicant need to budget/spend the maximum of money for all years?
- A. No. Each annual budget should reflect the true needs of the project (see RFA Attachment 2 and RFA Section V.E., Review Criteria). Budgets are reviewed as part of the peer review process. Requests for carry forward of unspent funds and no cost

extensions may not be granted. All aims of the project are expected to be completed prior to the end of the contract.

51. Do we have to submit a budget for the first year or all years? Do we need to have budgets for sub-applicants?

A. Detailed line item budgets and justifications for applicants and sub-applicants must be submitted for the entire length of the award. The applicant's Year 1 budget is entered directly into the Grants Gateway while subsequent years are entered into Form 7. The sub-applicant's budgets for the entire length of the contract are entered into Form 7-S. Detailed instructions are provided in RFA Attachment 2.

52. How much budget justification is necessary?

A. Fully justify each budget line for each year. Provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered. Also see RFA Section V.E. for review criteria for budget and other aspects of the application.

53. Who is responsible for completing and submitting the Vendor Responsibility Attestation form?

A. It is the applicant organization's responsibility. Your grants office can likely assist you.

54. Is fringe separate? How do we enter information for employees that have different fringe rates?

A. Fringe rates, including different fringe rates for different personnel, can be detailed in the fringe narrative section of the on-line year one budget, and/or the justification tab(s) on Form 7 and 7-S (if sub-contracting is proposed).

55. For the appendices, is there a page limit and what can I submit here?

A. There is no page limit for the appendices. See attachment 2 (page 1) of the RFA for appropriate materials that can be placed in the appendices. The appendices may not be used to exceed the page limit for the Workplan Narrative.

56. Is there guidance for completing the budget?

A. If you follow the instructions and you still need help, you can seek guidance within your Organization and/or you can contact [nystem@health.ny.gov](mailto:nystem@health.ny.gov) for technical assistance.

57. For the IIRP award, if we request the maximum support for Year 1, can you confirm the F&A would equal \$60,000 bringing the total contract amount for Year 1 to \$360,000?

A. Yes, if your budget consists of \$300,000 modified total direct costs, your F&A would equal \$60,000. Please see RFA Attachment 2, page 7 for more information.

## Minority and Woman-Owned Business Enterprise (MWBE) Requirements

58. Are Minority and Woman-Owned Business Enterprise Requirement forms required to be submitted with the application? Do they have to be submitted if we will not exceed the \$25,000 threshold?

A. Yes. All applications with a total value in excess of \$25,000 must make a good faith effort to complete all MWBE forms and submit as part of the application. See RFA Section IV.I and Attachment 10.

59. We cannot identify MWBEs on the <https://ny.newnycontracts.com> website that can provide the supplies and equipment we need for our research. Are there any other resources available for identifying MWBEs that we can use?

A. The <https://ny.newnycontracts.com> website that identifies certified MWBE vendors is always being updated as new vendors are certified so you can periodically check back for new vendors. As part of completing the MWBE forms, you must document your efforts to identify MWBEs. **NOTE:** Failure to do due diligence, fill out the forms completely and correctly and attach sufficient documentation in the Pre-submission Uploads section of the application will delay processing for **all** awarded contracts. If you cannot meet the goal, you may apply for a waiver (MWBE Form 2). All waiver requests must:

- Identify the eligible expenditures (total value and product type) and state why they cannot be obtained by a certified MWBE vendor;
- Include supporting documentation such as screen prints of directory search, solicitations to MWBE's or other correspondence of negotiations;
- Show Good Faith Effort on the part of the contractor  
(see Attachment 10, page 3 of 3 instructions for more attachment information)

60. What is the difference between a total and partial MWBE waiver request?

A. DOH has established a MWBE participation goal of 30% for all contracts awarded as a result of this RFA. A total waiver request results when the applicant claims that none of the eligible expenditures in the application budget can be procured through a certified MWBE firm (0% participation.) A partial waiver request results when the applicant claims that some of the eligible expenditures can be procured through a certified MWBE firm, but the total is less than the 30% goal (1% -29% participation) Any waiver request requires submission of Forms 1 and 2 along with supporting documentation.

61. If we are going to apply for a waiver, must we provide attachments 1-9 listed in the instructions for Form #2?

A. Sufficient supporting documentation is required for a waiver request to be considered and approved. All 9 attachments may not be necessary in each case but there must be

evidence of Good Faith Effort on the part of the applicant (see Question 59 above and also .see Attachment 10, page 3 of 3 instructions for more attachment information).

62. If we do not plan to subcontract any aspects of this project, how should we address the utilization plan requirements?

A. A lack of subcontracts does not exclude an applicant from MWBE requirements. Eligible MWBE expenditures to a not-for-profit organization include equipment, supplies and materials and contractual services. The utilization plan should include information regarding any MBE certified firms and/or WBE certified firms that the applicant plans to engage with to make these purchases.

63. If study personnel working on this project are women and minorities can that salary support supplement this requirement?

A. No; salaries, fringe and administration costs of the applicant organization are not eligible MWBE expenditures.

64. If a waiver for the MWBE utilization is submitted and not approved, does a subcontract need to be included in the application to meet the requirements?

A. Subcontracting is not required. Applicants can meet the MWBE requirement by purchasing 30% of eligible expenditures from certified MWBE firms.

65. Are there forms in addition to MWBE form 4 that the sub-applicant must complete?

A. Per Attachment 9, no other forms are required for the sub-applicant.

66. Do MWBE requirements apply to sub-applicants not in New York State?

A. Yes, the prime applicant is responsible for submitting MWBE forms and documentation which encompass the entire contract, regardless of whether sub-applicants are in NYS or not.

#### Application Review and Award Process

67. How are the peer reviewers selected?

A. The Department of Health's peer review contractor, the American Institute of Biological Sciences (AIBS), will base initial recruitment efforts on submitted letters of intent. Once all applications are received, AIBS will complete recruitment and selection of reviewers with expertise appropriate to the proposed research.

#### Other

68. Can we access previously awarded grant information?

A. Please see <https://stemcell.ny.gov/awards> for previously awarded grants.

69. Are all forms required even if N/A?

A. All forms except for Forms 1-s and 7-s are required even if not applicable.

70. Does human stem cells include embryonic stem cells and IPS?

A. Yes.

71. Do therapeutic applications include studies on stem cells including therapies against cancer stem cells?

A. Yes.

72. Is human hematopoietic stem cells (HSC) in tissue considered as human stem cells?

A. Yes.

73. Are studies relevant to hematopoietic stems cells excluded?

A. No.



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**Investigator Initiated Research Projects (IIRP) or  
Exploratory (IDEA) in Stem Cell Research (Round 6)  
Applicant Conference**



**February 26, 2020**

**Presenters:  
Andrea Garavelli &  
Jeannine Tusch**

# Today's Agenda

## 1. Administrative Items

- Important deadlines and requirements

## 2. Overview

- RFA currently posted in the Grants Gateway

## 3. RFA Attachments

- Attachments 1-11
- Expenditure Budget
- Online Work Plan

## 4. Review and Award Process

## 5. Your Questions



# Administrative Items

# Administrative Requirements & Resources

- Not-for-profits must be Registered and Prequalified in the NYS Grants Gateway (*RFA Section IV. M*)

<https://grantsmanagement.ny.gov/get-prequalified>

- Other Resources for Grant Applicants:

<https://grantsmanagement.ny.gov/live-webinars>

Email to register for webinar: [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov)



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

<https://grantsgateway.ny.gov>

Role	Create and Maintain user Roles	Initiate Application	Complete Application	Submit Application	Only view the Application
• Delegated Admin •	✓				
Grantee		✓	✓		
• Grantee Contract Signatory •		✓	✓	✓	
Grantee Payment Signatory		✓	✓		
• Grantee System Administrator •		✓	✓	✓	
Grantee View Only					✓

# Key Dates

*See RFA cover sheet*

Letter of intent (LOI): 3/3/20

Substantive questions due: 3/10/20

Questions, answers  
and updates posted (on or about): 3/17/20

Applications due: 4/28/20 by 4PM

EMAIL  
[nystem@health.ny.gov](mailto:nystem@health.ny.gov)

<https://grantsgateway.ny.gov>



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# How to Apply

*See RFA pg. 17*

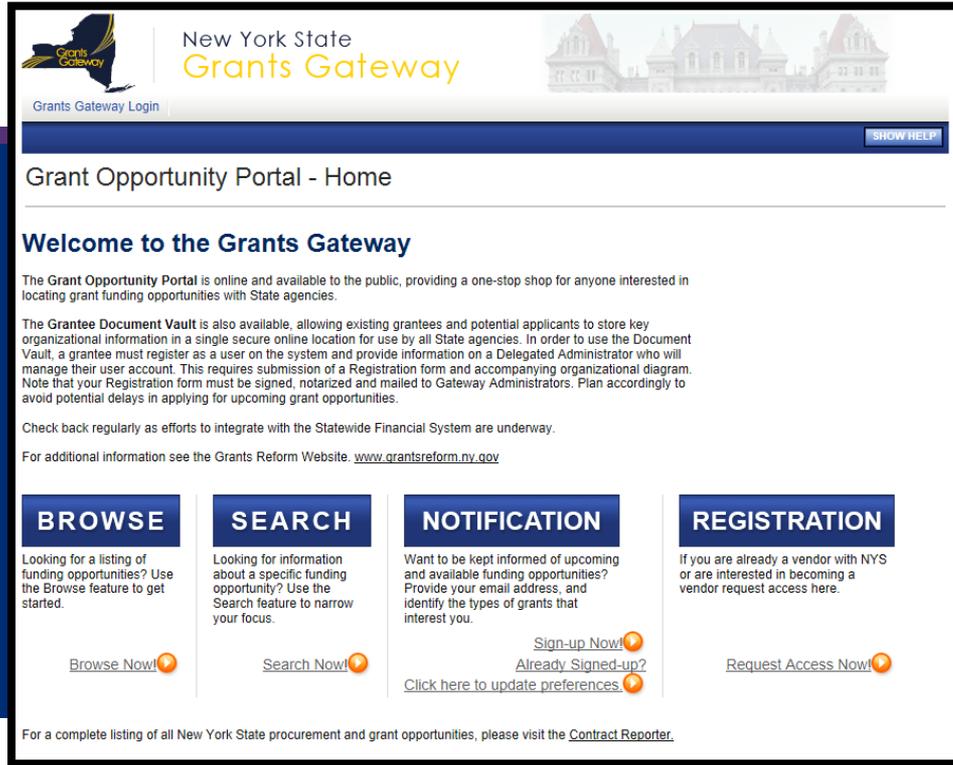
## Important Tips:

- **Use Internet Explorer 11 to access the Grants Gateway.**
- **Do not use Chrome or Firefox.**
- **Use the prescribed format in the RFA and Attachment 2 – Application Checklist and Instructions.**
- **Identify any proprietary information, as an exception to the Freedom of Information Law (RFA Section V. B.).**



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**New York State Grants Gateway**

Grants Gateway Login [SHOW HELP](#)

## Grant Opportunity Portal - Home

### Welcome to the Grants Gateway

The **Grant Opportunity Portal** is online and available to the public, providing a one-stop shop for anyone interested in locating grant funding opportunities with State agencies.

The **Grantee Document Vault** is also available, allowing existing grantees and potential applicants to store key organizational information in a single secure online location for use by all State agencies. In order to use the Document Vault, a grantee must register as a user on the system and provide information on a Delegated Administrator who will manage their user account. This requires submission of a Registration form and accompanying organizational diagram. Note that your Registration form must be signed, notarized and mailed to Gateway Administrators. Plan accordingly to avoid potential delays in applying for upcoming grant opportunities.

Check back regularly as efforts to integrate with the Statewide Financial System are underway.

For additional information see the Grants Reform Website. [www.grantsreform.ny.gov](http://www.grantsreform.ny.gov)

#### BROWSE

Looking for a listing of funding opportunities? Use the Browse feature to get started.

[Browse Now!](#)

#### SEARCH

Looking for information about a specific funding opportunity? Use the Search feature to narrow your focus.

[Search Now!](#)

#### NOTIFICATION

Want to be kept informed of upcoming and available funding opportunities? Provide your email address, and identify the types of grants that interest you.

[Sign-up Now!](#)  
[Already Signed-up?](#)  
[Click here to update preferences.](#)

#### REGISTRATION

If you are already a vendor with NYS or are interested in becoming a vendor request access here.

[Request Access Now!](#)

For a complete listing of all New York State procurement and grant opportunities, please visit the [Contract Reporter](#).

# Grants Gateway FAQ



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## FAQ: How do I start an application?

Login with your Grants Gateway user name and password and follow the steps listed in **Section IV. E.** of the RFA.



**APPLY FOR GRANT OPPORTUNITY**

Document Information: [DOH01-STEM6-2021-000XX](#)

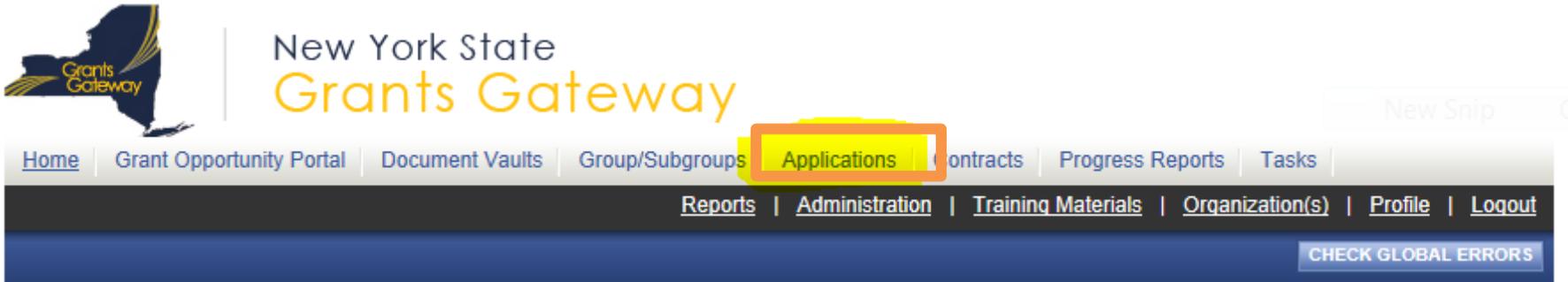
<https://grantsgateway.ny.gov>



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# FAQ: How do I retrieve an Application I've already started?



- Login
- **Click** on the **Applications** link located in the menu bar
- Enter search criteria to locate the application e.g. DOH01-STEM6-2021-000XX
- **Click** on the **Application number** to open the application

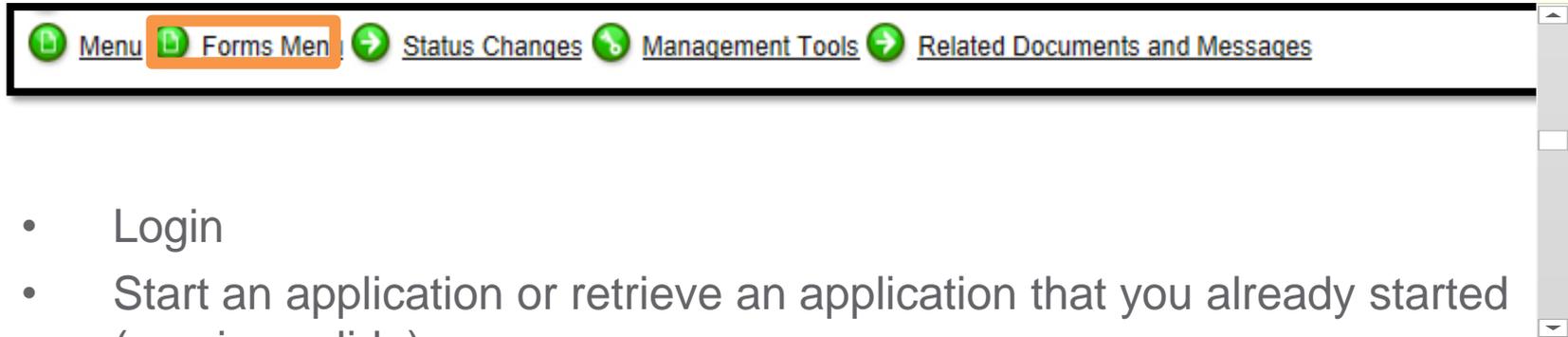
<https://grantsgateway.ny.gov>



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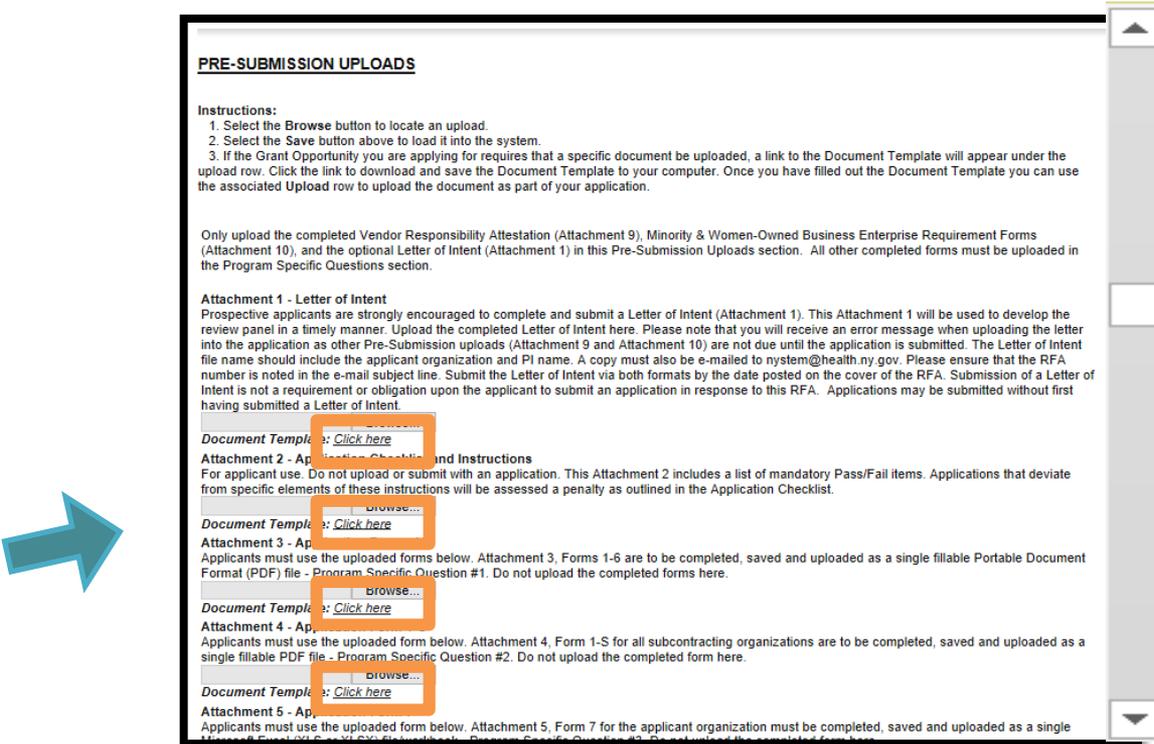
## FAQ: Where do I download the RFA Attachments?



- Login
- Start an application or retrieve an application that you already started (previous slide)
- **Click** on the **Forms Menu** (shown on slide)
- Scroll down and **Click** on **Pre-Submission Uploads**
- Download each attachment document template (shown on next slide)



# Click on each document template to download each attachment



**PRE-SUBMISSION UPLOADS**

**Instructions:**

1. Select the **Browse** button to locate an upload.
2. Select the **Save** button above to load it into the system.
3. If the Grant Opportunity you are applying for requires that a specific document be uploaded, a link to the Document Template will appear under the upload row. Click the link to download and save the Document Template to your computer. Once you have filled out the Document Template you can use the associated **Upload** row to upload the document as part of your application.

Only upload the completed Vendor Responsibility Attestation (Attachment 9), Minority & Women-Owned Business Enterprise Requirement Forms (Attachment 10), and the optional Letter of Intent (Attachment 1) in this Pre-Submission Uploads section. All other completed forms must be uploaded in the Program Specific Questions section.

**Attachment 1 - Letter of Intent**  
Prospective applicants are strongly encouraged to complete and submit a Letter of Intent (Attachment 1). This Attachment 1 will be used to develop the review panel in a timely manner. Upload the completed Letter of Intent here. Please note that you will receive an error message when uploading the letter into the application as other Pre-Submission uploads (Attachment 9 and Attachment 10) are not due until the application is submitted. The Letter of Intent file name should include the applicant organization and PI name. A copy must also be e-mailed to [nystem@health.ny.gov](mailto:nystem@health.ny.gov). Please ensure that the RFA number is noted in the e-mail subject line. Submit the Letter of Intent via both formats by the date posted on the cover of the RFA. Submission of a Letter of Intent is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a Letter of Intent.

**Document Template:** [Click here](#)

**Attachment 2 - Application Checklist and Instructions**  
For applicant use. Do not upload or submit with an application. This Attachment 2 includes a list of mandatory Pass/Fail items. Applications that deviate from specific elements of these instructions will be assessed a penalty as outlined in the Application Checklist.

**Document Template:** [Click here](#)

**Attachment 3 - Application Forms**  
Applicants must use the uploaded forms below. Attachment 3, Forms 1-6 are to be completed, saved and uploaded as a single fillable Portable Document Format (PDF) file - Program Specific Question #1. Do not upload the completed forms here.

**Document Template:** [Click here](#)

**Attachment 4 - Application Form**  
Applicants must use the uploaded form below. Attachment 4, Form 1-S for all subcontracting organizations are to be completed, saved and uploaded as a single fillable PDF file - Program Specific Question #2. Do not upload the completed form here.

**Document Template:** [Click here](#)

**Attachment 5 - Application Form**  
Applicants must use the uploaded form below. Attachment 5, Form 7 for the applicant organization must be completed, saved and uploaded as a single fillable PDF file - Program Specific Question #3. Do not upload the completed form here.



# Quick Contacts & Links

*See RFA cover sheet & pg. 5*

## Andrea Garavelli

Extramural Grants Administration

New York State Department of Health

Phone: 518-474-7002

[nystem@health.ny.gov](mailto:nystem@health.ny.gov)

## Agate Help Desk

Phone: 1-800-820-1890

Hours: Monday thru Friday 8am-8pm

[helpdesk@agatesoftware.com](mailto:helpdesk@agatesoftware.com)

(After hours support)

## Grants Gateway Team

Phone: 518-474-5595

Hours: Monday thru Friday 8am-4pm

[grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov)

(Application Completion, Policy, and Registration Questions)



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# RFA Overview



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# RFA Purpose

Stimulate and support basic, applied (mechanistic, technological), pre-clinical and clinical scientific investigations on any aspect of **stem cell biology** that will lead to a better understanding of the unique properties of stem cells and allow their utilization to treat disease.



# Available Funds

Approximately  
\$50 million is available  
to support about 70 awards



# Anticipated Contract

Three (3) years for **IIRP**

6/1/2021-5/31/2024

- Annual direct costs are capped at \$300,000 per year plus F&A\*

\*Facilities and Administrative (F&A) costs up to 20% of modified total direct costs

Two (2) years for **IDEA**

6/1/2021-5/31/2023

- Annual direct costs are capped at \$150,000 per year with a maximum of \$275,000 in direct costs over the two-year period plus F&A\*



See RFA pg. 4

# Who May Apply?

## Applicant Organization:

A New York State not-for-profit organization or governmental organization in New York.

## Principal Investigator (PI):

- Is not a postdoctoral fellow or other dependent research staff.
- Cannot be restricted from receiving PHS funding or debarred by any federal or NYS government entity.
- Cannot submit more than one (1) application per funding mechanism.



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# Successful IIRP Applications

- Investigate a well-developed problem or research hypothesis; or
- Develop technologies or resources that are essential to overcome existing barriers to progress toward therapeutic applications; and
- Include robust preliminary data.



# Successful IDEA Applications

- Open a new area of investigation; or
- Test a novel or innovative hypothesis; or
- Produce viable data for preparation of a full-scale research application; or
- Apply or develop state-of-the-art technologies, tools or resources for stem cell research; and
- Have the potential for high scientific payoff (with or without pilot data).



# RFA Attachments 1-11



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<b>Application Information</b>	
	<a href="#">Print Application</a>
	<a href="#">Full Version of RFP</a>
	<a href="#">Application Versions</a>
<b>Program Information</b>	
	<a href="#">Project/Site Addresses</a>
	<a href="#">Program Specific Questions</a>
<b>Expenditure Budget</b>	
	<a href="#">Personal Services - Salary</a>
	<a href="#">&gt; Personal Services - Salary Narrative</a>
	<a href="#">Personal Services - Fringe</a>
	<a href="#">&gt; Personal Services - Fringe Narrative</a>
	<a href="#">Contractual</a>
	<a href="#">&gt; Contractual Narrative</a>
	<a href="#">Travel</a>
	<a href="#">&gt; Travel Narrative</a>
	<a href="#">Equipment</a>
	<a href="#">&gt; Equipment Narrative</a>
	<a href="#">Operating Expenses</a>
	<a href="#">&gt; Operating Expenses Narrative</a>
	<a href="#">Other Expenses Detail</a>
	<a href="#">&gt; Other Narrative</a>
	<a href="#">Expenditure Summary</a>
<b>Work Plan</b>	
	<a href="#">Work Plan Overview Form</a>
	<a href="#">Work Plan Properties</a>
<b>Pre-Submission Uploads</b>	
	<a href="#">Pre-Submission Uploads</a>



See RFA pg. 6

## Attachment 1: Letter Of Intent (LOI)

1. Select the type of application that will be submitted (e.g. IIRP or IDEA)
2. Provide a title and up to 10 key words to describe the project
3. Select up to two review panel categories
4. Provide a summary paragraph of the intended project
5. List all participants involved in the proposed project

***Download & Upload in  
the Pre-Submission  
Uploads Section of the  
Grants Gateway***

***Email to  
nystem@health.ny.gov***



**Department  
of Health**

**Wadsworth  
Center**

## Attachment 2: Application Checklist and Instructions

- Mandatory Pass/Fail Items
- Appendices
- Application Penalties
- Prescribed Format

*Download in the  
Pre-Submission Uploads  
Section of the Grants  
Gateway*



## Attachment 3: Application Forms 1-6

1. Applicant Face Page
2. Staff, Collaborators, Consultants and Contributors
3. Acronyms and Abbreviations Used in Application
4. Lay Abstract
5. Scientific Abstract
6. Peer Review Panel Identification

*Download in the  
Pre-Submission  
Uploads Section  
of the Grants  
Gateway*

*Upload as a  
single fillable  
PDF file in the  
Program Specific  
Questions  
Section of the  
Grants Gateway*



# Attachment 3: Application Forms 1-6 (continued)

Form 1 - Applicant Face Page

**Project Title:**  **AWARD Mechanism (e.g. ODA, MARS, etc.):**

**RFA#:**  **Early Stage (not for grantee):**  No  Yes **Co-PI/Grantee Application:**  No  Yes **Resub Application (if not, please provide previous application number in box below):**  No  Yes

**Principal Investigator/Program Director/Sponsor:**  **Co-PI/Principal Investigator/Program Director/Sponsor (if different from above, Co-PI must be in the subject - require sub-applicant box below):**

**PI Last Name:**  **PI First Name:**  **Co-PI Last Name:**  **Co-PI First Name:**

**PI M.D. or Ph.D.:**  **PI Degree:**  **Co-PI M.D. or Ph.D.:**  **Co-PI Degree:**

**PI Organization:**  **Co-PI Organization:**

**PI Department:**  **Co-PI Department:**

**PI Mailing Address (Street, MS., P.O. Box, City, State, Zip):** **Co-PI Mailing Address (Street, MS., P.O. Box, City, State, Zip):**

**PI Street1:**  **Co-PI Street1:**

**PI Street2:**  **Co-PI Street2:**

**PI City:**  **Co-PI City:**

**PI State:** NY **PI Zip:**  **Co-PI State:** NY **Co-PI Zip:**

**PI Phone:**  **Co-PI Phone:**

**PI Fax:**  **Co-PI Fax:**

**PI Email:**  **Co-PI Email:**

**Project Start Date:**  **Year One Total Cost:**

**Project End Date:**  **Grand Total Cost:**

**New York State Applicant Organization (NYO):** **Contracts or Grants Official (G.O.):**

**NYO Name:**  **GO Last Name:**

**GO First Name:**

**GO Title:**

**NYO Mailing Address:** **GO Mailing Address:**

**NYO Street1:**  **GO Street1:**

**NYO Street2:**  **GO Street2:**

**NYO City:**  **GO City:**

**NYO State:** NY **NYO Zip:**  **GO State:** NY **GO Zip:**

**NYO Phone:**  **GO Phone:**

**NYO Fax:**  **GO Fax:**

**NYO Email:**  **GO Email:**

**Performance SRS:**



# Attachment 3: Application Forms 1-6 (continued)

**Form 2 – Staff, Collaborators, Consultants and Contributors**

Last Name	First Name	Title	Institutional Affiliation	Role in Project
				PVPD
				PVPD PI (Sponsor) Co-PI/Co-PD Research Scientist Co-Investigator Collaborator Mentor Consultant Postdoc Applicant Fellow PVPD
				PVPD

*Application Form 2*



# Attachment 3: Application Forms 1-6 (continued)

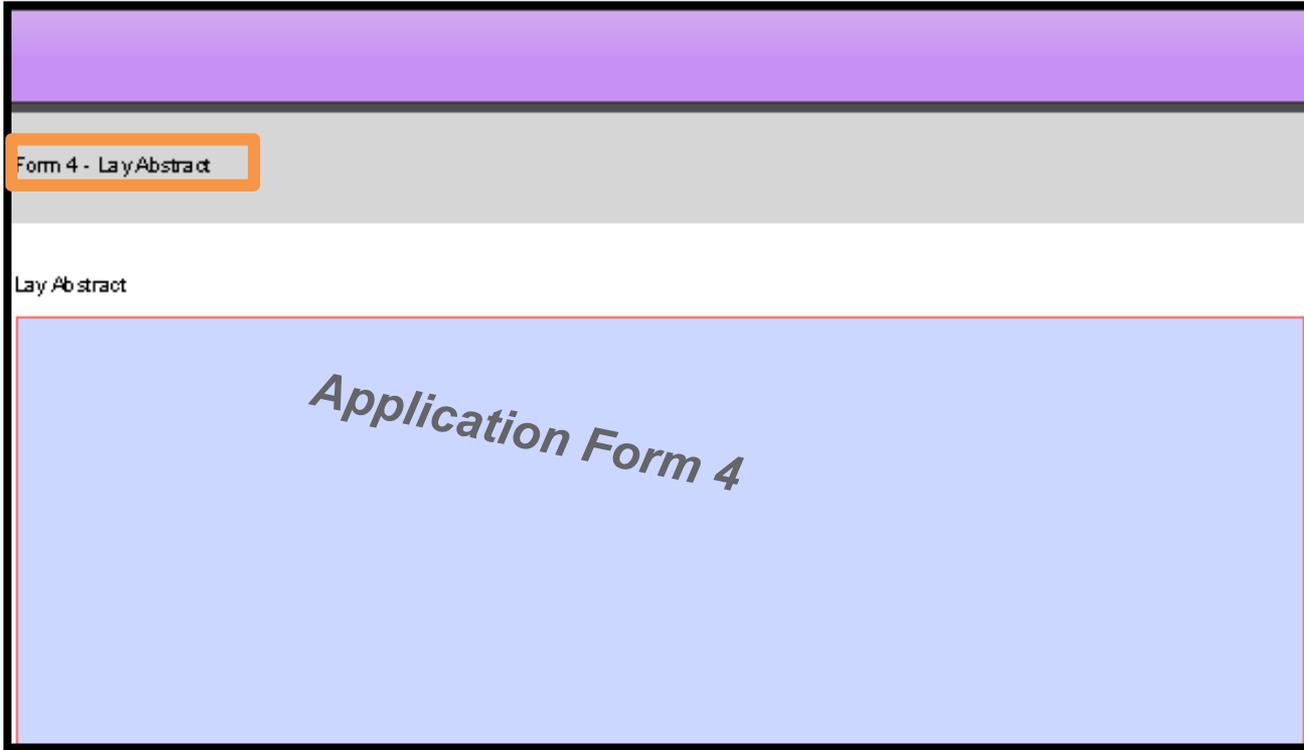
**Form 3 Acronyms and Abbreviations Used in Application**

Acronym	Full Text/Definition/Description

*Application Form 3*



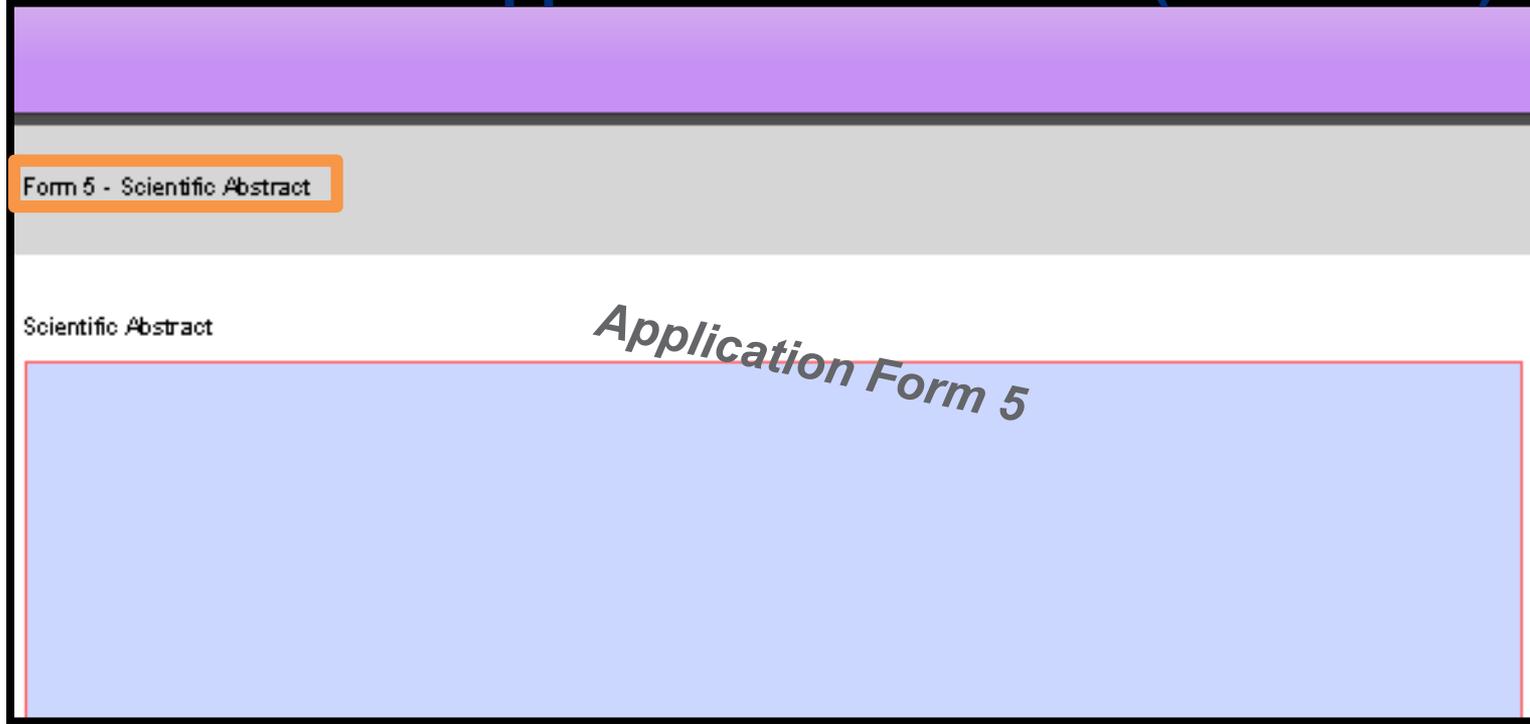
## Attachment 3: Application Forms 1-6 (continued)



The image shows a thumbnail of a document titled "Application Form 4". The document has a purple header bar at the top. Below the header is a grey bar containing the text "Form 4 - Lay Abstract", which is highlighted with an orange border. Underneath the grey bar is a white section with the text "Lay Abstract". The main body of the document is a large light blue area with the text "Application Form 4" written diagonally across it.



# Attachment 3: Application Forms 1-6 (continued)



The image shows a thumbnail of a document titled "Application Form 5". The document has a purple header bar at the top. Below the header is a grey bar containing the text "Form 5 - Scientific Abstract" in a white box with an orange border. The main body of the document is white and contains the text "Scientific Abstract" on the left side. A large, light blue rectangular area occupies most of the page, with the text "Application Form 5" written diagonally across it in a large, black, italicized font.



# Attachment 3: Application Forms 1-6 (continued)

Applicant Institution

**Attachment 3: Form 6 – Peer Review Panel Identification - OPTIONAL**

Completion of this form is optional and applicants are not required to complete. The form must still be submitted but may be left blank.

Historically, applications in response to this NYSTEM RFA have fallen into several categories. To facilitate assembly of review panels, the applicant may suggest up to two review panel categories most closely suited to the application. This identification does not guarantee assignment of the application to those review panels.

In addition, applicants may provide a list of up to 10 most relevant Key Words to describe the project, which will also be used to identify potential peer reviewers.

General Application Categories

1. Cancer
2. Cardiovascular Stem Cells
3. Hematopoiesis and Immunology
4. Neural Stem Cells
5. Stem Cell Characterization, Lineage and Differentiation
6. Pluripotency, Chromatin & Epigenetics
7. Stem Cell Engineering and Technology
8. Translational, Engineering, and Technology
9. Musculoskeletal and Skin
10. Other

Select up to two categories that the applicant feels are most closely suited to the application.

Primary Category #  If #10, please specify:

Secondary Category #  If #10, please specify:

In addition, please provide a list of up to 10 most relevant Key Words to describe this project. (This information will be used to identify potential peer reviewers).

Key Words

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

*Application Form 6*



# Attachment 4: Application Form 1-S

*Sub-Applicant  
(Complete if Applicable)*

Form 1-S - Sub-Applicant Face Page

**Project Title:** \_\_\_\_\_

**RFP#:** \_\_\_\_\_

**Principal Investigator/Program Director/Sponsor:**

PI Last Name	PI First Name	Co-PI Last Name	Co-PI First Name
_____	_____	_____	_____
PI Title	Co-PI Title	Co-PI Title	Co-PI Degree
_____	_____	_____	_____

Overall Project Co-PI?  Yes  No

**PI Organization:** \_\_\_\_\_ **Co-PI Organization:** \_\_\_\_\_

**PI Department:** \_\_\_\_\_ **Co-PI Department:** \_\_\_\_\_

**PI Mailing Address (Street, MS, PO Box, City, State, Zip):**

PI Street1	Co-PI Street1
PI Street2	Co-PI Street2
PI City	Co-PI City
PI State	Co-PI State
PI Zip	Co-PI Zip

**PI Phone:** \_\_\_\_\_ **Co-PI Phone:** \_\_\_\_\_

**PI Fax:** \_\_\_\_\_ **Co-PI Fax:** \_\_\_\_\_

**PI Email:** \_\_\_\_\_ **Co-PI Email:** \_\_\_\_\_

**PI Start Date:** \_\_\_\_\_ **Grand Total Cost:** \_\_\_\_\_

**PI End Date:** \_\_\_\_\_ **Year One Total Cost:** \_\_\_\_\_

**Sub-Applicant Organization (SAO):**

SAO Name: \_\_\_\_\_

**Contractor or Grants Official (GO):**

GO Last Name: \_\_\_\_\_

GO First Name: \_\_\_\_\_

GO Title: \_\_\_\_\_

**SAO Mailing Address:**

SAO Street1: \_\_\_\_\_ GO Street1: \_\_\_\_\_

SAO Street2: \_\_\_\_\_ GO Street2: \_\_\_\_\_

SAO City: \_\_\_\_\_ GO City: \_\_\_\_\_

SAO State: \_\_\_\_\_ GO State: \_\_\_\_\_

SAO Zip: \_\_\_\_\_ GO Zip: \_\_\_\_\_

SAO Phone: \_\_\_\_\_ GO Phone: \_\_\_\_\_

SAO Fax: \_\_\_\_\_ GO Fax: \_\_\_\_\_

SAO Email: \_\_\_\_\_ GO Email: \_\_\_\_\_

*Download in the  
Pre-Submission  
Uploads Section  
of the Grants  
Gateway*

*Upload as a  
single fillable  
PDF file in the  
Program Specific  
Questions  
Section of the  
Grants Gateway*



# Online Budget and Justification (Year 1)



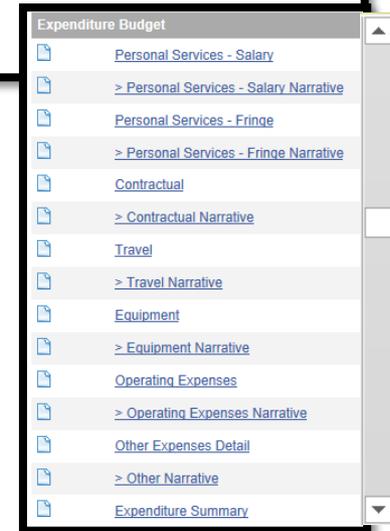
Menu Forms Menu Status Changes Management Tools Related Documents and Messages

Investigator Initiated Research Projects (IIRP) and Innovative, Developmental or Exploratory Activit Menu - Forms

Please complete all required forms below.

## Forms Menu → Scroll down to Expenditure Budget Section

- Complete each form and narrative of the Online Budget for Year One



Expenditure Budget

- Personal Services - Salary
- > Personal Services - Salary Narrative
- Personal Services - Fringe
- > Personal Services - Fringe Narrative
- Contractual
- > Contractual Narrative
- Travel
- > Travel Narrative
- Equipment
- > Equipment Narrative
- Operating Expenses
- > Operating Expenses Narrative
- Other Expenses Detail
- > Other Narrative
- Expenditure Summary

# Attachment 5: Application Form 7 (Years 2 & 3)

*Download in the Pre-Submission Uploads Section of the Grants Gateway*

*Upload in the Program Specific Questions Section of the Grants Gateway as a XLS or XLSX file*

**Tab 1, Budget**

POSITION TITLE	ANNUALIZED SALARY PER POSITION	SALARY			TOTAL
		STANDARD WORK WEEK HOURS	PERCENT OF EFFORT FUNDED	NUMBER OF MONTHS FUNDED	
1. Dr. Number One (PI)	\$ 199,700.00	40	20%	12	\$ 39,940.00
2. Dr. Number Two (Co-PI)	\$ 124,373.00	40	35%	12	\$ 43,531.00
3. Dr. Number Three (RS1)	\$ 128,750.00	40	15%	12	\$ 19,313.00
4. Dr. Number Four (RT1)	\$ 57,938.00	40	75%	12	\$ 43,454.00
5. Graduate Student	\$ 25,750.00	40	100%	12	\$ 25,750.00
6.					\$ -
7.					\$ -
8.					\$ -
9.					\$ -
10.					\$ -
11.					\$ -
12.					\$ -
13.					\$ -
14.					\$ -
15.					\$ -
<b>Subtotal</b>					\$ 171,988.00
<b>FRINGE - TYPE/DESCRIPTION</b>					
Fringe 32.10%					\$ 55,208.00
<b>PERSONAL SERVICES TOTAL</b>					\$ 227,196.00

**Tab 2, Justification**

CATEGORY OF EXPENSE	BUDGETED	JUSTIFICATION
<b>I. Personal Services</b>		
a) Salary		
1. Dr. Number One (PI)	\$ 39,940.00	Dr. One - PI - Dr. One is head of the Spinal Cord Injury Rehabilitation facility at Example University. She will commit 20% effort to this project in each year of the contract. She will be responsible for completion of the overall aims of this project. She will directly oversee and supervise all activities described in Aims 1 and 2. She will supervise the Dr. Two and Dr. Three. She will be responsible for coordinating activities with the Co-PI and Research Scientist 1 for Aim 1 in Year 1 of the contract. Dr. One is a trained neurobiologist and has more than 15 years of experience in conducting SCI research projects.
2. Dr. Number Two (Co-PI)	\$ 42,263.00	Dr. Two - Co-PI - Dr. Two is a close collaborator of Dr. One. He will commit 35% effort to this project in each year of the contract. As Co-PI, he will be responsible for coordinating activities with the PI and Research Scientist 1. He will supervise Dr. Four (Research Tech) and train Dr. Three in the skills necessary to complete the project. Dr. Two conducted SCI research at the University of Example for 20 years. His active participation is essential to ensure supporting scientific staff is prepared to carry out Aims 1 and 2 of the research plan.
3. Dr. Number Three (RS1)	\$ 18,750.00	Dr. Three - Research Scientist 1 - will commit 15% to this project each year of the contract. Dr. Three is a highly trained researcher whose expertise in clinical applications of bioengineered products is integral to the success of this project in combination with the SCI expertise of Drs. One and Two. He will train the Graduate Student in the bioengineering skills necessary to complete the projects and he will be trained by Dr. Two in the SCI related work for this project.
4. Dr. Number Four (RT1)	\$ 42,188.00	Dr. Four - Research Tech will commit 75% to this project each year of the contract. He has worked with Drs. Two and Three for the past five years. He routinely generates the cells necessary to conduct the research for this project. He will also be responsible for general lab maintenance. His skills in cell generation will be relied on heavily in both Year 1 and 2 of the project.
5. Graduate Student	\$ 25,000.00	Mr. Five - Graduate Student - is in his third year of graduate school under the mentor ship of Dr. Two. As such, Mr. Five has gained proficiency in cell generation and will work full time (100%) on this project. This level of effort will ensure that number and quality of the cell lines is sufficient to begin work on Aim 2 as planned.



# Attachment 6: Application Form 7-S (Years 1-3)

*Download in the Pre-Submission Uploads Section of the Grants Gateway*

## *Sub-Applicant Budget* (Complete if Applicable)

CATEGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	MATCH %	OTHER FUNDS	TOTAL
1. Personal Services					
a) Salary	\$ -	0	0	0	\$ -
b) Fringe	\$ -	0	0	0	\$ -
<b>Subtotal</b>	<b>\$ -</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$ -</b>
2. Non Personal Services					
a) Contractual Services	\$ -	0	0	0	\$ -
b) Travel	\$ -	0	0	0	\$ -
c) Equipment	\$ -	0	0	0	\$ -
d) Space/Property & Utilities	\$ -	0	0	0	\$ -
e) Operating Expenses	\$ -	0	0	0	\$ -
f) Other	\$ -	0	0	0	\$ -
	\$ -	0	0	0	\$ -

Page 1

SUBCONTRACT #1 TOTAL BUDGET    SUBCONTRACT #1 JUSTIFICATION    SUBCONTRACT #2 TOTAL BUDGET    SUBCONTRA

*Upload in the Program Specific Questions Section of the Grants Gateway as a XLS or XLSX file*



## Attachment 7: Application Forms 8-14

8. Biographical Sketch
9. Facilities and Resources
10. Introduction
11. Workplan Narrative
12. Human Subjects
13. Vertebrate Animals
14. Human Stem Cells

*Download in the  
Pre-Submission  
Uploads Section  
of the Grants  
Gateway*

*Upload in the  
Program Specific  
Questions  
Section of the  
Grants Gateway  
as a PDF file*



# Attachment 7: Application Forms 8-14

**ATTACHMENT 7**  
Application Forms 8-14

Form 8 – Biographical Sketch

NAME: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

**Application Form 8**

A. Personal Statement

B. Positions and Honors

C. Selected peer-reviewed publications or manuscripts in press (in chronological order) from a total for \_\_\_\_\_.

D. Research Support

## Biographical Sketch

- Complete for at least the PI and Co-PI
- Do not exceed three (3) pages for each sketch
- Use the form as prescribed



# Attachment 7: Application Forms 8-14

Form 9 – Facilities and Resources

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT:

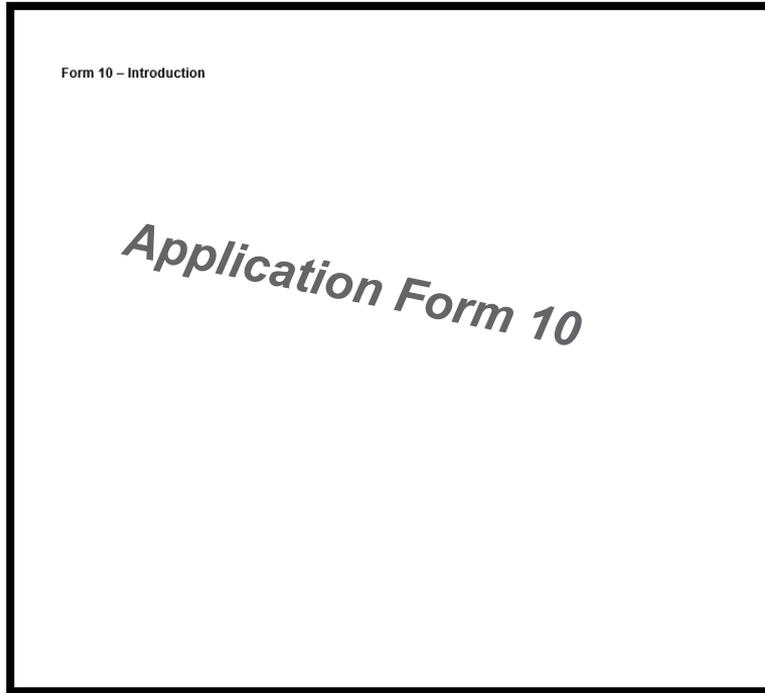
*Application Form 9*

## Facilities and Resources

- Limit two pages for each organization
- Do not use one form for multiple organizations involved in the project
- Use additional copies of this form for each sub-applicant (if applicable)



# Attachment 7: Application Forms 8-14

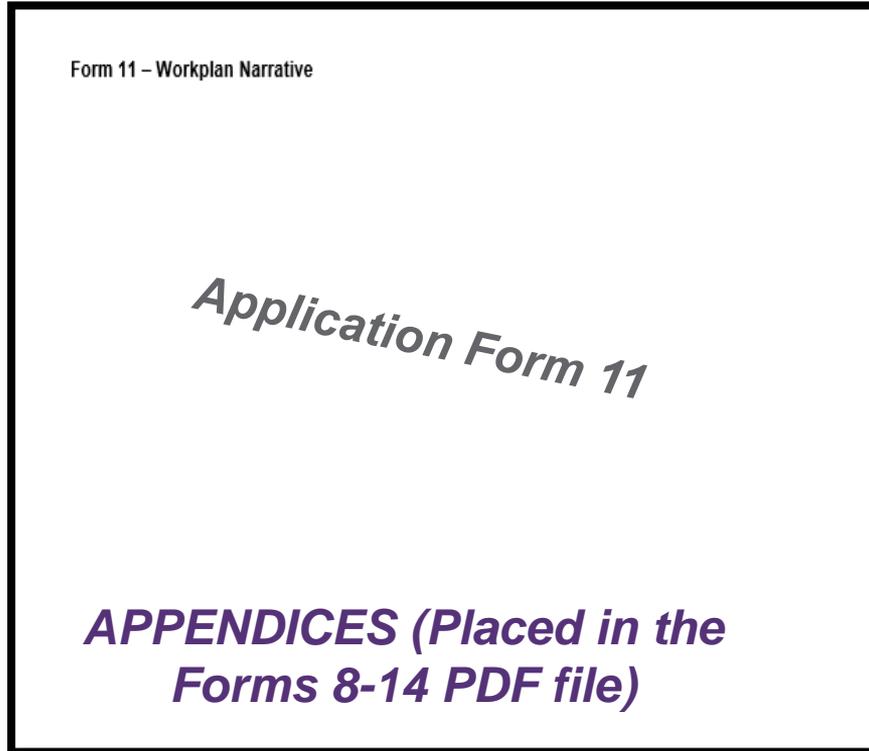


## Introduction

- 1 page limit
- Use if revised
- If N/A, state so and include this form in the application



# Attachment 7: Application Forms 8-14

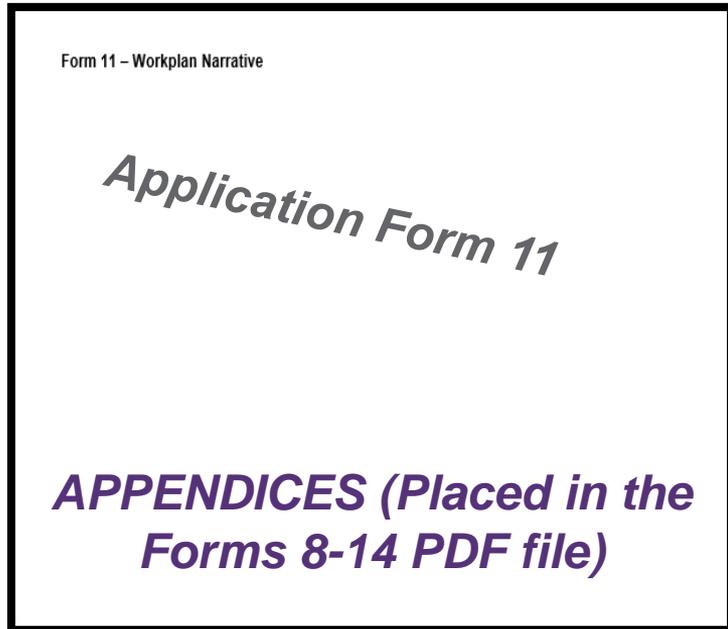


## Workplan Narrative

- PAGE LIMITS**  
**Sections A-D:**
- A. Specific Aims • **12 pages for IIRP**
  - B. Significance • **10 page for IDEA**
  - C. Background and Preliminary Results
  - D. Research Design and Methods
  - E. Literature Citations



# Attachment 7: Application Forms 8-14



## Workplan Narrative (cont.)

### ***APPENDICES***

- Letters of collaboration or support
- Memoranda of Understanding
- Contractual Agreements
- Up to two highly relevant publications or manuscripts
- Facilities and Administrative rate agreements



# Attachment 7: Application Forms 8-14

## Form 12 – Human Subjects

### SECTION A:

- Application Form 12*
1. Applicant/Sub-applicant Organization:
  2. Are Human Subjects involved?  Yes  No
  3. Is the project Exempt from federal regulations?  Yes  No
  4. If YES to #3, what is the Exemption number?  1  2  3  4  5  6
  5. If NO to #3, is the IRB review Pending?  Yes  No
  6. IRB Approval Date (leave blank only if Yes to #5):
  7. IRB Protocol Approval Number:

### SECTION B – NARRATIVE (use additional pages if necessary)

## Human Subjects

- Do not use one form for multiple organizations involved in the project
- Use additional copies of this form for each sub-applicant (if applicable)
- If more than one protocol is required, use additional copies of this form for each protocol



# Attachment 7: Application Forms 8-14

Form 13 – Vertebrate Animals *Application Form 13*

**SECTION A:**

1. Applicant/Sub-applicant Organization:
2. Are Vertebrate Animals involved?  Yes  No
3. Is the IACUC review Pending?  Yes  No
4. IACUC Approval Date (leave blank only if YES to #3):
5. IACUC Protocol Approval Number:

**SECTION B – NARRATIVE (use additional pages if necessary)**

## Vertebrate Animals

- Do not use one form for multiple organizations involved in the project
- Use additional copies of this form for each sub-applicant (if applicable)
- If more than one protocol is required, use additional copies of this form for each protocol



# Attachment 7: Application Forms 8-14

## Form 14 – Human Stem Cells

### SECTION A:

- Application Form 14*
1. Applicant/Sub-applicant Organization:
  2. Are Human Stem Cells involved?  Yes  No
  3. Is the project Exempt under NAS or ISSCR?  Yes  No
  4. If YES to #3, check the appropriate exemption:  NAS 1.3(a)  ISSCR Category 1
  5. If NO to #3, is the SCRO review pending?  Yes  No
  6. SCRO Approval Date (leave blank only if NO to #5):
  7. SCRO Protocol Approval Number:

SECTION B – NARRATIVE (use additional pages if necessary)

## Human Stem Cells

- Do not use one form for multiple organizations involved in the project
- Use additional copies of this form for each sub-applicant (if applicable)
- If more than one protocol is required, use additional copies of this form for each protocol



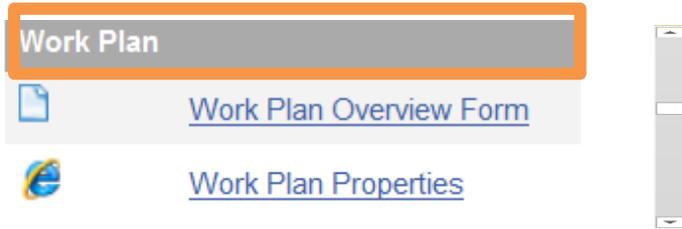
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# Online Workplan

 [Menu](#)  **Forms Menu**  [Status Changes](#)  [Management Tools](#)  [Related Documents and Messages](#)

## Forms Menu → Scroll down to Work Plan



- Complete the Work Plan Overview Form and
- Work Plan Properties

# Online Workplan: Workplan Properties

## WORK PLAN PROPERTIES

### Instructions

1. Pay careful attention to Programmatic requirements when building the work plan.
2. If there are already State Defined Objectives, Tasks and Performance Measures on this page, review them for accuracy. Updates are allowed if the Grantee Updates Allowed checkbox is marked. If the Objective, Task, or Performance Measure Name is marked with a red asterisk, at least one item is required respectively.
3. If there are no State Defined Objectives, Tasks and Performance Measures on this page, add Grantee defined items of your own accordingly. Each Grantee Defined Objective must have at least one Task with at least one Performance Measure.
4. Start by adding an Objective and clicking the Save button.
5. As you complete the fields for Objectives, Tasks and Performance Measures and Save the page, new blank rows will be added to allow entry of additional items.

### Work Plan

-		New Objective	
1	Objective Name	<input type="text"/>	
	Objective Description	<input type="text"/>	
		0 of 250	

**Note, text box limitations.**

**If your descriptions/narratives cannot fit, use Attachment 11**



# Attachment 11: Online Workplan Continuation Form

**ATTACHMENT 11 – WORK PLAN  
DETAIL**

OBJECTIVE	TASKS	PERFORMANCE MEASURES
1.	1.1	1.1.1
		1.1.2
		1.1.3
	1.2	1.2.1
		1.2.2
		1.2.3
	1.3	1.3.1
		1.3.2
		1.3.3

Attachment 11

Page 2 of 6 – Attachment 11 – Continuation Online Work Plan August 31, 2018

*Download in the Pre-Submission Uploads Section of the Grants Gateway*

*Upload completed form in Program Specific Questions Section of the Grants Gateway if necessary.*



# Project Narrative/Work Plan Outcomes

- The application may not include an scientific, budgetary or commitment overlap with other awards that will be active beyond the anticipated start date of the award
- Funded projects shall not include program implementation which goes beyond the contract period





See RFA pg. 12

# Attachment 9: Vendor Responsibility Attestation

**ATTACHMENT 9**  
**Vendor Responsibility Attestation**

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, L. 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: \_\_\_\_\_

***Download &  
Upload in the  
Pre-Submission  
Uploads Section  
of the Grants  
Gateway***



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# Attachment 10: Minority & Women-Owned Business Enterprise Requirement Forms

See RFA pgs. 10-11

- MWBE Utilization Plan (3 pages)
- MWBE Utilization Waiver Request
- Staffing Plan
- Equal Opportunity Policy Statement
- Instructions

MWBE Form #1  
New York State Department of Health  
MWBE UTILIZATION PLAN

Applicant/Grantee Name: <input type="text"/>	
Vendor ID: <input type="text"/>	Telephone No. <input type="text"/>
RFA Contract Title: <input type="text"/>	RFA Contract No. <input type="text"/>

Description of Plan to Meet MWBE Goals (Use pages 2-3 to provide specific M and W subcontractor information)

Attachment 11

PROJECTED MWBE USAGE		
	%	Amount
1. Total Dollar Value of Eligible Expenditures on Budget (Does not include Personal Services, Fringe, Rent, Space, Utilities)	█	\$ <input type="text"/>
2. MBF Goal Applied to Eligible Expenditures	█	\$ <input type="text"/>
3. WBE Goal Applied to Eligible Expenditures	█	\$ <input type="text"/>
4. MWBE Combined Eligible Expenditure Totals*	█	\$ <input type="text"/>

\*Making false representation or including information evidencing a lack of good faith as part of or in conjunction with the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization.

\*If less than the stated goal in RFA, Form #2 is required. Form #1 - Page 1 of 3

Page 2 of 11 Revised: 4/2015

**Download &  
Upload in the  
Pre-Submission  
Uploads Section  
of the Grants  
Gateway**

# Application Completion

## Download

- All Attachments in Pre-Submission Uploads Section

## Complete in the NYS Grants Gateway

- Expenditure Budget
- Work Plan

## Upload in the NYS Grants Gateway

- Completed Attachments 1, 9 and Attachment 10 in the Pre-Submission Uploads Section
- Completed Attachments 3, 5, 7, 8 in the Program Specific Questions section
- If applicable, Attachments 4, 6, and 11 in the Program Specific Questions section

# Review and Award Process



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# Review and Award Process

- Administrative Pass/Fail
- Peer Review Process
- Empire State Stem Cell Board (ESSCB) Review
- Contract Execution



# Review Scores

See RFA pg. 16

	Numerical Score	Adjectival Score	Guidance
<b>HIGH</b>	1	Exceptional	Exceptionally strong with essentially no weaknesses
	2	Outstanding	Extremely strong with negligible weaknesses
	3	Excellent	Very strong with only some minor <sup>a</sup> weaknesses
<b>MEDIUM</b>	4	Very Good	Strong but with numerous minor weaknesses
	5	Good	Strong but with at least one moderate <sup>b</sup> weakness
	6	Satisfactory	Some strengths but also some moderate weaknesses
<b>LOW</b>	7	Fair	Some strengths but with at least one major <sup>c</sup> weakness
	8	Marginal	A few strengths and a few major weaknesses
	9	Poor	Very few strengths and numerous major weaknesses

<sup>a</sup>**Minor weakness:** An easily addressable weakness that does not substantially lessen merit and/or the expected successful completion of the overall project

<sup>b</sup>**Moderate weakness:** A weakness that lessens merit and/or the expected successful completion of the overall project

<sup>c</sup>**Major weakness:** A weakness that severely limits merit and/or the expected successful completion of the overall project

# Review Criteria

## IIRP and IDEA

1. Significance and Impact **40%** - Triage
2. Approach and Feasibility **40%** - Triage
3. Budget **20%**

## Avoiding Triage

Score at least Exceptional or Outstanding from each reviewer (1 & 2) or at least three adjectival scores of Excellent (1 & 2)



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# Other Review Considerations

1. Application Responsiveness
2. Overlap with other resources
3. In compliance with Program Specific Clauses:
  - Research Integrity and Responsible Conduct of Research
  - Human Subjects Research
  - Animal Use
  - Use of Human Tissue
  - Analytical Testing of Human Specimens
  - Use of Recombinant DNA
  - Publication and Intellectual Property Rights
  - Equipment



# Scoring Tie-Breakers & Debriefing

## ESSCB Tie-Breakers

1. Significance and Impact
2. Approach and Feasibility

## Debriefing

- All applicants may request a debriefing by sending an email to [nystem@health.ny.gov](mailto:nystem@health.ny.gov).
- Requests must be received no later than 15 business days from date of award or non-award announcement.



# Your Questions



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**Thank you!!**

**February 26, 2020**