

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

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

**Request for Applications**

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

*KEY DATES*

<b>Release Date:</b>	<b>February 6, 2020</b>
<b>Applicant Webinar:</b>	<b>February 13, 2020</b>
<b>Questions Due:</b>	<b>February 20, 2020</b>
<b>Questions, Answers and Updates Posted (on or about):</b>	<b>February 27, 2020</b>
<b>Application Submission Start Date:</b>	<b>March 5, 2020</b>
<b>Application Submission Deadline:</b>	<b>April 2, 2020 by 4:00 PM</b>
<b>DOH Contact Name &amp; Address:</b>	Karolyn Garafalo New York State Department of Health Corning Tower, Room 1695 Albany, New York 12237 <a href="mailto:DANY2018@health.ny.gov">DANY2018@health.ny.gov</a>

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## I. Introduction

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

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

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

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

The New York State Department of Health (Department) will host a webinar for this funding opportunity on February 13, 2020. Applicants are strongly encouraged to attend the applicant webinar, which will provide technical assistance in completing the application. Information on how to join the webinar will be posted on the Department website at:

[https://www.health.ny.gov/professionals/doctors/graduate\\_medical\\_education/doctors\\_across\\_ny/](https://www.health.ny.gov/professionals/doctors/graduate_medical_education/doctors_across_ny/).

A recording of the webinar will also be posted to this site shortly after the live event.

Anyone who potentially may be interested in applying for this program should start the process as soon as possible by registering for a Grants Gateway account at the following website:

<https://grantsmanagement.ny.gov/register-your-organization>. Additionally, not for profit applicants must be prequalified in the Grants Gateway in order to apply for this grant opportunity on or before the date the applications are due.

## II. Who May Apply

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

### A. Eligible Physician Applicants

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

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

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

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

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

- b. A physician who seeks a DANY award to pay costs to establish or join a medical practice must have a business plan for at least the entire DANY service obligation period, where such practice is or will be registered with the New York State Department of State as a PC or PLLC.
11. The health care facility or practice where the physician will be employed or the medical practice that the physician will establish, or join must be located in an underserved area, as defined in Attachment 6 of this RFA.
  12. The services that the physician will provide under the employment contract or business plan must constitute full time clinical practice, meaning at least 40 hours of service (with a minimum of 32 clinical hours) per week for at least 45 weeks per year. These standards cannot be met with schedules that vary from week to week. The 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. The 40 hours per week may not include time spent in “on-call” status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in the Program Specific Questions section of this application during that time. Any hours worked in excess of 40 hours per week shall not be applied to any other work week. A portion of the physician’s time may be spent providing telehealth services that are in compliance with applicable NYS regulations. However, telehealth services must be a component of the physician’s traditional practice and may not account for more than 40% of his/her overall clinical work hours per week.

13. The physician cannot have worked as a physician in any capacity in any underserved area, as defined in Attachment 6 of this RFA, prior to April 4, 2019 which was the application submission deadline for Cycle VI (these limits do not apply to time spent as a resident or fellow). However, any physician that was named in any Cycle VI application that was either wait listed and not given an award or disapproved, may be submitted in a new application for consideration in Cycle VII provided that the physician did not work in any underserved area prior to June 13, 2018 (i.e. the eligibility date for Cycle VI).
14. The date on which the physician’s employment contract or business plan begins must be no earlier than April 4, 2019 and no later than November 1, 2020. However, any physician that was named in any Cycle VI application that was either wait listed and not given an award or disapproved, may be submitted in a new application for consideration in Cycle VII provided that the employment contract or business plan began no earlier than June 13, 2018 and no later than November 1, 2019 (i.e. the eligibility dates of Cycle VI).
15. The start date of the physician’s DANY service obligation under this contract will be November 1, 2020.
16. The employment contract or business plan, as applicable, must reflect that the physician will provide health services to individuals in the area without discriminating against them:
  - a. Because of their inability to pay for those services; or
  - b. Because of their enrollment in or utilization of insurance provided under Part A “Medicaid” or Part B “State Children’s Health Insurance Program” of Title XVIII of the Social Security Act (42 U.S.C. 1395).
17. The employment contract or business plan, as applicable, must reflect that the physician:
  - a. Shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act; and
  - b. Shall enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan if no current agreement exists with the employing facility.

## **B. Eligible Health Care Facility Applicants**

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

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

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

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

2. The health care facility must be located in an underserved area, as defined in Attachment 6 of this RFA.
3. The health care facility must have an employment contract with a physician requiring the provision of physician services for the DANY service obligation period.
4. The physician with whom the health care facility has an employment contract for the DANY service obligation period must meet the following criteria:
  - a. The physician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
  - b. The physician must be a graduate of an allopathic or osteopathic medical school.
  - c. The physician must be licensed to practice medicine in New York State by the time the three-year DANY service obligation begins.
  - d. The physician must be in good standing, meaning that he or she:
    - i. Has not been excluded from or terminated by the federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>);
    - ii. Has not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>);
    - iii. Is not under indictment for, or has not been convicted of any crime as defined by New York State Penal Code (see <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>); and
    - iv. has not had his or her medical license revoked in any state or territory in the United States.
  - e. The physician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.
  - f. The physician must not have any judgment liens arising from debt owed to the federal or any



10. The employment contract must reflect that the physician:
- a. Shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act; and
  - b. Shall enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan if no current agreement exists with the employing facility.

### **III. Project Narrative**

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

#### **A. Use of Funds**

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

1. Repaying qualified educational debt: For purposes of this RFA, "qualified educational debt" means any outstanding amounts remaining on student loans that were used by the physician to pay graduate or undergraduate tuition or related educational expenses, where such loans were made by or guaranteed by the federal or state government or made by a lending or educational institution approved under Title IV of the federal Higher Education Act. An applicant seeking to use DANY funds for loan repayment must include educational loan statements dated no more than 30 days prior to submission (to be uploaded as Attachment 3). Such statements will be forwarded to the New York State Higher Education Services Corporation (HESC) to verify the existence and amount of qualified education debt. Applicants must complete Attachment 4 to give consent for HESC to disclose any loan information to the Department. No DANY award shall be made in excess of the outstanding amount of educational debt as verified by HESC. Where a DANY award is made for this purpose, the physician will be required to submit educational loan statements on an annual basis to ensure payments are being applied to the loans.
2. Supporting the cost of establishing or joining a medical practice: DANY funding awarded to a physician to pay costs of establishing or joining medical practices can be used for expenses such as acquiring the land or a building where the practice will be located, capital investment, renovation of existing space, minor medical equipment (for a maximum of \$10,000), equipping and furnishing the space, rent, insurance, and payment of salaries of office personnel (see Section

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

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

## **B. Application Limits**

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

## **C. Award Limits**

1. A minimum of one-third of DANY funds awarded under this RFA shall be allocated to physicians practicing in and health care facilities located in New York City (comprised of New York, Bronx, Kings, Queens and Richmond counties) with the remaining two-thirds to individual physicians practicing in and health care facilities located in the rest of the state.
2. No less than fifty percent of the funds awarded under this RFA shall be used to support a DANY service obligation to be carried out in a general hospital. This provision shall not apply if less than fifty percent of the eligible funding is requested from such applicants.
3. No more than five percent of the funds awarded under this RFA shall be used to support a DANY service obligation to be carried out at a health care facility exclusively certified by OMH.
4. No more than five percent of the funds awarded under this RFA shall be used to support a DANY service obligation to be carried out at a health care facility exclusively certified by OASAS.
5. No more than three awards will be made to support a DANY service obligation to be carried out at a health care facility with the same operating certificate number or, in the case of a medical practice, the same NYS Department of State registration number, regardless of whether the applications were submitted by physicians or health care facilities. A fourth award may be considered only if there are additional funds left over after all eligible applications are funded.

## D. Application Deadlines

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

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

## IV. Administrative Requirements

### A. Issuing Agency

This RFA is issued by the New York State Department of Health (Department), Division of Workforce Transformation. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

### B. Question and Answer Phase

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

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

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA. This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms.

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

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

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

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the DOH contact listed on the cover of this RFA.

- <https://grantsmanagement.ny.gov/resources-grant-applicants>
- Grants Gateway Videos: <https://grantsmanagement.ny.gov/videos-grant-applicants>
- Grants Gateway Team Email: [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov)  
Phone: 518-474-5595  
Hours: Monday thru Friday 8am to 4pm  
(Application Completion, Policy, and Registration questions)
- Agate Technical Support Help Desk  
Phone: 1-800-820-1890  
Hours: Monday thru Friday 8am to 8pm  
Email: [helpdesk@agatesoftware.com](mailto:helpdesk@agatesoftware.com)  
(Technical questions)

Prospective Applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the NYS Grants Gateway website at: <https://grantsgateway.ny.gov> and a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>. Questions and Answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

### **C. Letter of Interest**

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

### **D. Applicant Webinar**

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

## E. How to File an Application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: <https://grantsmanagement.ny.gov/> and select the “Apply for a Grant” from the Apply & Manage menu. There is also a more detailed “Grants Gateway: Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsmanagement.ny.gov/live-webinars>.

To apply for this opportunity:

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

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

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

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

- Not-for-Profit Applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.

- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An Applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.64 of the Vendor User Manual).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Grantees should ensure that any attachments uploaded with their application are not “protected” or “pass-worded” documents.

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

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

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

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

**F. Department of Health’s Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.

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

## **G. Term of Contract**

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

It is expected that contracts resulting from this RFA will be three-year fixed term contracts and Applicants will start on November 1, 2020 and serve until October 31, 2023. Continued funding throughout this three-year period is contingent upon availability of funding and state budget appropriations. The Department also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

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

## **H. Payment & Reporting Requirements of Grant Awardees**

1. No advances will be allowed for contracts resulting from this procurement.
2. The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office (below), or in the future through the Grants Gateway:

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

3. No payment shall be made before a contract is executed.
4. Physicians must work for three months under the terms of this contract before payment is made.
5. Payments will be made quarterly or semiannually at the discretion of the Department and only after the reports listed below are received.
6. Physicians accepting monies for loan repayment are expected to use the funds to pay down qualified educational debt. Statements submitted must demonstrate that all disbursed grant funds were applied in full to the loan following receipt of payment from the Department.

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363. CONTRACTOR

acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

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

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

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

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

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

## **I. Minority & Woman-Owned Business Enterprise Requirements**

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

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

### **Business Participation Opportunities for MWBEs**

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

This RFA does not establish minimum goals for participation of minority or women-owned business. Therefore, completion of the MWBE Utilization Plan is not required. The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found on this page under “NYS Directory of Certified Firms” and accessed by clicking on the link entitled “Search the Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

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

#### **J. Limits on Administrative Expenses and Executive Compensation**

On July 1, 2013 limitations on administrative expenses and executive compensation contained within Governor Cuomo’s Executive Order #38, and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

#### **K. Vendor Identification Number**

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

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

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

#### **L. Vendor Responsibility Questionnaire**

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

Vendors must provide their New York State Vendor Identification Number when enrolling. To

request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

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

### **M. Vendor Prequalification for Not-for-Profits**

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

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

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

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

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

#### **1. Register for the Grants Gateway**

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

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

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

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

- On the left side panel click *How to Register*, you will see links for Registration Form for Administrator and Substitute Form W-9.
- Download a copy of each form for completion.
- Each form has an instruction page included with it explaining how the form should be completed as a health care facility applicant.
- A signed, notarized original form must be sent to NYS Grants Management at the address provided in the instructions.
- Once this form is processed and approved, you will then be provided with a Username and Temporary Password allowing you to access the Grants Gateway.

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

- a) When completing the Grants Gateway [Registration Form for Administrator](#), reference the below instructions:

Organization Information:

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

Organization Type:

- Check the box Labelled “Individual”.

Delegated Administrators:

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

Authorization:

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

Acknowledgement to be completed by a Notary Public:

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

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

Part I:

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

Part II:

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

Part II

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

Part III:

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

Part IV:

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

Part V:

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

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

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

- Once you have obtained your Username and Temporary Password, log in to the Grants Gateway at <https://grantsgateway.ny.gov>. **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with (i.e. Department of Health). This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.

- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative at [DANY2018@health.ny.gov](mailto:DANY2018@health.ny.gov) or to the Grants Gateway Team at [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov).

### 3. Submit Your Prequalification Application

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

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

### N. General Specifications

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

## O. Default Provisions

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

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

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

In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

## P. Contract Modifications

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

## 1. Change of Location:

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

## 2. Request to Defer Obligation:

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

## **Q. Tax Issues**

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

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

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

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

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

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

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

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

## **V. Completing the Application**

### **A. Application Format/Content**

Please refer to the Vendor User Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Management website at: <https://grantsmanagement.ny.gov/system/files/documents/2019/03/grantsgatewayvendorusermanual03-13-2019.pdf>. Additional information for applicants is available at: <https://grantsmanagement.ny.gov/resources-grant-applicants>.

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

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

Respond to each of the questions in all sections described below when completing the Grants Gateway online application. Your responses along with the mandatory pre-submission uploads listed below will comprise your application. When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

#### **1. Pre-Submission Uploads (Attachments)**

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

Attachment 1: NYS Grants Gateway Vendor User Manual (for reference only)

Attachment 2: Site Information (mandatory for applicants submitting a fourth and subsequent practice location sites)

Attachment 3: Loan Statements for Qualified Educational Debt  
(mandatory only for applicants seeking loan repayment)

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

## 2. Program Specific Questions

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

### **Part 1: Applicant Identification**

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

1a. Name of Applicant.

1b. Address of Applicant.

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

1c. Name of Contact Person.

1d. Phone of Contact Person.

1e. Email of Contact Person.

1f. Status of Applicant (Not-for-Profit or For-Profit).

(if you are an individual physician applicant, you should select “For Profit”)

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

1g. Are you an Individual Physician Applicant?

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

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

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

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

**Part 2: Physician Identification**

*The questions in this section refer to the physician who will be completing the DANY service obligation.*

2a. Physician Name.

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

2c. Physician Mailing Address.

2d. Physician Phone.

2e. Physician Email.

2f. Physician Specialty.

2g. Physician NPI Number.

**Part 3: Facility Identification**

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

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

3b. Primary Facility Name.

3c. Primary Facility Address.

3d. County of Primary Facility.

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

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

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

3h. Percent of time spent at Primary Facility.

3i. Is Primary Facility in a HPSA?

3j. If yes, provide the HPSA number.

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

3k. Second Facility Name.

3l. Second Facility Address.

3m. County of Second Facility.

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

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

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

3q. Percent of time spent at Second Facility.

3r. Is Second Facility in a HPSA?

3s. If yes, provide the HPSA number.

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

3t. Third Facility Name.

3u. Third Facility Address.

3v. County of Third Facility.

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

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

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

3z. Percent of time spent at Third Facility.

3aa. Is Third Facility in a HPSA?

3bb. If yes, provide the HPSA number.

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

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

#### **Part 4: Use of Funds**

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

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

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

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

#### **Part 5: Minimum Physician Eligibility Requirements**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **Part 6: Physician Current Status**

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

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

6b. Is the physician a resident?

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

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

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

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

**Part 7: Other Scholarships, Loan Forgiveness, Etc.**

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

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

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

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

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

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

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

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

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

7e. Has the physician received any other loan repayment program funds other than listed above?

If yes, please specify name of program and dates of service obligation (mm/dd/yy).

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

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

**3. Work Plan**

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

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

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

#### **4. Budget**

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

##### Individual Physician Applicants:

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

##### Health Care Facility Applicants:

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

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

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

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

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

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

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

- a) Log onto Grants Gateway with your username and password.
- b) Access your online application.
  - If you have started an application and have logged out of the system, the next time you log in, the application will be found in your *My Tasks* section on the home page.
  - If you have not started an application, reference Attachment 1 (Starting a Grant Application) for the steps on how to start one.
- c) Click on the *Forms* menu at the top of the page.
- d) Under *Expenditure Budget*, click on *Other Expense Detail*.
  - For *Other Expenses-Type/Justification* enter: Repayment of Educational Loans;
  - For *Justification* enter: Repayment of Educational Loans; and
  - For *Total Grant Funds* enter: amount you are requesting (which shall be no more than \$120,000 for the three-year term).
- e) Click *Save* after all information is entered.
- f) Again, click on the *Forms* menu at the top of the page.
- g) Under *Other Narrative*, in the free text area, indicate the total funds requested per year. For example:
  - If it is \$120,000 or greater, then request \$40,000 per year for three years.

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

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

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

- a) Log onto Grants Gateway with your username and password.
- b) Access your online application.
  - If you have started an application and have logged out of the system, the next time you log in, the application will be found in your *My Tasks* section on the home page.
  - If you have not started an application, reference Attachment 1 (Starting a Grant Application) for the steps on how to start one.
- c) Click on the *Forms* menu at the top of the page.
- d) Under *Expenditure Budget*, click on each applicable detail budget form you need to include in your budget.
- e) Enter all required information.
  - Be sure to Click on the Save button after all information is entered.
  - Additional expenses may be included in each budget category form by clicking the *Add* button in the blue toolbar near the top of your screen.
- f) After you save each detail budget form, hover over the *Forms Menu* and click on the associated Narrative form.
  - Use this form to provide a detailed justification for each budget line.
  - Provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Workplan.
- g) Once your detail pages have been completed, click on the Expenditure Summary and **SAVE**.

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

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

## **B. Freedom of Information Law**

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

## **C. Review & Award Process**

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

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

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

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

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

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

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

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above.

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

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

Once an award has been made, Applicants may request a debriefing of their application (whether their application was funded or not funded). Please note the debriefing will be limited only to the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from date of award or non-award announcement.

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

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