

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

*Doctors Across New York
Ambulatory Care Training Program*

RFA # 17240
Grants Gateway # DOH01-DANYAC-2018

ADDENDUM #1
June 2, 2017

RFA Modifications:

The following has been updated/modified in the RFA. Strike-through indicates deleted text; underlined/bolded text is new.

Page 3, “Introduction”, paragraph 2 revised as follows:

For purposes of this Request for Applications (RFA), a sponsoring institution is a teaching hospital, a medical school, a **graduate medical education** consortium [as set forth in PHL§ 2807-m(1)(d)] ~~of medical schools~~ or a diagnostic and treatment center (D&TC) that operates an accredited residency program.

Page 4, Section IIA, Number 2 revised as follows:

“As set forth in PHL § 2807-m(1)(o), applicants must be able to demonstrate that they have overall responsibility for a program of graduate medical education (also known as a residency program), meaning a post-graduate medical education residency in the United States which is accredited by a nationally recognized accreditation body. For purposes of this RFA, this means that the applicant’s residency program has been accredited by the Accreditation Council for Graduate Medical Education (ACGME), ~~or~~ the American Osteopathic Association (AOA), **the Council on Podiatric Medical Education (CPME) or the American Dental Association (ADA)**. Applicants will be required to upload documentation of ACGME/AOA/**CPME/ADA** accreditation verification (Refer to Attachment 7).”

“If an applicant does not meet the definition of “sponsoring institution” as set forth above, does not have overall responsibility for a residency program, or does not upload documentation of ACGME/AOA/**CPME/ADA** accreditation, the application will not be reviewed.”

Attachment 7 (which is only available on Grants Gateway) is revised and follows on the next page.

ACGME/AOA Accreditation Verification

Please note this document is intentionally left blank. Applicants are instructed to upload the ACGME/AOA/CPME/ADA Accreditation Verification as Attachment 7 in the Grants Gateway online application.

RFA # 17240
Grants Gateway # DOH01-DANYAC-2018

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

In order to apply for this solicitation, eligible applicants must submit an application via the New York State Grants Gateway.

Doctors Across New York
Ambulatory Care Training Program

KEY DATES:

Release Date:	May 4, 2017
Questions Due:	May 22 , 2017 by 4:00 PM EST
Questions, Answers and Updates Posted (on or about):	June 1, 2017
Applications Due:	June 22, 2017 by 4:00 PM EST
DOH Contact Name & Address:	Karolyn Garafalo New York State Department of Health Corning Tower, Room 1695 Albany, New York 12237 gme@health.ny.gov

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I. Introduction

The New York State Doctors Across New York (DANY) initiative includes several programs collectively designed to help train and place physicians in underserved communities in a variety of settings and specialties to care for New York's diverse population. The DANY Ambulatory Care Training Program, established by Public Health Law (PHL) § 2807-m (5-a)(c) makes funding available to sponsoring institutions to provide clinical training of residents and medical students in freestanding ambulatory care sites.

For purposes of this Request for Applications (RFA), a sponsoring institution is a teaching hospital, a medical school, a consortium of medical schools or a diagnostic and treatment center (D&TC) that operates an accredited residency program. A freestanding ambulatory care site means a non-hospital operated D&TC licensed under PHL Article 28 or a private physician practice as further defined herein. The goal of the program is to enhance the clinical training experience and encourage residents and medical students to continue practicing in such settings.

Approximately \$6.3 million in State funding is available under this RFA to support training programs over a three and one-half year period, contingent upon the continued availability of funding. In accordance with the authorizing statute, two-thirds of available funding is reserved for awardees from New York City (New York City is defined as the following five boroughs/counties: Manhattan/New York County; Bronx/Bronx County; Brooklyn/Kings County; Queens/Queens County & Staten Island/Richmond County) and one-third of the funding is reserved for awardees from the rest of the state, based upon the address of the sponsoring institution. The Department of Health (DOH) anticipates funding up to 10 contracts for the DANY Ambulatory Care Training initiative. An Ambulatory Care Training award may be up to \$250,000 per year for three and one-half years.

Applications will be scored based on their ability to demonstrate that the applicant organization will successfully provide training for residents at freestanding ambulatory care sites. Applicants that also propose to train medical students will receive additional preference points in the evaluation. In addition, to help address the maldistribution of physicians within New York State, additional points will be available to sponsoring institutions that affiliate with freestanding ambulatory care sites located in underserved rural or urban areas of the state.

Successful applicants will be responsible for executing affiliation or other agreements with appropriate freestanding ambulatory care sites and overseeing the clinical training of residents and, if applicable, medical students at such sites.

An application may include more than one freestanding ambulatory care site and training in more than one specialty. Each application will be evaluated independently.

II. Who May Apply

A. Eligible Applicants

To apply under this RFA, an applicant must be a sponsoring institution responsible for a residency program, as described below:

1. As set forth in PHL § 2807-m(1)(q), a “sponsoring institution” means “the entity that has the overall responsibility for a program of graduate medical education. Such institutions shall include teaching general hospitals, medical schools, consortia and diagnostic and treatment centers.”
2. As set forth in PHL § 2807-m(1)(o), applicants must be able to demonstrate that they have overall responsibility for a program of graduate medical education (also known as a residency program), meaning a post-graduate medical education residency in the United States which is accredited by a nationally recognized accreditation body. For purposes of this RFA, this means that the applicant’s residency program has been accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). Applicants will be required to upload documentation of ACGME/AOA accreditation verification (Refer to Attachment 7).

If an applicant does not meet the definition of “sponsoring institution” as set forth above, does not have overall responsibility for a residency program, or does not upload documentation of ACGME/AOA accreditation, the application will not be reviewed.

B. Minimum Application Requirements

1. Applicants must propose to train residents in one or more freestanding ambulatory care sites (referred to herein as “ambulatory care site” or “site”), where the applicant affirms (Refer to Attachment 1) that each site meets the following requirements:
 - a. The applicant (sponsoring institution) and site(s) are located in New York State.
 - b. The site(s) are one or more of the following:
 - i. A freestanding D&TC licensed under PHL Article 28 that meets the following definition as set forth in 10 NYCRR 86-4.1(b): “A medical facility with one or more organized health services not part of an inpatient hospital facility or vocational rehabilitation center, which is primarily engaged in providing services to out-of-hospital or ambulatory patients by or under the supervision of a physician or dentist, for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition”; or
 - ii. A private corporation of an individual or group physician practice, and, as such is not licensed under Article 28 of the PHL.
2. Applicants must attest on the Application Cover Page (Attachment 1) that each attending physician involved in training residents at the site(s) will provide direct supervision for no more than four residents at any specific time.
3. Applicants must submit a proposal that encompasses a three and one-half year period.
4. Applicants must be pre-qualified in the Grants Gateway, if not exempt, on the date applications are due.

Applications that do not meet the above minimum requirements will not be reviewed.

C. Preferred Application Requirements

1. Additional preference points will be available to applicants that propose to train medical students from medical schools located in New York State in addition to residents.
2. Additional preference points will be available to applicants that propose to conduct training at sites that are:
 - a. Identified as a Primary Care or Mental Health Professional Shortage Area (HPSA); or
 - b. Located in an underserved community defined as a:
 - i. Medically Underserved Area (MUA);
 - ii. Medically Underserved Population (MUP); or
 - iii. New York State Regents Physician Shortage Area (RPSA).

To determine whether a site is located in a HPSA, MUA or MUP, please visit the Health Resources and Services Administration (HRSA) Data Warehouse at: <https://datawarehouse.hrsa.gov/GeoAdvisor/shortagedesignationadvisor.aspx> . The HRSA website allows visitors to input a street address to determine whether the address is located in a HPSA, MUA or MUP. If applicable, the applicant must provide the identification number for the HPSA, MUA or MUP identified site for verification purposes.

A list of RPSAs can be obtained at: <http://www.highered.nysed.gov/kiap/scholarships/documents/2017ShortageBulletin.pdf> If applicable, the applicant must identify the RPSA in which a proposed site is located as reflected on the list.

III. Project Narrative/Work Plan Outcomes

Awards will be made on a competitive basis by application and by region (either New York City or the rest of the state) in accordance with Section V.C. (Review and Award Process).

A. Contractor Expectations

When developing the Work Plan, contractors will be expected to provide a detailed overview of the following project objectives:

1. Supplement existing training through one or more of the following:
 - a. Increasing the number of residents training at free standing ambulatory care site(s);
 - b. Increasing the number of hours in which residents will receive training at the site(s);

- c. Extending the duration of training received by the residents at the site(s); or
 - d. Expanding the scope of the training received by residents at the site(s) to include additional specialties.
2. Develop and manage the administrative structure necessary to implement proposed training in a timely manner.
- a. Commit staff as necessary to oversee and carry out the administration and implementation of the project, including:
 - i. A Project Director to carry out the overall management of the program, including overseeing all clinical education and training, identifying preceptors, overseeing faculty, ensuring that all activities are implemented, problems are addressed and the project is kept on track; and
 - ii. A Project Coordinator/Administrator responsible for the day-to-day management of the program which includes scheduling residents (and medical students), coordinating educational activities, ensuring appropriate workspace (including telephone and computer access with internet capabilities), accessing patient records, and ensuring that adequate support and clerical services are available;
 - b. Develop affiliation agreements with all sites to train residents and, if applicable, medical students, prior to beginning any training through this project at such site(s);
 - c. Develop a process to identify and schedule residents and, if applicable, medical students, to rotate to the site(s);
 - d. Identify and train appropriate faculty that will train residents and, if applicable, medical students, at the site(s);
 - e. Ensure there is no less than one attending physician providing direct supervision for every four residents working in each site(s) at any specific time;
 - f. Maintain ACGME/AOA accreditation standards;
 - g. Obtain and maintain medical malpractice insurance coverage for all residents and, if applicable, medical students, at all sites for the duration of the training experiences;
 - h. Manage, coordinate and ensure that project objectives are met;
 - i. Meet fiscal and programmatic contract requirements; and
 - j. Evaluate the project on an ongoing basis to ensure that the project objectives continue to be satisfied.
3. Ensure that no resident or student is placed at any site that discriminates due to an individual patient's inability to pay the full fee for the service or because payment for services would be

made under Medicare, Medicaid or Child Health Plus.

4. Ensure that the training proposed in the application is cost effective and utilizes resources in the most cost efficient manner possible;
5. Provide the Department of Health with semi-annual outcome and quarterly expenditure reports and a final report in a timely manner as described in Section IV (Administrative Requirements); and
6. Fully cooperate with the Department of Health by being responsive to any request for information related to the implementation of the project.

Applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the DOH. All subcontractors are subject to approval by the Department of Health.

B. Use of Funds

Funds may only be used to train residents and medical students in freestanding ambulatory care sites. Funds may NOT be used to train any other individuals nor may they be used to train in any other locations.

Activities eligible for funding under this RFA may include, but are not limited to the following:

1. Support for faculty in the sites so that they can devote their time to train residents and medical students at the site while they also care for patients in a learning environment. Such support may be used to offset salary or contractual expenses for faculty that they otherwise would earn solely caring for patients at the site.
2. Expenses to train residents in the ambulatory care environment including but not limited to:
 - a. Training supplies/equipment relevant to training at the site(s);
 - b. Computer equipment relevant for the project;
 - c. Office furniture for use by residents, medical students or faculty at the site(s);
 - d. Resident/medical student recruitment costs to train at the site(s);
 - e. Travel/transportation for residents and medical students to the site(s); and
 - f. Housing for residents and medical students.
3. Administrative expenditures related to managing the grant by the sponsoring institution and the site(s) including but not limited to the Project Director, Project Coordinator, grant, fiscal,

and legal staff, curriculum developer and any other contractual expenses.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (Department), Office of Primary Care and Health Systems Management, Center for Health Care Policy and Resource Development, Division of Workforce Transformation. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted via email to:

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

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

Questions of a technical nature can be addressed in writing or via telephone by emailing gme@health.ny.gov or calling (518) 473-3513. **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.** All questions submitted should state "Doctors Across New York Ambulatory Care" in the subject line.

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://grantsreform.ny.gov/grantees>
- Grants Gateway Videos (includes a document vault tutorial and an application tutorial) on YouTube: <https://grantsreform.ny.gov/youtube>
- Grants Gateway Team Email: grantsgateway@its.ny.gov
Phone: 518-474-5595
Hours: Monday thru Friday 8am to 4:30pm
(Application Completion, Policy, and Registration questions)

- Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@agatesoftware.com
(Technical questions)

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

This RFA has been posted on the NYS Grants Gateway website at:

https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and a link provided on the Department's public website at: <http://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

C. Letter of Interest

Submission of a letter of interest is **not** a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of interest.

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 of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <https://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide Applications” from the menu on the left. There is also a more detailed “Grantee User Guide” available 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://grantsreform.ny.gov/training-calendar>.

To apply for this opportunity:

1. Log into the Grants Gateway as either a “Grantee” or “Grantee Contract Signatory”.
2. Click on the “View Opportunities” button under “View Available Opportunities”.
3. In the Search Criteria, enter the Grant Opportunity name (DANY Ambulatory Care Training Program) and select the Department of Health as the Funding Agency.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

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

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

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

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit's essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit's prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles "Grantee Contract Signatory" or "Grantee System Administrator" can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.66 of the Grantee User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also be aware of the restriction on file size (10 MB) when uploading documents.

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.

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

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

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

F. Department of Health's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.

10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

G. Term of Contract

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

It is expected that contracts resulting from this RFA will have the following time period: **January 1, 2018 through June 30, 2021.**

Continued funding throughout this three and ½ year period is contingent upon availability of funding and state budget appropriations. DOH 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. No advances will be allowed for contracts resulting from this procurement.

2. The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office (below) or, in the future, through the Grants Gateway:

Division of Workforce Transformation
Center for Health Care Policy and Resource Development
Office of Primary Care and Resource Management
NYS Department of Health
Corning Tower, Room 1695
Albany, NY 12237
gme@health.ny.gov

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

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

3. The grant contractor will be required to submit the following reports to the Department of Health at the address above and, in the future, through the Grants Gateway:

Semi-annual reporting shall begin July 1, 2018 and continue through the end of the contract.

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

I. Minority & Woman-Owned Business Enterprise Requirements

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

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report

found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of 20% as follows:

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 budget in total.

The goal on the eligible portion of this contract will be 10% for Minority-Owned Business Enterprises (“MBE”) participation and 10% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE 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 submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in Attachment 3 of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH 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. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

1. If a Grantee fails to submit a MWBE Utilization Plan;
2. If a Grantee fails to submit a written remedy to a notice of deficiency;

3. If a Grantee fails to submit a request for waiver (if applicable); or
4. If DOH determines that the Grantee has failed to document good-faith efforts to meet the established DOH MWBE participation goals for the procurement.

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

J. Limits on Administrative Expenses and Executive Compensation

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

K. Vendor Identification Number

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

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

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, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

L. Vendor Responsibility Questionnaire

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

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Applicants should complete and submit the Vendor Responsibility Attestation (Attachment 2).

M. Vendor Prequalification for Not-for-Profits

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

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

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

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform 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 Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the 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. 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 State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.

- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Gateway Team at 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.

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

N. General Specifications

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

and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

- c. If, in the judgement of the Department, the Applicant 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 Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor 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 Contractor 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 Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at:
<https://grantsreform.ny.gov/grantees>

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

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 the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

Applicants should refer to requirements and guidance described above in the sections detailing the Project Narrative/Work Plan Outcomes when developing this application.

The review team will base its scoring on the maximum points indicated for each section.

In addition to the items requested above, required information to assess the viability and feasibility of the organization's ability to accomplish the proposed task could include:

1. Pre-Submission Uploads

The following attachments must be completed and uploaded with the application.

1. Application Cover Page (refer to Attachment 1) which provides the following information:
 - a. Section 1: Applicant Information - including name, address, contact person, and organization type.

- b. Section 2: Project Information - including clinical specialty, type of site(s), region, number of residents and medical students to be trained and the name and type of subcontracting organization(s).
 - c. Section 3: Attestation and Authorized Representative - an attestation regarding direct supervision of residents and information and the signature of an authorized applicant representative.
2. Vendor Responsibility Attestation (Attachment 2 and see Section IV. L of the RFA).
 3. MWBE forms (Attachment 3 and see Section IV. I. of the RFA).
 4. Work Plan Instructions (Attachment 4).
 5. Guide to Completing Budgets (Attachment 5).
 6. Grant Years 2-4 Budgets (Attachment 6).
 7. ACGME/AOA Accreditation Verification (Attachment 7).

2. Program Specific Questions

The following questions are to be answered in the format provided in the Grants Gateway. All questions require an answer. For questions that are not applicable to the project being proposed, answer “Not Applicable”. Some questions may allow and/or require documents to be uploaded. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

Section 1: Project Summary (Not Scored)

1a. Project Summary (no points)

Briefly summarize the proposed project, including all major activities that will be undertaken to meet the objectives of the RFA.

Section 2: Applicant Organization and Capacity (Maximum Score: 19 points)

2a. Mission and Services (up to 2 points)

Describe the applicant’s institution and its mission and services.

2b. Affiliation Agreements (up to 4 points)

Describe the applicant’s ability to carry out the proposed project by executing and overseeing affiliation or other agreements to train residents (and, if applicable, medical students) in freestanding ambulatory care sites. If the applicant is a D&TC and will train residents (and, if applicable, medical students) at its own site, then provide details on how this will be executed.

2c. Grant Management (up to 4 points)

Describe the applicant's capacity to manage the grant. Indicate the feasibility of and ability to implement proposed activities. The applicant must document that the program's objectives will be achieved using existing and projected resources and that the activities will be accomplished within the specified time frames.

2d. Ability and Prior Experience Training Residents and Medical Students (up to 4 points)

Describe your institution's ability to provide and detail prior experience providing clinical training to residents and medical students in freestanding ambulatory care sites.

2e. Existing Linkages or Collaborative Training Arrangements (up to 5 points)

Describe any existing linkages or collaborative training arrangements with freestanding ambulatory care site(s) whether or not training will occur through this project at such site(s). If the applicant is a D&TC and does not have any linkages with other freestanding ambulatory care site(s) then describe the applicant's experience training residents within their site(s).

Section 3: Program Design and Activities (Maximum Score: 25 points)

3a. Project Structure (up to 4 points)

Describe the curriculum and structure of the training provided to residents (and, if applicable, medical students) in the program and how it corresponds with the intent of the DANY Ambulatory Care Training Program to provide experiences to trainees in freestanding ambulatory care sites. Such structure must detail how training will be provided, e.g. in ½ day continuity of care sessions, block rotations concentrated in weeks or months or any other schedule develop for the residency program.

3b. Training Faculty (up to 4 points)

Describe the education and relevant experience of the faculty located at the site(s) and how the faculty will be trained to teach residents and, if applicable, medical students at the sites.

3c. Project Director (up to 4 points)

Describe the role of the Project Director in the overall direct management of the program. This includes oversight of all clinical education and training, identification of preceptors and oversight of faculty. In addition, the Project Director will describe how they will ensure all activities are implemented, problems are addressed and the project is kept on track. The Project Director should have a minimum of two years experience in the areas described above.

3d. Project Coordinator/Administrator (up to 4 points)

Describe the role of the Project Coordinator/Administrator in the day-to-day management of the program. This includes scheduling residents (and, if applicable, medical students), coordinating educational activities, ensuring appropriate workspace (including telephone and computer access with internet capabilities), accessing patient records, and ensuring that adequate support and clerical services are available. The Project Coordinator/Administrator should have a minimum of one year experience in the areas described above.

3e. Training of Residents (up to 5 points)

Describe the total number of residents [both in number of individuals and in full-time equivalents (FTE)] expected to be trained at the site(s) annually. Points will be awarded as follows:

- Up to 1.0 FTE = (1 point)
- Up to 2.0 FTEs = (2 points)
- Up to 3.0 FTEs = (3 points)
- More than 3.0 FTEs = (4 points)
- Information on number of individuals, not just FTEs = (provide an additional 1 point to the points listed above)

3f. Training of Medical Students (up to 4 ADDITIONAL PREFERENCE POINTS)

Describe the total number of medical students from medical schools located in New York State expected to be trained at the site(s) annually. **Additional Preference Points** will be awarded as follows:

- Up to 5 Medical Students = (1 point)
- Up to 10 Medical Students = (2 points)
- Up to 15 Medical Students = (3 points)
- More than 15 Medical Students = (4 points)

Section 4: Proposed Site Information (Maximum Score: 33 points)

4a. Freestanding Ambulatory Care Site(s) (up to 4 points)

Describe the types of site(s) included in this application. Include if it is a private physician practice, a community health center or a federally qualified health center (FQHC). Also include the criteria used to determine why such site(s) is appropriate for training and the types of educational experiences the residents and, if applicable, medical students will receive at the site(s). Provide such information even if a site(s) has not yet been specifically identified in the application but that potentially may be added in the future.

4b. High Quality Care (up to 4 points)

Describe how all sites, including those sites not specifically identified in the application, will demonstrate a commitment to education. Also demonstrate how all sites will promote high quality continuity of care that is effective, efficient, safe, timely, patient centered and equitable. If you have prior successes in this area, please describe.

4c. Physician Supervision (up to 4 points)

Describe how the site(s), including those sites not specifically identified in the application, will ensure there is no less than one attending physician providing direct supervision for every four residents working in each site(s) at any specific time.

4d. Comprehensive Coordinated Care (up to 4 points)

Describe how the site(s), including those sites not specifically identified in the application, will ensure that residents and, if applicable, medical students, provide comprehensive coordinated care and function as a part of a health care team.

4e. Management of Patients (up to 4 points)

Describe how the site(s), including those sites not specifically identified in the application, will provide and teach residents and, if applicable, medical students to manage patients: by obtaining appropriate consultations, when necessary, from other specialties in a timely fashion; through a system to facilitate and prioritize the scheduling of regular and urgent appointments at the site(s); and by arranging for hospital coverage and consultations/referrals, including a mechanism to share all relevant patient information for continuity and follow-up care.

4f. Selection of Residents (up to 4 points)

Describe the methods for how residents and, if applicable, medical students, will be selected to train at the site(s), including those sites not specifically identified in the application but that potentially may be added in the future.

4g. New or Supplement Existing Training Practices (up to 4 points)

Describe how the project will supplement any previous or current training practices through the following:

1. Increasing the number of residents training at freestanding ambulatory care site(s);
2. Increasing the number of hours in which residents will receive training at the site(s);
3. Extending the duration of training received by the residents at the site(s); and/or
4. Expanding the scope of the training received by residents at the site(s) to include additional specialties.

4h. Site(s) Located in Underserved Areas (up to 5 ADDITIONAL PREFERENCE POINTS)

Indicate whether each proposed and identified site(s) is:

1. Identified as a Primary Care or Mental Health Professional Shortage Area (HPSA); or
2. Located in underserved communities defined as either a:
 - i. Medically Underserved Areas (MUA);
 - ii. Medically Underserved Populations (MUP); or
 - iii. NYS Regents Physician Shortage Area (RPSA).

Provide the identification number for the HPSA, MUA or MUP identified site for verification purposes.

Additional Preference Points will be awarded based on the percent of FTE residents who will be training at such site(s) as follows:

- Up to 20% = (1 point)
- Up to 40% = (2 points)
- Up to 60% = (3 points)
- Up to 80% = (4 points)
- More than 80% = (5 points)

Section 5: Work Plan and Performance Measures (Maximum Score: 12 points)

Instructions (Not Scored):

In the Grants Gateway format, provide a detailed overview of the project objectives, tasks and performance measures that are consistent with the objectives of the RFA, Section III. Project Narrative/Work Plan Outcomes. Please refer to Attachment 4 for Grants Gateway entry instructions for the work plan. Please note that successful applicants may be asked to modify work plans prior to initiation of the contract to address issues identified during the review process and the amount of funding awarded. The work plan should identify:

5a. Objectives, Tasks and Deliverables (up to 4 points)

Insert a detailed overview of the project objectives, tasks and performance measures that will be achieved during the length of the project.

5b. Timeline (up to 4 points)

Include a timeline, within each task, for initiating and completing the task that can be assessed for reasonableness.

5c. Performance Measures (up to 4 points)

Describe performance measures that can be used to assess the effectiveness of the project. They should, at a minimum, identify the number of residents (and if applicable, medical students), both individuals and FTEs, who train at the site(s) by year, duration of each session and the amount of time spent at the site(s) throughout the year, as well as a description of the way in which the applicant will evaluate the impact of the training provided.

Section 6: Program Budget (Maximum Score: 20 points)

Instructions (Not Scored):

Award amounts will be up to a maximum of \$250,000 annually, per application, for up to 42 months. The following should be considered in determining the amount requested: the number and FTE positions of residents (and, if applicable, medical students) to be trained at the site; the number and cost of preceptors to supervise and teach residents (and, if applicable, medical students) at the site(s); and prior experience training residents (and medical students) in freestanding ambulatory care site(s).

The Budget for year one must be entered into the Grants Gateway. The Budgets for Years 2-4 are to be completed using the expenditure-based Excel budget template in the Pre-submission Upload section of the Grants Gateway (refer to Attachment 6). Include amounts requested for each budget line and a narrative budget justification of each budget line and how it was derived.

Funds for each year are discrete and cannot be rolled over from one year into the following year(s).

All costs must be related to contractor activities, and adhere to the following guidelines:

- 6a.** The amount requested in each budget year must be reasonable and cost effective, relate directly to the activities described in the application, and consistent with the scope of

services outlined in the RFA. Budgeted items must be justified and fundable under state and federal guidelines. **(up to 8 points)**

- 6b.** For each budget item, list the category of service, i.e., Start-up, Training or Administrative. If a budget item covers two categories of service, it should be either listed twice or fully delineated in the justification section. It should be easily discernible what portion of the budget is attributable to each category. **(up to 3 points)**
- 6c.** All budgeted positions must be consistent with the proposed services. The budget justifications must delineate how the percentage of staff time devoted to this initiative has been determined, provide a detailed description of role, responsibilities and experience, and describe how the staffing structure will support the activities of the proposed project. For partially funded positions, the percent effort being requested should be reasonable for the responsibilities being proposed in the project. **(up to 3 points)**
- 6d.** Reimbursement of costs incurred for training at the freestanding ambulatory care site(s) may include the cost of direct precepting activities to supervise and teach residents (and medical students) during clinical sessions at the ambulatory care site(s) (e.g., faculty stipends and incidental costs). **(up to 3 points)**

Expenditure of grant funds to reimburse training costs for residents (and medical students) may also include:

- Reasonable housing expenses to support block rotations while away from the sponsoring institution;
 - Resident allowances [set sum to be utilized by residents for incidental costs associated with training at the site(s)];
 - Reasonable transportation expenses incurred while traveling between the residents' housing and the freestanding ambulatory care site(s) (public transportation must be used wherever possible); and/or
 - Resident supplies purchased by the ambulatory care site for use by the residents while working at the site (i.e., supplies that would not be assigned to a particular resident).
- 6e.** Funding requested for administrative and management costs should adhere to the following guidelines: **(up to 3 points)**
- Indirect overhead costs are limited to a maximum of 10% of total direct costs.
 - Funds requested may NOT be used to supplant resources supporting existing services or activities.
 - Ineligible budget items will be removed from the budget prior to contracting.
 - Ineligible items are those determined by the Department to be inadequately justified in relation to the proposed project or are not fundable under existing state and federal guidance (OMB Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.
 - Funding may support a portion of the overall organizational structure to an extent that it allows the funded applicant to implement project activities. This

includes funding for administrative staff, supervisors and support personnel, and other-than-personnel costs such as a share of space, supplies, telephone, basic equipment such as computers and printers and other expenses associated with project implementation and service delivery.

6f. Additional Guidelines (Not Scored):

- All subcontracting arrangements should include the contractual amounts and methodologies.
- Start-up costs must be expended in the first six months of the forty-two (42) month contract and can be no more than one seventh of the total funding requested. Such expenses may include but are not limited to curriculum development, faculty development, selection of residents (and medical students) for participation in the project and costs to develop affiliation or other contractual agreements.
- Eligible costs include, but are not limited to:
Personal Services for salary and fringe for the following types of personnel:
 - Project Director
 - Project Coordinator
 - Faculty at the site(s)
 - Grant/Fiscal/Legal Staff
 - Curriculum DeveloperNon-Personal Services:
For each item under Non-Personal Services describe how it is necessary for program implementation. Non-Personal Services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other Costs. The budgets should include all subcontracts/consultants with contractual amounts and methodologies.
 - Travel/Transportation/Housing for Residents/Medical Students
 - Operating Expenses:
 - a. Training supplies/equipment relevant to training at the site(s)
 - b. Computer equipment relevant for the project
 - c. Office furniture for use by residents, medical students or faculty at the site(s)
 - d. Resident/medical student recruitment costs to train at the site(s)
 - Other (must specify, eg: Indirect Cost)
- Ineligible costs include:
 - Purchase of food or beverages.
 - Recruitment costs to the residency program, except where allowed above.
 - Expenses paid by other sources or payors.
 - Purchase of major pieces of depreciable equipment, or remodeling or modification of structures.
- In the sole determination of the Department, unallowable costs or costs not adequately justified will be removed from consideration when award amounts are being determined.

3. Budget and Workplan Templates

All costs must be related to the provision of the DANY Ambulatory Care Training Program, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative 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.*

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

It is the applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

B. Freedom of Information Law

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

C. Review & Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH, Office of Primary Care and Health Systems Management Division of Workforce Transformation. Applicants not meeting the minimum requirements outlined in Section II. A of the RFA will be removed from consideration.

All applications will be reviewed using an objective rating system of the required items specified for each section. Applicants will be selected based upon evaluation of materials submitted. The maximum point value of each section appears at the beginning of that section in the RFA.

The passing score is sixty (60). Each application will be scored independently. Each application will be ranked based on highest to lowest score within its region (either New York City or the rest of the state) and awards will be given at the amount requested (less any unallowable costs) until the funding is exhausted. Two-thirds of the funding is reserved for awards to New York City applicants and one-third is reserved for awards to applicants from the rest of the state.

Each sponsoring institution may submit one application. The address of the sponsoring institution will determine the region. Each application may include one or more proposed site(s).

In the event of a tie score, scores from Section V. Completing the Application; 2. Program Specific Questions; Section 3e. (Training of Residents) will be used to break the tie. If a tie still exists, scores from Section V. Completing the Application; 2. Program Specific Questions; Section 5. (Work Plan and Performance Measures) will be used to break the tie.

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to 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.

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.

Once an award has been made, applicants may request a debriefing of their application (whether their application was funded or not funded). Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from date of award or non-award announcement. To request a debriefing, please send an email to gme@health.ny.gov. In the subject line, please write: *Debriefing Request (DANY Ambulatory Care Training Program)*.

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

VI. Attachments

Please note that certain attachments are accessed in the “Pre-Submission Uploads” section of an 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, prospective applicants 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*: Vendor Responsibility Attestation
- Attachment 3*: Minority & Women-Owned Business Enterprise Requirement Forms
- Attachment 4*: Work Plan Instructions
- Attachment 5*: Guide for Completing Budgets
- Attachment 6*: Grant Years 2-4 Budgets
- Attachment 7*: ACGME/AOA Accreditation Form

*These attachments are located/included in the Pre Submission Upload section of the Grants Gateway on line application.

Application Cover Page

RFA # 17240 – Grants Gateway # DOH01-DANYAC-2018

DANY Ambulatory Care Training Program

Section 1: Applicant Information (Sponsoring Institution)

Applicant Name:

Applicant Address:

Applicant Vendor ID #: _____

Applicant Contact Information:

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Applicant Organization Type (Check one):

_____ Teaching General Hospital

_____ Medical School

_____ Consortium

_____ Diagnostic and Treatment Center (D&TC)

Section 2: Project Information

Type of clinical specialty:

As per the RFA page (4), Section B Minimum Application Requirements, applicants must propose to train residents in one or more freestanding ambulatory care sites, where the applicant affirms that each site meets the following requirements:

a. The applicant and site(s) are located in New York State. (Check one):

_____ New York City _____ Rest of the State

b. The site(s) are one or more of the following:

- i. A freestanding D&TC licensed under PHL Article 28 that meets the following definition as set forth in 10 NYCRR 86-4.1(b): "A medical facility with one or more organized health services not part of an inpatient hospital facility or vocational rehabilitation center, which is primarily engaged in providing services to out-of-hospital or ambulatory patients by or under the supervision of a physician or dentist, for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition"; or
- ii. A private corporation of an individual or group physician practice, and, as such is not licensed under Article 28 of the PHL.

Type of freestanding ambulatory care site(s) (Check all that apply):

_____ Freestanding D&TC(s) _____ Private Physician Practice(s)

Total number of individual residents to be trained (ALL years): _____

Project also includes medical students: _____ Yes _____ No

If yes, please provide the total number of individual medical students: _____

Site(s) is located in an Underserved Area: _____ Yes _____ No

Anticipated Subcontracting Organization(s) Names(s):

Section 3: Attestation and Authorized Representative

I do hereby attest by my signature that each attending physician involved in training residents at the site(s) provides direct supervision for no more than four residents at any specific time.

Signature of Authorized Applicant Representative:

Signature

Date

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

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: _____

GUIDE TO NEW YORK STATE DOH M/WBE RFA NFP REQUIRED FORMS

All DOH procurements have a section entitled “**MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE REQUIREMENTS.**” This section of procurement sets forth the established DOH goal for that particular procurement and also describes the forms that must be completed with their proposal or application. Below is a summary of the forms used in the DOH MWBE Participation Program by a grantee.

Form #1: NFP MWBE Utilization Plan - This document must be completed by all grantees responding to RFAs with an MWBE goal greater than zero. The grantee must demonstrate how it plans to meet the stated MWBE goal. In completing this form, the grantee should describe the steps taken to establish communication with MWBE firms and identify current or future relationships with certified MWBE firms. The second page of the form should list the MWBE certified firms that the vendor plans to engage with on the project and the amount that each certified firm is projected to be paid. Plans to work with uncertified firms or women and minority staffed firms do not meet the criteria for participation. If the plan is not submitted or is deemed deficient, the grantee may be sent a notice of deficiency. It is mandatory that all awards with goals have a utilization plan on file.

Form #2: MWBE Utilization Waiver Request - This document must be filled out by the grantee if the utilization plan (Form #1) indicates less than the stated participation goal for the procurement. In this instance, Form #2 must accompany Form #1 with the proposal. When completing Form #2, it is important that the grantee thoroughly document the steps that were taken to meet the goal and provide evidence in the form of attachments to the document. The required attachments are listed on Form #2 and will document the good-faith efforts taken to meet the desired goal. A grantee can also attach additional evidence outside of those referenced attachments. Without evidence of good-faith efforts, in the form of attachments or other documentation, the Department of Health may not approve the waiver and the grantee may be deemed non-responsive.

New MWBE firms are being certified daily and new MWBE firms may now be available to provide products or services that were historically unavailable. If Form #2 is found by DOH to be deficient, the grantee will be sent a deficiency letter asking for a revised form to be returned within 7 business days of receipt.

Any MWBE related questions or questions regarding the completion of MWBE forms can be sent to the “substantive contact” listed under **Section IV. Administrative Requirements, B. Questions and Answer Phase**. No questions will be accepted after the “Questions Due” date listed on Page#1 of this RFA.

Form #3: Replaced by Online Compliance System - <https://ny.newnycontracts.com> Grantees will need to login and submit payments to MWBE Firms in this online system once payments to these vendors commence.

Form#4 – MWBE Staffing Plan - This form should be completed based on the composition of staff working on the project. Enter the numbers or counts in the corresponding boxes and add up the totals in each column. This form is for diversity research purposes only and has no bearing on MWBE goal achievement.

Form#5 – EEO and MWBE Policy Statement - This is a standard EEO policy that needs to be signed and dated and submitted.

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

Applicant/Grantee Name:	
Vendor ID:	Telephone No. Email:
RFA/Contract Title:	RFA/Contract No.

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

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)		\$
2. MBE Goal Applied to Eligible Expenditures		\$
3. WBE Goal Applied to Eligible Expenditures		\$
4. MWBE Combined Eligible Expenditure Totals*		\$

“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

**MWBE UTILIZATION PLAN
MINORITY OWNED BUSINESS ENTERPRISE (MBE) INFORMATION**

In order to achieve the MBE Goals, grantee expects to subcontract/purchase with New York State certified MINORITY-OWNED entities as follows: (add additional pages as needed)

MBE Firm (Exactly as Registered)	Description of Work (Products/Services) [MBE]	Projected MBE Expenditure Amount
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____

**MWBE UTILIZATION PLAN
WOMEN OWNED BUSINESS ENTERPRISE (WBE) INFORMATION**

In order to achieve the MBE Goals, grantee expects to subcontract/purchase with New York State certified WOMEN-OWNED entities as follows: (add additional pages as needed)

WBE Firm (Exactly as Registered)	Description of Work (Products/Services) [WBE]	Projected WBE Expenditure Amount
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____
Name Address City, State, ZIP Employer I.D. Telephone Number () -		\$ _____

-MWBE Form #2-
New York State Department of Health
MWBE Waiver Request

Applicant/Grantee : Click here to enter text.	Federal Identification No.: Click here to enter number.
Address: Click here to enter text.	Solicitation/Contract No.: Click here to enter number.
City, State, Zip Code: Click here to enter text.	M/WBE Goals: MBE % % % WBE % % % (From Lines 2&3 of Form 1)
By submitting this form and the required information, the officer or/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.	
Contractor is requesting a : <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. Total / Partial (circle one) <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. Total / Partial (circle one) <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: Click here to enter a date.	
If a total or partial waiver is requested, appropriate supporting documentation as outlined in the Detailed MWBE Form Instructions is required.	
<div style="display: flex; justify-content: space-between;"> <div> PREPARED BY (Signature) _____ </div> <div> Date: _____ </div> </div> <p>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.</p>	
Name and Title of Preparer (Printed or Typed):	<div style="display: flex;"> <div style="flex: 1;"> Telephone Number: </div> <div style="flex: 1;"> Email Address: </div> </div>
***** FOR DMWBD USE ONLY *****	
Submit with the bid or proposal or if submitting after award submit to: doh.sm.mwbe@health.ny.gov	<div style="display: flex;"> <div style="flex: 1;"> REVIEWED BY: </div> <div style="flex: 1;"> DATE: </div> </div>
	Waiver Granted: <input type="checkbox"/> YES <input type="checkbox"/> NO MBE: <input type="checkbox"/> WBE: <input type="checkbox"/> <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____

- M/WBE Form #4 -
New York State Department of Health
M/WBE STAFFING PLAN

For project staff, consultants and/or subcontractors working on this grant complete the following plan. This has no impact on MWBE utilization goals, or the submitted Utilization Plan - Form#1. This is for diversity research purposes.

Contractor Name _____

Address _____

STAFF	Total	Male	Female	Black	Hispanic	Asian/ Pacific Islander	Other
Executive/Senior level Officials							
Managers/Supervisors							
Professionals							
Technicians							
Administrative Support							
Craft/Maintenance Workers							
Laborers and Helpers							
Service Workers							
Totals							

(Name and Title)

(Signature)

Date

Form #4 -Page 1 of 1

- M/WBE Form #5 –
**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES –
EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

M/WBE AND EEO POLICY STATEMENT

I, _____, the (awardee/contractor)_____ agree to adopt the following policies with respect to the project being developed or services rendered at _____

M/WBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations. Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

Name & Title

Signature & Date

EEO

employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Form #5 -Page 1 of 1

(a) This organization will not discriminate against any

DETAILED MWBE FORMS INSTRUCTIONS
NFP (Not-For-Profit) Specific

Form#1 – MWBE Utilization Plan

Page#1 of Form#1:

Description of Plan - Describe any steps/details that support Grantee/Contractor plan to meet the MWBE goals stated in the procurement/contract. Certified MWBE entities to correspond with and work with are found in the NYS MWBE Directory located at: <https://ny.newnycontracts.com/>.

Line#1 - Total Dollar Value of Eligible Expenditures – This line should represent a total of all Grantee/Contractor budgeted expenditures for Contractual Services (Subcontracting), Equipment and Supplies. Salaries, Fringe, Rent, Space and Utilities are all not considered eligible expenses for goal setting.

Example: Grantee/Contractor has \$50,000 in salaries, \$25,000 in Subcontracting and \$5,000 in supplies. The Eligible total to be placed on Line #1 would be \$30,000 or (\$25,000 sub + \$5,000 supplies. Note: Salaries is not included in the equation because salaries are not considered eligible for Grant Contracts).

Line#2 - MBE Goal Applied to Eligible Expenditures – Grantee/Contractor lists the amount to be paid to a Certified Minority-owned Business Enterprise and states what percentage this amount is of the Total Value listed on Line #1.

Example: If Contractor is paying two MBE firms \$100,000 & \$50,000 each and the eligible amount listed on line#1 is \$1,000,000 then list 15% and \$150,000 on Line#2.

Line#3 - WBE Goal Applied to Eligible Expenditures – Grantee/Contractor lists the amount to be paid to a Certified Woman-owned Business Enterprise and states the percentage this amount is of the Total Value listed on Line #1.

Example: Grantee/Contractor is paying two WBE firms \$50,000 & \$100,000 each and the eligible amount listed on line #1 is \$1,000,000 then Grantee/Contractor lists 15% and \$150,000 on Line#2.

Line#4 - MWBE Combined Eligible Expenditure Totals - Grantee/Contractor totals Line #2 and Line #3 for both Percentage and Amount to state the Combined M&W percentages and Combined M&W amount.

Example: Using the above Line #2 and Line #3 examples for payment data, Grantee/Contractor achieves a combined MWBE % of 30% and a combined MWBE amount of \$300,000. (15%M and 15%W; \$150,000M + \$150,000W). MWBE combined Total/Total Dollar Value Eligible = the MWBE % ($300,000/1,000,000 = 30\%$).

Page#2 of Form#1:

The first column (left column): Grantee/Contractor lists any Minority-owned Business Enterprises (MBE) that Grantee/Contractor is subcontracting with or purchasing from and the MBE contact/company information.

The second column (center column): Grantee/Contractor describes what type of work certified MBE will be providing or what product certified MBE will be supplying to Grantee/Contractor.

The third column (right column): Grantee/Contractor states the amount to be paid to the certified MBE during the term of the contract. The amount totaled from Page #2 should equal the amount listed on Line#2 of Page#1.

Page#3 of Form#1:

The first column (left column): Grantee/Contractor lists any Woman-owned Business Enterprises (WBE) that Bidder/Contractor will be subcontracting with or purchasing from and WBE contact/company information.

The second column (center column): Grantee/Contractor describes what type of work certified WBE will be providing or what product certified WBE will be supplying to Grantee/Contractor.

Third column (right column): Grantee/Contractor states the amount to be paid to the certified WBE during the term of the contract. The amount totaled from Page#3 should equal the amount listed on Line#3 of Page#1.

Form#2 – MWBE Utilization Waiver Request

“Form#1 MWBE Utilization Plans” that commit to a goal % less than the stated MWBE goal percentage in procurement must be accompanied by a “Form#2 MWBE Utilization Waiver Request”. A Grantee/Contractor may qualify for a partial or total waiver of the MWBE goal requirements established on a State contract only upon the submission of a waiver form by a Grantee/Contractor, documenting good-faith efforts by the Contractor to meet the goal requirements of the state contract and a consideration of applicable factors. The ability to subcontract with M/WBEs and separately the ability to purchase from M/WBEs must be addressed in attachments on all waiver requests.

Fill out the header with the name of the Grantee/Contractor requesting the waiver under Offeror/Contractor Name, include your Federal Identification ID, Address, Solicitation/Contract Number, and M/WBE Goals. Check off the appropriate box for the type of waiver that is being requested and whether it is a total or partial waiver. If the Waiver is Pending ESD Certification, meaning the subcontractor has applied for certification with Empire State Development, check off that box and state the date that they applied for certification. Directly below the Pending ESD Certification area, sign and date the waiver. Provide the name of the preparer as well as a telephone number and email address (Grantee/Contractor direct contact number of person authorized to discuss submission).

The following attachments should be provided:

1. A statement setting forth your basis for requesting a partial or total waiver. The statement should at a minimum include the services being subcontracted out and why a portion of those services cannot be subcontracted to certified MWBE(s). In addition, statement must also include what purchases of equipment and supplies are being made and why those purchases cannot be provided by certified MWBE(s).
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals related to this contract.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses to your solicitations received by you from certified M/WBEs.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Grantee/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.

*** All attachments are created by the entity requesting the waiver. These are self-generated attachments and are not provided by the agency.**

Work Plan Instructions

In the Grants Gateway format, provide a detailed overview of the project objectives, tasks and performance measures that are consistent with the objectives of the RFA, Section III. Project Narrative/Work Plan Outcomes.

Please refer to Section 6.2.10.2 – Grantee Defined Work Plan of the Grantee User Guide (available at: <http://grantsreform.ny.gov/Grantees> and clicking on “Grantee User Guide” in the Quick Links Menu) for instructions on how to complete the Work Plan.

Below is a quick summary on completing the on line Work Plan:

- Click on the Work Plan Overview Form and complete all the mandatory fields. All the fields on the Work Plan Overview form are mandatory. Be sure to Click on the SAVE button after all information is entered.
- Click on the Objectives link to enter an Objective for this project. Be sure to Click on the SAVE button after all information is entered.
- After you save the Objective, hover over the Forms Menu and click on the Tasks link to enter task(s) for the Objective you created. Enter all the required information and click on the save button on the Tasks screen.
- Hover over the Forms Menu and click on the Performance Measure link to enter Performance Measure(s) for the Task(s) you created.
- Enter all the required information and click on the save button on the Performance Measure screen.
- Once one set of Objectives, Tasks, and Performance Measures are complete, you can add a second (or more) set. Click on the Add Button. Note: The system will allow adding more than one objective if not restricted by Funding Agency.
- Once a second set is created, you can toggle between the two to work on them by clicking the dropdown with the Go button (this will appear after the second set is created).

Guide for Completing Budgets

Applicants are instructed to prepare an annual budget relating to the provisions of DANY Ambulatory Care Training Program.

Budget for Year 1: Entered into the Grants Gateway

The budget for year one (**January 1, 2018 to December 31, 2018**) must be entered into the Grants Gateway.

When entering Year 1 in the Grants Gateway, applicants should refer to Section 6.2.9.1 – Expenditure Budget of the ***Grantee User Guide*** (available at: <http://grantsreform.ny.gov/Grantees> and clicking on “Grantee User Guide” in the Quick Links Menu) for instructions on how to complete the online Budget.

Please refer to the training video – Grantee Tutorial: Apply for Funding (available at: <http://grantsreform.ny.gov/youtube> and clicking the appropriate link) for detailed instructions on how to complete the online budget with examples. This content begins approximately nine minutes into the video. Online training opportunities are also available at: <http://grantsreform.ny.gov/training-calendar>.

Below is a quick summary:

- Click on each applicable detail budget form you need to include in your budget. Enter all required information.
 - Be sure to Click on the “SAVE” button after all information is entered.
 - Additional expenses may be included in each budget category form by clicking the “Add” button in the blue toolbar near the top of your screen.
- After you save each detail budget form, hover over the Forms Menu and click on the associated Narrative form. Use this form to provide a detailed justification for each budget line. Provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Workplan. Budget lines that are not well-justified will negatively impact the application score.
 - Starting with personnel, **fully justify** amounts requested in each budget category and budget line. Regardless of whether financial support is requested, describe and substantiate the roles and essential contributions to the project of the PI, mentor(s), applicant fellow and other staff involved in the project.
 - Provide a **detailed** justification for each ‘Non Personal Service’ (e.g., travel, supplies and other expenses).
- Once your detail pages have been completed, click on the Expenditure Summary and SAVE.

Budget for Years 2 – 4: Complete Excel Forms/Combine as .pdf/Upload into Gateway

Budgets for Years two through four are to be completed using the excel budget forms in Attachment 6.

The budgets for years two through four should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway on line application as **Attachment 6**.

Years two through four budgets should be labeled as follows:

Budget Year 2: January 1, 2019 – December 31, 2019

Budget Year 3: January 1, 2020 – December 31, 2020

Budget Year 4: January 1, 2021 – June 30, 2021

For years two through four budgets, please be sure to complete all required Budget Pages included in Attachment 6.

Attachment 6 - Excel Form Instructions

Tab 1 - Summary Budget

- A. ***Project Name: Doctors Across New York Ambulatory Care***
- B. ***Contractor SFS Payee Name*** - Enter official contractor name listed on Statewide Financial System (SFS). If you do not have an SFS Contractor name, please enter the official name of agency.
- C. ***Contract Period*** – “From” is the Start date of the budget and “To” is the end date of the budget. **A separate budget must be completed for each 12 month budget period for Years 2 & 3 and a 6 month budget period for Year 4 and labeled accordingly for each contract period.**
- D. **The GRANT FUNDS column will need to be populated based on the information entered in the major budget categories on Tabs 2 through 5 of the excel spreadsheet.** These categories include:

- Salaries
- Fringe Benefits
- Contractual Services
- Travel
- Equipment
- Space, Property & Utilities
- Operating Expenses
- Other

No information should be entered into the columns labeled Match Funds, Match % or Other Funds.

Tab 2- Salaries

Please include all positions for which you are requesting reimbursement on this page. If you wish to show in-kind positions, they may also be included on this page. *Please include a written justification on Tab 6.*

Position Title: For each position, indicate the title along with the incumbent's name. If a position is vacant, please indicate "TBD" (to be determined).

Annualized Salary Per Position: For each position, indicate the total annual salary regardless of funding source.

Standard Work Week (Hours): For each position, indicate the number of hours worked per week regardless of funding source.

Percent of Effort Funded: For each position, indicate the percent effort devoted to the proposed program/project.

Number of Months Funded: For each position, indicate the number of months funded on the proposed project.

Total: For each position, applicants will need to populate the total funding requested column from the AIDS Institute based on annualized salary, hours worked, percent effort and months funded for each position.

Tab 2 - Fringe Benefits

On the bottom of Tab 2, please fill in the requested information on fringe benefits based on your latest audited financial statements. Also, please indicate the amount and rate requested for fringe benefits in this proposed budget. If the rate requested in this proposal exceeds the rate in the financial statements, a brief justification must be attached. *Please include a written justification on Tab 6.*

Tab 3 – Contractual Services

Please indicate any services for which a subcontract or consultant will be used. Include an estimated cost for these services. *Please include a written justification on Tab 6.*

Tab 3 – Travel

Please indicate estimated travel costs for the contract period. *Please include a written justification on Tab 6.*

Tab 4 – Equipment and Space

Please indicate estimated equipment or space costs for the contract period. *Please include a written justification on Tab 6.*

Tab 5 – Operating Expenses / Other

Please indicate any operating expenses for the contract period. (*Operating costs include may include Supplies and any other miscellaneous costs for the contract period*). *Please include a written justification on Tab 6.*

Please indicate the estimated other costs requested for the contract period. (*Other costs include indirect costs*) Please note indirect costs are limited to 10% of direct costs. *Please include a written justification on Tab 6. The justification for indirect costs needs to include the requested rate.*

Tab 6 - Narrative Budget Justification

Please provide a brief narrative justification for budget years 2-5 in the **JUSTIFICATION** column in Tab 6 for each budgeted item. The justification should describe the requested item, the rationale for requesting the item, and how the item will benefit the proposed program/project. Separate justifications should be included at the end of each budget year.

Those agencies selected for funding will be required to provide a more detailed budget as part of the contract process.

The amount requested each year should be reasonable and cost effective, relate directly to the activities described in the application, and be consistent with the scope of services outlined in the **Doctors Across New York Ambulatory Care RFA**.

Funding requests should adhere to the following guidelines:

- Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 10%.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.