

RFA # 1612131255

NYS Grants Gateway # DOH01-PBRWN-2018

Patricia S. Brown Breast Cancer Risk Reduction Education Research Projects (Round 5)

QUESTIONS and ANSWERS

**August 1, 2017 – October 3, 2017
Including an Applicant Conference on September 18, 2017**

Please note that the slides from the Applicant Conference are attached to the end of this Questions and Answers document for your reference.

Past Awardees

1. Please provide the organization names of past grantees or the website link. We would like to have a better sense of the past partnerships, and receive more information about any findings of past projects. This will help us avoid any unintentional duplication of strategies if we choose to apply.
 - A. A summary of the funded 2009 application can be found on pages 13-14 of the 2009-2010 Health Research Science Board (HRSB) biennial report:
<https://www.wadsworth.org/sites/default/files/WebDoc/614230260/HRSB0910BiReport.pdf>

At its June 2016, the HRSB recommended to fund one Patricia S. Brown (Round 4) award, however, the applicant declined the award. A link to the meeting minutes can be found here, see page 9:
https://www.wadsworth.org/sites/default/files/event_minutes/HRSB%20Minutes%2C%20June%2022%2C%202016.pdf

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

2. When is the Letter of Intent due?
 - A. The Letter of Intent form (Attachment 1) was due on 9/22/17, however, Letters of Intent will still be accepted after the deadline. The Letter of Intent is not mandatory but is strongly encouraged. See Section IV.C. of the RFA for submission instructions.
3. Do we need to include any information (e.g. project goals) in addition to the Letter of Intent form?
 - A. Submit only the information requested on the form. It is important to submit a detailed Letter of Intent and supply sufficient information so the New York State Department of Health's (NYS DOH) peer review contractor, the American Institute of Biological Sciences (AIBS), can recruit experts suitable for your application. AIBS relies on title, key words, lay summary paragraph and names to help identify potential peer reviewers.
4. Who should we list on the Letter of Intent form?
 - A. Identify all participants involved in the proposed project, both internal and external to your organization. It is understood that these names may change; they are used only as a

preliminary screening for conflict of interest among potential peer reviewers. Additional rows may be added, if necessary, to list all participants.

5. The summary paragraph box of the Letter of Intent form permits the text to exceed the size of the box. Should we limit the amount of text to which is visible or can we use the scroll bars to add additional text?
 - A. You can use the scroll bars to add as much text as the form allows. The summary does not need to be limited to the visible part of the box.
6. To what extent does the Letter of Intent commit the title and research proposed in the application?
 - A. There is no commitment inferred by the submission of a Letter of Intent.
7. We submitted the Letter of Intent form. However, as we refine our ideas, could we submit an updated Letter of Intent before the application due date?
 - A. Yes, however, we encourage you to submit an updated Letter of Intent as soon as possible. It is understood that the content and names may change; this information is used as a preliminary screening for conflict of interest among potential peer reviewers. See Section IV.C. of the RFA for submission instructions.

Eligibility (RFA Section II)

8. Our organization is a teaching hospital, affiliated with a medical school, in which students receive practical training. Our hospital also has a breast cancer support group and provides support services free of charge. Is our hospital eligible to apply as either the academic institution or community-based organization (CBO)?
 - A. No, your hospital does not meet the requirement of either the academic institution or CBO as outlined in RFA Section II. Your hospital does not meet the academic institution requirements, because your hospital does not confer graduate degrees in medicine. The students receive their degree from the affiliated medical school. The affiliated medical school may meet the eligibility requirements of the academic institution and you may list your teaching hospital as a performance site (Attachment 3). If the medical school applies as the lead applicant organization, it would need to partner with a CBO. Your hospital could be included as part of the project as either a subcontracting or collaborating organization. Your hospital would not meet the CBO requirements because your hospital is directed by a Board of Trustees and breast cancer survivors do not hold significant decision-making responsibilities.
9. Our organization meets the eligibility requirements of the academic institution. We are looking for a partnering CBO to assist us with program development and evaluation. Do you have a list of NYS organizations that meet the CBO requirements as outlined in the RFA?
 - A. This NYS DOH website can assist you with your search for a partnering CBO: https://www.health.ny.gov/diseases/cancer/services/community_resources/. If you click on a county, the CBOs listed under the second heading, "Grassroots," should meet the eligibility

criteria of a CBO as outlined in RFA Section II. Please know that this site may not include all the CBOs in NYS.

10. Would a nationwide organization that provides breast cancer education services through local programs and community events be considered a CBO?
 - A. No, this would not meet the criteria of a grass roots, free-standing CBO in New York. If you were to include this nationwide organization as part of the project, you could do so by identifying this organization as a subcontracting or collaborating organization outside of the partnership. It is necessary to partner with a CBO that meets all the mandatory items outlined in RFA Section II.
11. Is it a mandatory requirement for the partnering organization to be Prequalified in the NYS Grants Gateway?
 - A. The partnering organization does not have to be Prequalified in the NYS Grants Gateway. The lead applicant organization (contractor) will have overall responsibility for all contract activities, including those performed by the partnering organization and any additional subcontractors, and will be the primary contact for the NYS DOH and be expected to monitor the use of funds, maintain individual accounts and fulfill other fiscal management criteria for a contract resulting from this RFA. The applicant is also expected to state the specific components of the scope of work to be performed through the partnering organization and any additional subcontracts. Therefore, the applicant organization must be Prequalified in the NYS Grants Gateway, if not exempt (see RFA Section IV.M.).
12. Is there a required percentage of professional effort for the lead applicant organization and partnering organization PI/PD and/or Co-PI/PD?
 - A. No, the percentage of professional effort for personnel at the lead applicant organization and the partnering organization is not prescribed; it should be dependent upon the nature of the role of each individual at various time points during the project and should be sufficient to complete the work within the contract period.
13. Should the partnering organization be identified by attaching a Memorandum of Understanding (MOU) in the Appendices?
 - A. An MOU is not mandatory, however, if you decide to include this as part of your application, it may be placed in the Appendices (Attachment 7: Forms 6-9 PDF file). Note that you must complete Attachment 4: Application Form 1-Sa for the partner organization. Also, Section C. of the Workplan Narrative (Attachment 7: Application Form 8) is the Approach, which should include but not be limited to, a description of the rationale for key personnel, a description of the synergistic qualities of the partnership, a description of other planned collaborations, communication strategies, program planning, pilot implementation, data analysis and assessment and program revision.
14. Our not-for-profit organization has offices in many New York communities and provides an array of free health services to women, including breast cancer screenings. Are we eligible to apply?
 - A. Perhaps. Your organization may be eligible to apply because it may meet the eligibility requirements of a CBO. For the purposes of this RFA, a CBO is a grass roots, free-standing organization serving one or more New York communities that offers a broad range of breast cancer education or support services free of charge, in which breast cancer survivors hold significant decision-making responsibilities. In addition, the CBO must be tax-exempt under

section 501(c)(3) of the U.S. Internal Revenue Code. Eligibility to apply also includes other mandatory items, including a partnership with an academic institution (see RFA Section II.).

15. Is there a conflict of interest if we partner with an organization that is currently under contract with the NYS DOH?
- A. There is no conflict of interest if you work with an organization that has contracts with the NYS DOH. However, the contracted work cannot overlap the work proposed in the application to this RFA. The project goals for each must be distinct and separate.
16. How do we verify an organization's tax-exempt status?
- A. If you are unsure of an organization's tax exempt 501(c)(3) not-for-profit status, this can be verified by performing a search for the organization via the GuideStar website, <https://www.guidestar.org/Home.aspx>. The organization would be required to file a 990 Form (Return of Organization Exempt from Income Tax), and previous years' tax forms will be available.
17. Can the PI/PD be listed as a PI/PD on more than one application?
- A. Yes, however, a maximum of one award will be made per PI/PD. Also, the goals and objectives of each application should be significantly different. The peer review panel is charged with identifying potential overlap (see RFA Section V.C). If scientific, budgetary or time commitment overlap among the pending and active projects is of potential concern, the applicant should clearly delineate the differences among the projects using Attachment 8: Form 10.

Project Narrative / Workplan Outcomes (RFA Section III)

18. Our CBO has ongoing (e.g. nutrition, exercise) programs for our breast cancer survivors. Can our application include one of these programs as part of the pilot implementation of the education program?
- A. Yes, however, your application should propose planning and development of a new novel breast cancer risk reduction education program. As listed in the "Need, Significance and Impact" review criterion, the application should identify an at-risk community or population, address a demonstrated unmet need within that group, provide a description of the evidence-based risk reduction behaviors to be addressed and relate those to a significant gap in the target community and adequately justify that the proposed new breast cancer risk reduction education program has the potential to positively impact the identified gap or need.
19. Is it acceptable to run a pilot program with a large number of targeted individuals and evaluate the effectiveness of the education program? Can we fully implement a successful program?
- A. Conducting a pilot study is necessary to evaluate the effectiveness of the program. However, funds from this RFA may not be used to fully implement a successful education program. Results obtained from these research projects may serve as the basis for such future projects.
20. Are the breast cancer risk factors limited to what is listed in the "The Community Guide"?
- A. "The Community Guide" provides modifiable evidence-based breast cancer risk factors. Risk factors that are not modifiable by behavior change or are speculative are not acceptable risk

factors to target. If risk factors not listed in the “The Community Guide” are used, significant scientific evidence must be cited to demonstrate that they are evidence-based.

21. Would failure to breastfeed be an evidence-based, modifiable risk factor?

- A. Yes, and you should cite any relevant literature with the scientific evidence that breastfeeding may reduce the development of breast cancer in the Project Narrative/Workplan Outcomes (use Section D of Attachment 7, From 8).

22. Are applications allowed with a shorter (less than three-year) duration?

- A. Yes, however a shorter project period could adversely impact the score of the application. You should evaluate your proposed application in the context of the review criterion listed on pages 17-18 of the RFA.

Staff Role in Project

23. One of our collaborators is an HRSB member, is this a conflict of interest?

- A. Yes. Please know that if a HRSB member is named in the application in any way, this could jeopardize your application from receiving funding and it may not pass eligibility review. HRSB members are prohibited during the tenure of their appointment from applying for, or receiving support, or having any role or interest (other than routine professional or collegial interest in the success of their institution or department) in applications submitted for consideration by the HRSB (per the HRSB Bylaws). Individuals should not discuss their applications with HRSB members because of ethical considerations. Such communication can be viewed as an attempt to bias or influence the HRSB member.

24. What's the difference between a co-investigator and a Co-PI/PD?

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

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

- A. Attachment 3: Form 1 allows only one Co-PI/PD to be listed. Use Attachment 3: Form 2 and the work plan narrative to designate the others.

Submitting the Application in the NYS Grants Gateway

26. What is to be submitted by the application due date and is there a checklist?

- A. Refer to Attachment 2, Application Checklist and Instructions, for a list of mandatory (Pass/Fail) items, items that may be included in the appendices, application penalties, and application completion instructions. Also, refer to RFA Section IV.E. How to Complete and File an Application. Applications may only be submitted through the NYS Grants Gateway. Applications are due by 4:00pm on January 11, 2018. Please note the NYS Grants Gateway system time will be used, not the time displayed by your local computer. Applicants are strongly encouraged to start completing an application in the NYS Grants Gateway no less than seven days before the due date. Applicants are strongly encouraged to submit proposals

at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action where needed. Both NYS DOH and NYS Grants Team staff are available to answer applicants' technical questions and provide technical assistance prior to the application deadline (see RFA Section IV. B.). However, please note that although the NYS DOH and NYS Grants Team 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.

27. How do I get help using the NYS Grants Gateway?

- A. As outlined in RFA Section IV. B., applicants are strongly encouraged to access the guides, videos and training opportunities available via the NYS Grants Team website at: <https://grantsreform.ny.gov/grantees>. Technical questions regarding the forms used in the application should be directed to the NYS DOH contact listed on the cover of the RFA up until the application deadline. NYS Grants Gateway questions regarding application completion/submission, registration and policy should be directed to the Grants Team, Monday-Friday from 8am to 4:30 pm at 1-518-474-5595 or grantsgateway@its.ny.gov. Technical issues regarding the NYS Grants Gateway should be directed to the Agate Technical Support Help Desk, Monday-Friday from 8am – 8pm at 1-800-820-1890 or helpdesk@agatesoftware.com. Further, the NYS Grants Team provides ongoing training webinars; the webinar schedule can be found here: <http://grantsreform.ny.gov/training-calendar>.

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

- A. Yes. To ensure that all mandatory pass/fail items and penalty items are adequately addressed, see Attachment 2 pages 2-3. The NYS Grants Gateway requires other forms to be completed and submitted as well, see the instructions provided in Pre-Submission Uploads and Program Specific Questions. If required questions are not answered and/or files are not uploaded, you will receive an error message describing what is missing. NOTE: The NYS Grants Gateway does not assess the content of text boxes or uploads, only that questions are answered and files are uploaded successfully.

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

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

Application Forms

30. Can we view the concatenated PDF file of our application before submitting the application?

- A. No, this file is created after application submission. This file will not be used for peer review. You will need to ensure all the uploaded PDF files in your application are legible as they will be used for peer review.

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

- A. Attachment 3 is set up as a protected fillable form so the data can be exported to databases used to facilitate peer review and award processes. Spell check is disabled in Attachment 3; it is available in other form sets. The cut/paste function will work in its forms; be sure to insert text inside the gray boxes. Please submit Attachment 3 as a fillable PDF.
32. We downloaded all the forms from the Pre-submission Uploads section of the NYS Grants Gateway. Where do we upload them?
- A. Most completed application forms will be uploaded in response to Program Specific Questions. The exceptions are Attachments 1, 9 and 10, which are uploaded in the Pre-submission Uploads section.
33. Why are there two workplans in the application?
- A. The Workplan Narrative – Attachment 7: Form 8, will be used by the peer reviewers to understand the full context and details of the proposed research plan. See Attachment 2 for instructions. Enter the Online Workplan in the NYS Grants Gateway, since this will be included in a system-generated contract using a standardized format. Both are peer reviewed, so consistency between the two is important.
34. What are the format specifications of the workplan (font, margins, etc.)?
- A. The forms are pre-set with acceptable fonts, margins, etc. Please refer to Attachment 2 for additional details, page limitations and penalties.

Budget

35. Is overhead allowed? Is it the same as the National Institutes of Health (NIH)?
- A. Overhead is allowed but it is not the same as the NIH. Facilities and Administrative (F&A) costs are limited to 20% of modified total direct costs. See Attachment 2 for details.
36. Can I list someone by title on the budget instead of by name?
- A. Detailed budget justifications are required for each budget line. All PI/PDs and Co-PI/Co-PDs should be identified by name. If other positions are yet to be filled, you should specify the title and position and “to be determined” for the name of the individual for the budget justification.
37. Do we have to submit a budget for the first year or all years? Do we need to submit a budget for our partnering organization?
- A. Detailed line item budgets and justifications for the lead applicant and their partnering organization must be submitted for the entire length of the award. The lead applicant’s Year 1 budget is entered directly into the NYS Grants Gateway while Years 2 and 3 are entered into the Excel file provided (Attachment 5: Form 5). The partnering organization’s budgets for the entire length of the contract are entered in the Excel file (Attachment 6: Form 5-S). Detailed instructions are provided in Attachment 2.
38. How much budget justification is necessary?
- A. Fully justify each budget line for each year. Provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered. See RFA Section V.E. for the “Budget” review criterion.

Minority and Woman-Owned Business Enterprise Requirements

39. Are Minority and Woman-Owned Business Enterprise (MWBE) Requirement forms required to be submitted with the application?
- A. Yes, a completed Attachment 10: Forms 1, and/or 2 must be included in the application submission. See RFA Section IV.I. and Attachment 10 for detailed instructions.
40. We cannot identify MWBE's on the <https://ny.newcontracts.com> website that we can provide the supplies and equipment we need for our research. Are there any other resources available for identifying M/WBE's that we can use?
- A. No. The <https://ny.newcontracts.com> website that identifies approved M/WBE's is always being updated as new vendors are approved so you can periodically check back for new vendors. As part of completing the forms, you must document your efforts to identify MWBE's. NOTE: Failure to do due diligence, fill out the forms completely and correctly and attach sufficient documentation in the Pre-submission Uploads section of the application will delay processing for all awarded contracts. If you cannot meet the goal, you must apply for an exemption.

Application Review and Award Process

41. What happens to applications that are not funded?
- A. The HRSB may elect, at its discretion, to continue making recommendations for funding of proposals beyond what is available for the RFA. These applications may be given the status "Approved but not funded." Applications with this status may be funded should additional funds become available. Applications with this status may also receive funding if an awardee decides to decline funding.



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Patricia S. Brown Breast Cancer Risk Reduction Education Research Projects RFA Applicant Conference



September 18, 2017

Presenter: Jeannine Tusch

Today's Agenda

1. Administrative Items

- Important deadlines and requirements

2. Overview

- RFA currently posted in the NYS Grants Gateway

3. RFA Attachments

- Attachments 1-10
- Expenditure Budget
- Online Work Plan

4. Review and Award Process

5. Your Questions

6. NYS Grants Gateway Overview



Administrative Items



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See RFA cover sheet

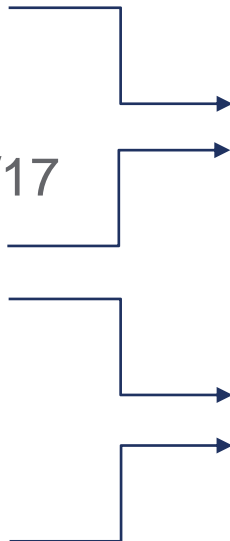
Important Dates

Letter of intent due: 9/22/17

Substantive questions due: 10/3/17

Questions, answers
and updates posted: 10/11/17

Applications due: 1/11/18
by 4PM EST



EMAIL
hrrsb@health.ny.gov

<https://grantsgateway.ny.gov>



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Administrative Requirements

- Not-for-profits must be Registered and Prequalified in the NYS Grants Gateway (*RFA Section IV. M*)
- Properly prepare and submit all required Forms (*RFA and RFA Attachment 2*)
- Freedom of Information Law (*RFA Section V. B.*)



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

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

Quick Contacts & Links

See RFA cover sheet & pgs. 4-5

Extramural Grants Administration

New York State Department of Health

Wadsworth Center

Empire State Plaza, Room C345

PO Box 509,
Albany, New York 12201

Phone: 518-474-7002
hrrsb@health.ny.gov

Agate Technical Support Help Desk

Phone: 1-800-820-1890

Hours: Monday thru Friday 8am-8pm

helpdesk@agatesoftware.com

(Technical Questions)

Grants Gateway Team

Phone: 518-474-5595

Hours: Monday thru Friday 8am-4:30pm

grantsgateway@its.ny.gov

**(Application Completion, Policy, and
Registration Questions)**

<https://grantsreform.ny.gov/Grantees>

<http://grantsreform.ny.gov/youtube>

Grantee Quick Start Guide

https://grantsreform.ny.gov/sites/default/files/grantee_quick_start_guide.pdf



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RFA Overview



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See RFA pg. 1

Purpose of Funds

To encourage the development and implementation of innovative pilot projects in breast cancer risk reduction education with rigorous evaluation and revision.



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See RFA pg. 3

Successful Applications Will

- ★ Propose a novel breast cancer risk reduction education program,
- ★ Build upon findings from The Community Guide, www.thecommunityguide.org/index.html
- ★ Target:
 - Individuals from specific populations or communities at particular risk of developing breast cancer, including recurrence; or
 - Staff or volunteers of breast cancer CBOs serving the at risk group(s) to “train-the-trainers.”



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See RFA pg. 3

Breast Cancer Risk Reduction Education Program

- ★ Discuss the scientific basis for the chosen method or strategy;
- ★ Identify and explain the selection of the targeted audience; and
- ★ Identify the selected evidence-based, modifiable risk factor(s) that will be addressed (e.g. physical activity levels, body mass index, alcohol use).



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See RFA pg. 3

Successful Applications Should Include

- ★ Small-scale test or trial pilot implementation of the program;
- ★ Rigorous, formal evaluation of the program's effectiveness in increasing participant understanding of the modifiable behaviors and their intent to adopt risk-reducing behavior change; and
- ★ Revision and Refinement of the program and associated materials based on the evaluation results.



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See RFA pgs. 1 & 8

Available Funds & Anticipated Contract

- Approximately \$540,000 is available to support approximately two (2) awards
- Funding is available for a period of up to three (3) years.
 - Anticipated Contract period: 8/1/2018 through 7/31/2021
- Annual direct costs are capped at \$75,000 per year
- Additionally, funds will be available to support Facilities and Administrative (F&A) costs up to 20% of modified total direct costs



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See RFA pg. 1-3

Who May Apply?

The applicant must be a one of the following:

- ★ NYS community-based organization (**CBO**):
 - Grass roots, free-standing organization, where breast cancer survivors hold significant decision-making responsibilities
 - Serves one or more NY communities
 - Offer a broad range of breast cancer education or support services free of charge
 - Tax exempt under section 501(c)(3)
- ★ An accredited **academic institution** within NY with authority to confer graduate degrees in:
 - Medicine, Physician Assistant, Nursing, Health Education or Public Health Studies.
 - <https://ope.ed.gov/accreditation/>



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See RFA pg. 3

Partnership

- ★ There must be a **Partnership**. These are the two scenarios:
 1. If the lead applicant organization is the academic institution, then the partnering organization is the CBO
 2. If the lead applicant organization is the CBO, then the partnering organization is the academic institution
- ★ The partnership must be clearly named using the application forms



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See RFA pg. 2

Eligibility to Apply Also Includes the Following Items

- The PI/PD will not be a postdoctoral fellow or dependent research staff
- The PI/PD can not be restricted from receiving Public Health Service (PHS) funding or debarred by the United States Food and Drug Administration (FDA) or any other federal or New York State government entity
- A maximum of one award will be made per PI/PD



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RFA Attachments 1-10



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See RFA pg. 5

Attachment 1: Letter Of Intent (LOI)

Provide the following using the LOI Form:

- Descriptive title of the proposed project
- Summary paragraph of the intended project
- List all participants involved in the proposed project

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

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



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Attachment 2: Application Checklist and Instructions

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

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



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Attachment 3: Application Forms 1-4

1. Applicant Face Page
2. Staff, Collaborators, Consultants and Contributors
3. Acronyms and Abbreviations Used in Application
4. Lay Abstract

*Download in the
Pre-Submission
Uploads Section
of the NYS
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*Upload in the
Program Specific
Questions
Section of the
NYS Grants
Gateway*



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Attachment 3: Application Form 1

Form 1 - Applicant Face Page

Project Title Award Mechanism (e.g. IDSA award, etc.)

Principal Investigator/Program Director/Sponsor (if different from PI)

PI Email Co-PI Email

PI Start Date Year One Total Cost

PI End Date Grand Total Cost

New York State Applicant Organization (NYO): Contracts or Grants Official (GO):

NYO Name GO Last Name

GO First Name

GO Title

NYO Mailing Address

GO Mailing Address

NYO Street1 GO Street1

NYO Street2 GO Street2

NYO City GO City

NYO State: NY NYO Zip GO State: GO Zip

NYO Phone GO Phone

NYO Fax GO Fax

NYO Email GO Email

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

PI Street1 Co-PI Street1

PI Street2 Co-PI Street2

PI City Co-PI City

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

PI Phone Co-PI Phone

PI Fax Co-PI Fax

PI Email Co-PI Email

PI Start Date Year One Total Cost

PI End Date Grand Total Cost

New York State Applicant Organization (NYO): Contracts or Grants Official (GO):

NYO Name GO Last Name

GO First Name

GO Title

NYO Mailing Address

GO Mailing Address

NYO Street1 GO Street1

NYO Street2 GO Street2

NYO City GO City

NYO State: NY NYO Zip GO State: GO Zip

NYO Phone GO Phone

NYO Fax GO Fax

NYO Email GO Email

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

PI Street1 Co-PI Street1

PI Street2 Co-PI Street2

PI City Co-PI City

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

PI Phone Co-PI Phone

PI Fax Co-PI Fax



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Attachment 3: Application Form 2

Form 2 – Staff, Collaborators, Consultants and Contributors

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



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Attachment 3: Application Form 3

Form 3 Acronyms and Abbreviations Used in Application

Acronym	Full Text/Definition/Description

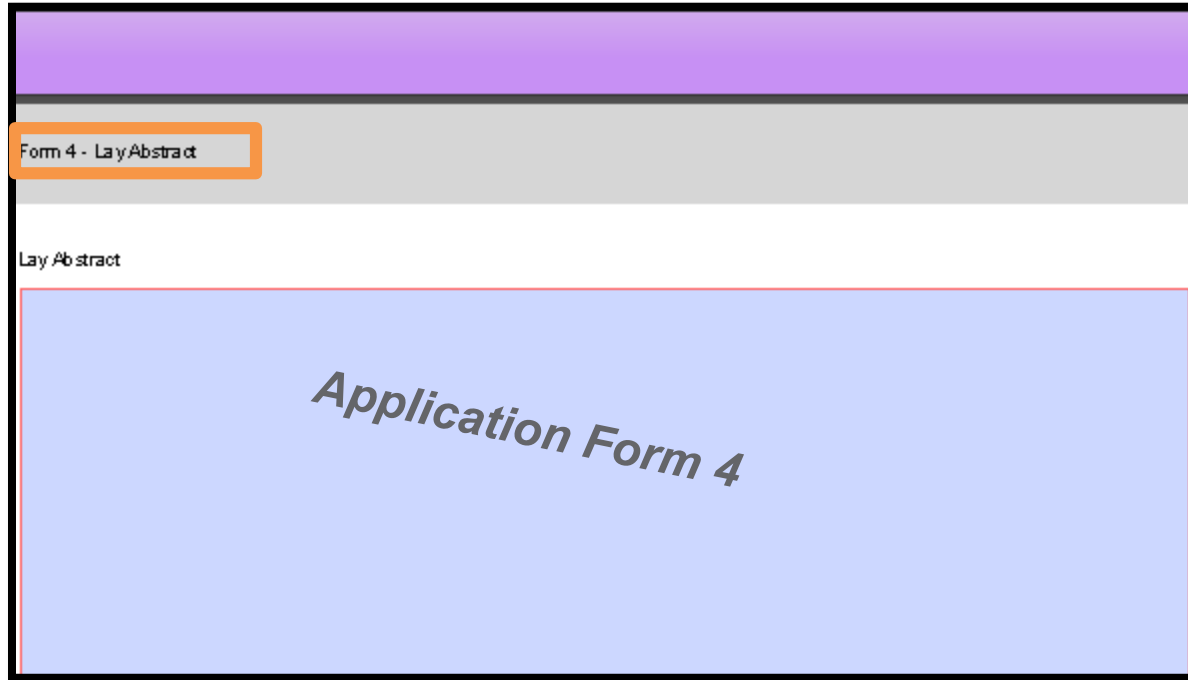
Application Form 3



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Attachment 3: Application Form 4



The image shows a screenshot of a web application interface. At the top is a purple header bar. Below it is a grey bar containing a button labeled "Form 4 - Lay Abstract", which is highlighted with an orange border. Underneath the grey bar is a white section with the text "Lay Abstract". The main body of the page is a large light blue rectangle with a red border, containing the text "Application Form 4" in a large, italicized, grey font.

Attachment 4: Application Form 1-S

Form 1-S - Partnering Organization Face Page

Project Title:

RS&P:

Principal Investigator/Program Director/Sponsor:

Co-Principal Investigator/Program Director/Sponsor:

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

PI Middle Initial: PI Title: Co-PI Middle Initial: Co-PI Degree:

Qualify Project Co-PI? ☐ Yes ☐ No

PI Organization: Co-PI Organization:

PI Department: Co-PI Department:

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

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

PI Street1: Co-PI Street1:

PI Street2: Co-PI Street2:

PI City: Co-PI City:

PI State: PI Zip: Co-PI State: Co-PI Zip:

PI Phone: Co-PI Phone:

PI Fax: Co-PI Fax:

PI Email: Co-PI Email:

Project Start Date: Co-PI Start Date:

Project End Date: Co-PI End Date:

The partner organization must be named using RFA Attachment 4: Application Form 1-S_a

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

Upload in the Program Specific Questions Section of the NYS Grants Gateway



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

FORM 5 - EXPENDITURE BASED BUDGET
YEAR TWO SUMMARY

PROJECT NAME: PATRICIA S. BROWN RD5 RFA #1612131255

CONTRACTOR SFS PAYEE NAME:

YEAR TWO CONTRACT PERIOD From: 8/1/2019 To: 7/31/2020

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

RFA Number: # 1612131255
Page 1 of 5, Attachment B-1 - Expenditure Based Budget

FORM 5 - EXPENDITURE BASED BUDGET
PERSONAL SERVICES DETAIL

POSITION TITLE	SALARY		PERCENT OF EFFORT FUNDED	NUMBER OF MONTHS FUNDED	TOTAL
	ANNUALIZED SALARY PER POSITION	STANDARD WORK WEEK HOURS			
1.					\$ -
2.					\$ -
3.					\$ -
4.					\$ -

TOTAL BUDGET JUSTIFICATION

Tab 1, Total Budget

Budget and Justification - FORM

PROJECT NAME: PATRICIA S. BROWN RD5 RFA #1612131255

CONTRACTOR SFS PAYEE NAME: 0

BUDGET YEAR (YEAR 2): From: 8/1/2019 To: 7/31/2020

CATEGORY OF EXPENSE	BUDGETED	JUSTIFICATION
Personal Services		
Salary		
1. 1.	\$ -	
2. 2.	\$ -	
3. 3.	\$ -	
4. 4.	\$ -	
5. 5.	\$ -	
6. 6.	\$ -	
7. 7.	\$ -	
8. 8.	\$ -	
9. 9.	\$ -	
10. 10.	\$ -	
11. 11.	\$ -	
12. 12.	\$ -	
13. 13.	\$ -	
14. 14.	\$ -	
15. 15.	\$ -	
Fringe	\$ -	
Personal Services Subtotal	\$ -	
Non Personal Services		
Contractual Services		
1. 1.	\$ -	
2. 2.	\$ -	
3. 3.	\$ -	
4. 4.	\$ -	
5. 5.	\$ -	
6. 6.	\$ -	
7. 7.	\$ -	

TOTAL BUDGET **JUSTIFICATION**

Tab 2, Justification

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

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



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Attachment 6: Application Form 5-S (Years 1-3)

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

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

FORM 5-S - EXPENDITURE BASED BUDGET
YEAR ONE SUMMARY (PARTNER #1)

PROJECT NAME: Patricia S. Brown Breast Cancer Risk Reduction Education Research Projects RD 5 RFA #1612131255

PARTNER ORGANIZATION #1 NAME:

YEAR ONE CONTRACT PERIOD From: 8/1/2018 To: 7/31/2019

Partner & Subcontractor Form

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

PARTNER #1 JUSTIFICATION SUBCONTRACT #2 TOTAL BUDGET SUBCONTRACT #2 JUST



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Attachment 7: Application Forms 6-9

- 6. Biographical Sketch
- 7. Facilities and Resources
- 8. Workplan Narrative
- 9. Human Subjects

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

*Upload in the
Program Specific
Questions
Section of the
NYS Grants
Gateway*



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Attachment 7: Application Form 6 – Biographical Sketch

Attachment 7

Form 6 – Biographical Sketch

NAME: _____

POSITION TITLE: _____

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

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

A. Personal Statement

B. Positions and Honors

C. Contribution to Science

D. Research Support

1



Attachment 7: Application Form 7 – Facilities and Resources

Attachment 7

Form 7 – Facilities and Resources

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

Major Equipment:

Application Form 7

2



Attachment 7: Application Form 8 – Workplan Narrative

A. Statement of Need, Significance and Impact

B. Project Goals

C. Approach

D. Literature Citations

Form 8 – Workplan Narrative

A. Statement of Need, Significance and Impact

B. Project Goals (Specific Aims)

Application Form 8

C. Approach (Design and Method)

D. Literature Citations in Support of Sections A-C



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Attachment 7: Application Form 9 – Human Subjects

Form 9 – Human Subjects

SECTION A:

1. Applicant/Partner/Subcontractor **Organization Name:**

2. Are Human Subjects involved? ☐ Yes ☐ No

3. Is the project Exempt from federal regulations? ☐ Yes ☐ No

4. If YES to #3, what is the Exemption number? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

5. If NO to #3, is the IRB review Pending? ☐ Yes ☐ No

6. IRB Approval Date (leave blank only if Yes to #5):

7. IRB Protocol Approval Number:

SECTION B:

Application Form 9

*Add appendices
after this form.*

*Upload in the
Program Specific
Questions
Section of the
NYS Grants
Gateway*



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Attachment 8: Application Form 10

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

*Upload in the
Program Specific
Questions
Section of the
NYS Grants
Gateway*

ATTACHMENT 8

Form 10 (DOH01-PBR/NS-2018) – Other Support

KEY PERSONNEL:

☐ -- check here if this person has no other source of Active or Pending support.

ACTIVE AWARDS

Title	Description	Principal Investigator	Award Number	Funding Agency	Start Date	End Date	Professional Effort (%)	Breast Cancer Related?	If yes, include the specific aims here.	Overlap?	If yes, describe the intended resolution.
Total Professional Effort:							0.0%				

PENDING AWARDS

Title	Description	Principal Investigator	Application Number	Funding Agency	Start Date	End Date	Professional Effort (%)	Breast Cancer Related?	If yes, include the specific aims here.	Overlap?	If yes, describe the intended resolution.
Total Effort (Active & Pending):							0.0%				



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See RFA pg. 12

Attachment 9: Vendor Responsibility Attestation

ATTACHMENT 9
Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, L. Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

☐ An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.

☐ A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____

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



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

See RFA pgs. 10-11

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

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

Applicant/Grantee Name: <input style="width: 80%;" type="text"/>		Telephone No. <input style="width: 20%;" type="text"/>
Vendor ID: <input style="width: 80%;" type="text"/>		Email: <input style="width: 20%;" type="text"/>
RFA/Contract Title: <input style="width: 80%;" type="text"/>		RFA/Contract No. <input style="width: 20%;" type="text"/>

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

Attachment 10

PROJECTED MWBE USAGE	%	Amount
1. Total Dollar Value of Eligible Expenditures for Life of Contract (Any open market subcontracts or purchases are eligible for Not-For-Profits)	<input style="width: 50px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
2. MBE Goal Applied to Eligible Expenditures	<input style="width: 50px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
3. WBE Goal Applied to Eligible Expenditures	<input style="width: 50px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
4. MWBE Combined Eligible Expenditure Totals*	<input style="width: 50px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>






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

**If less than the stated goal in RFA, Form #2 is required.

Form #1-Page 1 of 3

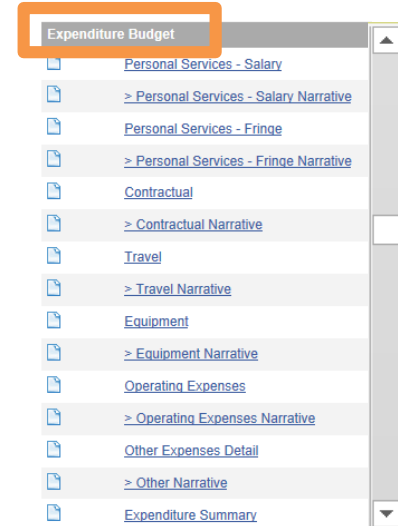
**Download &
Upload in the
Pre-Submission
Uploads Section
of the NYS
Grants Gateway**

Online Budget and Justification (Year 1)






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

Forms Menu → Scroll down to Expenditure Budget Section

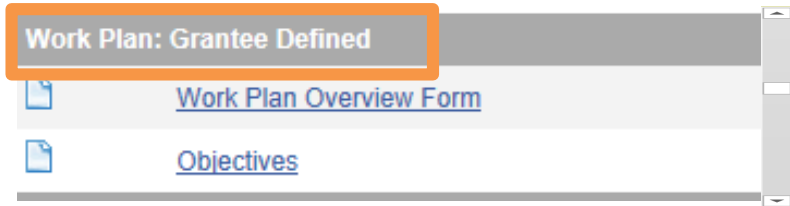
- Complete each form and narrative of the Online Budget for Year One



Online Workplan

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

Forms Menu → Scroll down to Work Plan: Grantee Defined



- Complete the Work Plan Overview Form and
- Objectives

Project Narrative/Workplan Outcomes

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



Review and Award Process



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Review and Award Process

- Administrative Pass/Fail
- Peer Review Process
- Health Research Science Board Review (HRSB)
- Contract Execution



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Review Criteria

1. Approach **35%**
2. Team Composition/Integration and Environment **25%**
3. Need, Significance and Impact **20%**
4. Budget **20%**



NEW YORK STATE
DEPARTMENT OF HEALTH



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Debriefing

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



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Your Questions



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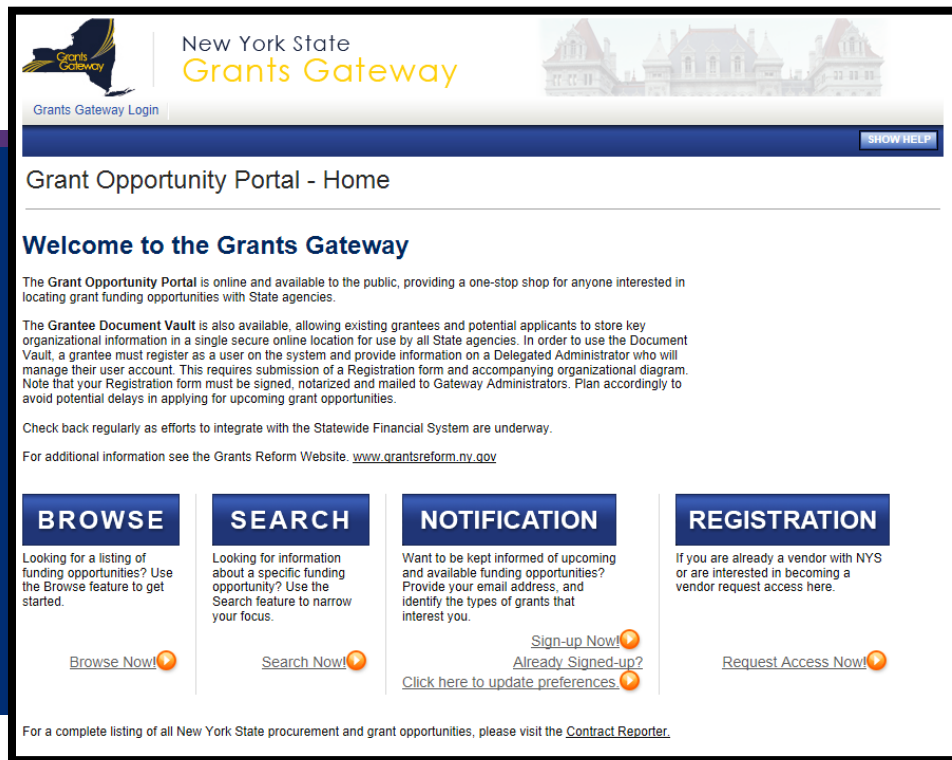
NYS Grants Gateway Overview



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<https://grantsgateway.ny.gov/>



The screenshot shows the homepage of the New York State Grants Gateway. At the top, there is a header with the "New York State Grants Gateway" logo and a "Grants Gateway Login" link. Below the header, the main content area is titled "Grant Opportunity Portal - Home". A welcome message states: "Welcome to the Grants Gateway. The Grant Opportunity Portal is online and available to the public, providing a one-stop shop for anyone interested in locating grant funding opportunities with State agencies. The Grantee Document Vault is also available, allowing existing grantees and potential applicants to store key organizational information in a single secure online location for use by all State agencies. In order to use the Document Vault, a grantee must register as a user on the system and provide information on a Delegated Administrator who will manage their user account. This requires submission of a Registration form and accompanying organizational diagram. Note that your Registration form must be signed, notarized and mailed to Gateway Administrators. Plan accordingly to avoid potential delays in applying for upcoming grant opportunities." Below this, a note mentions efforts to integrate with the Statewide Financial System. A link to the Grants Reform Website is provided. The page features four main sections: "BROWSE" (Looking for a listing of funding opportunities? Use the Browse feature to get started. Browse Now!), "SEARCH" (Looking for information about a specific funding opportunity? Use the Search feature to narrow your focus. Search Now!), "NOTIFICATION" (Want to be kept informed of upcoming and available funding opportunities? Provide your email address, and identify the types of grants that interest you. Sign-up Now!, Already Signed-up?, Click here to update preferences.), and "REGISTRATION" (If you are already a vendor with NYS or are interested in becoming a vendor request access here. Request Access Now!). At the bottom, a footer link directs users to the Contract Reporter for a complete listing of all New York State procurement and grant opportunities.

NYS Grants Gateway FAQ

1. How do I apply for an opportunity?
2. Where's a copy of the RFA Attachments?
3. How do I retrieve an application I've already started?
4. How do I retrieve the Q & A document?

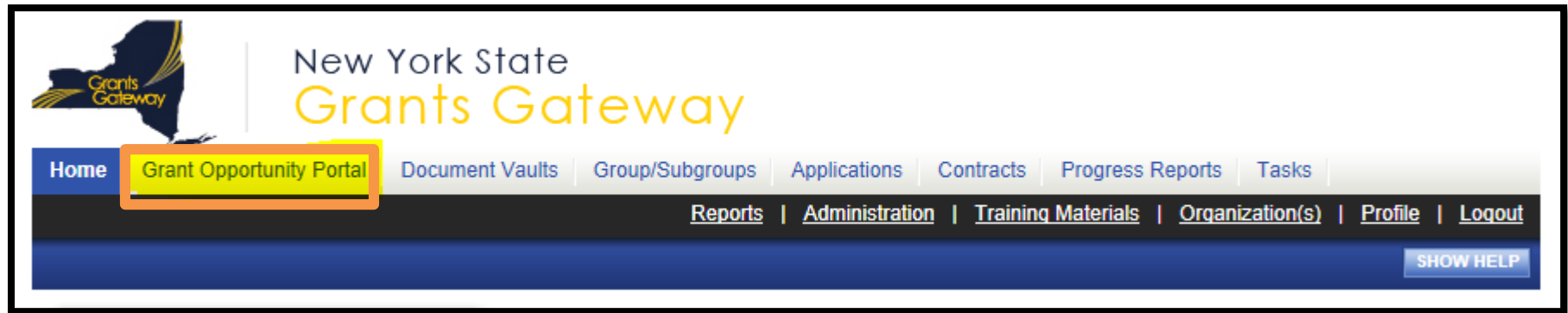


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Q1: How do I apply for an Opportunity in the NYS Grants Gateway?

- You must be registered in the NYS Grants Gateway to apply
 - See RFA, Section IV. M.
 - Grantee Quick Start Guide <https://grantsreform.ny.gov/Grantees>
 - Delegated Administrator



- Login
- Click on the Grants Opportunity Portal tab
- Search using the keywords (Patricia S. Brown), and select the Department of Health as the Funding Agency
- Click on the Grant Opportunity name
- Click Apply for Grant Opportunity to start an application



APPLY FOR GRANT OPPORTUNITY

<https://grantsgateway.ny.gov>



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Q2: Where do I download the RFA Attachments?



- Login
- Start an application or retrieve an application that you already started
- Click on the Forms Menu
- Scroll down to Click on Pre-Submission Uploads
- Download each attachment document template

Click on each document template to download each attachment

PRE-SUBMISSION UPLOADS

Instructions:

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

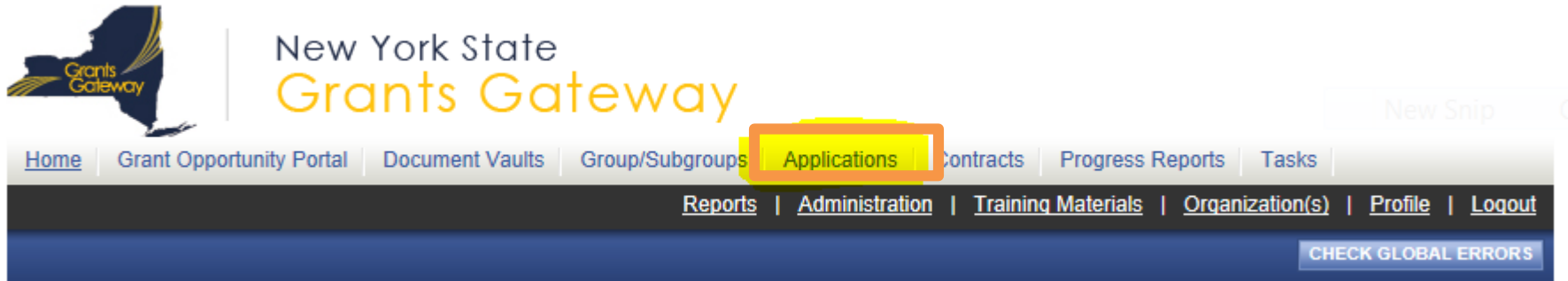
Only upload the completed Vendor Responsibility Attestation (Attachment 8), Minority & Women-Owned Business Enterprise Requirement Forms (Attachment 9), and the optional Letter of Intent Form (Attachment 1) in this Pre-Submission Uploads section. All other completed forms (Attachments 3-7) must be uploaded in the Program Specific Questions section.

Attachment 1 - Letter of Intent Form

The prospective applicant institution is strongly encouraged to complete and submit a Letter of Intent. This form will be used to develop the review panel in a timely manner. Letters of Intent should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. The file name should include applicant organization and PI/PD names. A copy must also be e-mailed to hrrsb@health.ny.gov. Please ensure that the RFA number is noted in the e-mail subject line. Submit the Letter of Intent via both formats by the date posted on the cover of the RFA.

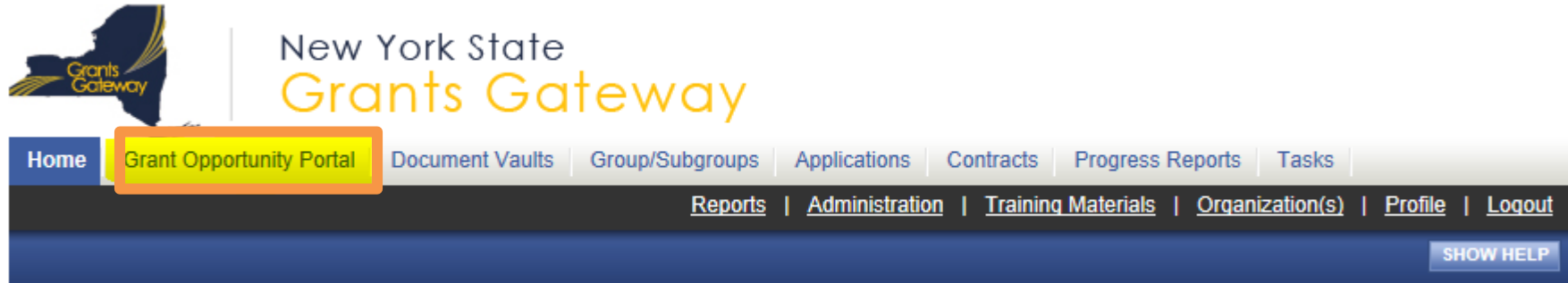
Document Template [Click here](#)

Q3: How do I retrieve an Application I've already started?



- Login
- Click on the Applications link located at the top of your home screen
- Enter search criteria to locate the application
- Click on the Application number to restart the application

Q4: How do I retrieve the Q&A document?



- Click on Grant Opportunity Portal
- Search for Opportunities in the Portal using the keywords (Patricia S. Brown), and select the Department of Health as the Funding Agency.
- Click on the Grant Opportunity name
- Full Document details are listed on the Grant Opportunity Profile, which includes a Questions and Answers link

<https://grantsgateway.ny.gov>



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Thank you!!

<https://www.wadsworth.org/extramural/breastcancer>

September 18, 2017