

**RFA # 20301**

**Grants Gateway # DOH01-ICITN-2023**

**New York State Department of Health  
Office of Minority Health and Health Disparities Prevention**

**Request for Applications**

**Increasing COVID-19 Immunization for Tribal Nations  
and/or Urban Indian Communities**

**ADDENDUM #1**

**June 13, 2023**

**VI. Attachments**

Attachment 5: Grants Gateway Budget Instructions and Attachment 6: Grants Gateway Budget Data Entry Guidelines have been added to the updated RFA pdf and uploaded in the Grants Gateway.

**RFA#20301**  
**Grants Gateway# DOH01-ICITN-2023**

**New York State Department of Health**  
*Office of Minority Health and Health Disparities Prevention*

**Request for Applications**

**Increasing COVID-19 Immunization for Tribal Nations  
and/or Urban Indian Communities**

**Release Date:** 5/16/2023

**Questions Due:** 5/30/2023

**Questions, Answers and  
Updates Posted (on or about):** 6/14/2023

**Applications Due:** 6/28/2023 by 4:00 PM

**NYSDOH Contact Name & Address:** **Joyce Meadows**  
New York State Department of Health  
Office of Minority Health  
and Health Disparities Prevention  
ESP, Corning Tower-Room 957  
Albany, New York 12237  
[omhhdhp@health.ny.gov](mailto:omhhdhp@health.ny.gov)

## Table of Contents

I.	Introduction .....	3
II.	Who May Apply.....	3
III.	Project Narrative/Work Plan Outcomes.....	4
IV.	Administrative Requirements .....	4
	A. Issuing Agency .....	4
	B. Question and Answer Phase.....	4
	C. Letter of Interest.....	5
	D. Applicant Conference .....	6
	E. How to file an application .....	6
	F. Department of Health's Reserved Rights .....	8
	G. Term of Contract.....	9
	H. Payment & Reporting Requirements of Grant Awardees .....	9
	I. Minority & Woman-Owned Business Enterprise Requirements .....	10
	J. Vendor Identification Number .....	11
	K. Vendor Responsibility Questionnaire .....	12
	L. Vendor Prequalification for Not-for-Profits .....	12
	M. General Specifications.....	14
V.	Completing the Application .....	15
	A. Application Format/Content.....	15
	B. Freedom of Information Law .....	16
	C. Review & Award Process .....	17
VI.	Attachments.....	18

## I. Introduction

The New York State Department of Health (NYSDOH), Office of Minority Health and Health Disparities Prevention (OMH-HDP) announces the availability of funding for one year (10/1/2023 – 09/30/2024) in the amount of \$790,637 through this Request for Applications (RFA) solely for Native Communities or entities that work with Native Communities to support high Covid-19 vaccination uptake in Tribal Nations and/or Urban Indian Communities.

The purpose of this RFA is to promote vaccine confidence in Tribal Nations and/or Urban Indian Communities by supporting efforts to develop and distribute culturally appropriate education materials and purchase supplies and materials to promote vaccine confidence. The NYSDOH, OMH-HDP, has been actively engaged in and operationalizing COVID-19 vaccination planning activities for nearly one year, resulting in a robust vaccine distribution and implementation system that is built on the advice and recommendations of clinical and public health experts. It involves the input from, and collaboration with internal and external stakeholders, including local health departments, community-based organizations, Tribal Nations and/or Urban Indian Communities. This funding opportunity will offer information and education to support efforts to reduce COVID 19 infections in the years to come in this targeted community.

## II. Who May Apply

Eligible awardees of the Federal grant funds, disbursed through the state Department of Health, is targeted solely to Native Communities or entities that work with Native Peoples/Population.

### A. Eligibility Requirements

Applicants **must** meet the following eligibility requirements:

- Be a community-based, not-for-profit organization that is tax-exempt under Section 501 (c) (3) of the Internal Revenue Code; an academic institution; Tribal Nations/Urban Indian communities; or Article 28 providers who operate Nation Health clinics.
- Eligible to do business with New York State;
- Have at least two (2) years of experience working with Native communities in response to the COVID pandemic;
- Have at least two (2) years of experience in the oversight of administrative, fiscal, and programmatic aspects of government, foundation, or other grant-makers in health contracts, including timely and accurate submission of fiscal and program reports; and
- Prequalified in the New York State Grants Gateway, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page.

### B. Available Funding

The Center for Disease Control (CDC) Immunization Grant funds in the amount of \$790,637 will be distributed by the end of the grant term 2025. The eligible organizations will receive a minimum of \$50,000 through this RFA.

Eligible awardees will be selected on a first-come, first-served basis if they meet the eligible

requirements of this RFA.

### **III. Project Narrative/Work Plan Outcomes**

Programs funded under this initiative will support Nations and Organizations serving Native Peoples/Populations to develop and distribute culturally appropriate Covid-19 education/communication materials, purchase supplies/materials to promote vaccine confidence, and infuse health literacy and language access principles to ensure cultural and linguistic relevance. Any funding provided to Tribal Health Programs and Urban Indian Organizations should complement efforts supported through the Indian Health Service. Applicants are instructed to include **Attachment 2, Project Narrative**, that needs to include details on the proposed scope of work and services (see Section V.A.2). Attachment 2 can be found in the Pre-Submission Uploads section of Grants Gateway.

An Applicant may subcontract components of the work plan to be performed by Applicant pursuant to the terms of its application. If known, the Applicant is expected to state in their application the specific components to be performed through subcontracts (up to 25%) as well as the names of the subcontractors. Grantees will need to name subcontractors prior to reimbursement. Applicants should note that the lead organization (that is, the successful Applicant, as Contractor) will have overall responsibility for all Contract activities, including those performed by subcontractors and will be the primary contact for the NYSDOH. All subcontractors and subcontracts will be required to be approved by the Department of Health.

### **IV. Administrative Requirements**

#### **A. Issuing Agency**

This RFA is issued by the New York State Department of Health (DOH), Office of Minority Health and Health Disparities Prevention. The Department is responsible for the requirements specified herein and for the evaluation of all Applications. See, Section V.C. (Review and Award Process).

#### **B. Question and Answer Phase**

All substantive questions by applicants with respect to any aspect of the RFA must be submitted in writing to the following email address: [omhhdp@health.ny.gov](mailto:omhhdp@health.ny.gov). This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms. See, Section IV.H. (Minority & Women-Owned Business Enterprise (M/WBE) Requirements). Questions of a technical nature related to formatting or other minor details related to preparation of an application may also be addressed in writing to the email address noted above. 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.

To the degree possible, each question submitted by a potential Applicant pursuant to the terms of this RFA should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the Cover Page of this RFA.

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, Prequalification 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)  
(After hours support w/user names and lockouts)

Prospective Applicants should note that all responses by the Department to questions submitted with respect to this RFA which result in clarifications of or exceptions to the terms, conditions, and provisions of this RFA and/or the Master Contract for Grants, are to be raised during the Question-and-Answer Phase. The Applicant must clearly note what exceptions the Applicant is requesting be incorporated should the application result in a funded award. All questions and answers will be published by the Department to ensure equal access and knowledge by all prospective Applicants at [https://grantsgateway.ny.gov/IntelliGrants\\_NYSSGG/module/nysgg/goportal.aspx](https://grantsgateway.ny.gov/IntelliGrants_NYSSGG/module/nysgg/goportal.aspx) by the date specified on the Cover Page of this RFA.

This RFA has been posted on the NYS Grants Gateway website at: [https://grantsgateway.ny.gov/IntelliGrants\\_NYSSGG/module/nysgg/goportal.aspx](https://grantsgateway.ny.gov/IntelliGrants_NYSSGG/module/nysgg/goportal.aspx) and a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>.

**All Questions must be received by the date and time specified on the Cover Page of this RFA, under “Key Dates”, opposite the heading “Questions Due”.**

**All questions submitted by email should state the RFA Title and Number set forth on the Cover Page (RFA#20301 Increasing Immunization/COVID-19 Funding Opportunity) in the subject line of the email.**

Questions and answers, as well as any updates, addendum to, and/or other modifications of this RFA, will be posted on these websites. All such questions and answers, updates, addendums to, and other modifications to this RFA will be posted by the date identified on the Cover Page of this RFA under "Key Dates".

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

A Letter of Interest is not requested for this RFA.

#### **D. Applicant Conference**

An Applicant Conference will not be held for this project.

#### **E. How to file an application**

Applications must be submitted online via the Grants Gateway by the date and time posted on the Cover Page of this RFA under the heading “Key Dates”.

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 (that is, to submit an application):

1. Log into the [Grants Gateway](#) as either a “Grantee” or “Grantee Contract Signatory”.
2. On the Grants Gateway home page, click the “View Opportunities” button”.
3. Use the search fields to locate an opportunity; search by State agency (NYSDOH) or enter the Grant Opportunity name “Increasing Immunization/Covid-19 Funding Opportunity for Tribal Nations and/or Urban Indian Communities”.
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, a prospective Applicant is **strongly encouraged** to submit their application at least **48 hours prior to the** Application’s due date and time specified on the Cover Page of this RFA. 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 NYSDOH and Grants Gateway staff are available to answer an 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. (Question and Answer Phase) of this RFA.

**PLEASE NOTE:** Although NYSDOH 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 for the submission of an application, there is no guarantee that they will be resolved in time for the Application to be submitted on time and, therefore, considered for funding.

The Grants Gateway will always notify an Applicant of successful submission of the Applicant’s

RFA #20301, Increasing COVID-19 Immunization for Tribal Nations  
and/or Urban Indian Communities

Application. If a prospective Applicant 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, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA. Be sure to maintain prequalification status between funding opportunities. **NOTE:** Three of a not-for-profit’s essential financial documents - the IRS990, its Financial Statement, and its 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 on behalf of an Applicant.
- Prior to submission, the Grants Gateway will automatically initiate a global error checking process to protect against an incomplete Application. An Applicant may need to attend to certain parts of the Application prior to being able to submit the Application successfully. An Applicant must be sure to allow time after pressing the submit button to clean up any global errors that may arise. An Applicant can also run the global error check at any time in the application process. (see p.68 of the Grants Gateway: Vendor User Guide).
- Applicants 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. Applicants 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.**

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

**LATE APPLICATIONS WILL NOT BE ACCEPTED.**

## **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, in the Department's sole discretion.
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 Department'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. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
13. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
14. Utilize any and all ideas submitted with the applications received, at the Department's sole discretion.
15. Unless otherwise specified in the RFA, every offer in an applicant's application is firm and not revocable for a period of 60 days from the Application opening.
16. Waive or modify minor irregularities in applications received after prior notification to the applicant.

17. 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 Applicant's Application and/or to determine an applicant's compliance with the requirements of the RFA.
18. Eliminate any term of this RFA that cannot be complied with by any of the 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 Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period:  
October 1, 2023- September 30, 2024.

Continued funding throughout this 12-month period is contingent upon availability of funding and state budget appropriations and the Grantee's continued satisfactory performance of its obligations under the Contract. NYSDOH 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 funding opportunity is started.

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

1. The Department may, at its discretion, make an advance payment to a successful not-for-profit grant Applicant under this RFA (a "Grantee") in an amount not to exceed 25% percent of the annual grant provided for under the Grantee's Contract.
2. The Grantee will be required to submit invoices and required reports of expenditures based upon the terms for payment set forth in Attachment A-1 to its Grant Contract to the State's designated payment office (below) or, if requested by the Department, through the Grants Gateway:

Office of Minority Health and Health Disparities Prevention  
New York State Department of Health  
[omhhdp@health.ny.gov](mailto:omhhdp@health.ny.gov)

A Grantee must provide complete and accurate billing invoices in order to receive payment of the grant funding provided for under the terms of its Grant Contract. 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 Grantee shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner of Health, 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

RFA #20301, Increasing COVID-19 Immunization for Tribal Nations  
and/or Urban Indian Communities

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. Each Grantee acknowledges that it will not receive payment on any claims for reimbursement submitted under its Grant 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 claims for reimbursement by the State (Department) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: Grantee will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan.

3. The Grantee will be required to submit the following reports to the Department of Health at the address above or, if requested by the Department, through the Grants Gateway:
  - Quarterly narrative reports;
  - Quarterly expenditure reports; and
  - Summary report

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 Department recognizes its obligation to promote opportunities for maximum feasible participation of New York State-certified minority- and women-owned business enterprises (M/WBEs) and the employment of minority group members and women in the performance of NYSDOH 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 NYSDOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises ("M/WBE") 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 Department of Health hereby establishes a goal of **30%** as follows:

RFA #20301, Increasing COVID-19 Immunization for Tribal Nations  
and/or Urban Indian Communities

- 1) For Not-for-Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
- 2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the total amount of the Budget provided for the Work Plan in the Grant Contract entered into pursuant to this RFA.

The goal on the Eligible Expenditures portion of a Grant Contract awarded pursuant to this RFA will be 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified M/WBE firms). A Grantee awarded a Grant Contract pursuant to this RFA must document good faith efforts to provide meaningful participation by M/WBEs as subcontractors or suppliers in the performance of the Grant Contract and Grantee will agree under the terms of its Grant Contract that NYSDOH may withhold payment pending receipt of the required M/WBE documentation required by the Department or the OSC. For guidance on how NYSDOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified M/WBEs 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 by a Grantee to evidence its good faith efforts to encourage M/WBE participation in the performance of its obligations under its Grant Contract.

By submitting an application, each applicant and potential Grantee agrees to complete an M/WBE Utilization plan as directed in **Attachment 3** of this RFA. NYSDOH will review the M/WBE Utilization Plan submitted by each Grantee. If a Grantee's M/WBE Utilization Plan is not accepted, NYSDOH may issue a Notice of Deficiency. If a Notice of Deficiency is issued, Grantee agrees that it shall respond to the Notice of Deficiency within seven (7) business days of receipt. NYSDOH may disqualify a Grantee as being **non-responsive** under the following circumstances:

- a) If a Grantee fails to submit a M/WBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a Notice of Deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If NYSDOH determines that the Grantee has failed to document good-faith efforts to meet the established. NYSDOH M/WBE participation goals for the procurement.

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

## **J. 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 of a grant to a successful Applicant pursuant to the terms of this RFA and in order to initiate a Grant Contract with the New York State Department of

Health, a Grantee 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, the Applicant should include the Vendor Identification number in your organization information. If not enrolled, to request assignment of a Vendor Identification number, an Applicant should please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: <https://www.osc.state.ny.us/files/vendors/2017-11/vendor-form-ac3237s-fe.pdf>

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

### **K. Vendor Responsibility Questionnaire**

The Department strongly encourages each Applicant to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. The Vendor Responsibility Questionnaire must be updated and certified every six (6) months. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <https://www.osc.state.ny.us/state-vendors/vendrep/file-your-vendor-responsibility-questionnaire> or go directly to the VendRep system online at <https://www.osc.state.ny.us/state-vendors/vendrep/vendrep-system>.

An Applicant 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 [itservicedesk@osc.ny.gov](mailto:itservicedesk@osc.ny.gov).

Applicants opting to complete online should complete and upload the Vendor Responsibility Attestation (**Attachment 4**) of the RFA. The Attestation is located under Pre-Submission Uploads and once completed should be uploaded in the same section.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep), and upload it with their Application in the Pre-Submission Uploads section in place of the Attestation.

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

Each not-for-profit Applicant subject to prequalification is required to prequalify prior to submitting its Application in the Grants Gateway.

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 a not-for-profit Applicant to register in the Grants Gateway and complete the Vendor Prequalification process in order for any Application submitted by that Applicant to be evaluated. Information on these initiatives can be found on the [Grants Management Website](#).

**An application received from a not-for-profit Applicant that (a) has not Registered in the Grants**

**Gateway or (b) has not Prequalified in the Grants Gateway on the Application's due date specified on the Cover Page of this RFA cannot be evaluated. Such Applications will be disqualified from further consideration.**

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

- On the Grants Management Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the NYS Grants Management office at the address provided in the submission instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

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

- Log in to the [Grants Gateway](#). **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 New York State agency from which you have received the most grants. 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 primary New York State agency representative 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.

**All potential Applicants are strongly encouraged to begin Grants Gateway Registration and Prequalification process as soon as possible in order to participate in this opportunity.**

## **M. General Specifications**

1. By submitting the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.
2. Grantees 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 any Contract awarded pursuant to this RFA 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 terms and conditions contained in this RFA, including the terms and conditions of the Master Contract for Grants. Any exceptions the Applicant would like considered by the Department relating to the terms and conditions of this RFA and/or Master Contract for Grants must have been raised during the Question-and-Answer Phase of this RFA (See, Section IV.B.).
4. An Applicant may be disqualified from receiving an award 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, in the State of New York or otherwise.
5. Provisions Upon Default
  - a. If an Applicant is awarded a grant pursuant to this RFA, the services to be performed by the successful Applicant pursuant to the terms of the Grant Contract entered into with the Department shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the Contract resulting from this RFA.
  - b. In the event that the Grantee, 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 Grantee.
  - c. If, in the judgement of the Department, the Grantee acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall

thereupon have the right to terminate any Contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Grantee. In such case the Grantee shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Grantee up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Grantee was engaged in at the time of such termination, subject to audit by the State Comptroller.

## V. Completing the Application

### A. Application Format/Content

Please refer to the Grants Gateway: 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/vendor-user-manual>. Additional information for applicants is available at: <https://grantsmanagement.ny.gov/resources-grant-applicants>.

**The Grants Gateway works well in most cases with all browsers, including Microsoft Edge, Google Chrome, Safari, and Firefox. However, you will need to use Internet Explorer Compatibility Mode in Microsoft Edge if you need to save 500-character limit fields in the Work Plan. You can access Internet Explorer mode by right-clicking on a tab in Edge and selecting the option “Reload Tab in Internet Explorer Mode”.**

Please respond to each of the sections described below when completing the Grants Gateway online Application. Your responses comprise your application. Please respond to all items within each section. When responding to the statements and questions, be mindful that Application reviewers may not be familiar with your agency and its services. Your answers should be specific, succinct, and responsive to the statements and questions as outlined.

It is each Applicant’s responsibility to ensure that all materials included in its application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the Application deadline date and time specified on the Cover Page of this RFA.

- Pre-Submission Uploads

As a reminder, the following attachments need to be uploaded under the Pre-Submission Uploads section of the Grants Gateway in order to submit an application in the system.

1. Application Cover Page (Attachment 1)
2. Project Narrative (Attachment 2)
3. MWBE forms (Attachment 3)
4. Vendor Responsibility Attestation (Attachment 4)

- Program Specific Questions

1. Application Cover Page (Attachment 1)

Attachment 1 is provided in the Pre-Submissions Uploads section of the Grants Gateway

to serve as the cover page for the application. All requested information is required to be supplied on this form and uploaded as **Attachment 1** to the Pre-Submission Uploads section of Grants Gateway. Indicate if Attachment 1 has been completed and uploaded.

2. Technical Submittal

Applicant must provide up to a four (4) page narrative, utilizing **Attachment 2**, and outlining the project and scope of work intending to meet the requirements of the funding.

Upload Attachment 2 to the Pre-Submission Uploads section of Grants Gateway. Indicate if Attachment 2 has been completed and uploaded.

3. Budget

- a) All costs should be related to the provision of the project described, as well as be consistent with the scope of services, reasonable, and cost effective. Justification for each cost should be submitted in narrative form within the Grants Gateway budget. For all existing staff, the budget justification must delineate how the percentage of time devoted to this project has been determined. **THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.**
- b) All applicants must complete the budget in the NYS Grants Gateway, assuming a start date of 10/1/2023, with a clear and appropriate justification for each line item that aligns with the scope of activities to be conducted (including a cost-effective and appropriate overall staffing pattern). The full contract term will be 12 months; 10/1/2023 - 9/30/2024. Refer to **Attachment 5** - Grants Gateway Budget Instructions and **Attachment 6** - Grants Gateway Budget Data Entry Guidelines for budget guidance documents

Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items.

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

All Applications may be disclosed or used by 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 and will be available to the public in accordance with the New York State Freedom of Information Law (FOIL). **Any portion of an application that an Applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the general rule regarding the availability to the public of State agency records under the provisions of the Freedom of Information Law, must be clearly and specifically designated in the Application.** If NYSDOH agrees with the Applicant's claim regarding the proprietary nature of any portion of an Application, 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

All eligible Applicants (as outlined in Section II.) will be included in the funding formula on a first-come first served basis as funding allows. An application that does not meet the minimum eligibility criteria (PASS/FAIL) will not be considered for funding.

NYSDOH staff will review applications meeting the minimum eligibility criteria in the order in which they are received.

When funding has been depleted to a level such that a project's total requested funding amount cannot be met, the eligible awardee will be offered a reduced award amount. If the eligible awardee accepts that amount, no further awards will be made. If the eligible awardee declines that amount, the next eligible awardee will be offered an award until funds are completely exhausted. NYSDOH reserves the right to reprocure if funding remains after all eligible applicants have been awarded.

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.

Applications with minor issues (for example, an application missing information that is not essential to timely review) MAY be processed and evaluated, at the discretion of the State, but any issues with an application which are identified by the Department **must** be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

Applicants will be deemed to fall into one of three categories: 1) not approved, 2) not funded due to limited resources, and 3) approved and funded.

Once awards have been made pursuant to the terms of this RFA, an Applicant may request a debriefing of their own application (whether their application was funded or not funded). The debriefing will be limited only to the strengths and weaknesses of the application submitted by the applicant requesting a debriefing and will not include any discussion of ANY OTHER applications. Requests for a debriefing must be received by the Department, Office of Minority Health, and Health Disparities Prevention no later than fifteen (15) calendar days from date of the award or non-award announcement to the applicant requesting a debriefing.

To request a debriefing, please send an email to: [omhdp@health.ny.gov](mailto:omhdp@health.ny.gov). In the subject line, please write: *Debriefing Request (Immunization Covid-19 Supplemental RFA)*.

Any unsuccessful Applicants who wish to protest the award or awards resulting from this RFA 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.)

## **VI. Attachments**

Please note that certain Attachments to this RFA are accessed under the "Pre-Submission Uploads" section of the Grants Gateway online application and are not included in the RFA document. In order to access the online application and other required documents such as the Attachments, a prospective applicant must be registered and logged into the NYS Grants Gateway in the user role of either a "Grantee" or a "Grantee Contract Signatory".

Attachment 1: Application Cover Page\*

Attachment 2: Project Narrative (up to four (4) pages)

Attachment 3: Minority & Women-Owned Business Enterprise Requirements Forms  
(MWBE, all forms required)\*

Attachment 4: Vendor Responsibility Attestation\*

Attachment 5: Grants Gateway Budget Instructions

Attachment 6: Grants Gateway Budget Data Entry Guidelines

\*These attachments are located/included in the Pre-Submission Uploads section of the Grants Gateway online application.

**Attachment 5**  
**Grants Gateway Budget Instructions**  
***Applications OR New Budget Periods***  
**RFA #20301**

**Increasing COVID-19 Immunization for Tribal Nations and/or Urban Indian Communities**  
**New York State Department of Health**

**Data Entry of the Expenditure Budget** - A step by step data entry document titled “**Grants Gateway Budget Data Entry Guidelines**” has been provided in Pre-Submission Uploads located in the Forms Menu.

- It may be beneficial to use this document as a guide for drafting the budget off-line prior to completing the Expenditure Budget in the Grants Gateway.
- The data entry document highlights the character limits for each field of the Expenditure Budget. Character limits are based on all characters including spaces.

**Funding Opportunity Specification** – The following specifications should be adhered to when completing the expenditure-based budget. Failure to adhere to these specifications may result in a reduction of allotted points. Successful applications recommended for award will require modification to meet these specifications prior to contract approval.

- For each section of the budget entered online in Grants Gateway under the Narrative section enter details about other funds for required components of the program.

**Additional Considerations**

- All costs must directly relate to the provision of services outlined in this funding opportunity, be consistent with the scope of services, reasonable, and cost effective.
- Contracted organizations must have on file documentation to support allocation of shared costs to the contract in accordance with applicable regulations and approved budget.
- For each section of the budget in which a budget item is proposed, all required fields must be completed. Failure to complete required fields will result in a global error message which must be resolved prior to submission.
- Failure to provide complete, clear, and concise information may result in a reduced score.
- Equipment purchases for major items that will depreciate in a very short period of time (e.g. one to three years) will only be considered when supported by a strong justification. The Department of Health (DOH) recognizes that organizations may classify items as equipment within their own accounting system that do not fall under the definition of equipment and may be included in the equipment budget category.
- Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
- Budget lines that are not well-justified may negatively impact the application score and/or delay the budget approval process.
- Indirect costs for organizations without a federally approved indirect cost rate, will be limited to no more than 10% of total direct costs.

- A “match” contribution is **NOT** required for this grant award. Please do not enter information in the match sections of the budget.
- For fields titled “Other Funds” always leave blank. Additional costs incurred by the program, referred to as “in-kind contributions” should be detailed under the narrative sections for the respective budget category. (i.e., In-kind staff should not be listed in the Salary Detail, but please identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative)
- **Travel:** All Travel, other than travel for individuals / organizations funded under the contractual service line, subcontractor travel, should be budgeted in this section. If awarded Out-of-State travel requires prior approval.
  - OCS Guidelines: <http://www.osc.state.ny.us/agencies/travel/manual.pdf>
  - USGSA: <http://www.gsa.gov/portal/category/21283>

**Other Helpful Links:**

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

CFR Subpart E - Basic Considerations: [http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabb3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200\\_1401.sg12](http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabb3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200_1401.sg12)

**RFA 20301**  
**Attachment 6**  
**Grants Gateway Budget Data Entry Guidelines**  
**Applications OR New Budget Periods**

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

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

**Grants Gateway Budget Data Entry  
Guidelines**

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

<u>Grants Gateway Field</u>	<u>Character Limits</u>	<u>Enter Required Information as Instructed Below</u>
<b>Non- Personal Services</b>		<b>Non- Personal Service expenses. For each Non- Personal Service expense not supported by grant funds, the applicant should include a description in the appropriate NPS Narrative section. For example, if you contract with a facilitator using other funds you would list under the Contractual Narrative - Facilitator \$25/hour for 20/hours total cost \$500.00.</b>
<b>Contractual*</b>		<b>* Refer to Grants Gateway Budget Instructions document for additional information. This category should be used to budget for specific services which cannot be accomplished by existing staff as well as for any services/expenses which will be provided by a subcontractor. Include expenses such as contracted staff, per diem staff, bookkeeping, payroll and audit services. Include the time frame for the delivery of services. Contractors may be required to submit subcontracts to the Department for review and approval prior to execution of the subcontract. The contractor remains fully responsible for all work performed by the subcontractor. ALL related expenses are to be budgeted under this section (any non-personal service costs to include travel) associated with the staff/organizations allocated to this grant. If Contractual Services are not applicable, leave this section blank.</b>
Type/Description	125	Provide the name of the organization, company or individual and the type of service being provided. If not known, enter TBH in place of the name of the organization, company or individual. (i.e. Pharmacist - TBH)
Justification	1000	Describe how this expense supports the work plan objectives of the project. Include the timeframe for delivery of services.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Contractual Narrative</b>	<b>4000</b>	All contractual positions not directly supported with grant dollars, that are required on the program or needed to meet program deliverables should be summarized in this section.
<b>Travel*</b>		<b>* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. Itemized travel estimates should be based on the lesser of the written policy of the organization, the Office of State Comptroller (OSC) guidelines, or the United States General Services Administration (USGSA) rates. Out-of-State travel requires prior approval by the State. Travel expenses associated with any Subcontractor, Consultant, or Vendor, must be included in the Contractual Services budget line. If Travel is not applicable, leave this section blank.</b>
Type/Description	125	Provide the type of travel. A separate entry should be completed for each category of travel (i.e. Client, Staff Travel, In-State, or Out-of-State).
Justification	1000	Describe how this expense supports the work plan objectives of the project, include the title of the position(s) traveling.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Travel Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> If using other funds for required travel - Provide a delineation of expenses (i.e. agency cars, tokens, taxi, etc.), or staff travel exclusive of training/ staff development (i.e., to clinic sites, agency staff travel to meetings). Conference Attendance – Provide a delineation of the items of expense and estimated cost. Include travel costs associated with conferences, including transportation, meals, lodging, and registration fees. (e.g., if the total expense is for a conference, provide location and name of conference, # of people attending, cost breakdown per person, per item expense – train ticket, lodging, food etc.).
<b>Equipment</b>		<b>* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize both purchased and rental equipment costs. Equipment is defined as items such as computers, printers, phones, apparatus or fixed asset (other than land or a building) that are tangible personal property having a useful life of more than one year and a purchase price equal or exceeding \$5,000. These items must be inventoried (tagged) and included on the annual equipment inventory form. This also includes a grouping of like items which equals or exceeds \$5,000. Item(s) not falling under this definition should be included under Operating Expenses. If Equipment is not applicable, leave this section blank.</b>
Type/Description	125	Provide the type of equipment and the quantity to be purchased or rented. (i.e. 3 Desk Top PCs)

**Grants Gateway Budget Data Entry  
Guidelines**

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

<u>Grants Gateway Field</u>	<u>Character Limits</u>	<u>Enter Required Information as Instructed Below</u>
Justification	1000	Provide the names of the staff that will be using the equipment and provide the calculation used to determine the allocation of this expense to the project. Reminder: staff % Funded (time and effort) must be taken into consideration when determining the appropriate allocation of the expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Equipment Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> <b>If using other funds for required equipment enter the details here.</b>
<b>Space/Property: Rent</b>		<b>This section is used to itemize costs associated with Space/Property: Rent. A separate entry will be required if more than one instance of rental property is needed. If Space/Property: Rent is not applicable, leave this section blank. The expenses included are rent, maintenance, and insurance (property and liability). Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.</b>
Type/Description	125	Provide the physical address of the rental property.
Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Space/Property: Rent Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> <b>If using other funds enter the details here.</b> <b>Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered).</b>
<b>Space/Property: Own</b>		<b>This section is used to itemize costs associated with Space/Property: If Space/Property: Own is not applicable, leave this section blank. The expenses included are, maintenance, insurance (property and liability). Demonstrate how the total expense being allocated to this program is calculated. Provide the allocation methodology and percent. Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.</b>
Type/Description	125	Provide the physical address of the property that is owned.
Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Space/Property: Own Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> <b>If using other funds enter the details here.</b>
<b>Utilities</b>		<b>This section is used to itemize costs associated with Utilities. A separate entry is needed for each category of expense relating to utilities (i.e., utilities, telephone, mobile, etc. (using other funds. If Utilities are is not applicable, leave this section blank.</b>
Type/Description	125	Provide the type of expense and include the property address. (i.e. Telephone - 123 Cherry Lane)
Justification	1000	Provide details such as which project(s) share this expense, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Utilities Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> <b>If using other funds enter the details here.</b>
<b>Operating Expenses</b>		<b>* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize costs associated with the operation of the project, including but not limited to insurance/bonding, photocopying, advertising, office supplies, direct medical service supplies, program supplies/materials, rental subsidy, security deposit, brokers fees, tenant utility allowance, furniture and contingency funds. A separate entry for each type of expense is needed. Expenses for any costs shared across multiple projects must be appropriately cost-allocated in accordance with the benefit received or effort provided to the project. If Operating Expenses are not applicable, leave this section blank.</b>
Type/Description	125	Provide the type of expense

**Grants Gateway Budget Data Entry  
Guidelines**

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

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

**Grants Gateway Budget Data Entry**  
**Where to Budget**

**Budget Category Side-by-Side** – use this chart to assist with aligning cost categories with the (8) defined budget categories, labeled a through f on the budget summary. This a sample listing of those most commonly used.

<i>Master Grant Contract Budget Categories</i>	<i>Sample of Budget Categories</i>
Personal Services	ALL employees on payroll
Fringe	Payroll Taxes, Health Insurance, Pension, Worker's Compensation, etc.
Contractual Services*	Vendors*
Contractual Services**	Subcontractors / Consultants / Affiliate Staff
Travel	Travel (ALL - for client, staff, and volunteers). Travel for individuals funded under the Contractual Service budget category must be included under CS.
Equipment Expense	> article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds \$5,000, or a grouping of like items which equals or exceeds \$5,000. < \$5,000 budget under Operating Expenses
Space/Property & Utility Expenses	Rent, Depreciation, Maintenance & Repairs, Utilities (including electric, heat, cell phone, internet, telephone)
Operating Expense	Equipment, Office Technology purchases < \$5,000
Operating Expense	Beverages, Food, Meeting Costs. Adherence to Guidelines for Healthy Meetings as adopted from National Alliance for Nutrition and Activity (NANA) Healthy Meeting Guidelines is required: <a href="https://www.health.ny.gov/prevention/healthy_lifestyles/guidelines.htm">https://www.health.ny.gov/prevention/healthy_lifestyles/guidelines.htm</a> .
Operating Expense	Office Supplies, Program Supplies/Materials
Operating Expenses	Conference Costs/Registration Fees. IF these costs are associated with other reimbursable travel (lodging, mileage, etc.), these costs should be budgeted under travel.
Operating Expenses	Staff Training/Professional Development (for costs such as conference fee - NOT travel)
Operating Expenses	Vehicle Operating Expenses
Operating Expenses	Client Services (medical supplies, translation services, etc.)
Operating Expenses	Direct Medical Supplies
Operating Expense unless fringe benefit related, then it is Personal Services	Insurance (e.g., general liability)
Operating Expense unless it is contracted out, then it is Contractual Services	Database Management, Computer/Network Maintenance
Operating Expense unless it is contracted out, then it is Contractual Services	Media Placement, Advertising (e.g., recruitment ads, program promotion). ALL purchased media placement or advertising requires prior approval.
Operating Expense unless it is contracted out, then it is Contractual Services	Educational Materials, Printing, Postage
Operating Expenses any associated travel must go under travel	Special Events, Workshops
Other	Indirect

\*Contractual Services - Vendors: include those persons or organizations that provide the same or similar services to any customer without altering its product. Examples of vendors include audit services, payroll services, bookkeepers, laboratory services, and IT consultants.

\*\*Contractual Services – Subcontractors / Consultants / Affiliate Staff: performs a portion of the scope of work from the lead contractor's project, often off-site and under the direction of a third party. The subcontractor has its performance measured against the objectives of its portion of the scope of work of the lead program.