

RFA # 17491 / Grants Gateway # DOH01-ALZCAP-2018

New York State Department of Health

Office of Health Insurance Programs

Division of Long Term Care

Alzheimer's Disease Program

Alzheimer's Disease Community Assistance Program

Modifications, Questions and Answers

December 5, 2017

RFA Modifications:

Attachment #15 titled "Grants Gateway Budget Data Entry Guidelines" was mistakenly omitted from the Grant Opportunity and is attached to the end of this Modifications, Questions and Answers document.

Program Description

- Q1: What organization is the current grantee for the Alzheimer's Disease Community Assistance Program?
- A1: The current contractor is the Coalition of NYS Alzheimer's Associations, Inc.
- Q2: Will the applicant have to serve all 62 counties?
- A2: Yes. Please refer to page 3 of the RFA which states under the heading A. Project Description: "Applicants are required to provide directly and/or arrange for the provision of the following core services in all 62 NYS counties."
- Q3: RFA page 4, first paragraph, states, "...it is expected that at least 25% of care consultations provided under this program will be provided in-person." Must each subcontractor reach the 25% in-person care consultation goal, or can this goal be reached based upon the combined efforts of all subcontractors?
- A3: The awarded contractor must ensure that at least 25% of the care consultations occur in person in every county.

- Q4: Attachment #7 found in the Pre-Submission Uploads section of Grants Gateway requires “Types of Virtual Training Programs to be Conducted” (column 5.). Please define “virtual.” Also, is it correct that the applicant does not need to identify on this attachment types of in-person training programs to be conducted?
- A4: Virtual is defined as services being delivered via video conferencing, live streaming, etc. The applicant does not have to identify the types of in-person training programs in this application.
- Q5: Would this be a contract to provide caregiver services such as aides, nurses, etc.?
- A5: Please refer to Pages 3-6 of the RFA under the heading A. Project Description: “Applicants are required to provide directly and/or arrange for the provision of the following core services in all 62 NYS counties: Care Consultation, Support Groups, Caregiver Education and Training, Caregiver Access to Assistance and Support, Community- Based Education, Awareness and Outreach, and Training for Important Constituencies.”

COLLABORATION

- Q6: Can we partner with other agencies to help serve an area?
- A6: Yes. Please refer to page 6 of the RFA under the heading II. Who May Apply: “Applicants that propose subcontracting for all or a portion of the core services should do so only with organizations which have demonstrated the capacity to provide support services to individuals with AD/D and their caregivers.”

WORKPLAN/BUDGET

- Q7: RFA page 5, last two paragraphs, reference goal #7: Engagement Activities for Underserved Communities. Is this an “official” goal that must be identified separately as Goal 7 in the workplan, including objective(s), staff responsible, tasks and performance measures? Or is this an overarching goal that should be incorporated throughout the workplan?

Is #7 a new "official" goal that needs to be added to the Workplan (RFA page 5)?

- A7: No. Number 7 (Engagement Activities for Underserved Communities) is a concept that should be incorporated into the application wherever requested.
- Q8: Do counties need to be identified in the Workplan if they are being captured on the attachments?

A8: No.

Q9: Should the goal statements be worded as they are in the Project Description section of the RFA (pages 3 - 6)?

A9: There are no goal statements under the Project Description section on page 3-6 of the RFA.

Q10: RFA page 26, paragraph 5, states “Applicants are required to complete a one year workplan” to be input in the Gateway. Is one workplan required that represents the combined deliverables of all contractors (primary and subcontractors) or are separate workplans required for each contractor? If separate, is the Gateway set up to input multiple workplans individually?

RFA page 27, paragraph 5, states “The budget for Year One (July 1, 2018 – June 30, 2019) must be entered into the Grants Gateway on-line template.” Should the applicant prepare one combined budget representing all contractors (primary and subcontractors), or are individual Year One budgets required for all contractors? Again, if individual budgets are required, is the Gateway set up so that multiple Year One budgets (primary contractor and subcontractors) can be input separately?

Is the Gateway set up so that an applicant can input 8 different budgets and workplans?

A10: No. Grants Gateway is set up to receive one workplan and a one year budget (for the first contract period) that represent the combined deliverables of all contractors (primary and subcontractors) from the primary contractor. Subcontracts are listed in the Contractual Services budget category.

Q11: Is it accurate that in the workplan, the applicant does not need to provide Budget Category but does need to include Specific Quarter(s) for each Activity and Staff Responsible?

A11: Yes. Please refer to Section 6.2.10.2 – Grantee Defined Workplan 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 workplan.

APPLICATION PROCESS

Q12: Is the letter of interest required?

A12: No. Please refer to page 10 of the RFA under the heading C. Letter of Interest: “Submission of a letter of interest 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 interest.”

Q13: How does our organization file an application?

A13: Please refer to Pages 10-12 of the RFA under the heading E. How to File an Application.

Q14: Attachment #13 (RFA page 30) is in the Gateway twice and Attachment #15 is missing from the Gateway.

RFA page 30 references Attachment #15: Grants Gateway Budget Data Entry Guidelines. This attachment, as of 11/30, is not available in the Pre-Submission Upload section of the Grants Gateway, and Attachment #13 (Training Important Constituencies – First Responders) is listed twice. When will Attachment #15 be added to the Pre-Submission Upload section?

A14: Attachment #15 titled “Grants Gateway Budget Data Entry Guidelines” was mistakenly omitted from the Grant Opportunity. Please see RFA Modifications on Page 1 of the Q&A Document.

TECHNICAL

Q15: In Grants Gateway, does the system allow for a character count or a word count?

A15: Grants Gateway has character counts in most every field. Each section will have the character counts listed below the entry box.

Q16: In the Grants Gateway system, will bullets, indents and italics carry over when cutting and pasting from a Word document?

A16: Bullets, spacing and numbering should carry over from a Word document to Grants Gateway. However, bold, underlining and italics will not and should not be used.

OTHER

Q17: My company is an Empire State Certified Minority and Woman Owned Business Enterprise, located at 200 Allen Blvd Farmingdale, NY 11735, with a website address at www.cwiquality.com While Connetquot West distributes Medical Equipment and Supplies, which includes Vital Signs Monitors, Operating Room Tables, Beds, Mattress, Stretchers, Scales, Healthcare Screening and Testing Equipment, Sterilizers, Powered and Non-Powered Surgical Instrumentation, Emergency Evacuation Devices, Custom Kits, Lab Testing Equipment, Patient Safety, Fall Prevention, and Other Alzheimer related Medical Products. Will this grant include such products?

A17: This Grant Opportunity will not include these items.

Q18: Will you need a State Contract for Outdoor Furniture and Trash Receptacles under a New York State Contract <https://ogs.ny.gov/purchase/spg/awards/2151022984CAN.HTM?>

A18: No.

Q19: Can a MWBE be a subcontractor for a prime contractor to help reach grant diversity goals with medical products, supplies, equipment and industrial equipment and can you provide my company information to the applicants?

A19: A prime contractor can subcontract with a Minority and Women Owned Business of their choice. Awarded contractors search for certified businesses at the following directory: <https://ny.newnycontracts.com/>.

Attachment 15
Applications OR New Budget Periods

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

| <u>Grants Gateway Field</u> | <u>Character Limits</u> | <u>Enter Required Information as Instructed Below</u> |
|--|-------------------------|---|
| Personal Services - Salary | | * Refer to Grants Gateway Budget Instructions document for additional information. In the Salary section only include staff positions related to the implementation and administration of the project. ONLY staff that are employees of the applicant organization are to be included here. All other staff should be listed under Contractual Services. If Salary is not applicable, leave this section blank. |
| Position/Title | 55 | Provide the position title and employee name, if known. TBH should be entered in place of the employee name if the position is vacant at the time of budget submission. |
| Role/Responsibility | 500 | Provide a brief narrative of how the position will contribute directly to this project, Include the percent of time the incumbent will work on the program on a full-time basis. One (1.0) FTE is based on the number of hours worked in one week (e.g. 40-hour workweek). To determine a % FTE, divide the hours per week spent on the project, by the number of hours in the workweek. For example: given a 40-hour workweek, an individual working 10 hours per week on the project spends 25 percent of his/her time on the project (i.e. 10/40 = .25) Please show in percentage form - 25%. If TBH, also provide the anticipated start date for this position. |
| # in Title | N/A | Always enter the number 1. A separate position should be added for "each" position on the contract. |
| Annualized Salary Per Position | N/A | Enter the annual salary the organization will pay this employee. This figure should NOT be adjusted if a portion of the salary will be paid with other funds. Percentage of time supported with "other funds" should be entered in the PS narrative. |
| STD Work Week (hrs.) | N/A | Enter the standard (STD) hours worked each week by the employee. This figure should NOT be adjusted for hours paid with other funds. |
| % Funded | N/A | Enter only the percent of time this position is supported with grant funds. Do NOT include any percentage of time supported by other fund sources. Total grant funding requested divided by annual salary. |
| # Months Funded | N/A | Enter the estimated number of months this position will work on this grant. If TBH, enter the number of months based upon the anticipated start date. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this position on the project. (Annual Salary / 12 Months x # Months Funded x % Funded). |
| Total Match Funds | N/A | Always leave blank. |
| Match % | N/A | Always leave blank. |
| Total Other Funds | | Always leave blank. |
| > Personal Services - Salary Narrative | 4000 | Program Specific Instructions / Requirements All PS positions not directly supported with grant dollars, that work on the program should be summarized in this section. Contracted or per diem staff are not to be included in personal services narrative; these expenses should be shown in the contractual services narrative under non-personal services. The budget should contain a CCA Project Director accessible full-time for communications, including e-mail. |
| Personal Services - Fringe* | | Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements. If Fringe is not applicable, leave this section blank. |
| Type/Description | 125 | Provide the requested fringe rate. |
| Justification | 1000 | Provide all fringe benefit components included in the calculation of the fringe benefit rate. Show breakdown of fringe benefit rate into component percentages. If additional space is needed enter details in the PS - Fringe Narrative |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |

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| > Personal Services - Fringe Narrative | 4000 | Program Specific Instructions / Requirements If additional space is needed from the justification section, specify here, the components (FICA, Health and Life Insurance, Unemployment Insurance, Disability Insurance, Worker's Compensation, and Retirement) and their percentages comprising the fringe benefit rate. If different rates are used for different positions, provide details for each rate in the space provided and specify which positions are subject to that rate. |
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| Grants Gateway Field | Character Limits | Enter Required Information as Instructed Below |
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| Non-Personal Services | | Non-Personal Service expenses. For each Non-Personal Service expense not supported by grant funds, the applicant should include a description in the appropriate NPS Narrative section. For example, if you contract with a Pharmacist using other funds you would list under the Contractual Narrative - Pharmacist \$25/hour for 20/hours total cost \$500.00. |
| Contractual* | | * Refer to Grants Gateway Budget Instructions document for additional information. This category should be used to budget for specific services which cannot be accomplished by existing staff as well as for any services/expenses which will be provided by a subcontractor. Include expenses such as contracted staff, per diem staff, bookkeeping, payroll and audit services. Include the time frame for the delivery of services. Contractors may be required to submit subcontracts to the Department for review and approval prior to execution of the subcontract. The contractor remains fully responsible for all work performed by the subcontractor. ALL related expenses are to be budgeted under this section (any non-personal service costs to include travel) associated with the staff/organizations allocated to CS. If Contractual Services are not applicable, leave this section blank. |
| Type/Description | 125 | Provide the name of the organization, company or individual and the type of service being provided. If not known, enter TBH in place of the name of the organization, company or individual. (i.e. Pharmacist - TBH) |
| Justification | 1000 | Describe how this expense supports the work plan objectives of the project. Include the timeframe for delivery of services. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Contractual Narrative | 4000 | All contractual positions not directly supported with grant dollars, that are required on the program or needed to meet program deliverables should be summarized in this section. |
| Travel* | | * Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. Itemized travel estimates should be based on the lesser of the written policy of the organization, the Office of State Comptroller (OSC) guidelines, or the United States General Services Administration (USGSA) rates. Out-of-State travel requires <u>prior</u> approval by the State. Travel expenses associated with any Subcontractor, Consultant, or Vendor, must be included in the Contractual Services budget line. If Travel is not applicable, leave this section blank. |
| Type/Description | 125 | Provide the type of travel. A separate entry should be completed for each category of travel (i.e. Client, Staff Travel, In-State, or Out-of-State). |
| Justification | 1000 | Describe how this expense supports the work plan objectives of the project, include the title of the position(s) traveling. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Travel Narrative | 4000 | Program Specific Instructions / Requirements If using other funds for required travel - Provide a delineation of expenses (i.e. agency cars, tokens, taxi, etc.), or staff travel exclusive of training/ staff development (i.e., to clinic sites, agency staff travel to meetings). Conference Attendance – Provide a delineation of the items of expense and estimated cost. Include travel costs associated with conferences, including transportation, meals, lodging, and registration fees. (e.g. if the total expense is for a conference, provide location and name of conference, # of people attending, cost breakdown per person, per item expense – train ticket, lodging, food etc.). |

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| Equipment | <p>* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize both purchased and rental equipment costs. Equipment is defined as items such as computers, printers, phones, apparatus or fixed asset (other than land or a building) that are tangible personal property having a useful life of more than one year and a purchase price equal or exceeding \$5,000. These items must be inventoried (tagged) and included on the annual equipment inventory form. This also includes a grouping of like items which equals or exceeds \$5,000. Item(s) not falling under this definition should be included under Operating Expenses. If Equipment is not applicable, leave this section blank.</p> | |
| Type/Description | 125 | Provide the type of equipment and the quantity to be purchased or rented. (i.e. 3 Desk Top PCs) |

| Grants Gateway Field | Character Limits | Enter Required Information as Instructed Below |
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| Justification | 1000 | Provide the names of the staff that will be using the equipment and provide the calculation used to determine the allocation of this expense to the project. Reminder: staff % Funded (time and effort) must be taken into consideration when determining the appropriate allocation of the expense to the project. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Equipment Narrative | 4000 | Program Specific Instructions / Requirements If using other funds for required equipment enter the details here. |
| Space/Property: Rent | <p>This section is used to itemize costs associated with Space/Property: Rent. A separate entry will be required if more than one instance of rental property is needed. If Space/Property: Rent is not applicable, leave this section blank. The expenses included are rent, maintenance, and insurance (property and liability). Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.</p> | |
| Type/Description | 125 | Provide the physical address of the rental property. |
| Justification | 1000 | Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Space/Property: Rent Narrative | 4000 | Program Specific Instructions / Requirements If using other funds enter the details here. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered). |
| Space/Property: Own | <p>This section is used to itemize costs associated with Space/Property: . If Space/Property: Own is not applicable, leave this section blank. The expenses included are, maintenance, insurance (property and liability). Demonstrate how the total expense being allocated to this program is calculated. Provide the allocation methodology and percent. Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.</p> | |
| Type/Description | 125 | Provide the physical address of the property that is owned. |
| Justification | 1000 | Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Space/Property: Own Narrative | 4000 | Program Specific Instructions / Requirements If using other funds enter the details here. |
| Utilities | <p>This section is used to itemize costs associated with Utilities. A separate entry is needed for each category of expense relating to utilities (i.e., utilities, telephone, mobile, etc.) using other funds. If Utilities are not applicable, leave this section blank.</p> | |
| Type/Description | 125 | Provide the type of expense and include the property address. (i.e. Telephone - 123 Cherry Lane) |

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| Justification | 1000 | Provide details such as which project(s) share this expense, and provide the calculation used to determine the allocation of this expense to the project. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Utilities Narrative | 4000 | Program Specific Instructions / Requirements If using other funds enter the details here. |
| Operating Expenses | * Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize costs associated with the operation of the project, including but not limited to insurance/bonding, photocopying, advertising, office supplies, direct medical service supplies, program supplies/materials. A separate entry for each type of expense is needed. Expenses for any costs shared across multiple projects must be appropriately cost-allocated in accordance with the benefit received or effort provided to the project. If Operating Expenses are not applicable, leave this section blank. | |
| Type/Description | 125 | Provide the type of expense |

| Grants Gateway Field | Character Limits | Enter Required Information as Instructed Below |
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| Justification | 1000 | Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan. |
| Total Grant Funds | N/A | Enter the total amount of grant funds requested to support this budget category. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Operating Expenses Narrative | 4000 | Program Specific Instructions / Requirements Provide a narrative description for any required items that are purchased with other funds. Supplies/Materials – Provide justification of need and a breakdown for all items. (e.g. if the total expense is for education materials or office supplies, in addition to providing a narrative justification of need, provide a breakdown of each item as total # x cost per item = total expense for that item.) Expenditures will not be allowed for remodeling or modification of structure. Funding is expected to support one annual statewide meeting of FPP providers in Albany, NY. See Page 24 of the RFA for further instructions. |
| Other Expenses Detail* | Only Indirect costs are to be budgeted under this section (also referred to as Administrative costs), unless determined not to be allowed by the award. Non-profit agencies receiving federal funds are eligible to charge their federally approved indirect cost rate. A copy of the current federal ICR agreement must be uploaded to the Grantee Document Folder section of the application. For organizations without a federally-approved indirect cost rate, indirect costs will be limited to no more than 10% of total direct costs. Direct costs may include Personal Service, Fringe Benefits, Space, Program Operations, Travel, Equipment, and Other budget costs. Applicants must provide a description of costs included in the indirect cost calculation in the Other Expenses budget narrative section of the application. | |
| Type/Description | 125 | Provide the requested indirect costs rate, indicating whether it is based on a Federally Approved Rate Agreement. |
| Justification | 1000 | Indicate specifically that the document was uploaded to the Grants Gateway (Federally Approved Rate Agreement) |
| Total Grant Funds | N/A | Provide the requested value using the formulary provided. |
| Total Match Funds | N/A | Always leave blank. |
| Total Other Funds | N/A | Always leave blank. |
| > Other Narrative | 4000 | Program Specific Instructions / Requirements If using other funds enter the details here. |