

**RFA # 1701170144 / Grants Gateway # DOH01-OHCN1-2018**  
**New York State Department of Health**

*Center for Environmental Health*  
*Division of Environmental Health Assessment*  
*Bureau of Occupational Health and Injury Prevention*

Occupational Health Clinic Network

Questions and Answers

**RFA / Grants Gateway:**

- Q1: The Budget portion of Grants Gateway requires the Position title and how many persons fill that position title. In the event there are 3 secretaries with different salaries, should each secretary be included separately as the RFA budget also requests the ‘annual’ salary, or should salaries of individuals holding the same title be added together?
- A1: They should be entered separately. Although the Gateway has a field for how many people will be in a specific title, you would enter this information individually due to the different salary levels.
- Q2: On page 19 of the RFA, it is stated that the *Medical Director will participate in research*. However, the Work Plan section of the RFA (page 22 #6) does not list Research as an objective.
- A2: In the RFA, the Section *Education of the Medical Community* as well as working with the populations identified by the needs assessment are considered the research opportunities.
- Q3: Do we need to include research as an objective in our work plan?
- A3: Applicants may list an objective in their Work Plan as it fits their specific clinic’s goals.
- Q4: The new RFA does not require letters of support other than the letter of support from our parent organization. Are other letters of support required?
- A4: No.
- Q5: If so, how many and where do we upload them in the Grants Gateway?
- A5: Additional letters of support, although strongly encouraged, are not required by the RFA and therefore will not affect the score of an individual application. Applicants can include them in the same attachment with the Parent Organization Letter of Support.
- Q6: Do character limits include spaces?
- A6: Yes.

- Q7: Can more than one RFA be submitted by an organization/agency?
- A7: Per RFA Section II. Who May Apply “Applicants must submit separate applications for each region in which they choose to apply. Awards will be made to the applicant with the highest score for that geographic region.”
- Q8: Can the lead applicant change from the entity that submitted the Letter of Intent?
- A8: Yes. As stated in the RFA (Section IV. D.) “Submission of a letter of intent/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 intent/interest.”

**CV’s for Key Personnel:**

- Q9: Who are considered “Key”?
- A9: Those specifically listed as required in the RFA.
- Q10: Full or Abridged?
- A10: Abridged are fine, but should show that they are qualified for the position and meet the needs of the position named in the RFA.
- Q11: Where do I upload these documents?
- A11: The document upload location is right underneath question 2i. There is a narrative box provided for other information requested.
- Q12: Is the Biosketch format from NIH applications acceptable?
- A12: Yes.

**Uploads:**

- Q13: Where do they need to be posted?
- A13: The template for the Application Cover Page is found in the Pre-Submission Uploads section of the application. Applicants download the template from there and complete it, but then upload it under Program Specific Question #1.
- Q14: Is there a maximum number of attachments we can include? Is there a maximum number of pages?

A14: Each required upload only allows for one file/document. If an applicant has multiple documents, they need to be combined into one file no larger than 10MB.

Q15: If they allow charts, graphs, additional information, but if it doesn't make it into the documents they actually send to reviewers, then it is less meaningful. If we have these, where is that submitted?

A15: If applicants wish to provide such material, it can be uploaded into the Grantee Document folder. However, it will not be part of the application and will not be reviewed. If an applicant has information relevant to their proposed program/clinic it should be included with their application.

Additional Information Regarding Uploads:

- smallpdf.com – easy way to combine files for submission
- Please don't upload any files with passwords, encryption or symbols in the file name. The system generates a pdf of the entire submission and generation of the pdf will fail if used.

Q16: Are pdfs required or can Word Documents be uploaded?

A16: The Gateway allows both types of documents to be uploaded.

**MWBE:**

Q17: Are the forms due prior to December 15th, or must be completed along with the submission?

A17: Applications will not be reviewed prior to the due date of December 15, 2017 at 4:00PM. Applicants are responsible for ensuring their application is completed prior to the deadline. Refer to RFA Section IV. E. A complete MWBE utilization plan is required at the time of application. This includes forms 1, 4, and 5. An applicant may not request a waiver (form 2) without proof of good faith efforts.

Q18: Who should complete the MWBE form, the parent organization or the clinic?

A18: Applicants are required to complete the MWBE forms. See Question 16 above.

Q19: MWBE – If budget lines for personnel are not identified, how do we include them?

A19: Personnel are not included in this section

**Work Plan:**

Q20: The RFA Work Plan Project Summary asks applicants to “Provide a high-level overview of the project, including the overall goal and desired outcomes. Include information such as location, target population, overall number of persons to be served, service delivery method and hours of operation.” Should this response really just be a high-level overview/project summary or

should it be a more in-depth, detailed program description as is indicated by the number of characters allowed for?

A20: The Gateway has a pre-set character limit for the Project Summary. Applicants should include all information they feel relevant to their proposed project/clinic under Project Summary.

Q21: Will the Work Plan that is provided with the application apply to the first year of the program only? (pg. 22 Section V, part 6 – Work Plan)

A21: The Work Plan entered by Applicants is subject to review and approval by Department staff each contract period. The Budget amount awarded will be consistent for all five years.

Q22: How will the Advisory board be selected?

A22: Each clinic will decide on the makeup of its own board. Please refer to Section V. A., Program Specific Questions, 4. “Integration with the Local Community”.

Q23: Medical Director effort and clinic staffing breakdown?

A23: The Medical Director: a minimum 10% clinical time, then what is needed for their responsibilities at the clinic. Staff: up to the clinic. Please refer to RFA Section V. A., Program Specific Questions, 2. h. & i.

Q24: For the Workplan, do you need the objectives, tasks and measures to directly associate?

A24: No, you may have one measure for multiple tasks, etc. Objectives are what you intend to do, tasks are how the objective will be completed, and performance measures are how applicants will know the objective has been met. All three components are required, but you will not necessarily need one measure for each task.

Q25: Is there a maximum number of objectives, tasks, performance measures that can be included?

A25: No.

Q26: Are tables able to be uploaded in the workplan?

A26: Charts and graphs are not appropriate for the workplan section. It is narrative based only. Any charts or graphs that are related to the program summary can be uploaded behind the cover page. The presence or lack of charts and graphs will not affect the scoring of an individual application.

Q27: Shall we include an org chart?

A27: This is not required. If an applicant thinks it is vital to their application, it can be submitted with the Application Cover Page (combined and uploaded as one document).

Q28: Do we need to include the items currently asked in the 9 questions in the workplan?

A28: Applicants need to answer Yes/No to these 9 items under Program Specific Questions. They will be elaborated more on at time of contract development.

Q29: Is there a maximum amount that can be uploaded?

A29: The Gateway has a maximum of 10MB per uploaded file.

**Budgets:**

Q30: If it can be broken out and is billed by the institution, then is that a line item?

A30: Yes. Applicants should keep in mind expenses should be listed under the correct budget categories. Please refer to Attachment 6 located under Pre-Submission Uploads for Grants Gateway Budget Data Entry Guidelines.

Q31: Requiring to submit information on in-kind. Where does that go?

A31: In that field, you can enter \$0 for the salary if it is all being provided in-kind. There is also a Personal Services Narrative that applicants can further provide information on in-kind.

Q32: Are names provided in the budget?

A32: The Gateway has character limits for each field. If name and title will not fit, just enter the title (e.g., Medical Director). Please refer to Attachment 6 located under Pre-Submission Uploads for Grants Gateway Budget Data Entry Guidelines. The Excel file has the character limits listed for each field (workbook tab “Guidelines”).

**Additional Information Regarding Budgets:**

Calculation: There were multiple variations on this question. As a general guideline, it is reasonable to expect that awards could be found within the ranges calculated below.

The final awards will be determined based on the strength of the application, the ability to reach the entire labor force within their geographic region, past experience providing occupational health to worker populations, and the percent of New York’s labor force covered by the catchment area.

Annual Total \$8.497M

Each clinic has a base amount of either \$500k or \$600k.

$$3 \times \$500k = \$1.5M \qquad 5 \times \$600k = \$3.0M$$

Leaving \$3.997M as a balance to be shared based on percentage of workforce. The chart found on page four of the RFA gives the percentages to use for each clinic/region. 21.6% is the average for the two NYC clinics.

Indirect Costs: These are costs that cannot be directly associated with the administration of a particular program and therefore cannot be charged as a direct program expense. An example might be medical supplies that are purchased as part of a group purchasing program or rent/utilities on a shared space.

Max IDC is 10% of total direct costs per page 24 of the RFA.

Allowable Expenses: Any expenses that are appropriate to run the clinic and meet the requirements set forth in the RFA may be reimbursed; subject to justification and approval.

**Miscellaneous:**

Q33: What will happen for the time between the existing contracts and the start of the new cycle?

A33: An extension of the current contracts for existing clinics is currently in the approval process for 25% of the current amounts.

Q34: What patients must be reported on?

A34: Any patient that fits the objectives of the clinic, that has been seen by medical providers, (physicians, nurses, nurse practitioners) needs to be reported in OHNIS; the DOH required data system.

Q35: How are patients to be served identified?

A35: Please refer to RFA Section V. A. Program Specific Questions, 3. Assessment of Target Community Needs.

Q36: Will they be all patients seen, or only those seen for occupational exposures?

A36: These clinics are to focus on the diagnosis, screening, treatment, referral, identification of exposures and prevention of occupational disease which is of greatest public health significance in the designated geographical areas. There may be occasional environmental exposures, but that is not the primary focus of the clinics.

Q37: How many points total are there?

A37: Please refer to RFA Section V. A. Program Specific Questions. Each section has the point values listed.

Q38: I currently operate in counties outside of the designated catchment area. Should I include that?

A38: Applicants can include that to show experience. It is important to emphasize how your clinic will reach the entire catchment area.

Q39: Where is the Cooperstown Clinic in these calculations?

A39: The Agricultural Medicine and Health Center is the only clinic legislatively mandated and therefore does not need to apply for funding. The amount of their funding is not included in the funding available under this RFA.

**Information on Needs Assessment Data Sources:**

- Information on labor statistics can be found at: <https://www.labor.ny.gov/stats/index.shtm>. There is regional data available specific to your geographical area, including future projections of occupations and significant industries.
- There is data on work-related health conditions by county available at: <https://www.health.ny.gov/statistics/chac/indicators/occ.htm>
- Similarly, occupational health indicator information by county is also available on the environmental public health tracker webpage which can be located at: [https://apps.health.ny.gov/statistics/environmental/public\\_health\\_tracking/tracker/index.html#/ohiCounty](https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/index.html#/ohiCounty)
- In regards to past functioning of the OHCN, data reports summarizing the Occupational Health Clinic Network data can be found at: [https://www.health.ny.gov/environmental/workplace/clinic\\_network.htm](https://www.health.ny.gov/environmental/workplace/clinic_network.htm). On the same webpage is a report from the Occupational Health Clinic Oversight Committee that may be of interest.