

RFA # 18289

NYS Grants Gateway # DOH01-PBRWN7-2021

Patricia S. Brown Breast Cancer Risk Reduction Education Research Projects (Round 7)

QUESTIONS and ANSWERS

**September 3, 2019 – September 30, 2019
Including an Applicant Conference on September 17, 2019**

Applicant Conference PowerPoint slides are attached to the end of this Questions and Answers document for your reference.

Previous RFAs

1. Are there any differences between this RFA (Round 7) and its previous round (Round 6)?
 - A. There is no change in the purpose of the RFA. There is a change to Section II. "Who May Apply". Successful applications will demonstrate effective, synergistic partnerships between Community-based organizations (CBOs) and qualified NYS institutions. Please note, the applicant organization must be an eligible CBO as outlined in Section II of the RFA.

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

2. When is the Letter of Intent due?
 - A. The Letter of Intent form (Attachment 1) was due on September 18, 2019; however, letters of intent will still be accepted after the deadline. The Letter of Intent form is not mandatory but is strongly encouraged. See Section IV.C. of the RFA for submission instructions.
3. Do we need to include any information (e.g. project goals) in addition to the Letter of Intent form?
 - A. Submit only the information requested on the form. It is important to submit a detailed Letter of Intent and supply sufficient information so the New York State Department of Health's (NYS DOH) peer review contractor, the American Institute of Biological Sciences (AIBS), can recruit experts suitable for your application. AIBS relies on title, key words, lay summary paragraph and names to help identify potential peer reviewers.
4. Who should we list on the Letter of Intent form?
 - A. Identify all participants involved in the proposed project, both internal and external to your organization. It is understood that these names may change; they are used only as a preliminary screening for conflict of interest among potential peer reviewers. Additional rows may be added, if necessary, to list all participants.

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

Eligibility (RFA Section II)

8. Breast cancer survivors are a part of our executive staff. Does our organization meet the criterion of breast cancer survivors holding significant decision-making responsibilities?
 - A. Yes, if breast cancer survivors are a part of your CBO's board, executive staff or other staff with authority to make programmatic and/or fiscal decisions. The CBO can demonstrate meeting this criterion in the Facility and Resources, Form 7 provided in Attachment 7.
9. We are a qualified NYS institution looking for a CBO to develop a novel education research program with. Do you have a list of NYS CBO organizations that meet the eligibility requirements as outlined in the RFA?
 - A. Cancer Community programs available in NYS are listed on this website: https://www.health.ny.gov/diseases/cancer/services/community_resources/ and this list may assist you with your search for a partnering CBO. The CBOs listed under the second heading, "Community-Based, Support & Wellness," should meet the eligibility criteria of a CBO as outlined in RFA Section II. Note: this list may not be exhaustive, and you must verify that the CBO meets the other eligibility requirements as outlined in the RFA.
10. How do we determine if we are considered to be a free-standing CBO?
 - A. If you are unsure if your CBO is considered to be "free-standing," verify your organization's 501(c)3 status via <https://www.guidestar.org/search>. Tax-exempt organizations are required to file a 990 Form (Return of Organization Exempt from Income Tax) and previous years' tax forms will be available. You must verify that your CBO meets the other eligibility requirements as outlined in the RFA.

11. Is it a mandatory requirement for the qualified NYS institution (subcontract) to be Prequalified in the NYS Grants Gateway?
- A. No, because the lead applicant CBO (contractor) will have overall responsibility for all contract activities. The applicant CBO must be Prequalified in the NYS Grants Gateway, if not exempt (see Section IV. M) and will have overall responsibility for all contract activities, including those performed by the partnering organization and any additional subcontractors, and will be the primary contact for the NYS DOH and be expected to monitor the use of funds, maintain individual accounts and fulfill other fiscal management criteria for a contract resulting from this RFA. The Grants Management website provides resources on how to prequalify at this link: <https://grantsmanagement.ny.gov/get-prequalified>.
12. Is there a required percentage of professional effort for the PI/PD and/or Co-PI/Co-PD?
- A. No, the percentage of professional effort for personnel is not prescribed; it should be dependent upon the nature of the role of each individual at various time points during the project and should be sufficient to complete the work within the contract period.
13. Should we include a Memorandum of Understanding (MOU) in the Appendices?
- A. A MOU is not mandatory, however, if you decide to include this as part of your application, it may be placed in the Appendices (after Form 9 in the Attachment 7: Forms 6-9 PDF file).
Note: you are still required to complete the forms as instructed in Attachment 2.
14. Is there a conflict of interest if we partner with an organization that is currently under contract with the NYS DOH?
- A. There is no conflict of interest if you work with an organization that has contracts with the NYS DOH. However, the application may not include any scientific, budgetary or commitment overlap with other awards that will be active beyond the anticipated start date. The project goals for this application must be distinct and separate.
15. Can the PI/PD be listed as a PI/PD on more than one application?
- A. Yes, however, a maximum of one award will be made per PI/PD. Also, the goals and objectives of each application should be significantly different. The peer review panel is charged with identifying potential overlap (see RFA Section V.C). If scientific, budgetary or time commitment overlap among the pending and active projects is of potential concern, the applicant should clearly delineate the differences among the projects using Attachment 8: Form 10.

Project Narrative / Workplan Outcomes (RFA Section III)

16. Our CBO has ongoing (e.g. nutrition, exercise) programs for our breast cancer survivors. Can our application include one of these programs as part of the pilot implementation of the education program?
- A. Yes, however, your application should propose planning and development of a new novel breast cancer risk reduction education program. As listed in the “Need, Significance and Impact” evaluation criterion, the application should identify an at-risk community or population,

address a demonstrated unmet need within that group, provide a description of the evidence-based risk reduction behaviors to be addressed and relate those to a significant gap in the target community and adequately justify that the proposed new breast cancer risk reduction education program has the potential to positively impact the identified gap or need.

17. Is it acceptable to run a pilot program with a large number of targeted individuals and evaluate the effectiveness of the education program? Can we fully implement a successful program?
- A. Conducting a pilot study is necessary to evaluate the effectiveness of the program. However, funds from this RFA may not be used to fully implement a successful education program. Results obtained from these research projects may serve as the basis for such future projects.
18. Are the breast cancer risk factors limited to what is listed in “The Community Guide”?
- A. “The Community Guide” provides modifiable evidence-based breast cancer risk factors. Risk factors that are not modifiable by behavior change or are speculative are not acceptable risk factors to target. If risk factors not listed in “The Community Guide” are used, significant scientific evidence must be cited to demonstrate that they are evidence-based.
19. Would failure to breastfeed be an evidence-based, modifiable risk factor?
- A. Yes, and you should cite any relevant literature with the scientific evidence that breastfeeding may reduce the development of breast cancer in the Workplan Narrative (use Section F of Attachment 7, Form 8 to cite the literature citations in support of the Workplan).

Staff Role in Project

20. One of our collaborators is an HRSB member, is this a conflict of interest?
- A. Yes. HRSB members are prohibited during the tenure of their appointment from applying for, or receiving support, or having any role or interest (other than routine professional or collegial interest in the success of their institution or department) in applications submitted for consideration by the HRSB (per the HRSB Bylaws). Individuals should not discuss their applications with HRSB members because of ethical considerations. Such communication can be viewed as an attempt to bias or influence the HRSB member. Note: if a HRSB member is named in the application in any way, this could jeopardize your application from receiving funding and it may not pass eligibility review.
21. What's the difference between a co-investigator and a Co-PI/Co-PD?
- A. A Co-PI/Co-PD is designated by the PI/PD as an individual who has equal responsibility and authority for ensuring the completion of the entire project. A co-investigator may be responsible for a specific component of the research project. The PI/PD is the point of contact for all aspects of the application and contract. Roles are defined in Attachment 2, page 5.
22. I have more than one Co-PI/Co-PD from my institution. How do I list all Co-PI/Co-PD's on the application?
- A. Attachment 3: Form 1 allows only one Co-PI/Co-PD to be listed. Use Attachment 3: Form 2 to designate the others.

Submitting the Application in the NYS Grants Gateway

23. What type of internet browser should I use when working in the NYS Grants Gateway?
- A. Applicants must use Internet Explorer version 11 or higher when completing the application in the NYS Grants Gateway. Using any other browser may likely lead to errors which could adversely impact the application as well as the ability to successfully submit the application.
24. If there are multiple errors uploading completed application forms to the NYS Grants Gateway, will the applicant be notified of all errors at once, or only one at a time?
- A. A single list of global errors will be produced. It is highly recommended to use the “Check Global Errors” button repeatedly until no errors are found.
25. Will I be notified that my application has been submitted?
- A. The NYS Grants Gateway will always notify applicants of successful submission. If you do not receive a successful submission message assigning the application a unique ID number, the application has not been successfully submitted.

Application Forms

26. Why is spell check turned off on some of the application forms and why can't we cut and paste into them?
- A. Attachment 3 is set up as a protected fillable form so the data can be exported to databases used to facilitate peer review and award processes. Spell check is disabled in Attachment 3; it is available in other form sets.
27. We downloaded all the forms from the Pre-submission Uploads section of the NYS Grants Gateway. Where do we upload them?
- A. Most completed application forms will be uploaded in response to Program Specific Questions. The exceptions are Attachments 1, 9 and 10, which are uploaded in the Pre-submission Uploads section. Attachment 11 (if needed) is uploaded in the Performance Measure section, then click the [SAVE] button. Please do not upload other forms in the Pre-submission Uploads section as this will cause duplicate uploads. Duplicate uploads may result in different versions of the file being uploaded in those two locations. Only the files uploaded in the correct section of the NYS Grants Gateway will be used for peer review. Uploading files in the wrong section of the NYS Grants Gateway might adversely impact the score of the application.
28. Why are there two workplans in the application?
- A. The Workplan Narrative (Attachment 7: Form 8) will be used by the peer reviewers to understand the full context and details of the proposed research plan. Form 8 allows for greater detail and information than the online workplan. Note that consistency between the two is important. The Online Workplan will be included in a system-generated contract using a standardized format.

29. Do we need to complete and submit Attachment 11, Online Workplan Continuation Form?

- A. We strongly suggest entering your Online Workplan in this document and then cut and paste in to the “Workplan Properties” section of the NYS Grants Gateway. If you can fit all of your information in the workplan online, you are finished with this part of the application and do not need to submit Attachment 11; if you cannot fit the outline on this page you can upload the completed “Online Workplan Continuation Form” in the first objective’s performance measure section of the NYS Grants Gateway. More information about Attachment 11 can be found in Attachment 2, pages 16-17.

30. What are the format specifications of the workplan (font, margins, etc.)?

- A. The forms are pre-set with acceptable fonts, margins, etc. The acceptable font is Arial, size 11. Please refer to Attachment 2 for additional details regarding page limitations.

Budget

31. Is overhead allowed? If so, is it the same as the National Institutes of Health (NIH)?

- A. Overhead is allowed but it is not the same as the NIH. Facilities and Administrative (F&A) costs are limited to 20% of modified total direct costs. See Attachment 2 for details.

32. Can I list someone by title on the budget instead of by name?

- A. Detailed budget justifications are required for each budget line. All PI/PDs and Co-PI/Co-PDs should be identified by name. If other positions are yet to be filled, you should specify the title and position and “to be determined” for the name of the individual for the budget justification.

33. Do we need to submit a budget for our partnering organization?

- A. Yes, detailed line item budgets and justifications for the lead applicant CBO and their partnering organization must be submitted for the entire length of the award. The lead applicant CBO’s Year 1 budget is entered directly into the NYS Grants Gateway while Years 2 and 3 are entered into the Excel file provided (Attachment 5: Form 5). The partnering organization’s budgets for the entire length of the contract are entered in the Excel file (Attachment 6: Form 5-S). Detailed instructions are provided in Attachment 2.

34. How much budget justification is necessary?

- A. Fully justify each budget line for each year. The budgets are peer reviewed, so it is important to provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered. See RFA Section V.E. for the “Budget” review criterion.

Minority and Woman-Owned Business Enterprise Requirements

35. Are Minority and Woman-Owned Business Enterprise (MWBE) Requirement forms required to be submitted with the application?

- A. Yes, a completed Attachment 10: Forms 1, and/or 2 must be included in the application submission. See RFA Section IV.I. and Attachment 10 for detailed instructions.

36. We cannot identify MWBEs on the <https://ny.newcontracts.com> website that can provide the supplies and equipment we need for our research. Are there any other resources available for identifying M/WBEs that we can use?

A. No. The <https://ny.newcontracts.com> website that identifies approved M/WBEs is always being updated as new vendors are approved so you can periodically check back for new vendors. As part of completing the forms, you must document your efforts to identify MWBEs. NOTE: Failure to do due diligence, fill out the forms completely and correctly and attach sufficient documentation in the Pre-submission Uploads section of the application will delay processing for all awarded contracts. If you cannot meet the goal, you must apply for an exemption.

Application Review and Award Process

37. What happens to applications that are not funded?

A. The HRSB may elect, at its discretion, to continue making recommendations for funding of proposals beyond what is available for the RFA. These applications may be given the status "Approved but not funded." Applications with this status may be funded should additional funds become available. Applications with this status may also receive funding if an awardee decides to decline funding. All applicants, regardless of status, will receive the Peer Reviewer critiques and scores.

Slides will be inserted here once Q&As are final and made into pdf.



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



September 30, 2019

Presenters: Jeannine Tusch & Andrea Garavelli

Today's Agenda

1. Administrative Items
 - Important deadlines and requirements
2. Overview
 - RFA currently posted in the NYS Grants Gateway
3. RFA Attachments
 - Attachments 1-11
 - Expenditure Budget
 - Online Work Plan
4. Peer Review and Award Process
5. Your Questions
6. NYS Grants Gateway Overview
7. HRSB
 - Opportunities
 - eAlerts

Administrative Items

See RFA cover sheet

Important Dates

Letter of intent due: 9/18/19

Substantive questions due: 9/30/19

Questions, answers
and updates posted: 10/7/19

Applications due: 10/17/19 by 4PM

hrsb@health.ny.gov

<https://grantsgateway.ny.gov>
Use Internet Explorer 11



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Administrative Requirements

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



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

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



Quick Contacts & Links

See RFA cover sheet & pgs. 4-5

Jeannine Tusch

Extramural Grants Administration

New York State Department of Health

Wadsworth Center

Empire State Plaza, Room C345

PO Box 509,

Phone: 518-474-7002

hrsb@health.ny.gov

Agate Technical Support Help Desk

Phone: 1-800-820-1890

Hours: Monday thru Friday 8am-8pm

helpdesk@agatesoftware.com

(Technical Questions)

Grants Gateway Team

Phone: 518-474-5595

Hours: Monday thru Friday 8am-4pm

grantsgateway@its.ny.gov

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

Grants Gateway Resources and Videos:

<https://grantsmanagement.ny.gov/resources-grant-applicants>

<https://grantsmanagement.ny.gov/videos-grant-applicants>



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RFA Overview

See RFA pg. 1

Purpose of Funds

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



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See RFA pg. 3

Opportunity

- ★ Propose a novel breast cancer risk reduction education program
- ★ The Community Guide
<https://www.thecommunityguide.org>

- ★ Target:
 - Individuals from specific populations or communities at particular risk of developing breast cancer, including recurrence; or
 - Staff or volunteers of breast cancer CBOs serving the at risk group(s) to “train-the-trainers.”

See RFA pgs. 3-4

Novel Breast Cancer Risk Reduction Education Program

1. Planning and development
2. Pilot implementation of the novel program
3. Formal evaluation of the program's effectiveness, and
4. Revision and refinement

See RFA pg. 1

Available Funds

- Approximately \$540,000 is available to support approximately two (2) awards
- Funding is available for a period of up to three (3) years
- Annual direct costs are capped at \$75,000 per award
- Additionally, funds will be available to support Facilities and Administrative (F&A) costs up to 20% of modified total direct costs



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See RFA pg. 2

Who May Apply?

★ Community-Based Organization (CBO):

- ☑ Tax exempt under section 501(c)(3)
- ☑ Grass roots, free-standing organization in NY, where breast cancer patients/survivors hold significant decision-making responsibilities
- ☑ Serves one or more NY communities
- ☑ Offers a broad range of breast cancer education or support services free of charge
- ☑ Prequalified in the NYS Grants Gateway, if not exempt



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Eligibility FAQ

- ❓ Do you have a list of NYS organizations that meet the Community-Based Organization (CBO) requirements?

Answer

View the New York State Department of Health Cancer Community Programs List:

https://www.health.ny.gov/diseases/cancer/services/community_resources/

Type of Resource: “Community-Based Support and Wellness” programs

This list may not be exhaustive and you must verify that the CBO meets the other eligibility requirements as outlined in the RFA.

Eligibility FAQ

- ❓ How do we determine if we are considered to be a free-standing Community-Based Organization (CBO)?

Answer

If you are unsure if your CBO is considered to be “free-standing,” verify your organization’s 501(c)3 status via <https://www.guidestar.org/search>. Tax-exempt organizations would be required to file a 990 Form (Return of Organization Exempt from Income Tax) and previous years’ tax forms will be available. You must verify that your CBO meets the other eligibility requirements as outlined in the RFA.



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Eligibility FAQ

- ❓ Does our Community-Based Organization (CBO) meet the criterion of breast cancer survivors holding significant decision-making responsibilities since they are a part of our executive staff?

Answer

Yes, if breast cancer survivors are a part of your CBO's board, executive staff or other staff with authority to make programmatic and/or fiscal decisions. Your CBO can demonstrate meeting this criterion in the Facility and Resources Form 7 provided in Attachment 7.



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See RFA pg. 2

Partnership

- ★ The CBO must enter into a **Partnership (subcontract) with a Qualified NYS Institution**



Qualified NYS Institution is defined as:

- An academic or medical institution,
- State or local government agency,
- Healthcare facility,
- Hospital or their affiliates, and
- Any other institution approved by the Department.

- ✓ The Partnership must be identified clearly using the applications forms provided

See RFA pg. 2

Eligibility to Apply Also Includes the Following Items

- The applicant organization is Prequalified in the NYS Grants Gateway, if not exempt
- The PI/PD will not be a postdoctoral fellow or dependent research staff
- The PI/PD can not be restricted from receiving Public Health Service (PHS) funding or debarred by the United States Food and Drug Administration (FDA) or any other federal or New York State government entity

Partner Organization FAQ

? Is it mandatory for the Qualified NYS Institution (subcontract) to be Prequalified in the NYS Grants Gateway?

Answer

No, because the lead applicant organization (contractor) will have overall responsibility for all contract activities. The applicant organization must be prequalified in the Grants Gateway, if not exempt (see RFA Section IV. M.).



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RFA Attachments 1-11

See RFA pg. 5

Attachment 1: Letter Of Intent (LOI)

Provide the following using the LOI Form:

- Descriptive title of the proposed project
- Key words,
- Summary paragraph of the intended project, and
- List all staff involved in the proposed project

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

and

*Email to
hrrsb@health.ny.gov*



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Attachment 2: Application Checklist and Instructions

- Prescribed Format
- Mandatory Pass/Fail Items
- Application Penalties
- Appendices (add items to Forms 6-9 PDF file)

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



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Attachment 3: Application Forms 1-4

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

*Download in the
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Uploads Section
of the Grants
Gateway*

*Upload in the
Program Specific
Questions
Section of the
Grants Gateway
as a single
fillable PDF file*



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Attachment 3: Application Form 1

Form 1 - Applicant Face Page

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

PI Email: Co-PI Email:

Project Start Date: Year On Total Cost:
Project End Date: Grant Total Cost:

New York State Applicant Organization (NYO):
NYO Name:
Contracts or Grants Official (GO):
GO Last Name:
GO First Name:
GO Title:

PI Mailing Address (Street, MS, P.O. Box, City, State, Zip):
PI Street1: PI Street2: PI City: PI State: NY PI Zip:
Co-PI Mailing Address (Street, MS, P.O. Box, City, State, Zip):
Co-PI Street1: Co-PI Street2: Co-PI City: Co-PI State: NY Co-PI Zip:

PI Phone: PI Fax:
Co-PI Phone: Co-PI Fax:

PI Email: Co-PI Email:

Project Start Date: Year On Total Cost:
Project End Date: Grant Total Cost:

New York State Applicant Organization (NYO):
NYO Name:
Contracts or Grants Official (GO):
GO Last Name:
GO First Name:
GO Title:

NYO Mailing Address
NYO Street1: NYO Street2: NYO City: NYO State: NY NYO Zip:
GO Mailing Address
GO Street1: GO Street2: GO City: GO State: NY GO Zip:

NYO Phone: NYO Fax:
GO Phone: GO Fax:

NYO Email: GO Email:

Remarks:



Attachment 3: Application Form 2

Form 2 – Staff, Collaborators, Consultants and Contributors

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

Application Form 2



Attachment 3: Application Form 3

Form 3 Acronyms and Abbreviations Used in Application

Acronym	Full Text/Definition/Description

Application Form 3



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Attachment 3: Application Form 4

The screenshot shows a web application interface. At the top is a purple header bar. Below it is a grey navigation bar containing a button labeled "Form 4 - Lay Abstract" with an orange border. Underneath the navigation bar is a white content area with the text "Lay Abstract" on the left. The main part of the page is a large light blue rectangle with the text "Application Form 4" centered and tilted diagonally.



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Attachment 4: Application Form 1-S

The screenshot shows a web-based application form titled 'Form 1s - Partnering Organization Face Page (Required)'. The form is divided into several sections for data entry:

- Project Title:** A large text input field.
- RFA#:** A text input field.
- Principal Investigator/Program Director/Sponsor:** Fields for PI Last Name, PI First Name, Co-PI Last Name, and Co-PI First Name.
- PI Name Initial:** Fields for PI Initial and Co-PI Initial.
- Co-PI Degree:** A text input field.
- Overall Project Co-PI:** Radio buttons for 'Yes' and 'No'.
- PI Organization:** A text input field.
- Co-PI Organization:** A text input field.
- PI Department:** A text input field.
- Co-PI Department:** A text input field.
- PI Mailing Address (Street, MD, PO Box, City, State, Zip):** Fields for PI Street 1, PI Street 2, PI City, PI State, and PI Zip.
- Co-PI Mailing Address (Street, MD, PO Box, City, State, Zip):** Fields for Co-PI Street 1, Co-PI Street 2, Co-PI City, Co-PI State, and Co-PI Zip.
- PI Phone:** A text input field.
- Co-PI Phone:** A text input field.
- PI Fax:** A text input field.
- Co-PI Fax:** A text input field.
- PI E-mail:** A text input field.
- Co-PI E-mail:** A text input field.
- Project Start Date:** A date input field.
- Grand Total Costs:** A text input field.
- Project End Date:** A date input field.
- Year One Total Costs:** A text input field.

The Qualified NYS Institution (subcontract) must be named using this Form 1-S_a

Use Form 1-S_b for other subcontracting or collaborating organizations

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

Upload in the Program Specific Questions Section of the Grants Gateway

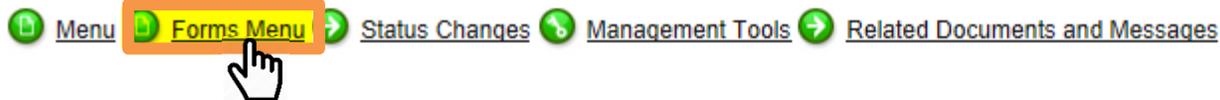


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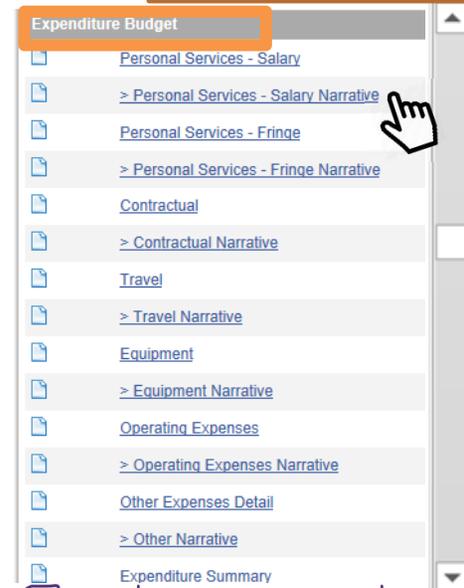
Online Budget and Justification (Year 1)

Complete in the Grants Gateway and use Internet Explorer Version 11



Click on Forms Menu → Scroll down to Expenditure Budget Section

Complete each form and narrative of the Online Budget for Year One in the Grants Gateway <https://grantsgateway.ny.gov>



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

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

ATTACHMENT 5

FORM 5 - EXPENDITURE BASED BUDGET
YEAR TWO SUMMARY

PROJECT NAME: Patricia S. Brown Breast Cancer Risk Reduction Education Research Projects (Round 7) #18289

APPLICANT ORGANIZATION (SFS PAYEE NAME):

YEAR TWO CONTRACT PERIOD From: 1/1/2022 To: 12/31/2022

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

1. TOTAL BUDGET 2. JUSTIFICATION



Tab 1, Total Budget

Budget and Justification - FORM 5

PROJECT NAME: Patricia S. Brown Breast Cancer Risk Reduction Education Research Projects (Round 7) #18289

APPLICANT ORGANIZATION (SFS):

BUDGET YEAR (YEAR 2): From: 1/1/2022 To: 12/31/2022

CATEGORY OF EXPENSE	BUDGETED	YEAR TWO - JUSTIFICATION
1. Personal Services		
a) Salary	\$ -	a) Salary Narrative
1.1	\$ -	
2.2	\$ -	
3.3	\$ -	
4.4	\$ -	
5.5	\$ -	
6.6	\$ -	
7.7	\$ -	
8.8	\$ -	
9.9	\$ -	
10.10	\$ -	
11.11	\$ -	
12.12	\$ -	
13.13	\$ -	
14.14	\$ -	
15.15	\$ -	
b) Fringe	\$ -	
Personal Services Subtotal		
2. Non Personal Services		
c) Contractual Services		c) Contractual Services Narrative
1.1	\$ -	

1. TOTAL BUDGET 2. JUSTIFICATION



Tab 2, Justification

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



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

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

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

ATTACHMENT 6

Budget and Justification - FORM 5-S

PROJECT NAME: **Patricia S. Brown Breast Cancer Risk Reduction Education Research Projects RD 7 BFA #18289**

SUBCONTRACTOR #1 NAME: **0**

BUDGET YEAR (YEAR 1): From: **11/2017** To: **12/31/2021**

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

1 of 9

PARTNER #1 TOTAL BUDGET | **PARTNER #1 JUSTIFICATION** | **SUBCONTRACT #1 TOTAL BUDGET**



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Budget FAQ

- ❓ Can I list someone by title on the budget instead of by name?

Answer

Detailed budget justifications are required for each budget line. All PI/PDs and Co-PI/Co-PDs should be identified by name. If other positions are yet to be filled, you should specify the title and position and “to be determined” for the name of the individual in the budget justification. Budget completion instructions can be found on page 7 of Attachment 2.



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Attachment 7: Application Forms 6-9

- Form 6: Biographical Sketch
- Form 7: Facilities and Resources
- Form 8: Workplan Narrative
- Form 9: Human Subjects
- Add appendices (if applicable)

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

*Upload in the
Program Specific
Questions
Section of the
Grants Gateway
as a single PDF
file*



Attachment 7: Application Form 6 – Biographical Sketch

Form 6 – Biographical Sketch

NAME: _____

POSITION TITLE: _____

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

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

A. Personal Statement

B. Positions and Honors

C. Selected Peer-Reviewed Publications or Manuscripts in Press (in chronological order)
from a total of _____

2

Application Form 6



Attachment 7: Application Form 7 – Facilities and Resources

Form 7 – Facilities and Resources
Use a separate Form 7 for the applicant, partner and subcontracting organizations

Organization Name

Performance Site(s) Location & Office Facilities Description:

Breast Cancer Education and/or Support Services:

Clinical:

Computer and Technology:

Major Equipment:

Other:

Application Form 7

3



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Attachment 7: Application Form 8 – Workplan Narrative

- A. Response to Prior Critique
- B. Project Goals
- C. Approach (Design and Methods)
- D. Team Composition/Integration and Environment
- E. Statement of Need, Significance and Impact
- F. Literature Citations

Form 8 – Workplan Narrative

Do not change the fonts or margins on this form. Do not exceed 1 page for Section A (if applicable); and 15 pages for Sections B-E of the Workplan Narrative.

A. Response to prior critique (if applicable):

B. Project Goals (Specific Aims):

C. Approach (Design and Method):

D. Team Composition/Integration and Environment:

E. Statement of Need, Significance and Impact:

F. Literature Citations in Support of Sections B-E:

Application Form 8



Workplan FAQ

- ❓ Are the breast cancer risk factors limited to what is listed in “The Community Guide”?

Answer

“The Community Guide” provides modifiable evidence-based breast cancer risk factors. Risk factors that are not modifiable by behavior change or are speculative are not acceptable risk factors to target. If risk factors not listed in “The Community Guide” are used, significant evidence must be cited to demonstrate that they are evidence-based.



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Attachment 7: Application Form 9 – Human Subjects

Form 9 – Human Subjects
Use a separate Form 9 for the applicant, partner and subcontracting organizations*
 *In addition, if more than one human subject protocol will be required to complete the proposed research project, complete a separate Form 9 for each protocol.

SECTION A:

1. **Organization Name:**

2. **Are Human Subjects involved?** Yes No

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

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

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

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

7. **IRB Protocol Approval Number (leave blank only if Yes to #5):**

SECTION B – NARRATIVE (use additional pages if necessary).
NOTE: Leave this section blank only if activities involving human subjects, specimens, cells, cell lines or data are not planned at any time during the proposed project.

Application Form 9

5

**Add appendices
after this form.**

***Upload in the
Program Specific
Questions
Section of the
Grants Gateway
as a single PDF
file***



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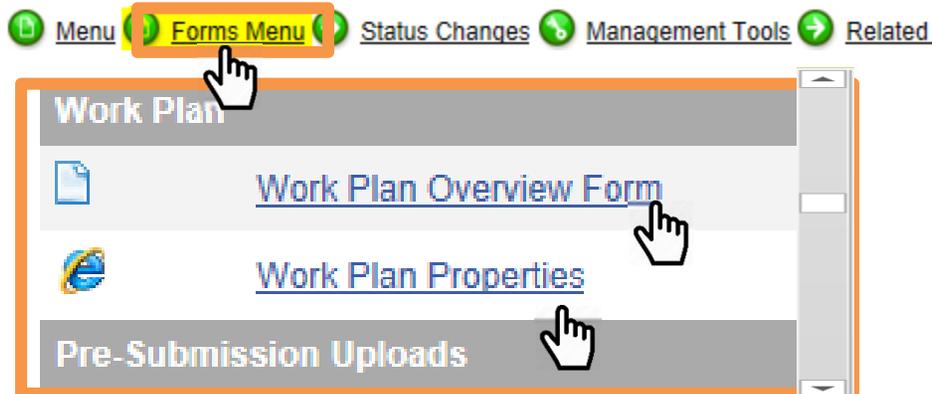
Project Narrative/Workplan Outcomes

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

Online Workplan

<https://grantsgateway.ny.gov>

*Complete in the
Grants Gateway
and use Internet
Explorer
Version 11*



Click on Forms Menu → Scroll down to Work Plan Section

- Complete the Work Plan Overview Form and
- Workplan Properties



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Work Plan Overview Form

Complete in the Grants Gateway and use Internet Explorer Version 11

WORK PLAN OVERVIEW FORM

Instructions:
The purpose of this form is to capture organizational information necessary for application processing, as well as a detailed accounting of the proposed or funded project. It is made up of three sections:

1. Project Summary
2. Organizational Capacity
3. Project Details - Objectives, Tasks and Performance Measures

If applicable, specific instructions/requirements for completing these sections may be found in the Grant Opportunity under which you are applying. Click Forms Menu to return to the navigation links.

Work Plan Period From * To *

Project Summary
Provide a high-level overview of the project, including the overall goal and desired outcomes. Include information such as location, target population, overall number of persons to be served, service delivery method and hours of operation.

Copy/Paste the Lay Abstract here

0 of 50000

Organizational Capacity
Describe the staffing, qualifications and ongoing staff development/training activities, and relevant experience of the provider organization to support the project.

Type "not applicable" here

0 of 4000



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Work Plan Properties

Complete in the Grants Gateway and use Internet Explorer Version 11

WORK PLAN PROPERTIES

Instructions

1. Pay careful attention to Programmatic requirements when building the work plan.
2. If there are already State Defined Objectives, Tasks and Performance Measures on this page, review them for accuracy. Updates are allowed if the Grantee Updates Allowed checkbox is marked. If the Objective, Task, or Performance Measure Name is marked with a red asterisk, at least one item is required respectively.
3. If there are no State Defined Objectives, Tasks and Performance Measures on this page, add Grantee defined items of your own accordingly. Each Grantee Defined Objective must have at least one Task with at least one Performance Measure.
4. Start by adding an Objective and clicking the Save button.
5. As you complete the fields for Objectives, Tasks and Performance Measures and Save the page, new blank rows will be added to allow entry of additional items.

Work Plan

-

-		Number	New Objective
	1	Objective Name	<input type="text"/>
		Objective Description	<input type="text"/>
			0 of 250

If applicable, upload Attachment 11 to the Performance Measure section, then click SAVE.



Attachment 11: Online Workplan Continuation Form

ATTACHMENT 11 – ONLINE WORK PLAN CONTINUATION FORM (if applicable)
SUMMARY

PROJECT NAME: _____

APPLICANT ORGANIZATION (SFS PAYEE NAME): _____

If text limits restrict you from entering complete Objective Descriptions, Task Descriptions, and/or Performance Measure Narratives, use this form by indicating in the applicable text box (in the NYS Grants Gateway) that the Description or Narrative is continued. Only use one "Online Work Plan Continuation Form" for the application.

Provide an overview of the project including goals, tasks, desired outcomes and performance measures:

ATTACHMENT 11 – WORK PLAN

Page 1 of 6 – Attachment 11 – Continuation Online Work Plan

DETAIL

1.	OBJECTIVE	TASKS	PERFORMANCE MEASURES
	1.1		1.1.1
			1.1.2
			1.1.3
	1.2		1.2.1
			1.2.2
			1.2.3
	1.3		1.3.1
			1.3.2
			1.3.3

If applicable, download in the Pre-Submission Uploads Section of the Grants Gateway and upload the completed form in the Workplan Properties Performance Measure section, then click SAVE



See RFA pg. 12

Attachment 9: Vendor Responsibility Attestation

ATTACHMENT 9

Vendor Responsibility Attestation

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

Choose one:

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.
- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Organization: [Click here to enter text.](#)

Date Signed: [Click here to enter text.](#)

Attachment 9

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



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

See RFA pgs. 10-11

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

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

Applicant/Grantee Name: <input type="text"/>	
Vendor ID: <input type="text"/>	Telephone No. / Email: <input type="text"/>
RFA/Contract Title: <input type="text"/>	RFA/Contract No. <input type="text"/>

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

Attachment 10

PROJECTED MWBE USAGE	%	Amount
1. Total Dollar Value of Eligible Expenditures for Life of Contract (Any open market subcontracts or purchases are eligible for Not-For-Profit)	█	\$ █
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

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

<https://ny.newnycontracts.com>



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Peer Review and Award Process

Review and Award Process

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



Review Criteria

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



Debriefing

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

Your Questions

NYS Grants Gateway Overview

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

The screenshot shows the homepage of the New York State Grants Gateway. At the top left is the logo for the Grants Gateway, featuring a map of New York State. To its right is the text "New York State Grants Gateway". Below the logo is a "Grants Gateway Login" link. A "SHOW HELP" button is located in the top right corner of the page header. The main heading is "Grant Opportunity Portal - Home". Below this is a "Welcome to the Grants Gateway" section. The text explains that the Grant Opportunity Portal is an online one-stop shop for locating grant funding opportunities. It also mentions the Grantee Document Vault, which allows grantees to store organizational information. A note states that users must register as a user and provide information on a Delegated Administrator. A footer note mentions efforts to integrate with the Statewide Financial System and provides a link to the Grants Reform Website (www.grantsreform.ny.gov). The main content area is divided into four columns: BROWSE, SEARCH, NOTIFICATION, and REGISTRATION. Each column has a brief description and a "Now!" button with a right-pointing arrow. The BROWSE button is labeled "Browse Now!", SEARCH is "Search Now!", NOTIFICATION has "Sign-up Now!", "Already Signed-up?", and "Click here to update preferences.", and REGISTRATION is "Request Access Now!". At the bottom, there is a link to the Contract Reporter for a complete listing of procurement and grant opportunities.

NYS Grants Gateway FAQ

- ❓ How do I apply for an opportunity?
- ❓ Where can I find a copy of the RFA Attachments?
- ❓ How do I retrieve an application I've already started?
- ❓ How do I retrieve the Q & A document?

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

Answer

You must be registered in the Grants Gateway to apply

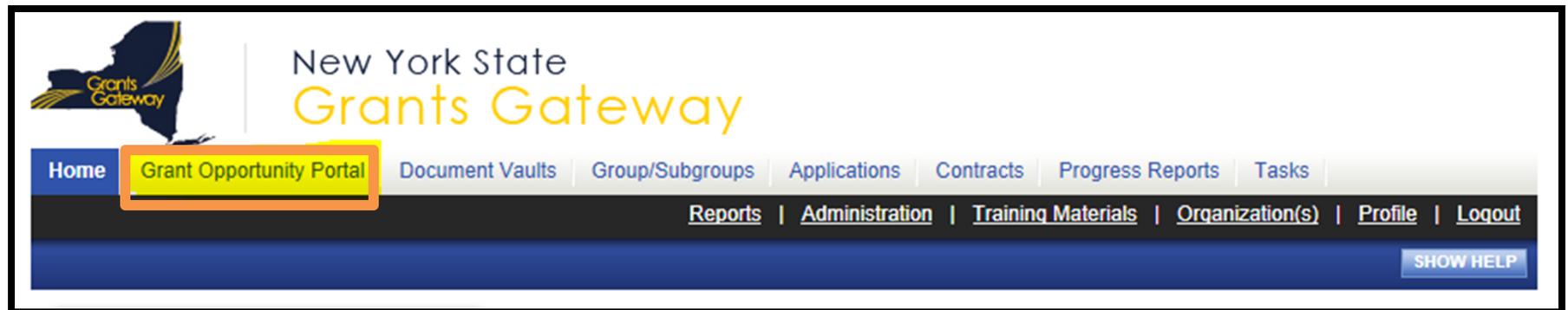
- See RFA, Section IV. M. for vendor prequalification instructions
- Refer to resources for grant applicants
<https://grantsmanagement.ny.gov/resources-grant-applicants>
- Contact your delegated administrator for a user name and password

<https://grantsgateway.ny.gov>



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Answer Login

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



? Where do I download the RFA Attachments?



Answer Login

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

<https://grantsgateway.ny.gov>



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Answer

Click on each document template to download each attachment

PRE-SUBMISSION UPLOADS

Instructions:

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

Only upload the completed Vendor Responsibility Attestation (Attachment 9), Minority & Women-Owned Business Enterprise Requirement Forms (Attachment 10), and the optional Letter of Intent Form (Attachment 1) in this Pre-Submission Uploads section. If used, Attachment 11 is uploaded in the Work Plan Properties section. All other completed forms must be uploaded in the Program Specific Questions section.

Attachment 1 - Letter of Intent Form
 The prospective applicant institution is strongly encouraged to complete and submit a Letter of Intent. This form will be used to develop the review panel in a timely manner. Letters of Intent should be submitted via the Grants Gateway here in the Pre-Submission Uploads section of the online application. The file name should include applicant organization and PI names. A copy must also be e-mailed to scrib@health.ny.gov. Please ensure that the RFA number, organization name and PI name are noted in the e-mail subject line. Submit the Letter of Intent via both formats by the date posted on the cover of the RFA.

DELETE
Document Template: [Click here](#)
[View File](#)

Attachment 2 - Application Checklist and Instructions
 For applicant use. Do not upload or submit with an application.

DELETE
Document Template: [Click here](#)

Attachment 3 - Application Form #1
 Applicants must use the uploaded forms below. Forms 1-4 are to be completed and uploaded as a PDF file - Program Specific Question #1.
 Do not upload the completed form here.

DELETE
Document Template: [Click here](#)

Attachment 4 - Application Forms 1-S
 If applicable, applicants must use the uploaded forms below. Forms 1-S are to be completed and uploaded as a PDF file - Program Specific Question #2.
 Do not upload the completed form here.

DELETE
Document Template: [Click here](#)

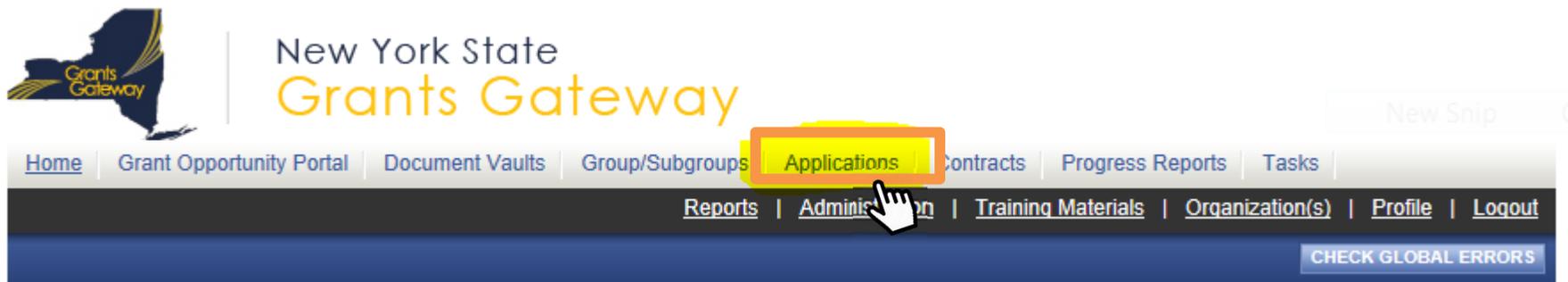
<https://grantsgateway.ny.gov>



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



Answer

Login

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

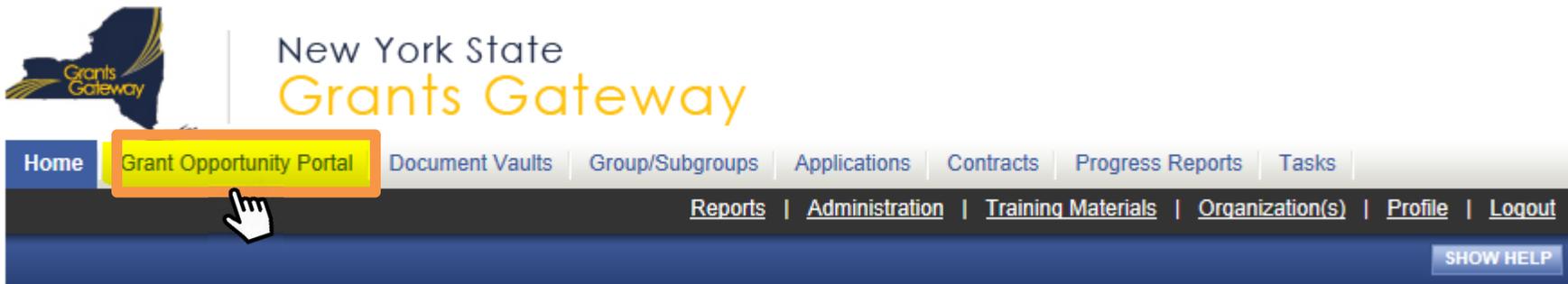
<https://grantsgateway.ny.gov>



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? How do I retrieve the Q&A document?



Answer Click on Grant Opportunity Portal

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

<https://grantsgateway.ny.gov>



HRSB News

Current Opportunities

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

- Patricia S. Brown Breast Cancer Risk Reduction Education Research Projects (Round 7) RFA
- Healthcare Practitioner Breast Cancer Education Research Projects (Round 3) RFA
- Peter T. Rowley Breast Cancer Scientific Research Projects (Round 6) RFA

eAlerts

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

- Sign-up to receive updates:
 - News,
 - Meetings and/or
 - Request for Applications/Request for Proposals (RFA/RFP)



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Thank you!!

September 30, 2019