

**RFA # 1502040800**  
**Grants Gateway #s:**  
**Component A: DOH01-SNALTA-2015**  
**Component B: DOH01-SNALCB-2015**

**New York State Department of Health**  
*Office of Health Insurance Programs*

**Request for Applications**

Component A: Special Needs – Assisted Living Training and Service Project  
Component B: Special Needs – Assisted Living Capital Improvements Project

**This is a procurement which encompasses 2 Components.**  
**In order to apply for either Component, eligible applicants must submit separate applications for each Component via the New York State Grants Gateway.**

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**KEY DATES**

<b>Release Date:</b>	<b>May 21, 2015</b>
<b>Letter of Interest Due:</b>	<b>June 5, 2015</b>
<b>Applicant Conference Registration Deadline:</b>	<b>June 5, 2015</b>
<b>Applicant Conference:</b>	<b>June 8, 2015 at 10 AM</b>
<b>Questions Due:</b>	<b>June 10, 2015</b>
<b>Questions, Answers and Updates Posted (on or about):</b>	<b>June 15, 2015</b>
<b>Applications Due:</b>	<b>July 8, 2015 by 6:00 PM</b>
<b>DOH Contact Name &amp; Address:</b>	<b>Denard Cummings</b> <b>NYS Department of Health</b> <b>Division of Long Term Care</b> <b>One Commerce Plaza, Suite 1605</b> <b>99 Washington Avenue</b> <b>Albany, NY 12210</b> <a href="mailto:MRSupportivehousing@health.ny.gov">MRSupportivehousing@health.ny.gov</a>

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## **I. Introduction**

The New York State Department of Health (NYSDOH), Office of Health Insurance Programs (OHIP), Division of Long Term Care (DLTC) announces the availability of state funds for:

### **Component A: Special Needs–Assisted Living Programs (SN-ALPS) Training and Services**

For special needs populations who are high-cost Medicaid members. Under this procurement, up to \$2,000,000 in funding over a two-year period with a maximum of \$400,000 per awardee.

### **Component B: Special Needs–Assisted Living Programs (SN-ALPS) Capital Improvement Project**

For special needs populations who are high-cost Medicaid members. Under this procurement, up to \$3,000,000 in funding over a one-year period with a maximum of \$600,000 per awardee.

**Applicants may apply for Component A, B or both components of this RFA. However, separate and complete applications must be submitted for each component for which the applicant is seeking funding.**

Assisted Living Programs eligible to apply include New York State Department of Health licensed Adult Homes or Enriched Housing Programs that at the time of application have Assisted Living Program beds or an award for Assisted Living Program beds.

For the purpose of this Request for Applications (RFA) the special needs population shall consist of Medicaid individuals who have one or more co-morbid and medically complex chronic conditions that are substantially disabling or life-threatening, have a high risk of hospitalization or other significant adverse health outcomes, and require specialized delivery systems across domains of care.

## **Background**

With issuance of Executive Order #5, Governor Andrew M. Cuomo established the Medicaid Redesign Team (MRT) in January 2011, bringing together a group of health care stakeholders, experts and advocates from throughout New York State. The goals of the MRT were to improve overall health system quality and efficiency, streamline and focus health care administrative and financial structures, and reduce Medicaid costs while emphasizing the delivery of well-managed, cost-effective quality health services.

The Supportive Housing Workgroup was created by the MRT and charged with developing recommendations for changes to housing programs for high-need Medicaid beneficiaries, such as the homeless, precariously housed or those living in institutional settings, to reduce the dramatic growth in Medicaid spending in New York and maintain or improve health outcomes for Medicaid beneficiaries.

## **Problem / Issue**

The New York State Department of Health licenses and regulates all Assisted Living Programs. An Assisted Living Program is a licensed Adult Home or Enriched Housing Program that serves individuals determined to be nursing-home-eligible and who require additional support services than those typically provided by a stand-alone Adult Home or Enriched Housing Program. As required by Article 7, § 461.1 of Social Services Law, an Assisted Living Program must possess either: a valid license as a LHCSA or a valid certificate of approval as a CHHA or valid authorization as a LTHHCP.

In 2014, there were 119 Licensed Assisted Living Programs in New York State with the capacity to serve 7,659 Assisted Living Program recipients. However, for many Assisted Living Program recipients who have or will develop special needs, the inability to access or remain in an Assisted Living Program often creates an additional barrier to community living. Often, individuals with special needs receive services in nursing homes or other institutional settings when they may have a desire to live in or continue to live in an Assisted Living Program.

## **Intent / Purpose**

The intent of this procurement reflects the State's commitment to provide New York's special needs population with assistance in receiving support services in the least restrictive, most appropriate available community setting.

The Department's overall goal is to ensure that accessible Assisted Living Programs and support services are made available by this program to New York's low-income, Medicaid eligible special needs populations. These settings and services should ensure that the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services.

**Component A:** NYSDOH is seeking to fund innovative projects to provide Special Needs-Assisted Living Programs with funding for one or more of the following; development of a new model of care, staff training, implementation new support services, or staffing plans to participants to develop or enhance SN-ALPs tailored to the needs of the special needs population.

**Component B:** NYSDOH is seeking to fund capital improvement projects that can include but not limited to; monitoring technologies, minor renovations, safety features, unit improvements or other smart technology linkages tailored to the needs of the special needs population.

## **II. Who May Apply - Component A and B**

All applicants must be located in and conduct business in NYS. Additional minimum eligibility requirements are as follows:

### **Minimum eligibility requirement**

- Applications will be accepted only from licensed Assisted Living Programs (profit, not

for profit or government agency) operating in full accordance with New York State regulations.

- Applicant currently has ALP beds or an ALP bed award.

Attachment 5, Applicant Attestation, must be signed and submitted with the application to attest to meeting this requirement.

### **Preferred eligibility requirements**

- Applicants should have at least three years organizational and individual staff experience in the following areas or demonstrate the capability to establish a contractual relationship(s) with a subcontractor(s) having such experience:
  - Expertise and experience in the area of Assisted Living Programs;
  - Expertise and experience in working with individuals with special needs;
  - Expertise and experience understanding issues concerning individuals with disabilities of all ages and seniors regarding their Long Term Care (LTC) needs.

***IMPORTANT:*** All not-for-profit vendors are required to be prequalified prior to grant application submission. Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this RFA. To learn more about prequalification, go to the Grants Reform website (<http://www.grantsreform.ny.gov/>) where you can preview the questions and required documents.

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

### **Component A:**

- A. Develop an innovative, high quality proposal to enhance features for the Assisted Living Program tailored to the special needs population served. Describe proposed development and implementation of one or more of the following: new model of care, staff training, implementation new support services or staffing plans to participants to develop or enhance SN-ALPs.
- B. Describe how selected enhancements will affect the special need population and how many people it will benefit. Explain how many people in the special need population your agency's proposal will assist and how your proposal will affect this population. Describe the implementation and stability of your proposal.
- C. Describe the staffing plan that describes sufficient staffing levels to perform case management functions for the targeted special needs populations to ensure their health, safety and well-being. Include how many staff will be included in this project and any outcomes from that.
- D. Describe the sustainability of your proposal. How will the funding assist your proposal and what is your sustainability plan? Include how your agency will continue to serve the targeted

population.

- E. Integrate and employ ongoing evidenced-based interventions for the special needs populations. Interventions should be identified by the current, expected and ongoing administrative and staff training programs specified to the special needs populations.
- F. Develop and implement a plan to enroll eligible participants.
- G. Develop and conduct person-centered case management services based on the special needs populations' needs, strengths, preferences, goals and resources – to live independently in the community and engage in community life. Services must ensure their rights of privacy, dignity, respect and freedom from coercion and restraint, optimize individual initiative, autonomy and independence in making life choices, and facilitate individual choice regarding services and supports and who provides them.
- H. Develop outcome measures and evaluation criteria which will assist DOH to determine the value of the project and identify supportive housing best practices for the target population.
- I. Develop data collection and reporting systems, including completing the Supportive Housing Data Collection Tool (Attachment 12) and submitting such data to the Department on a monthly basis.

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

**Component B:**

- A. Develop capital improvement project(s) including but not limited to; monitoring technologies, minor renovations, safety features, unit improvements or other smart technology linkages tailored to the needs of the special needs population.  
All proposed modifications, renovations and reconfigurations should clearly validate purpose and justify anticipated utilization. In addition, proposals must include a description or prints of the site, layout, designs, equipment/features, both shared and individual, specifically planned with the special needs populations in mind. A floor plan for proposed units are not necessary, however is encouraged if modifications to the unit(s) are made.
- B. Explain how many people in the special needs population the proposed capital improvements will assist and how will this affect the population. Describe implementation and sustainability of your proposal.
- C. Integrate and employ ongoing evidenced-based interventions for the special needs populations. Interventions should be identified by the current, expected and ongoing administrative and staff training programs specified to the special needs populations.
- D. Develop and implement a plan to enroll eligible participants.

- E. Develop and conduct person-centered case management services based on the special needs populations' needs, strengths, preferences, goals and resources – to live independently in the community and engage in community life. Services must ensure their rights of privacy, dignity, respect and freedom from coercion and restraint, optimize individual initiative, autonomy and independence in making life choices, and facilitate individual choice regarding services and supports and who provides them.
- F. Develop outcome measures and evaluation criteria which will assist DOH to determine the value of the pilot project and identify supportive housing best practices for the target population.
- G. Develop data collection and reporting systems, including completing the Supportive Housing Data Collection Tool (Attachment 12) and submitting such data to the Department on a monthly basis.

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

## **IV. Administrative Requirements - Components A and B**

### **A. Issuing Agency**

This RFA is issued by the New York State Department of Health, Division of Long Term Care. 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:

Denard Cummings: Email: [MRTSupportiveHousing@health.ny.gov](mailto:MRTSupportiveHousing@health.ny.gov)

To the degree possible, each inquiry should cite the RFA section, component 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 Denard Cummings at (518) 474-5519. **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.

- [www.grantsreform.ny.gov/grantees](http://www.grantsreform.ny.gov/grantees)
- Grants Reform Videos (includes a document vault tutorial and an application tutorial) on YouTube: <http://www.youtube.com/channel/UCYnWskVc7B3ajjOVfOHL6UA>
- Agate Technical Support Help Desk  
Phone: 1-800-820-1890  
Hours: Monday thru Friday 8am to 8pm  
Email: [helpdesk@agatesoftware.com](mailto:helpdesk@agatesoftware.com)  
(Technical questions)
- Grants Team Email: [Grantsreform@budget.ny.gov](mailto:Grantsreform@budget.ny.gov)  
(Application Completion, Policy, and Registration questions)
- [www.grantsgateway.ny.gov](http://www.grantsgateway.ny.gov)

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://www.grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) and the Department's public website at: <http://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also be posted on these websites. All such updates will be posted by the date identified on the cover of this RFA.

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

Prospective applicants are strongly encouraged to complete and submit a letter of interest (see Attachment #1). Prospective applicants may also use the letter of interest to receive notification when updates/modifications are posted; including responses to written questions. Letters of interest should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. A copy should also be emailed to [mrtssupportivehousing@health.ny.gov](mailto:mrtssupportivehousing@health.ny.gov). Please ensure that the RFA number is noted in the subject line and are submitted by the date posted on the cover of the RFA.

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

### **D. Applicant Conference**

An applicant conference will be held for this project. This conference will be held by Teleconference/Webinar on the date and time posted on the cover sheet of this RFA. The Department requests that potential applicants register for this conference by e-mailing



MRTSupportivehousing@health.ny.gov to insure that adequate accommodations be made for the number of prospective attendees. A maximum number of 10 representatives from each prospective applicant will be permitted to attend the applicant conference. Failure to attend the Applicant conference will not preclude the submission of an application. Deadline for reservations is posted on the cover page of this RFA.

**E. How to file an application**

**Applicants may apply for Component A, B or both components of this RFA. However, separate and complete applications must be submitted for each component for which the applicant is seeking funding.**

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Tutorials (training videos) for use of the Grants Gateway are available at the following web address (and upon user log in): [https://www.grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) .

To apply, log into the Grants Gateway and click on the View Opportunities button under View Available Opportunities. To get started, in the Search Criteria, enter the Grant Opportunity name listed above and select the Department of Health as the Funding Agency and hit the Search button. Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located bottom left of the Main page of the Grant Opportunity.

In order to access the online application and other required documents such as the attachments, you MUST be registered and logged into the NYS Grants Gateway system in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

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

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

For further information on how to apply, please access the Grantee Quick Start Guide under the Pre-Submission Upload Properties for this opportunity.

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

Applicants should submit their applications, **at a minimum**, one (1) hour prior to the submission deadline. The system will perform an application error check and all identified issues must be resolved before the application is successfully submitted. Failure to leave adequate time to address issues identified during this process may jeopardize an applicant’s ability to submit their application. The Grants Gateway will notify applicants of successful submission.

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

#### **F. Department of Health’s Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department

be unsuccessful in negotiating with the selected applicant.

13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.
20. Shift any excess funds within and in-between Component A and B as necessary.

#### **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.

##### **Component A:**

It is expected that contracts resulting from this RFA will have the following fixed two-year time period: November 1, 2015 – October 31, 2017.

Continued funding throughout this two-year period is contingent upon satisfactory contractor performance and availability of funding. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

##### **Component B:**

It is expected that contracts resulting from this RFA will have the following fixed one-year time period: November 1, 2015 – October 31, 2016.

This one-time-use funding is proposed for one year. Continued funding throughout this one-year period is contingent upon satisfactory contractor performance and availability of funding. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

## **Component A and B**

NYSDOH monitors the performance of the contractor(s) on an ongoing basis. Part of the administrative authority NYSDOH retains over contractors relates to reimbursement for contractual obligations monitored through review of contractor quarterly reports. Contractor performance is measured in relationship to the operational protocols established in the program guidelines that will be set forth upon execution of the contracts, and the contract performance measures established in the contract work plan. Payments to contractors may be withheld pending the resolution of performance or compliance issues. NYSDOH management staff may conduct site visits to assess operational and administrative performance, and to assure quality performance.

### **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 monthly invoices and required reports of expenditures through the Grants Gateway (in the future) to the State's designated payment office:

Office of Health Insurance Programs – Division of Long Term Care  
NYS Department of Health  
One Commerce Plaza, Suite 1605  
99 Washington Avenue, Albany, NY 12210

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](mailto: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.

- a) The grant contractor will be required to submit through the Grants Gateway (in the future) the following periodic reports:

- Quarterly Program Activity Report as established by NYSDOH
- Budget Statement and Report of Expenditures (BSROE)
- Annual Report

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

## **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%** on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation. 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 in the upper right hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or

service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 3** of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

- 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 include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at:

[http://www.osc.state.ny.us/vendor\\_management/issues\\_guidance.htm](http://www.osc.state.ny.us/vendor_management/issues_guidance.htm).

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

## L. Vendor Responsibility Questionnaire

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

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

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at: [http://www.osc.state.ny.us/vendrep/forms\\_vendor.htm](http://www.osc.state.ny.us/vendrep/forms_vendor.htm) or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form.

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

## M. Vendor Prequalification for Not-for-Profits

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

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

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

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

### 1) Register for the Grants Gateway

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

If you have previously registered and do not know your Username, please email



[grantsreform@budget.ny.gov](mailto:grantsreform@budget.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 Reform Team at [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov).

## 3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the *Submit Document Vault Link* located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

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

## N. General Specifications

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.



3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
  - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
  - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
  - c. If, in the judgement of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

## **V. Completing the Application - Components A and B**

### **A. Application Format/Content**

Please refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at: [www.grantsreform.ny.gov/Grantees](http://www.grantsreform.ny.gov/Grantees) and a copy is posted under Pre-Submission Uploads.

An Applicant Attestation (Attachment 5) and an Applicant Cover Sheet (Attachment 4) must be included with the application and signed by an official signatory from the applicant organization.

Applicants should provide a response to all questions and statements in each section listed below. Number and letter the narrative response to correspond to each question or statement and all elements within the question in the order presented in each section.

Include budgets that are reflective of workplans.

<b>Section</b>	<b>Maximum Score</b>
Program Summary	0
Statement of Need	5
Applicant Organization	5
Program Activities	30
Workplan	20
Program Performance / Evaluation	10
<b>Total</b>	<b>70</b>

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

**Component A:**

Applicants must have a raw technical score of 60 or more (of the 70 technical points) to proceed to the next step of the application evaluation process. The application with the highest technical score will be assigned a technical score of 70 points. All other applications will be assigned a weighted technical score according to the following formula:

$(a/b)(70)$  = weighted technical score where a = score to be weighted and b = unweighted score of application with highest technical score.

**Component B:**

Applicants must have a minimum score of 60 to be considered for funding. In the event of a tie score, the applicant that has the highest score on the program activities section will be selected.

1. Program Specific Questions - *Components A and B*

a) Program Summary (*Maximum Score: 0 points*)

- Summarize your proposed program in 4,000 characters or less, with all the major activities your agency will undertake and the goals and objectives of your agency's proposal. Include items such as desired outcomes, need being met, population served and how the program is expected to carry out the activities.

b) Statement of Need (*Maximum Score: 5 points*)

- Describe the characteristics of the targeted special needs population. Include a profile of the target population, describing the current demographics and projections of the target population, which may include, but are not limited to age, disability status, race, ethnicity, health, gender, financial status and housing status.
- Describe the problems that targeted special needs population experience in securing and accessing settings tailored to their needs and long term support services.

- Differentiate between the actual state of affairs and a desired state of affairs for the target population securing and accessing settings tailored to their needs and long term support services. Both new and existing data sources can be applied for assertions made to describe these problems, however the section will be scored based on validity, relevance to the specified environment, and utilization.
- Identify existing assistance services, community resources and potential community partners who serve the targeted special needs population, and how you propose to work collaboratively with these groups to meet the needs of the target population in providing long term support services.

c) Applicant Organization (*Maximum Score: 5 points*)

- Describe your agency, its mission, its structure and scope of services. Upload an organizational chart. The organizational chart should show the overall structure of your institution and how the program described in this application will relate to the rest of the agency.
- Describe the essential staff and their qualifications (Licensure, Certification, Curricula Vitae, etc.). No uploads of documents required.
- Describe your agency's experience working on topics related to Assisted Living Programs and long-term care needs and services (Assisted Living, Long Term Care Service, Medicare, Medicaid. etc.)
- Describe your agency's history of providing education and advocacy services to the targeted special needs population.
- Describe how the activities proposed in your application will be distinct from, and clearly in addition to, your agency's current activities.
- Describe your agency's establishment and utilization of Information Technology (IT) capacity related to securely maintaining and tracking data.

**Component A only:**

d) Program Activities (*Maximum Score: 30 points*)

- Please provide a minimum number of staff or residents from which you expect to serve in your respective area.
- Develop an innovative, high quality proposal to enhance features for the Assisted Living Program tailored to the special needs population served. Describe proposed development and implementation of one or more of the following: new model of care, staff training, implementation of new support services or staffing plans to participants to develop or enhance SN-ALPs.
- Describe how selected enhancements will affect the special needs population and

how many people it will benefit. Explain how many people in the special need population your agency's proposal will assist and how your proposal will affect this population. Describe the implementation and stability of your proposal.

- Describe the staffing plan that describes sufficient staffing levels to perform case management functions for the targeted special needs population to ensure their health, safety and well-being. Include how many staff will be included in this project and any outcomes from that.
- Describe the sustainability of your proposal. How will the funding assist your proposal and what is your sustainability plan? Include how your agency will continue to serve the targeted population.
- Describe how ongoing evidenced-based interventions will be integrated and employed for the special needs population. Interventions should be identified by the current, expected and ongoing administrative and staff training programs specified to the special needs population.
- Describe the process for developing and implementing a plan to enroll eligible participants. Explain how this proposal will serve high-need high-cost Medicaid clients.
- Describe the process for developing and conducting person-centered case management services based on the special needs population's needs, strengths, preferences, goals and resources – to live independently in the community and engage in community life. Services must ensure their rights of privacy, dignity, respect and freedom from coercion and restraint, optimize individual initiative, autonomy and independence in making life choices, and facilitate individual choice regarding services and supports and who provides them.
- Describe the development of outcome measures and evaluation criteria which will assist DOH to determine the value of the project and identify supportive housing best practices for the target population.
- Describe the development data collection and reporting systems, including completing the Supportive Housing Data Collection Tool (Attachment 12) and submitting such data to the Department on a monthly basis.

**Component B only:**

- Develop capital improvement project(s) proposal including but not limited to; monitoring technologies, minor renovations, safety features, unit improvements or other smart technology linkages tailored to the needs of the special needs population.
- All proposed modifications, renovations and reconfigurations should clearly validate purpose and justify anticipated utilization. In addition, proposals must include a description or prints of the site, layout, designs, equipment/features, both shared and individual, specifically planned with the special needs

populations in mind. A floor plan for proposed units are not necessary, however is encouraged if modifications to the unit are made. All prints, designs and/or floor plans should be uploaded to the grants gateway.

- Explain how many people in the special needs population the proposed capital improvements will assist and how will this affect/benefit the population. Describe the implementation and sustainability of your proposal.
- Integrate and employ ongoing evidenced-based interventions for the special needs population. Interventions should be identified by the current, expected and ongoing administrative and staff training programs specified to the special needs population.
- Develop and implement a plan to enroll or select eligible participants. Describe how this proposal will serve high-need high-cost Medicaid clients.
- Describe how your agency will obtain professional estimates for capital improvements and select the lowest responsible bidder.
- Develop outcome measures and evaluation criteria which will assist DOH to determine the value of the project and identify supportive housing best practices for the target population.
- Develop data collection and reporting systems, including completing the Supportive Housing Data Collection Tool (Attachment 12) and submitting such data upon completion of capital improvement projects.

e) Program Performance / Evaluation (*Maximum Score: 10 points*) - *Components A and B*

- Describe your current program performance evaluation process. Describe where program performance/evaluation falls within your organization, and who is responsible for performance/evaluation, and their qualifications to oversee an evaluation/program performance.
- Describe the means by which you determine, on an ongoing basis, if your methods of service delivery or capital improvements are effective.
- State what performance measures will be used to evaluate the program service delivery or capital improvements.

f) Budget (*Maximum Score: 30 points*)

Budget Narrative: A separate budget narrative is required. Year 1 detailed budget justifications are entered into the Gateway (see Attachment 8). The space is limited. If the full justification won't fit, make a notation in the justification line to "see Excel Spreadsheet for Year 2 (Component A only)" and upload the Year 2 Excel spreadsheet as instructed. Clearly explain and justify each line of the budget. Poorly explained or poorly justified expenses may be eliminated from reimbursable expenses

during the budget negotiation process. (However, these expenses will not be deleted from the financial criterion calculation for Component A during the application scoring process.)

Financial proposals will be opened and reviewed separately for Component A. The financial criterion is worth 30 points. Any budget that exceeds the maximum award will not be further reviewed and is not eligible to be awarded a contract.

### **Component A only:**

The financial score is based on project volume and cost per task. Applicants should strive to ensure that this ratio is as low as possible. The lower the applicant's ratio (compared to the ratios of all other applicants), the more financial points awarded to the application.

Specifically, financial scores will be calculated as follows. In the technical application or proposal, applicants are required to specify the minimum number of staff or residents from whom they will receive the deliverables from funding. In the financial or budget proposals, applicants must specify the total amount they are proposing for the two-year contract. The amount of the Year 1 budget will be divided by the applicant's proposed staff or residents served. This yields a measure of total one-year contract cost per staff member or resident. Price is then compared by anticipated volume.

The application with the lowest financial score, i.e., the lowest cost and highest volume, will be assigned a financial score of 30 points. All other applications will be assigned a weighted financial score according to the following formula:

$(a/b)(30)$  = weighted financial score where a = lowest unweighted cost per resident or staff member and b = cost to be weighted.

Each application's weighted technical score and weighted financial score will be summed. The applicant with the highest total weighted score will proceed to the next level of review.

- Applicants should complete budgets; one for each of the prescribed periods: according to budget instructions.
  - Budget Year 1: November 1, 2015 – October 31, 2016 (Entered into on line Grants Gateway budget template)
  - Budget Year 2: November 1, 2016 – October 31, 2017 (Entered into Excel spreadsheet located under Pre-Submission Uploads and completed spreadsheet is uploaded under Program Specific Questions)

The minimum passing total weighted score is 60 points. In the event of a tie score, the applicant that has the highest score on the program activities section will be selected.

## Component B only:

Component B utilizes a Capital Based budget template. Please refer to Attachment 10 for general instructions on completing the Grants Gateway on line Capital Based budget. Provide justifications for each budget category on Attachment 11 located under Pre Submission Uploads.

Although there are no specified minimum or maximum grant amounts (other than the maximum funding of \$600,000), applicants should provide information on the following:

- DOH is interested in achieving maximum value for its investment. Describe and quantify to the extent possible how the Project will result in savings to Medicaid and quantify the proposed value or return on the state grant investment in the Project relative to the project costs.
- Are there any in-kind funds for this project? If so, please explain.
- Briefly explain the financial sustainability of this project and your organization's financial need for this grant.
- Is there sustainability with this initial capital investment for your proposal? Define your organization's financial need for these capital improvements.

All costs must be related to the provision of the Special Needs – Assisted Living as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined Please refer to Attachment #7 for general instructions.. **THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.**

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

Administrative costs will be limited to a maximum of 10%. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered).

### e) Workplan (*Maximum Score: 20 points*) - Components A and B

Complete a Special Needs – Assisted Living Work Plan in accordance with the Work Plan Instructions (Attachment 6). The work plan forms should describe the objectives and activities necessary to meet program goals.

**Please note that successful applicants may be asked to modify work plans prior to initiation of the contract to address issues identified during the review process.**

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 - Components A and B**

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH, Division of Long Term Care.

Applications will be screened to verify that minimum eligibility criteria as defined in the RFA are met. Applications that are determined not to meet minimum criteria will be rejected and not considered for funding. Eligible applications will be reviewed and scored by teams of trained reviewers using a structured, pre-approved review tool. Applications that achieve a minimum passing score of 60 points or higher (after appropriate scores are summed) will be designated as “passing” and considered for funding. Applications will be sorted based on highest to lowest score. Passing applications that are not selected for funding will be designated as “approved but not funded”. Approved but not funded applications may be funded should additional funds become available.

Applicants should respond to each category and criteria described in full. In particular, applicants should note carefully items that are required in order for the proposal to be eligible for review. The value assigned to each section is an indication of the relative weight that will be given when scoring your 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. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State



Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>.

## **VI. Attachments**

Please note that attachments marked with an asterisk (\*) can be accessed in the “Pre-Submission Upload” section of an online application. 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:	Letter of Interest*
Attachment 2:	Vendor Responsibility Attestation*
Attachment 3:	Minority & Women-Owned Business Enterprise Requirement Forms*
Attachment 4:	Application Cover Sheet*
Attachment 5:	Applicant Attestation*
Attachment 6:	Workplan Instructions
Attachment 7:	General Budget Instructions – Component A
Attachment 8:	Expenditure Budget Instructions for Year 1 – Component A
Attachment 9:	Expenditure Budget Template for Year 2 - Component A*
Attachment 10:	Capital Budget Instructions – Component B
Attachment 11:	Capital Based Budget Justifications*
Attachment 12:	MRT Supportive Housing Data Collection Tool

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

## Attachment 6

### Gateway Work Plan Instructions

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

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

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

## Attachment 7

### GENERAL INSTRUCTIONS FOR COMPLETION OF BUDGET For Year 2 – Component A

#### Tab 1-Summary Budget

- A. **Project Name**
- B. **Contractor SFS Payee Name** -Enter official contractor name listed on Statewide Financial System (SFS). If you do not have an SFS Contractor name, please enter the official name of agency.
- C. **Contract Period** – “From” is the Start date of the budget and “To” is the end date of the budget. A separate budget must be completed for each 12 month budget period and labeled for each contract period.
- D. The **GRANT FUNDS** column is automatically populated based on the information entered in the major budget categories on Tabs 2 through 5 of the excel spreadsheet. These categories include:
- Salaries
  - Fringe Benefits
  - Contractual Services
  - Travel
  - Equipment
  - Space, Property & Utilities
  - Operating Expenses
  - Other

#### Tab 2-Salaries

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

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

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

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

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

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

**Total:** This column automatically calculates the total funding requested based on annualized salary, hours worked, percent effort and months funded for each position. If the amount requested for a position is less than what is automatically calculated, please manually enter the requested amount in the total column.

**Tab 2-Fringe Benefits**

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

**Tab 3-Contractual Services**

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

**Tab 3-Travel**

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

**Tab 4-Equipment and Space**

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

**Tab 5-Operating Expenses / Other**

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

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

**Tab 6-Narrative Budget Justification**

Please provide a brief narrative justification in the **JUSTIFICATION** column in Tab 6 for each budgeted item. Requested amounts entered on Tabs 2 through 5 will automatically populate the **BUDGETED** column on Tab 6. The justification should describe the requested item, the rationale for requesting the item, and how the item will benefit the proposed program/project.

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

## ATTACHMENT # 8

### Gateway Budget Instructions – for Year 1 – Component A

Complete the online Budget for Year One of the project.

Please refer to Section 6.2.9.1 – Expenditure Budget of the Grantee User Guide (available at: <http://grantsreform.ny.gov/Grantees> and clicking on “Grantee User Guide” in the Quick Links Menu) for instructions on how to complete the online Budget.

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

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

## Attachment 10

### Gateway Capital Budget Instructions – Component B

Complete the online Budget for the project.

Please refer to Section 6.2.9.3 – Capital Budget of the Grantee User Guide (available at: <http://grantsreform.ny.gov/Grantees> and clicking on “Grantee User Guide” in the Quick Links Menu) for instructions on how to complete the online Budget.

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

- Click on each applicable detail budget category form you need to include in your budget. Enter all required information.
  - The “Total Match Funds” field may be available in some or all budget categories.
  - A match percentage may apply to specific budget categories or to your overall budget.
  - Be sure to click on the “SAVE” button after all information is entered.
  - Additional expenses may be included in each budget category form by clicking the “Add” button in the blue toolbar near the top of your screen.
- The Capital Summary in the Forms Menu will display the total Grant Funds, Match Funds, Match Percent, and Other Funds for your budget. Please review this summary to determine whether or not you are meeting the requirements of the RFA.

**Attachment 12**

**WARNING: THIS FILE MUST BE PASSWORD PROTECTED BEFORE IT IS SENT TO THE RESPECTIVE STATE AGENCY SUPP HOUSING CONTACT**

**File Submission due date:**

**Members in Supportive Housing**

*version: 3/4/2014*

<b>Recip ID</b>	<b>Member Date of Birth (MM/DD/YYYY format)</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>	<b>Gender</b>	<b>Housing Program</b>	<b>Member Supp Housing Begin Date (MM/DD/YYYY format)</b>	<b>Member Supp Housing End Date (if applicable, MM/DD/YYYY format)</b>	<b>State Agency</b>	<b>Supported Housing Provider Name (limited to 65 characters)</b>