

Addendum #1

9/12/19

RFA # 18300/Grants Gateway # DOH01-LHOI20-2020

New York State Department of Health

Office of Minority Health and Health Disparities Prevention

Request for Applications

Latino Health Outreach Initiative

- 1) Program Specific Questions:** Question 7f – “If the budget includes subcontracts to partners, include a Statement of Scope of Work for each partner receiving the subcontract and a Letter of Collaboration.” Please upload this document into the Grantee Document Folder.
- 2) Pre-Submission Uploads:** Attachment 7 – Application Logic Model is missing. Please see attachment below.

Attachment 7

Logic Model Template

Program/Project Name:

Statement of the Problem:

Contributing Factors (evidence)

Population(s) of Focus:

[illegible]

RFA #18300 / Grants Gateway #DOH01-LHOI-2020
New York State Department of Health
Office of Minority Health and Health Disparities
Prevention

Request for Applications

Latino Health Outreach Initiative

KEY DATES:

Release Date:	August 22, 2019
Questions Due:	September 5, 2019
Questions, Answers and Updates Posted (on or about):	September 12, 2019
Applications Due:	October 3, 2019 by 4:00 PM
DOH Contact Name & Address:	Joyce Meadows New York State Department of Health Office of Minority Health and Health Disparities Prevention ESP, Corning Tower – Room 957 Albany, New York 12237 omhhdhp@health.ny.gov

Table of Contents

I.	Introduction.....	1
II.	Who May Apply	1
	A. Minimum Eligibility Requirements	1
	B. Preferred Eligibility Requirements	2
III.	Project Narrative/Work Plan Outcomes.....	2
	A. Overview.....	2
	B. Populations to be Served.....	2
IV.	Administrative Requirements	3
	A. Issuing Agency.....	3
	B. Question and Answer Phase	3
	C. Letter of Interest	4
	D. Applicant Conference	4
	E. How to file an application	4
	F. Department of Health’s Reserved Rights	6
	G. Term of Contract.....	7
	H. Payment & Reporting Requirements of Grant Awardees.....	8
	I. Minority & Woman-Owned Business Enterprise Requirements.....	9
	J. Limits on Administrative Expenses and Executive Compensation	10
	K. Vendor Identification Number	10
	L. Vendor Responsibility Questionnaire	11
	M. Vendor Prequalification for Not-for-Profits	11
	N. General Specifications	12
V.	Completing the Application.....	13
	A. Application Format/Content	13
	B. Freedom of Information Law	18
	C. Review & Award Process	19
VI.	Attachments	19
	Office of Minority Health Legislation	21
	Public Health Law	21

I. Introduction

The New York State Department of Health (The Department), Office of Minority Health and Health Disparities Prevention (OMH-HDP) is seeking applications to implement its Latino Health Outreach Initiative. The Latino Health Outreach Initiative was established by the NYSDOH in 2007 pursuant to legislation. For the purposes of this initiative, the term “Latino” includes all individuals that identify as being of Spanish or Hispanic origin. Services supported by this Request for Applications (RFA) will result in partial fulfillment of New York State Public Health Law Title II F § 241 (1), which requires the OMH-HDP to integrate and coordinate select state health care grant and loan programs established specifically for minority health care providers and residents. (See **Attachment 1: New York State Public Health Law Title IIF §240-243**).

Since inception in 2007, OMH-HDP’s Latino Health Outreach Initiative (LHOI) has worked to reduce barriers to health care and improve health care system access for Latinos in New York State. The LHOI has supported numerous projects translating data into solutions to reduce racial and ethnic health disparities experienced by Latino populations.

In addition, services proposed under this RFA support the Department’s [Prevention Agenda toward the Healthiest State](#) as it moves towards improving health status, reducing health disparities, and achieving health equity.

It is anticipated that approximately \$110,250.00 will be available to support one (1) award of up to \$36,750 per year for three years, as outlined below:

Year 1	August 1, 2020 – July 31, 2021	\$36,750.00
Year 2	August 1, 2021 – July 31, 2022	\$36,750.00
Year 3	August 1, 2022 – July 31, 2023	\$36,750.00
Total 3 Year Award		\$110,250.00

Funds under this award are intended to supplement, enhance, and expand, but not supplant existing resources and services. The Department also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

II. Who May Apply

A. Minimum Eligibility Requirements

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

- Be a community-based, not-for-profit organization that is tax-exempt under Section 501 (c) (3) of the Internal Revenue Code, and/or be an academic institution located in New York State;
- Have three (3) years of experience working with Latino populations;
- Have three (3) years of experience in oversight of administrative, fiscal, and programmatic aspects of government, foundation or other grant-makers in health contracts, including timely and accurate submission of fiscal and program reports;
- Be located within and/or provide services to Minority Areas (MAs) as defined in NYS PHL §240 (**See Attachment 2: Office of Minority Health and Health Disparities Prevention PHL II-F §240 Minority Area Map**); and
- Be prequalified in the Grants Gateway by the application due date listed on the cover of this RFA.

Failure to meet these criteria will result in the application being disqualified and not scored.

PLEASE NOTE: For-profits are **not** eligible to apply to this funding opportunity.

B. Preferred Eligibility Requirements

Preference for this initiative will be given to applicants that:

- Have five (5) years of experience working with Latino populations; **and/or**
- Have five (5) years of experience in the oversight of administrative, fiscal, and programmatic aspects of government, foundation, or other grant-makers in health contracts, including timely and accurate submission of fiscal and program reports; **and/or**
- Have a Board of Directors and employees that represent the populations they intend to serve.

III. Project Narrative/Work Plan Outcomes

Programs funded under this initiative will provide services to reduce system access barriers for Latino populations. Applications submitted in response to this solicitation should demonstrate the applicants' ability to design and implement effective programs to provide support and mentoring services for racial and ethnic populations, specifically Latinos, using culturally and linguistically relevant, age, gender, and developmentally appropriate interventions and strategies; and use monitoring and evaluation tools to continually enhance program services.

A. Overview

Funds received under this RFA will

- Support improvement upon one or more of the following, based on previously successful, evidence-based models or promising practices:
 - individual knowledge and behavior;
 - community knowledge and awareness;
 - health care provider knowledge and behavior;
 - partnership development;
 - organizational practice(s); and/or
 - policy.
- Expand the use and availability of culturally and linguistically appropriate health education and prevention efforts.
- Outreach to and actively engage Latino populations.
- Use community assets and strengths-based approaches including, but not limited to, peer-to-peer and/or mentorship frameworks.

B. Populations to be Served

Services **must** be provided for Latino populations Minority Areas (see **Attachment 2**).

C. Program Staffing and Structure

The Latino Health Outreach Initiative should have appropriately trained staff to carry out the proposed program services and, when possible, represent the populations served.

D. Other Requirements

The successful applicant will participate in OMH-HDP meetings, provide relevant presentations on program design, implementation, and evaluation as requested; and comply with OMH-HDP reporting and vouchering requirements as outlined in the resulting contract.

Applicants may subcontract components of the scope of work (75% must be retained). 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 should be approved by the Department of Health.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (Department), Office of Minority Health and Health Disparities Prevention. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

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

Kristen M. Pergolino
Office of Minority Health and Health Disparities Prevention
New York State Department of Health
ESP, Corning Tower, Room 957
Albany, New York 12237-0092
omhhdp@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 calling **Joyce Meadows at 518-474-2180**. **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.**

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

- <https://grantsmanagement.ny.gov/resources-grant-applicants>
- Grants Gateway Videos: <https://grantsmanagement.ny.gov/videos-grant-applicants>
- Grants Gateway Team Email: grantsgateway@its.ny.gov
Phone: 518-474-5595
Hours: Monday thru Friday 8 a.m. to 4 p.m.
(Application Completion, Policy, Prequalification and Registration questions)
- Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8 a.m. to 8 p.m.
Email: helpdesk@agatesoftware.com
(After hours support w/user names and lockouts)

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: <https://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

C. Letter of Interest

A Letter of Interest is *NOT* required.

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 Management website at the following web address: <https://grantsmanagement.ny.gov/> and select the “Apply for a Grant” from the Apply & Manage menu. There is also a more detailed “Grants Gateway:

Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsmanagement.ny.gov/live-webinars>.

To apply for this opportunity:

1. Log into the [Grants Gateway](#) as either a “Grantee” or “Grantee Contract Signatory”.
2. On the Grants Gateway home page, click the “View Opportunities” button”.
3. Use the search fields to locate an opportunity; search by State agency (DOH) or enter the Grant Opportunity name Latino Health Outreach Initiative.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

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

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

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

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any

global errors that may arise. You can also run the global error check at any time in the application process. (see p.64 of the Grants Gateway: Vendor 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. Grantees should ensure that any attachments uploaded with their application are not “protected” or “pass-worded” documents.

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

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 offeror's application and/or to determine an offeror's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

G. Term of Contract

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

It is expected that contracts resulting from this RFA will have the following time period:

August 1, 2020 – July 31, 2023.

Continued funding throughout this three (3) 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. The Department may, at its discretion, make an advance payment to not-for-profit grant contractors in an amount not to exceed 25 percent.
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:

Office of Minority Health and Health Disparities Prevention
New York State Department of Health
ESP, Corning Tower, Room 957
Albany, New York 12237-0092

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 or, in the future, through the Grants Gateway:

Quarterly Progress Reports and a Final Cumulative Report

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

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the 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 30% 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 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified 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 on this page under “NYS Directory of

Certified Firms” and accessed by clicking on the link entitled “Search the Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By 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:

- a) If a Grantee fails to submit a MWBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a notice of deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If 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 be sure the Vendor Identification number is included in your organization information. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: http://www.osc.state.ny.us/vendor_management/forms.htm.

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/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 upload the Vendor Responsibility Attestation (**Attachment 4**) of the RFA. The Attestation is located under Pre-Submission uploads and once completed should be uploaded in the same section.

M. Vendor Prequalification for Not-for-Profits

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

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

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 Management Website details the requirements and an [online tutorial](#) are available to walk users through the process.

1) Register for the Grants Gateway

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

If you have previously registered and do not know your Username, please email grantsgateway@its.ny.gov. 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 included with 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 Grants Gateway: Vendor User Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Management website at:

<https://grantsmanagement.ny.gov/system/files/documents/2019/03/grantsgatewayvendorusermanual03-13-2019.pdf>. Additional information for applicants is available at:
<https://grantsmanagement.ny.gov/resources-grant-applicants>.

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

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 must complete all sections of the application as described below. Since applicant responses comprise the application, attention should be given to the completeness and specificity of the responses.

Program Summary	5 points
Statement of Need	10 points
Organizational Experience and Capacity	15 points
Program Activities	25 points
Workplan	10 points
Monitoring and Evaluation	15 points
Budget Template including Narrative/Justification	20 points
Attachments	

Failure to submit application documentation in compliance with Pass/Fail criteria will result in the application being disqualified and not scored.

Pre-Submission Uploads

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

1. Minority & Women Owned Business Enterprise Requirement Forms (**Attachment 3**)
2. Vendor Responsibility Attestation (**Attachment 4**)
3. Cover Page (**Attachment 5**)
4. Letter of Commitment from Executive Director or Chief Executive Officer (**Attachment 6**)
5. Logic Model (**Attachment 7**)
6. Budget Projections (**Attachment 9**)

Program Specific Questions

1. Program Summary

Maximum Score: 5 points

- a) Summarize your proposed program and objectives to meet the specific goals of this RFA.
- b) Identify the population(s) of focus including: specific PHL §240 Minority Areas, numbers to be served, and briefly summarize the need.
- c) Describe how your organization proposes to develop relevant partnerships and connect key stakeholders to enhance collaboration and support the Latino Health Outreach Initiative in your community.

- d) Summarize your experience with monitoring and evaluating current program areas in your agency.
- e) Outline the anticipated outcomes.

2. Statement of Need

Maximum Score: 10 points

- a) Describe the population(s) to be served in terms of their unique system access needs and other factors, such as population assets, that should be considered in designing and implementing the proposed program.
- b) Describe how you determined the need for the services proposed in the application (include identified service gaps and barriers). Include both qualitative and quantitative data to substantiate the description.
- c) Describe your relationships and linkages with other key organizations in your catchment area.
- d) Describe how representatives from the population(s) were involved in the need and asset identification process.

3. Applicant Organization

Maximum Score: 15 Points

- a) Describe your agency, its mission, services provided, and locations where services are provided.
- b) Describe populations currently served by the agency including: age, sex, gender identity, sexual orientation, race, ethnicity, socioeconomic status, immigration status, and other significant characteristics as appropriate.
- c) Describe your agency's experience in providing services and implementing innovative models and programs for Latino populations. (Preference will be given to applicants that demonstrate five (5) years of such experience).
- d) Describe your agency's experience in collaborating with other organizations that are providing similar services.
- e) Describe your agency's organizational structure including: administrative and executive support for program implementation, fiscal management, grants management, data gathering and analysis ability, report writing, and program evaluation capacity.
- f) Describe your agency's experience in the effective oversight of administrative, fiscal, and programmatic aspects of government, foundation, or other grant-maker in health contracts, including timely and accurate submission of fiscal and program reports. (Preference will be given to applicants that demonstrate five (5) years of such experience).
- g) Describe how the proposed program will be integrated with other programs and services

within your organization.

4. Program Activities

Maximum Score: 25 Points

- a) Describe the design and structure of your proposed program.
- b) Describe the impact you expect to have on the population(s) of focus.
- c) Describe your outreach and engagement plan.
- d) Describe how your agency will provide services that are culturally and linguistically relevant and developmentally appropriate.
- e) Describe the proposed staffing for the program, their qualifications and expertise, and whether they are current or staff to be hired (Attach an organizational chart).

5. Workplan

Maximum Score: 10 Points

Complete the on-line workplan template addressing all core interventions described under Section III.

- a) Describe the project's anticipated outcomes. Objectives should be *specific, measurable, achievable, realistic, and time-bound* (SMART).
Specific – Objectives should specify what they want to achieve.
Measurable – You should be able to measure whether you are accomplishing the objectives or not.
Achievable – Are the objectives you set, achievable and attainable?
Realistic – Can you realistically achieve the objectives with the resources you have?
Time-bound – Objectives should be met, and projects completed by dates specified in the application.
- b) Outline the Tasks (activities) that will be implemented to meet each SMART Objective.
- c) Include Performance Measures for each objective and its corresponding tasks. Performance Measures will be used to demonstrate the applicant's capacity to meet the expected outcomes as identified in the workplan.

Please note that the Work Plan for this RFA is limited to the following: 30 Objectives, 60 Tasks, and 90 Performance Measures. The Grants Gateway does not keep a running count of these; applicants will be responsible for ensuring that they stay within these limits. **If you exceed these limits it will jeopardize your ability to submit your application.**

6. Monitoring and Evaluation

Maximum Score: 15 Points

- a) Describe your agency's capacity to collect, analyze, and report participant-level data using computer-based applications.

- b) Describe your agency's overall plan for evaluating program effectiveness. Complete the Logic Model using the template provided (**Attachment 7**).
- c) Describe how the population(s) of focus will be involved in the program's ongoing evaluation and improvement activities.

7. Budget with Justification

Maximum Score: 20 Points

- a) Complete the on-line budget template. Assume a twelve (12) month budget, with an August 1, 2020 start date. Complete the budget template for the first 12 months of the program. Do not exceed the grant award amount. All costs must relate directly to the provisions of this RFA. Be consistent with the scope of services, reasonable, and cost-effective.
- b) Provide a brief narrative justification for each budget item. List all proposed staffing for the program in the budget. Specify the source of financial support for each staff item. Include in the Budget Justification, staff responsibilities in carrying out the proposed activities, and how in-kind personal and non-personal services provide support to the proposed program. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to the proposed program has been determined.

Please note: 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.

- c) Describe in the Budget Justification how staff and other than personal service items support the work plan. Provide as an attachment, job descriptions and resumes of key personnel proposed to carry out the proposed activities.
- d) Applications must include monthly spending projections for the initial contract year (See Attachment 9 for budget instructions and Attachment 10 for projections template).

Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH personnel to be inadequately justified relative to the proposed work plan, or not fundable under existing state guidance. The budget amount requested will be reduced to reflect the removal of the ineligible items.

- e) Funding may be requested under the administrative cost line to support a portion of the agency's overall organizational structure to the extent that it allows a funded applicant to implement program activities. This includes funding for administrative and fiscal staff, space, supplies, telephone, and other expenses indirectly associated with program implementation and service delivery. Administrative costs may not exceed 10% of the total direct costs.
- f) If the budget includes subcontracts to partners, include a Statement of Scope of Work for each partner receiving the subcontract and a Letter of Collaboration. Letters of Collaboration should be specific to each proposed partnership in the application. Upload should describe in not more than two (2) double spaced pages:

- Who the partnering organization(s) is/are;
- Why the collaboration is a necessary component of the program;
- What the partnering organization(s) proposes to do (i.e., what the partner will contribute);
- When the collaborative activities will take place; and
- How the collaboration will be assessed.

PLEASE NOTE: Statements of Scope of Work and the Letters of Collaboration must be combined into one upload.

Applicants may subcontract up to 25% of the components of the scope of work. The applicant must retain at least 75% of the scope of work within their agency.

Expenditures will not be allowed for the purchase of major pieces of depreciable equipment or for remodeling or modification of structure(s).

8. Preference Factors

Maximum Score: 3 Points

- Describe how your organization meets the preference for five (5) years of experience working with Latino populations?
- Describe how your organization meets the preference for five (5) years of experience in the oversight of administrative, fiscal, and programmatic aspects of government, foundation, or other grant-makers in health contracts, including timely and accurate submission of fiscal and program reports?
- Describe how your Board of Directors and employees represent the populations they intend to serve?

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 New York State Department of Health, Office of Minority Health and Health Disparities Prevention, using an objective system reflective of the required items specified for each section. Any application failing to comply with the Pass/Fail criteria outlined will be disqualified from further consideration.

Applications must receive a passing score of 75 to be considered for funding.

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.

Applications will be evaluated on a 103-point scale as follows. In the event of a tie score, the scores on the individual application components will be compared in the following order: 1 (Statement of Need), 2 (Organizational Experience & Capacity), 3 (Program Design), 4 (Monitoring and Evaluation), and 5 (Budget and Justification). The applicant with the highest score on the first component where there is a difference will be considered the winner of the tie.

Awards will be made to the highest scoring applicant. OMH-HDP anticipates that there may be more passing applications than can be funded. Applications will be deemed to fall into one of three categories: (1) approved and funded, (2) approved but not funded, (3) not approved. Approved but not funded applications may be funded should additional funds become available.

OMH-HDP reserves the right to visit the proposed program site of any organization or agency submitting an application. The purpose of this visit would be to confirm that the agency has appropriate facilities to carry out the proposed program services, evaluation activities and administrative functions as described in the application. 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 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 Joyce Meadows at omhhdhp@health.ny.gov. In the subject line, please write: *Debriefing Request (Latino Health Outreach Initiative)*.

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

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:	New York State Public Health Law Title II F §240-243
Attachment 2:	Office of Minority Health and Health Disparities Prevention PHL II-F §240 Minority Area Map*
Attachment 3:	Minority & Woman-Owned Business Enterprise Requirement Forms*
Attachment 4:	Vendor Responsibility Attestation*
Attachment 5:	Application Cover Page*
Attachment 6:	Commitment from Executive Director or Chief Executive Officer*
Attachment 7:	Application Logic Model*
Attachment 8:	Budget Instructions
Attachment 9:	Budget Projections*

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

Office of Minority Health Legislation

Public Health Law

§ 240. Definitions. For the purposes of this article:

1. "Minority area" shall mean a county with a non-white population of forty percent or more, or the service area of an agency, corporation, facility or individual providing medical and/or health services whose non-white population is forty percent or more.
2. "Minority health care provider" or "minority provider" shall mean any agency, corporation, facility, or individual providing medical and/or health care services to residents of a minority area.
3. "Office" shall mean the office of minority health, as created pursuant to section two hundred thirty-eight-a of this article.
4. "Minority health council" shall mean that advisory body to the commissioner, created pursuant to the provisions of section two hundred thirty-eight-c of this article.

* NB There are 2 § 240's

§ 241. Office of minority health created. There is hereby created an office of minority health within the state department of health. Such office shall:

1. Integrate and coordinate selected state health care grant and loan programs established specifically for minority health care providers and residents. As part of this function, the office shall develop a coordinated application process for use by minority providers, municipalities and others in seeking funds and/or technical assistance on pertinent minority health care programs and services.
2. Apply for grants, and accept gifts from private and public sources for research to improve and enhance minority health care services and facilities. The office shall also promote minority health research in universities and colleges.
3. Together with the minority health council, serve as liaison and advocate for the department on minority health matters. This function shall include the provision of staff support to the minority health council and the establishment of appropriate program linkages with related federal, state, and local agencies and programs such as the office of minority health of the public health service, the agricultural extension service and migrant health services.
4. Assist medical schools and state agencies to develop comprehensive programs to improve minority health personnel supply by promoting minority clinical training and curriculum improvement, and disseminating minority health career information to high school and college students.
5. Promote community strategic planning or new or improved health care delivery systems and networks in minority areas. Strategic network planning and development may include such considerations as personnel,

capital facilities, reimbursement, primary care, long-term care, acute care, rehabilitative, preventive, and related services on the health continuum.

6. Review the impact of programs, regulations, and health care reimbursement policies on minority health services delivery and access.

* NB There are 2 § 241's

§ 242. Preparation and distribution of reports. The department shall submit a biennial report to the governor and the legislature describing the activities of the office and health status of minority areas. The first such report shall be transmitted on or before September first, nineteen hundred ninety-four. Such report shall contain the following information:

1. Activities of the office of minority health, expenditures incurred in carrying out such activities, and anticipated activities to be undertaken in the future.

2. Progress in carrying out the functions and duties listed in section two hundred thirty-eight-a of this article.

3. An analysis of the health status of minority citizens and the status of minority health delivery systems. Such analysis shall be conducted in cooperation with the minority health council and other interested agencies.

4. Any recommended improvements to programs and/or regulations that would enhance the cost effectiveness of the office, and programs intended to meet the health care needs of minority citizens.

* NB There are 2 § 242's

§ 243. Minority health council. 1. Appointment of members. There shall be established in the office of minority health a minority health council to consist of the commissioner and fourteen members to be appointed by the governor with the advice and consent of the senate. Membership on the council shall be reflective of the diversity of the state's population including, but not limited to, the various minority populations throughout the state.

2. Terms of office; vacancies. a. The terms of office of members of the minority health council shall be six years. The members of the council shall continue in office until the expiration of their terms and until their successors are appointed and have qualified. Such appointments shall be made by the governor, with the advice and consent of the senate, within one year following the expiration of such terms.

b. Vacancies shall be filled by appointment by the governor for the unexpired terms within one year of the date upon which such vacancies occur. Any vacancy existing on the effective date of paragraph c of this subdivision shall be filled by appointment within one year of such effective date.

c. In making appointments to the council, the governor shall seek to ensure that membership on the council reflects the diversity of the state's population including, but not limited to the various minority populations throughout the state.

3. Meetings. a. The minority health council shall meet as frequently

as its business may require, and at least twice in each year.

b. The governor shall designate one of the members of the public health and health planning council as its chair.

4. Compensation and expenses. The members of the council shall serve without compensation other than reimbursement of actual and necessary expenses.

5. Powers and duties. The minority health council shall, at the request of the commissioner consider any matter relating to the preservation and improvement of minority health, and may advise the commissioner thereon; and it may, from time to time, submit to the commissioner, any recommendations relating to the preservation and improvement of minority health.

Attachment 8

Grants Gateway Budget Data Entry Guidelines

Applications OR New Budget Periods

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

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

Grants Gateway Budget Data Entry Guidelines

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

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

Grants Gateway Budget Data Entry
Guidelines

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

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

Grants Gateway Budget Data Entry
Guidelines

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

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

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

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

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

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

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