



**Department  
of Health**

**OFFICE OF PRIMARY CARE AND HEALTH SYSTEMS MANAGEMENT**

# Health Workforce Retraining Program/Initiative

## Awardee Webinar



## Webinar Goal:

- Provide HWRI awardees with a functional understanding of the process steps required to meet the requirements of HWRI that will lead to contract execution and the disbursement of funds.

# AGENDA

- Introduction of Office of Primary Care and Health Systems Management (OPCHSM)
- Contract Building through the Grants Gateway
- Contract Payments
- Reporting During the Contract Period
- Initial Q&A's

# Next Steps

## Contract Building, Approval and Payment

# Contract Development

**STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE**

STATE AGENCY (Name & Address):	BUSINESS UNIT/DEPT. ID: CONTRACT NUMBER: CONTRACT TYPE: <input type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input type="checkbox"/> Fixed Term Agreement
CONTRACTOR SFS PAYEE NAME:	TRANSACTION TYPE: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment
CONTRACTOR DOS INCORPORATED NAME:	PROJECT NAME:
CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: Federal Tax ID Number: DUNS Number (if applicable):	AGENCY IDENTIFIER:  CFDA NUMBER (Federally Funded Grants Only):
CONTRACTOR PRIMARY MAILING ADDRESS:  CONTRACTOR PAYMENT ADDRESS: <input type="checkbox"/> Check if same as primary mailing address	CONTRACTOR STATUS: <input type="checkbox"/> For Profit <input type="checkbox"/> Municipality, Code: <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-for-Profit  Charities Registration Number:  Exemption Status/Code:  <input type="checkbox"/> Sectarian Entity
CONTRACT MAILING ADDRESS: <input type="checkbox"/> Check if same as primary mailing address	

Contract Number: # \_\_\_\_\_  
Page 1 of 2  
Master Grant Contract, Face Page

**STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE**

CURRENT CONTRACT TERM: From: _____ To: _____	CONTRACT FUNDING AMOUNT (Multi-year - enter total projected amount of the contract; Fixed Term/Simplified Renewal - enter current period amount):			
CURRENT CONTRACT PERIOD: From: _____ To: _____	CURRENT:			
AMENDED TERM: From: _____ To: _____	AMENDED:			
AMENDED PERIOD: From: _____ To: _____	FUNDING SOURCE(S) <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other			
FOR MULTI-YEAR AGREEMENTS ONLY - CONTRACT PERIOD AND FUNDING AMOUNT: (Out years represent projected funding amounts)				
#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT
1				
2				
3				
4				
5				
ATTACHMENTS PART OF THIS AGREEMENT:				
<input type="checkbox"/> Attachment A: <ul style="list-style-type: none"> <li><input type="checkbox"/> A-1 Program Specific Terms and Conditions</li> <li><input type="checkbox"/> A-2 Federally Funded Grants and Requirements Mandated by Federal Laws</li> </ul>				
<input type="checkbox"/> Attachment B: <ul style="list-style-type: none"> <li><input type="checkbox"/> B-1 Expenditure Based Budget</li> <li><input type="checkbox"/> B-2 Performance Based Budget</li> <li><input type="checkbox"/> B-3 Capital Budget</li> <li><input type="checkbox"/> B-4 Net Deficit Budget</li> <li><input type="checkbox"/> B-1(A) Expenditure Based Budget (Amendment)</li> <li><input type="checkbox"/> B-2(A) Performance Based Budget (Amendment)</li> <li><input type="checkbox"/> B-3(A) Capital Budget (Amendment)</li> <li><input type="checkbox"/> B-4(A) Net Deficit Budget (Amendment)</li> </ul>				
<input type="checkbox"/> Attachment C: Work Plan <input type="checkbox"/> Attachment D: Payment and Reporting Schedule <input type="checkbox"/> Other:				

Contract Number: # \_\_\_\_\_  
Page 2 of 2  
Master Grant Contract, Face Page

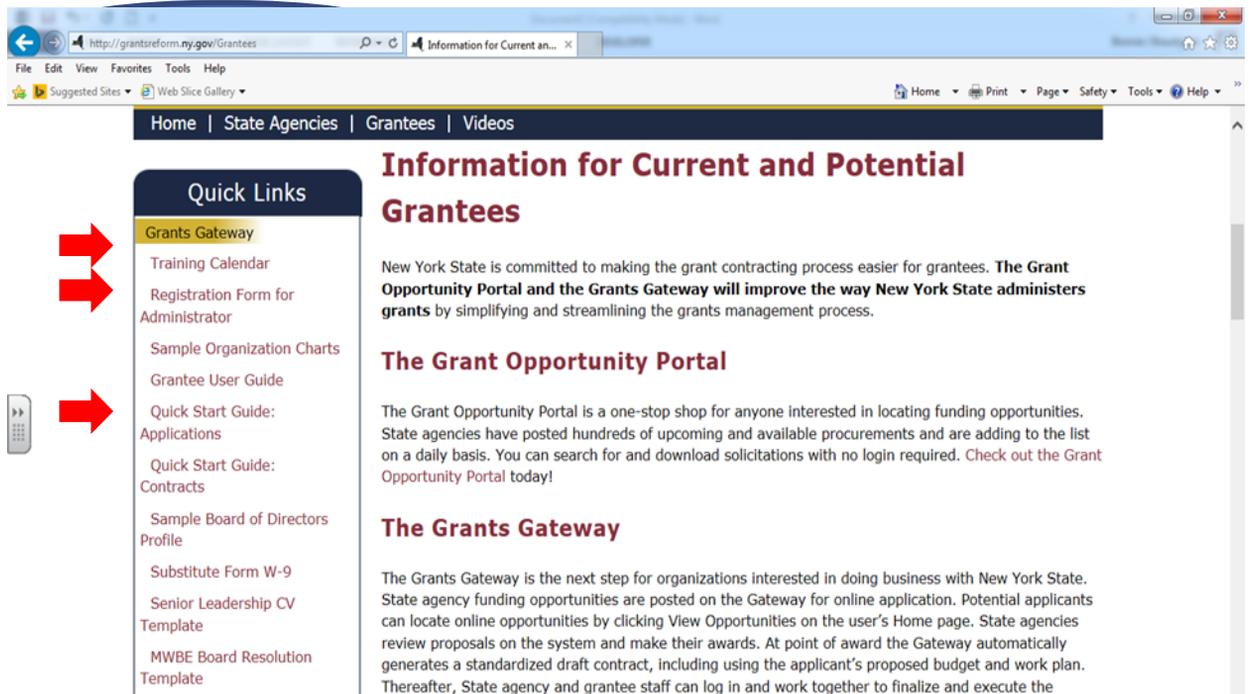




# Contract Processing Information

- Update contact information. 
- Update Grants Gateway document vault.
  - Submit Workers' Compensation and Disability coverage.
- Update awardee Vendor Responsibility Questionnaire for contractor and for subcontracts over \$100,000.

# Contract Building through Grants Gateway



The screenshot shows a web browser window with the URL <http://grantsreform.ny.gov/Grantees>. The navigation bar includes links for Home, State Agencies, Grantees, and Videos. A 'Quick Links' sidebar on the left contains several items, with red arrows pointing to 'Grants Gateway', 'Registration Form for Administrator', and 'Quick Start Guide: Applications'. The main content area features three sections: 'Information for Current and Potential Grantees', 'The Grant Opportunity Portal', and 'The Grants Gateway', each with a brief description of the service.

**Quick Links**

- Grants Gateway
- Training Calendar
- Registration Form for Administrator
- Sample Organization Charts
- Grantee User Guide
- Quick Start Guide: Applications
- Quick Start Guide: Contracts
- Sample Board of Directors Profile
- Substitute Form W-9
- Senior Leadership CV Template
- MWBE Board Resolution Template

## Information for Current and Potential Grantees

New York State is committed to making the grant contracting process easier for grantees. **The Grant Opportunity Portal and the Grants Gateway will improve the way New York State administers grants** by simplifying and streamlining the grants management process.

## The Grant Opportunity Portal

The Grant Opportunity Portal is a one-stop shop for anyone interested in locating funding opportunities. State agencies have posted hundreds of upcoming and available procurements and are adding to the list on a daily basis. You can search for and download solicitations with no login required. [Check out the Grant Opportunity Portal today!](#)

## The Grants Gateway

The Grants Gateway is the next step for organizations interested in doing business with New York State. State agency funding opportunities are posted on the Gateway for online application. Potential applicants can locate online opportunities by clicking View Opportunities on the user's Home page. State agencies review proposals on the system and make their awards. At point of award the Gateway automatically generates a standardized draft contract, including using the applicant's proposed budget and work plan. Thereafter, State agency and grantee staff can log in and work together to finalize and execute the

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



# Contract Building through Grants Gateway

- Contract Development and approvals will occur through the Grants Gateway (GG) .
- Awardees will need to acquire GG credentials and establish roles.
  - System Administrator.
  - Grantee.
  - Grantee Contract Signatory.
  - Grantee Administrator.

# Contract Building through Grants Gateway

- Awardees will need to revise work plans and budgets.
- DOH Contract Manager will review and approve changes and return to awardee for signature. ↻
- Work plan and budget modifications on a case by case basis. ↻

# Budget: Expenditure Based Budget

**ATTACHMENT B-1: EXPENDITURE BASED BUDGET  
SUMMARY**

Project Name: Entry Level Health Care Workers trained as New LPN  
 Contractor SFS Payee Name: \_\_\_\_\_

CATEGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	MATCH % CALCULATED	OTHER FUNDS	TOTAL
1. Personal Services					
a) Salary	\$0	\$0.00	0%	\$0.00	\$0
b) Fringe	\$0	\$0.00	0%	\$0.00	\$0
Subtotal	\$0	\$0.00	0%	\$0.00	\$0
2. Non Personal Services					
a) Contractual Services	\$0	\$0.00	0%	\$0.00	\$0
b) Travel	\$0	\$0.00	0%	\$0.00	\$0
c) Equipment	\$0	\$0.00	0%	\$0.00	\$0
d) Space/Property & Utilities	\$0	\$0.00	0%	\$0.00	\$0
e) Operating Expenses	\$0	\$0.00	0%	\$0.00	\$0
f) Other	\$0	\$0.00	0%	\$0.00	\$0
Subtotal	\$0	\$0.00	0%	\$0.00	\$0
Total	\$0	\$0.00	0%	\$0.00	\$0



# Budget: Calculating Personal Services

In Grants Gateway you will be entering salary data in the Salary Detail section.

See example below:

Position Title	Annualized Salary	Standard Work Week (Hours)	Percent of Effort Funded	Number of Months Funded	Total
Project Dr.	\$100,000	40	10%	12	\$10,000
Training Coordinator	\$75,000	40	50%	12	\$37,500
Curriculum Developer	\$50,000	40	25%	3	\$3,125
Trainer	\$40,000	40	15%	9	\$4,500
Data Entry	\$25,000	40	5%	12	\$1,250

# Budget: Calculating Personal Services

- Grants Gateway does not calculate the total for you, it should be calculated in accordance with the following formula:
- $$\frac{(\text{Annualized personal salary} \times \text{Percent of Effort})}{12} \times \text{Number of months funded} = \text{Total}$$
- Annualized Salary is what the salary would be if the position was filled full time for a year **NOT** the full time salary for the Number of months actually worked.
- Please identify Administrative and Operational costs. Administrative costs (including indirect costs) are limited to 15% for each year's budget. For each of the positions identified within the personal services detail, please specify the percent and dollars in salary that is administrative, and using the same method determine what is operational.

## Eligible Expenses:

- Assessment and Intake;
- Remediation;
- Basic Skill Development;
- Reorientation;
- Counseling;
- Skill Development and Enhancement;
- Career Advancement;
- Expansion of Educational Capacity

# Ineligible Expenses

- Instruction and tuition requested for the same participants
- Lost Staff Time or Wage Subsidies that exceed the number of hours in training:
  - Lost staff time is the additional operating expense the organization experiences for replacing a regularly scheduled staff person while that staff person is in training. This can be either wages paid to hire an agency worker or additional hours for regularly scheduled staff who work beyond their regularly scheduled hours. Documentation must be provided to support this cost, including the participating employee's regular hours, additional hours, and salary.
  - Wage Subsidy is provided to pay for the hours an employee spends in long term training, e.g. an LPN who normally works a 40 hours a week and is in training 10 hours/week can receive a wage subsidy for 10 hours/week. Documentation must be provided to support this cost.
- Fringe benefits for Lost Staff Time or Wage Subsidies
- Dependent Care request while participant is in training during normal work hours

# Ineligible Expenses

- Professional Licensure fees (examination fees to obtain the professional license are eligible)
- Purchase of major pieces of depreciable equipment, or remodeling or modification of structures
- Instruction costs related to in-service training
- Travel for trainers
- Promotional/marketing/advertising costs
- Interest on loans
- Indirect (limited to 10% of total direct costs) charged on more than the first \$25,000 of a subcontract

Funding allocated to ineligible expenses in your application budget can be redirected to eligible expenses.

# Work Plan Details

## ATTACHMENT C - WORK PLAN DETAIL

### Objective:

#### 1 Select employees for training - Identify employees for LPN program and/or Prevocational program

##### Task:

1 Solicit for employees interested in program-Case Manager works with Human Resources Dept. to disseminate information regarding the grant and identify interested employees 11/1-11/15/16 (Q 1)

##### Performance Measures:

1 Employees identified for program - 20

##### Tasks:

2 Employees apply-Case manager works with employees to start application process, obtain references and schedule 11/1-11/30/16 (Q1)

##### Performance Measures:

Employees complete application 15

3 Employees test (TABE)- Selected employees take the TABE test 11/1-11/30/16 (Q 1)

##### Performance Measures:

Pass TABE 5

### Objective:

#### 2 Employees enter training programs based on results of TABE test and applications

##### Tasks

Enter Prevocational Studies – 10

# Work Plan Details

2 LPN Program- Employees who passed the TABE test enter the LPN Program in June 2017 along with employees who finished the prevocational studies in April (Q3)

Performance Measures:

- 1 Start LPN Program- employees who met TABE scores enter LPN program directly - 5
- 2 Start LPN Program- employees who took prevocational studies enter program – 10

**Objective:**

### **3 LPN Training – CNAs train to become LPNs while being counseled, supported and monitored**

Tasks:

- 1 Case Manager support- monitor student participation, provide counselling and assistance as needed (Q 1-8)

Performance Measure

- 1 Graduation. We anticipate 2 of 15 students will need to withdraw despite support – 13

**Objective:**

### **4 LPNS hired- Place graduated LPNs in new positions**

Tasks:

- 1 LPN permit nurses sit for N-CLEX exam (Q 7)

Performance Measures

- 1 LPN exams 13 students take LPN exams and pass – 13

Tasks

- 2 Place trainees in new jobs- Employers will promote new trained and licensed LPNs to LPN status (Q 8)

Performance Measures

- LPN statue- 13 students will be promoted to LPN status - 13

# Contract Building through Grants Gateway

- DOH will similarly sign approve and provide signature page

<p><b>IN WITNESS THEREOF, the parties hereto have electronically executed or approved this Master Contract on the dates below (ink SIGNATURES)</b></p>	
<p>In addition, I, acting in the capacity as Contractor, certify that I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, and as such I do agree, and I have the authority to agree, to all of the terms and conditions set forth in the Master Contract, including all appendices and attachments. I understand that (1) payment of a claim on this Master Contract is conditioned upon the Contractor's compliance with all applicable conditions of participation in this program and (if I am acting in the capacity as a not-for profit Contractor) the accuracy and completeness of information submitted to the State of New York through the Gateway vendor prequalification process and (2) by electronically indicating my acceptance of the terms and conditions of the Master Contract, I certify that (a) to the extent <del>that I am a contractor</del> register and/or file reports with the Office of the Attorney General's Charities Bureau ("Charities Bureau"), the Contractor's registration is current, all applicable reports have been filed, and the Contractor has no outstanding requests from the Charities Bureau relating to its filings and (b) all data and responses in the application submitted by the Contractor are true, complete and accurate. I also understand that use of my assigned User ID and Password on the State's contract management system is equivalent to having placed my signature on the Master Contract and that I am responsible for any activity attributable to the use of my User ID and Password. Additionally, any information entered will be considered to have been entered and provided at my discretion. I further certify and agree that the Contractor agrees to waive any claim that this electronic record or signature is inadmissible in court, notwithstanding the choice of law provisions.</p> <p><b>CONTRACTOR:</b></p> <p>By: _____ Printed Name</p> <p>Title: _____</p> <p>Date: _____</p>	<p>In addition, the party below certifies that it has verified the electronic signature of the Contractor to this Master Contract.</p> <p><b>STATE AGENCY:</b></p> <p>_____</p> <p>By: _____ Printed Name</p> <p>Title: _____</p> <p>Date: _____</p>
<p><b>ATTORNEY GENERAL'S SIGNATURE APPROVED AS TO FORM</b></p> <p>By: _____ Printed Name</p> <p>Title: _____</p> <p>Date: _____</p>	<p><b>STATE COMPTROLLER'S SIGNATURE</b></p> <p>By: _____ Printed Name</p> <p>Title: _____</p> <p>Date: _____</p>

Contract Number: # \_\_\_\_\_  
Page 1 of 1. Master Contract for Grants Signature Page



## Contract Building through Grants Gateway

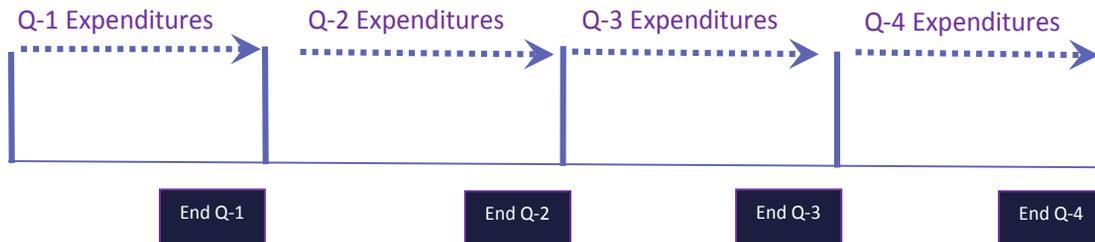
- Contract is then reviewed by Attorney General and Office of State Comptroller.
- Contract is approved and projects can begin.

# Paying against the Contract

- Quarterly Claim(s) for Payment and Supporting Documentation.
- Progress Reporting Submission Basics.

# Paying against the Contract - Quarterly Vouchers

- Use Claim for Payment form (AC3253-S) to report quarterly expenditures.
- Claim(s) for payment are due no later than 30 days after end of quarter and 60 days after end of contract term.
- Detail of expenditures exempt from voucher submission will follow.



# Paying against the Contract - Quarterly Vouchers

## Claim for Payment Form

ACCESSIO (Revised 8/14) State of New York <b>CLAIM FOR PAYMENT</b>						
Vendor Information						
Vendor Name		Vendor Identification Number				
Address		City	State	Zip Code		
		Invoice Number				
Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
Vendor Certification I certify that the above bill is true, that each correct, that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.				TOTAL	0.00	
Vendor's Signature in Ink _____ Title _____				Discount %		
Date _____ Name of Company _____				Net	0.00	
NYS Agency Information						
Vendor Identification Number		Vendor Location ID		Vendor Address Sequence		
Business Unit Name		Bus. Unit		Invoiced Expense (Y/N)	Contract ID	
Payment Date (MM) (DD) (YY)	Obligation Date (MM) (DD) (YY)	Warehouse Name (MM) (DD) (YY)		Agency Internal Use		
Inventory Class	Inventory Amount	Handling Code	Payee Amount	Agency Internal Use		
Invoice Number		Invoice Date				
PeopleSoft Format Charge Lines (If Applicable)						
Business Unit	Department	Program	Line	Account		
Budget Reference	Project ID	Activity	Class	Operating Line		
Product	Charfield 1 - Accumulator	Charfield 2 - Agency Use	Charfield 3	Amount		
Legacy Format Charge Lines (If Applicable)						
Expenditure		Account	Amount	City Agency	SP/Contract	Validation
Dept	Cost Center	Y/N	Y/N	Class	Subclass	Line
Line	Subline	Amount	City Agency	SP/Contract	Line	PSR
Lot/Kit Date	From Date	To	Subclass	Option		



# Paying against the Contract - Quarterly Vouchers

## Complete Sections 1-17

**Remember!**  
Use SFS  
Vendor ID

AC3253-S (Revised 8/14)					
State of New York		CLAIM FOR PAYMENT			
Vendor Information					
Vendor Name (1)		Vendor Identification Number (2)			
Address (3)		City (4)	State (5)	Zip Code (6)	
		Invoice Number (7)			
Purchase Order No. and Date (8)	Description of Materials/Service (9)	Quantity (10)	Unit (11)	Price (12)	Amount (13)
Vendor Certification (14) I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.				Total	(15)
_____ Vendor's Signature in Ink				Discount %	(16)
_____ Date				Net	(17)
_____ Title					
_____ Name of Company					

**Number, NOT FEIN**



# Paying against the Contract - Quarterly Vouchers

## Claim for Payment Form Instructions

Reference	Name	New Length	Description
<b>Vendor Information</b>			
1	Vendor Name	40 AN	The vendor's name as it will appear on the check.
2	Vendor Identification Number	10 N	A unique identification number issued to the vendor by OSC. This is not the vendor's TIN or EIN. This field automatically populates if data is entered into the Vendor Identification Number field under the NYS Agency Information section of this form first.
3	Address	55 AN	Vendor's street address
4	City	30 AN	Name of the city in the vendor's address.
5	State	6 AN	Abbreviation of the name of the state in the vendor's address.
6	Zip Code	12 AN	Postal Code in the vendor's address.
7	Invoice No. (Limit to 13 Additional spaces)	30 AN	Invoice Number or special Reference number. This number will appear on check stub and should be unique. This field automatically populates if data is entered into the Invoice Number field under the NYS Agency Information section of this form first.
8	Purchase Order No. and Date	10 AN	The number of the encumbrance document and the date it was prepared.
9	Description of Materials/ Service	-----	Narrative describing the material purchased and/or services rendered; or, the vendor may attach an original invoice to the claim for payment.
10	Quantity	-----	The total number of each item purchased.
11	Unit	-----	The unit of measure for the items purchased.
12	Price	-----	The actual cost per unit if not attached.
13	Amount	-----	The total price per items, calculated by multiplying number of units by price per unit.
14	Payee Certification - Payee's Signature in Ink, Title, Date, Name of Company	-----	When a vendor's invoice is attached to the Claim for Payment, the 'Payee Certification ' does not need to be completed. If an invoice is not attached to the Claim for Payment, the signature of the payee or his authorized agent, his title, current date, and the name of the company is required.
15	Total	-----	The sum of the amount column. When Business Units use this form, they must ensure this field reconciles to the invoice amount.
16	Discount %	-----	(For vendor use only.) The discount percentage allowed by the vendor. This amount will be deducted from the Total (Reference 15) resulting in the Net (Reference 17).
17	Net	-----	(For vendor use only.) Total of document after discount has been deducted. This amount must equal the sum of either: 1) the merchandise amount(s) in the PeopleSoft format charge lines, or 2) the amount(s) in the Legacy format charge lines.

# Paying against the Contract - Quarterly Vouchers

Organization	Grant Opportunity	Application #	Project Title	Date/Time Submitted
	Health Workforce Retraining Program/Initiative		Entry Level Health Care Workers trained as New LPN	

**ATTACHMENT B-1: EXPENDITURE BASED BUDGET SUMMARY**

Project Name: Entry Level Health Care Workers trained as New LPN  
 Contractor SFS Payee Name: \_\_\_\_\_

CATEGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	MATCH % CALCULATED	OTHER FUNDS	TOTAL
<b>1. Personal Services</b>					
a) Salary	\$18,000	\$0.00	0%	\$0.00	\$18,000
b) Fringe	\$5,000	\$0.00	0%	\$0.00	\$5,000
Subtotal	\$23,000	\$0.00	0%	\$0.00	\$23,000
<b>2. Non Personal Services</b>					
a) Contractual Services	\$0	\$0.00	0%	\$0.00	\$0
b) Travel	\$200	\$0.00	0%	\$0.00	\$200
c) Equipment	\$0	\$0.00	0%	\$0.00	\$0
d) Space/Property & Utilities	\$20,000	\$0.00	0%	\$0.00	\$20,000
e) Operating Expenses	\$0	\$0.00	0%	\$0.00	\$0
f) Other	\$0	\$0.00	0%	\$0.00	\$0
Subtotal	\$20,200	\$0.00	0%	\$0.00	\$20,200
<b>Total</b>	<b>\$43,200</b>	<b>\$0.00</b>	<b>0%</b>	<b>\$0.00</b>	<b>\$43,200</b>



# Paying Against the Contract- Budget Amendments

- For internal budget amendments, only changes under 10% of the total 2 year contract amount can be approved by the contract manager
- Once you exceed 10% of the value of the two year contract a contract amendment will be triggered, requiring approval by DOH, Office of the Attorney General and the Office of the State Comptroller
- This 10% is cumulative over the life of the contract, not each individual budget change

# During the Contract - Progress Reporting

- Quarterly Expenditure Reports submitted with claim due no later than 30 days after the close of the quarter.
- Reports should include:
  - Status of participants in training and outcomes when training is completed
  - Numbers of participants by facility
  - Expenditure summary
  - Narrative update of work plan tasks and performance measures
  - Explanation of any tasks and measures not completed and steps being taken to get work plan back on schedule
  - Proposed revisions in schedules and work plans if necessary

## During the Contract

- Submit quarterly Claim(s) for payment and Quarterly Expenditure Reports to the shared mailbox for review by program:

[HWRI@health.ny.gov](mailto:HWRI@health.ny.gov)

- Include your contract # in the subject line and a brief reference to the content matter of the email, e.g.:  
C12345, Workplan; or  
C12345, Budget

## Recap of Next Steps for Awardee

- Contact Information Sheet. 
- Vendor Responsibility Questionnaire updates.
- Grants Gateway Vault – document updates.
- WC & Disability Certification Forms.
- Grants Gateway training (optional, but suggested).

# Recap of Key Milestones

- Awardee and DOH Contract signature 
- Review and Approval by Attorney General (AG) and Office of State Comptroller (OSC).
- Project commencement.
- Voucher and reporting submissions.
- Payment and close out.

# Contract Term

Two year fixed term, beginning January 1, 2017 through December 31, 2018.

Continued funding throughout this two year period is contingent upon availability of funding and state budget appropriations. Discrete budgets are submitted for each year of the contract and funds awarded for one year cannot be rolled over and used in year two.

If an awarded applicant cannot provide the required contracting materials to the Department within 60 days of the contract award, the Department reserves the right to withdraw the award and redistribute the funding to the other responsible awardees.

# Contractor Expectations

Contractors will be expected to:

- Develop and manage the administrative structure necessary to implement proposed projects in a timely manner. This includes commitment of staffing adequate to:
  - develop relationships and contracts with partners for assessments, training or other functions necessary for the successful implementation of the project;
  - manage and coordinate the project;
  - meet fiscal and programmatic contract requirements; and
  - evaluate the project.
- Ensure the cost effective provision of assessment, training and placement services to the numbers of participants in the contract.
- Provide the Department of Health with monthly or quarterly outcome and expenditure reports, and a two year final report, in a timely manner
- Fully cooperate with Department of Health and Department of Labor representatives during contractor assistance program reviews, including the provision of supporting documentation of outcomes and expenditures and other data or information as may be necessary to help assess the success of the project and monitor project expectations.

# General Questions & Answers

- **Q: How do we enter both years' budget for my award?**

# General Questions & Answers

- **Q: How do we enter both years' budget for my award?**
- **A: Year one will be entered into the Grants Gateway, Year two will be uploaded as a new period for next year in the gateway.**

# General Questions & Answers

- **Q: How do I calculate personal services:**

# General Questions & Answers

**Q: How do I calculate personal services:**

**A: Example of how to calculate.**

Position Title	Annualized Salary	Standard Work Week (Hours)	Percent of Effort Funded	Number of Months Funded	Total
Trainer	\$40,000	40	15%	9	\$4,500

# General Questions & Answers

**Q: Why is my award different than the amount requested in our application?**

# General Questions & Answers

**Q: Why is my award different than the amount requested in our application?**

**A: The RFA provides a maximum amount of funding for each region, below. All projects with passing scores are funded. If the requested amount for all projects with passing scores exceeds the maximum amount for the region, funding amounts are decreased according to the calculation in the RFA (pages 28-29) until all projects in the region can be funded.**

Maximum Funding Levels by Region							
Western	Rochester	Central	Utica/ Watertown	Northeastern	Northern Metropolitan	New York City	Long Island
\$716,320	\$1,427,800	\$774,400	\$84,700	\$672,760	\$1,161,600	\$16,782,700	\$2,579,720



## Additional Questions and Assistance

Grant/Contract/General Questions:

[HWRI@health.ny.gov](mailto:HWRI@health.ny.gov)