

**HEAL NY – PHASE 6**  
***Primary Care Infrastructure***  
**Request for Grant Applications #0712201140**

**Questions and Answers**  
**#101 - #178**

101. We are considering an application to address a series of service enhancements throughout the Bassett Healthcare primary care network (see attached map). In reviewing the grant application it occurs to us that two of the locations where we are seeking support are in your Central region and two other locations are in your Northern region. Do we need to file two separate applications even though all four sites are part of Bassett Healthcare and fall under Bassett's operating certificate? If not, what region do we indicate on the application, where the instructions say "choose one".

You should submit two applications, one for each region. However, your total award under both applications will be capped at \$5 million in the aggregate. (See answer #151).

102. Would a facility relocation that increased net primary care providers, but didn't require a new CON fit within the confines of the grant?

Except for part-time clinics as defined in 10 NYCRR 703.6, any relocation of a facility requires a CON application.

103. On page 3 of the Request for Applications it states that the Heal 6 funds are available for "establishment of new primary care clinics in accordance with the establishment requirements of the Public Health Law". Can we submit our CON application prior to the awarding of the Heal 6 contracts using alternate funding sources that are available and secured as a "placeholder" to be replaced should we receive a Heal 6 award? If not, should we hold our CON until we hear if we have been awarded a Heal 6 contract?

No. Use of alternate funding sources would indicate that funding was already available to your facility. HEAL funds may not be used to replace funds already available to the applicant. You should submit your CON application either simultaneous with, or after the submission of you HEAL application, and clearly indicate that your CON is dependent upon the receipt of HEAL funds.

104. On page 4, under heading 1.3.3 Eligible Costs, letter (h) lists information systems and technology to support the coordination of care, including, but not limited to, interoperable electronic health record systems that integrate results and clinical information from outside the applicant's setting. Further explanation is provided below that this does not include larger HIT solutions. It seemed at the conference that

applicants were being discouraged from including electronic health records as part of their primary care infrastructure projects. Would you please clarify how electronic health records can be included as an eligible cost for Heal 6?

See answer #82.

105. In relation to the Enhancement of Existing Primary Care Capacity (RGA section 1.3.2), can grant funds be used to purchase existing primary care practices that are closing or going out of business? The result in purchasing these practices would be to keep existing rather than losing the primary care access? These practices can be developed into the "medical home model".

See answer #76.

106. In relation to Eligibility Costs (RGA section 1.3.3), can grant funds be used to purchase eye equipment in our existing primary care ophthalmology Clinic? The result in purchasing this equipment will better equip the clinic to provide primary care services in a more efficient manner, with more specialized services being referred out to specialized clinics.

See answer #79.

107. Can the funding for HEAL 6 be utilized to fund studies, i.e. to assess the needs of the community and/or service utilization?

No. A "study" is not primary care, nor would its findings necessarily lead to improved or expanded care within the community.

108. Will HEAL 6 support a new primary care project if the two hospitals that are recommended to consolidate create a new corporation for the new primary care services?

Yes, provided that the development or expansion of primary care services was not part of the Commission's mandate for the facilities. (Commission-mandated services were eligible for funding under HEAL Phase 4 but are not eligible for funding under this RGA.)

109. Section 1.3 states that, "Activities associated with the general administration and management of primary care facilities -- 'back room' services" are not eligible for funding. Given that statement, does this grant fund the development and implementation of an MSO? It seems that 1.3.2 (e) allows for the funding of an MSO because it refers to "shared services." Please clarify.

See answer #57. The MSO's activities would have to be directly related to the facility's delivery of primary care services and have a favorable impact thereon.

110. Can we be reimbursed for costs incurred in the process of responding to this RFA? Specifically, if we hire consultants to help prepare the application, are the consultant costs reimbursable regardless of whether or not we ultimately receive funding through this RFA?

See answer #87.

111. Are social work services to reduce the barriers to primary care fundable (1.3.2 f)?

The costs of social work services would be eligible for consideration. See answer #43.

112. Is construction of an exercise area within the primary care setting, and purchase of related exercise equipment, an allowable expense? Establishment of said area would support physician recommendations for physical activity for health center patients.

No. Exercise activity and equipment in Article 28 facilities, where services must be delivered principally by or under the supervision of a physician, are generally appropriate for medical rehabilitation, defined as two or more therapies for three or more hours per day, under the supervision of a physiatrist or other medical rehabilitation specialist. This is not primary care.

113. If the applicant submitted a regional project, but DOH thought the application had more merit and was more likely to be funded as a small project, would DOH contact the applicant during the review process to discuss a change in scope and a budget modification/reduction in total project cost?

No. Under the rules of competitive procurement, no communication is allowed between applicants and the funding agency, except in prescribed public forums such as this question-and-answer arrangement and the applicant conferences that were held in Albany and New York City in connection with this RGA.

114. Can dollars be used to enhance the screening technology available on a mobile mammography van, i.e., purchase and installation of digital mammography equipment?

See answer #46.

115. Are the following eligible grant expenditures:

- Expenditures related to reorganizing the way care is delivered, including the way HIT is integrated into the care delivery process, to enhance capacity and improve clinical outcomes? If yes, is this an eligible standalone use or must it be in conjunction with a facility improvement project? e.g., visit redesign to increase productivity of existing providers and thereby enhance capacity with little or no increase in operating expenses.

The project could be considered on a “standalone” basis. However, please review the terms and conditions outlined under answer #82.

- Financing related expenses – interest and closing costs – assuming the grantee needs to borrow a portion of total project funds or needs to provide a bridge between paying expenses and being reimbursed from grant proceeds?

These costs would be eligible provided they were incurred within the contract period and were part of the applicant’s original budget proposal, i. e., they could not be added to the total award.

- Expenses incurred prior to the issuance of the RGA? Any look-back to expenses previously incurred?

No.

- Ok if start spending now before a grant is actually awarded?

See preceding answer and answer #84.

- Repayment of existing debt?

Only if it could be demonstrated to relate directly to the implementation of the proposed project, which itself must be compatible with the goals and objectives of the RGA. HEAL Phase 6 funding should not be seen simply as a means to pay down debt or contribute to a refinancing arrangement.

- If an applicant takes out financing now in order to expedite the project, using the financing as a bridge to a possible award, would the project then be deemed ineligible because the project was “funded”?

Yes, the project would be ineligible.

116. Will DOH make awards only if the full amount requested can be funded or will DOH choose to fund part of an eligible request in order to assist a greater number of eligible projects?

See answer #35 and #49.

117. When will grant funds flow to awardees and what will trigger the flow? Prior to the start of construction to pay architect’s fees, for example? Not until construction starts? Not until construction is completed? This goes to what portion of project funds awardees may need to front prior to being reimbursed from grant proceeds.

See answer #84.

118. Must the grantee lay out the cash and be reimbursed via the grant or can the grant “pay” for expenditures incurred but not yet paid for?

See answer #84.

119. To what extent will there be enhanced scoring for proposals to serve or expand service to uninsured persons?

The Department does not make public the specific weighting or scoring criteria used in the review of applications. However, one of the objectives of the RGA is to develop new primary care capacity to increase access to care by underserved populations – one example of an underserved population is the uninsured. (See RGA Section 1.2).

120. Under objectives (1.2), new primary care capacity is to increase access to care by underserved populations. How is underserved populations defined and how will that be scored?

Underserved populations are those that consistently lack access to needed and appropriate care. A population may be underserved due to a shortage of health care practitioners in a community, economic barriers to care, cultural/linguistic barriers, or barriers arising out of their physical or mental disabilities. The Department does not make specific scoring criteria public.

121. If multiple Article 28 providers with contiguous service areas are interested in jointly proposing an initiative to enhance the quality and effectiveness of primary care services towards improved clinical outcomes, should one entity serve as the lead applicant on behalf of the group? If so, and these group of providers represents a mix of freestanding D&T's and hospitals, how would the hospitals' participation affect the state-wide cap on funds being awarded to the hospital sector?

One entity would have to serve as the lead applicant, but any award could not exceed the \$5 million maximum available under this RGA. The providers involved may be better advised to submit separate applications, each of whose proposed activities would include coordination with the other facilities to achieve the desired outcomes.

122. Is it permissible to submit one technical proposal for enhancements of two separate clinics (e.g. medicine and dental) within one facility; tailoring the community needs assessment to each of those areas within the one proposal?

Yes, such a proposal would be eligible for consideration and only one technical application would be necessary.

123. Will HEAL 6 funds pay only for capital improvements, or will these funds also pay for program enhancements and/or training? Can staffing costs be paid for with HEAL6 funds?

See RGA Section 1.3.3, and answers #42 and #43.

124. Costs for outside consultants who will assist with project monitoring?

These would be eligible. However, see answer #72.

125. A DTC network plans to submit a grant application to develop a new center. It would also like to include expenditures for such things as health information technology implementation and consulting support to redesign patient flow throughout its health center network, i.e., not just at the new center. Are these allowable expenses or are only those costs associated with developing the one new center allowable?

See answer #72 and #82.

126. Are Costs excluded from an approved CON application eligible? For example, in planning the relocation of an existing center, a DTC decided to live with its existing equipment and furniture and to pursue fundraising after the replacement center was operational for replacement equipment and furniture. Now that DTC would like to seek funding through HEAL 6 to acquire new equipment and furniture. Is that an allowable HEAL 6 expenditure? Will a grant application that focuses exclusively on the costs of equipment and furniture replacement be deemed less competitive?

Applicants are reminded that the number of applications submitted under this RGA will likely far exceed the number that can be funded. In this context, single-purpose projects, especially those that would not have a direct impact on primary care services in the applicant's community, will face strong competition from more comprehensive proposals.

127. Consulting costs relating to seeking FQHC designation, which may include: (i) costs associated with obtaining designation as a Medically Underserved Area for a targeted service area; (ii) legal fees to assess organizational compliance and restructuring as needed; and (iii) costs associated with preparing applications for FQHC or FQHC-Look Alike designation?

See answer #72.

128. Is a project eligible if it consists SOLELY of expenses to achieve the RGA goal of "enhancing the quality and effectiveness of existing primary services through improved efficiency" [Section 1.2] as the means to increasing primary care volume/access even if it does NOT ALSO include facility or equipment costs?

1a. If it is eligible, will it be deemed less competitive since it focuses exclusively on the costs of making efficiency improvements?

These costs would be eligible. Applicants proposing more narrowly focused projects may wish to consider tailoring their applications to the Small Projects category (up to \$500,000). See also answer #126 and #72.

129. Is a project eligible if it consists SOLELY of expenses to achieve the RGA goal of "enhancing the quality and effectiveness of existing primary services through better targeting of services to identified health problems in the community" [Section

1.2] as the means to increasing primary care volume/access even if it does NOT ALSO include facility or equipment costs?

2a. If it is eligible, will it be deemed less competitive since it focuses exclusively on the costs of targeting improvements?

See answers #72, #126 and #128.

130. Is a project eligible if it consists SOLELY of expenses to achieve the RGA goal of “enhancing the quality and effectiveness of existing primary services through improved quality of care” [Section 1.2] as the means to increasing primary care volume/access even if it does NOT ALSO include facility or equipment costs?

3a. If it is eligible, will it be deemed less competitive since it focuses exclusively on the costs of making quality of care improvements?

These costs would be eligible. See also answers #72, #126 and #128.

131. Is a project eligible if it consists SOLELY of “planning, consulting and legal fees associated with ... the integration of services between existing providers” [Section 1.3.3] as the means to increasing primary care volume/access even if it does NOT ALSO include facility or equipment costs?

4a. If it is eligible, will it be deemed less competitive since it focuses exclusively on these expenditures?

See answers #72, #126 and #128.

132. Is a project eligible if it consists SOLELY of “information systems and technology to support the coordination of care, including, but not limited to, interoperable electronic health records (HER) systems that integrate results reporting and clinical information from outside the applicant’s setting” [Section 1.3.3] as the means to increasing primary care volume/access even if it does NOT ALSO include facility or equipment costs?

5a. If it is eligible, will it be deemed less competitive since it focuses exclusively on information systems and technology costs?

See answer #82.

133. Is a project eligible if it consists SOLELY of “expenses for staff training and system changes in quality assurance to enable the facility to evaluate its own clinical outcomes and initiate improvements, including costs associated with preparation for recognition by national quality assurance programs (e.g. NCQA)” [Section 1.3.3] as the means to increasing primary care volume/access even if it does NOT ALSO include facility or equipment costs?

6a. If it is eligible, will it be deemed less competitive since it focuses exclusively on training and system change costs?

See answers #72, #126 and #128.

134. Is a project eligible if it consists SOLELY of expanding hours of service in an existing center serving an underserved community [Section 1.3.2b] and has a project budget that ONLY includes start-up expenses (e.g., recruitment costs for hiring additional physician and clinical support staff and salaries for that staff while they are ramping up to full productivity) associated with the expanded hours?

These costs would be eligible. However, see answers #42 and #43.

135. Can an organization that has an approved CON application for the project, and whose financing plan included a letter of interest but NOT a FIRM commitment from a lender, apply for a grant to reduce the amount of financing that will actually be needed to complete the project, and by reducing the interest expense make the project, and ultimately the organization, more viable?

No. This would constitute replacement funding.

136. We are a HEAL 2 recipient for renovations to an existing LTC structure which will turn unused LTC space into needed community outpatient services. HEAL is funding part of the renovation, but there is also new construction to accommodate all of the services and expand the existing primary health care center currently housed within the facility. The renovations and new construction to the health center are not covered by HEAL 2. The total project costs have increased beyond our original budget and financing. Rather than downsizing the project, an option we are considering is revising the scope of work for the original project. Instead of renovating and adding on to the existing primary care clinic, we are considering building new Medical Office Building (MOB) clinic space across the street and moving the clinic there. The new building would also house two other primary care physician practices to reduce their overhead and help them remain viable. The goals of our HEAL 2 project will stay the same as we will still use HEAL 2 to renovate the LTC space into community outpatient services. This new configuration will eliminate the need for new construction at the existing facility, bringing the cost of the project back in line with the budget. We have not revised our current CON for the original project. Are we eligible to apply for HEAL 6 for the new MOB construction?

This question is unclear in its references to another HEAL contract and a pending CON application. Expansion of primary care capacity is an eligible cost. However, any HEAL Phase 6 funding for the primary care clinic space would have to be restricted to start-up costs directly related to the proposed project. Also, the funding would have to be used for the benefit of the applicant Article 28 facility, not a private medical practice.

137. When the RGA says that the statewide sum of all awards to hospitals will not exceed 20 percent of the funds available, does that mean up to \$20 million will be available to NY hospitals?

Yes. See answer # 26.

138. Can a single institution apply for two projects, as long as each is stand-alone and not dependant on the other? Is there a limit on the total dollar amount that a single institution could request, if the requests are for different projects?

See answer #5.

139. Section 1.3.3, eligible costs: After reading through all of the available information, I couldn't find any specific reference as to whether or not the costs that are reimbursable under the grant must be for a program/facility that has yet to be constructed, or whether we could submit for expenses that have already been incurred. We have a program and facility already in existence that was constructed over the past 2 years that meets the criteria of Phase 6. Could we apply for the Phase 6 grant funds for the expenses incurred in 2006 and 2007 to create this program?

No. Phase 6 funds will be awarded only for activities commencing with the Phase 6 contract.

140. Page 8- references the application format. There is no mention of a page length. Is there a page limitation?

See answers #16 and #22.

141. Page 10—3.4 Term of GDA. Will it be possible to access the entire grant award during the first year (assuming all the documentation is in order) or will the grantee be required to wait for distribution of the funds over 24 months?

See answer #84.

142. Page 8-2.3 How to File — The Technical application and Financial application must be packaged completely separate of each other and each package include:

2 original signed applications

4 hard copies

6 CD's readable in pdf. Format

Where would letters of support or the vendor responsibility questionnaire etc. be attached / included?

The vendor responsibility questionnaire should be in the Financial application.

Letters of support may be included in the Technical application.

143. Page 21 Application ChecklistlFormat—#3 The package will include: as listed for EACH Tech and Financial. If we are interpreting this correctly there is NO request for one complete application.

The complete application consists of two parts: The Technical application and the Financial application.

144. Page 3(Section 1.3- 1<sup>st</sup> paragraph) The RGA defines primary care as care that is “rendered by a physician and, where appropriate, by physician’s assistants and nurse clinicians.” Because of the strong linkage between oral health and general health, will dental services also be considered “primary care?”

Yes, dental services qualify as primary care.

145. Page 4(Section 1.3.3-paragraph h) The RGA notes that “information systems and technology” are costs eligible for funding. What components of these systems are eligible? Does it include software, hardware, services for the integration and implementation of technology?

The listed components would be eligible. However, see answer #82.

146. Page 4 (Section 1.3.3) The RGA does not permit administrative costs as an example of an “eligible costs.” Can an applicant submit costs that would include costs for the receipt, administration, management and oversight of these funds?

No. See answer #57 and #90.

147. Page 4 (Section 1.3.3) Are planning costs (surveys, building estimates, etc.) an eligible cost?

Yes, if they are directly related to the construction/renovation activities of the project.

148. Page 5 (Section 1.3.3.) Are moving expenses an eligible cost? For example, if an applicant needs to move an existing facility in order to accommodate a capital expenditure, is that moving expense an “eligible cost?”

Yes, if in reasonable proportion to the other costs of the project.

149. Page 5 (Section 1.4) The RGA defines “eligible applicants” as Diagnostic and Treatment Centers. Could an eligible applicant also be defined as a non profit entity applying on behalf of one or several D&T Centers?

No. An applicant must be a certified Article 28 operator or an entity eligible for certification as an Article 28 D & T Center. Another entity may not apply “on behalf of” an eligible applicant.

150. Page 6 (Section 1.6) The RGA notes that projects must compete for funding in one of six geographic regions. Are applicants allowed to apply for funding in more than one geographic region?

No. Applicants must apply to operate within their individual regions. For some cases, an applicant's regular service area and its proposed project may cross into another region. In these instances, a project with activities in contiguous areas of two adjoining regions would be eligible for consideration. The applicant would submit one application for each region. See question #101.

151. Page 6 (Section 1.6) The RGA indicates that grant requests for regional projects cannot exceed \$5 million. If an applicant project is located in more than one region, can the value of that request be \$5 million per region?

No. The application will be viewed as a single project and held to the \$5 million maximum. See answer #150.

152. Page 8(Section 2.3- 2'~' paragraph) Will the Department of Health accept DVD's as well as CD's of the completed application?

No. CD's or flash drives only.

153. Page 8(Section 2.3 final paragraph) Does the font size have to be 12 point throughout the entire proposal or can some bulleted items, headlines and charts be in a smaller or larger font size?

They may be of a larger size, but not smaller.

154. Page 9 (Section 3.2) The RGA states that the financial score will be based on the overall cost reasonableness of the project's budget, "and other factors." What are those other factors?

See answer #93.

155. Page 22 The RGA states that the Technical Application must not include any information regarding the project cost. Can the applicant speak generally about the cost and size of the capital construction project in the Technical Application?

No dollar amount may be mentioned.

156. Page 26{Paragraph 5) Should the project timeline called for in the Technical Application begin on August 1, 2008, the likely start of a Grant Disbursement Agreement?

Because the application deadline has been extended, applicants may choose August 1, 2008 or September 1, 2008 as the start date for their projects.

157. Page 30- (Paragraph B) Will any special consideration (higher evaluation scores) be given to projects that already have additional sources of funding available for.

Capital construction? It could be argued that the allocation of outside funds (in addition to HEAL NY funding) indicates greater support for these projects within the community. Will projects with outside funding be given a higher (more favorable) evaluation?

Not necessarily. The weight given the applicant's financial contribution will depend in part on how well the proposed project meets the goals and objectives of the RGA. The Department and DASNY also recognize that many D & T centers operating in underserved areas (and organizations applying for D & T certification in connection with this RGA) lack the financial resources to share in the costs of any activities they might propose under this RGA. These providers will not be at a disadvantage relative to better-funded applicants in the application review process.

158. Page 4- Section 1.3.3 The sentence says "eligible costs ... include, but are not limited to." Are certain personnel costs, such as the cost of a project manager eligible? Also, although patient waiting areas are not "clinical areas" they are critical to quality, wait times and environmental issues. Would patient waiting area renovation be an eligible cost? How about "electronic patient record systems" that are proprietary?

All the listed costs are eligible. However, see answer #80, #82 and #126.

159. We are in the process of building a new health center with financial assistance from DASNY. However, the funding does not cover the full cost of the building. Can we apply to HEAL NY PHASE 6 for additional funds for this new health center?

No. The availability of DASNY funding for a portion of your project indicates that your facility already has access to funding for the remainder. HEAL NY funds cannot be used to supplant funds already available to the applicant.

160. We understand that, where an applicant has previously demonstrated that it can fund an approved or pending CON application, HEAL funding for that CON will not be available. However, in the case of an entity with an approved CON application, would the entity be eligible for HEAL 6 funding to cover new costs related to that CON application (for which approval would separately be sought through a CON modification), provided those costs were the result of either a scope addition to the CON or unforeseen cost increases (e.g., due to market conditions)?

Yes, the new costs would be eligible for consideration under this RGA, but none of the original costs.

161. If a CON was previously submitted but the scope is to be revised and the CON revised, can the project be submitted for HEAL funding?

Yes, but only those costs that exceeded the costs associated with the original CON would be eligible for consideration.

162. One of our options is considering a lease with tenant improvements.
- a. Are leaseholder improvements an acceptable expense?
  - b. What length of lease would be considered acceptable?

Leaseholder improvements are eligible if restricted to start-up costs directly related to the proposed HEAL project (for example, renovations, supplies, temporary staffing, etc.). Although the lease may be of longer duration, it could not be supported with HEAL funds beyond the length of the HEAL contract (24 months).

163. Can grant funds be used to pay for leasehold improvements in a facility owned by a third party?

If directly related to the proposed HEAL project, the incremental rent increase resulting from leasehold improvements can be an eligible cost for the contract period.

164. Is a leasehold improvement, financed through increased rent, considered an eligible cost (1.3.3 Eligible Costs)?

See answer #163.

165. Our second option (and preferable one) is to purchase a site and build a clinic. What if we plan to buy and include that in the grant application but then find we have to lease in order to secure the appropriate site?

The differences between a purchase arrangement and a lease arrangement may have a material bearing on the costs and financial feasibility of your project. However, under the rules of competitive procurement, an application may not be revised or amended once it is submitted. You should settle this issue before you apply.

166. An entity related to the owner of an existing Article 28 Diagnostic and Treatment (D&T) Center is building a building, which the D&T Center will acquire (by purchase or lease) in order to replace the existing D&T Center and expand its current services. Are the costs of construction of this project eligible for HEAL NY Phase 6 funds?

No. The costs of the D & T Center's purchase or lease of the building could be considered, but not those of the construction or renovation of the building owned by a developer prior to the commencement of the HEAL project.

167. We have a client in the process of acquiring an Article 28 Diagnostic and Treatment Center. Can this client apply for a HEAL NY Grant, or would the application need to be submitted by the current operator of the Diagnostic and Treatment Center?

The client could apply, provided it was an eligible applicant as defined in RGA section 1.4, and provided that none of the costs of the purchase were incurred before the start date of the HEAL contract awarded under this RGA.

168. A hospital owns a building which houses a primary care clinic operated by a non-affiliated D&T center. The building needs renovation and upgrading to improve and expand primary care services. Can the D&T center apply for funds which will be paid to the hospital to make these improvements? Could the hospital apply for the funds even though the hospital is not the provider of services?

The D & T Center could apply but only if the improvements were related to the implementation of the proposed HEAL Phase 6 project (see answer #162). The hospital could not apply.

169. A hospital, which currently leases space to an independently operated D&TC, is developing a new building and has offered to relocate the D&TC to larger leased space in the new building. Who should be the HEAL 6 applicant for funding to support the development of the D&TC's space: (a) the hospital since it owns the space? (b) the D&TC since it will operate the space? (c) the hospital as the lead applicant representing both the hospital and the D&TC? Whose financial information should be included in the Financial Application? Should projections for the expanded health center be provided even if the hospital is the suggested applicant?

The D & T Center should be the applicant. See answer #168 and #162. The D & T Center's financial information should be included in the Financial application.

170. Can a D&T center apply for funds that will be paid to a hospital that will build and own a building to house the D&T's services? Could the hospital instead apply for the funds?

See answers #162, #168 and #169.

171. If the Berger Commission recommends that two hospitals are to consolidate, can each hospital submit a separate application for HEAL 6?

Yes, provided none of the proposed Phase 6 activities related to the Commission's mandate for your facility (See answer #1). The submission of separate applications and the proposed activities should also not be at odds with the Commission's recommendation for consolidation of the two facilities.

172. In relation to the Enhancement of Existing Primary Care Capacity (RGA section 1.3.2), can grant funds be used to set up a screening and treatment clinic for primary care prevention in a Cancer Center that targets cancers prevalent in the community?

Screening for cancer and other chronic diseases is appropriately included in primary care. However, ongoing treatment of cancer at the proposed clinic would be considered oncology or another specialized form of care and would not be eligible for funding under this RGA.

173. On page 29 of the RGA, Section F requires to the applicant to provide "General Corporate Information", however no guidelines for this section are provided on pages 30-31. Can you clarify whether this section is needed? If so, should it be structured similar to guidelines from other HEAL applications e.g. list of vendors/contractors, list of grants applied for in past, name of parent/sibling/subsidiary, 990 form? If so, can the Department post a revised "Attachments 4-7" so that applicants have in writing what information is needed for this section?

The General Corporate Information is required and should include the following:

- A list of vendors or contractors who can be contacted regarding the applicant's business practices.
- A list of grants applied for in the last three years and whether the grants were awarded or declined.
- The name of any parent, sibling, or subsidiary corporation of the applicant.
- A copy of Form 990 or evidence of an up-to-date filing with the Attorney General of New York State.

174. What information should be in the Financial application's General Corporate Information section?

See answer #173.

175. I just looked at the Financial Application, Project Expenses and Justification. It is, obviously, geared to building projects. Where would an applicant enter items such as expansion of hours, expansion of the range of services, QI activities, information system, medical and dental equipment, etc., which are all eligible activities/costs?

The items shown on the form are examples only. You may substitute other items and costs for those shown, or add lines and cells to the spreadsheet.

176. Can HEAL 6 funds be used for non-capital projects (section 1.3, p.3-4)? What are some examples of acceptable non-capital projects that can be funded with HEAL 6 monies? Will applicants who apply for HEAL 6 funds for capital projects be given priority over applicants who apply for non-capital projects?

HEAL Phase 6 funds may be used for non-capital projects, examples of which are referred to throughout section 1.3. Note that this sample list of eligible activities and costs in 1.3.3 is preceded by “include but are not limited to.” Whether made up of capital or non-capital components or a combination thereof, applications will be evaluated based on how well they meet the goals and objectives of the RGA based on documented community need.

177. On budget form "Project Fund Sources" (page 33) it states, "Any program income realized during the project must be applied to project costs." Normally, program income is applied to the operating expenses of the program. If we include all anticipated program income here, should the "Project Expenses and Justification" (page 32) reflect operating expenses of the program in addition to the capital expenses of the project? Otherwise, total fund sources will likely exceed total expenses (page 31).

As stated in your question, program income should be applied to the operating expenses of the project. There would be no need to include this amount in the requested HEAL funds under “Project Expenses and Justification” on page 32.

178. How much of the \$100 million is State appropriations versus DASNY bond proceeds?

The mix of bondable and non-bondable funds to be awarded within specific HEAL NY phases will vary and cannot be predicted with precision. Funds available under the Federal-State Health Reform Partnership (F-SHRP) will allow the Department flexibility in awarding funds to projects that best meet the goals and objectives of the RGA, whether proposed costs are bondable or non-bondable, or a combination of the two.