



**Department
of Health**

OFFICE OF PRIMARY CARE AND HEALTH SYSTEMS MANAGEMENT

Capital Restructuring Financing Program (CRFP)
and
Essential Health Care Provider Support Program (EHCPSP)

Awardee Webinar

March 23, 2016

Webinar Audience:

- Successful applicants (awardees) for CRFP and EHCPSP.
 - 135 CRFP
 - 27 EHCPSP

Webinar Goal:

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

AGENDA

- Introduction to DOH Grants Management Bureau
- MWBE
- SEQRA
- Real Property Appraisal and Certification
- Contract Building through the Grants Gateway
- Contract Payments
- Reporting During the Contract Period
- Certification of Need (CON)
- EHCPSP-Only Guidance
- CRFP-Only Guidance
- Initial Q&A's

GRANTS MANAGEMENT BUREAU

Who we are and our role going forward

Next Steps

Contract Building, Approval and Payment

Grants Management Bureau

Contract monitoring in tandem with OPCHSM,
DASNY, OHIP - DSRIP

Grants Management Bureau

Contract Development

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

STATE AGENCY (Name & Address): New York State Department of Health Corning Tower 22nd Floor Empire State Plaza Albany, New York, 12237	BUSINESS UNIT/DEPT. ID: DOH01
CONTRACTOR SFS PAYEE NAME: Have Mercy Health Care	CONTRACT NUMBER: 000001
CONTRACTOR DOS INCORPORATED NAME: Have Mercy Health Care	CONTRACT TYPE: <input checked="" type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input type="checkbox"/> Fixed Term Agreement
CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: 000000001 Federal Tax ID Number: DUNS Number (if applicable):	TRANSACTION TYPE: <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment
CONTRACTOR PRIMARY MAILING ADDRESS: 1 Mercy Lane Mercy, New York, 12345	PROJECT NAME: Capital Restructuring Financing Program - Infrastructure Enhancement
CONTRACTOR PAYMENT ADDRESS: <input checked="" type="checkbox"/> Check if same as primary mailing address	AGENCY IDENTIFIER: [Redacted]
CONTRACT MAILING ADDRESS: <input checked="" type="checkbox"/> Check if same as primary mailing address	CFDA NUMBER (Federally Funded Grants Only): [Redacted]
	CONTRACTOR STATUS: <input type="checkbox"/> For Profit <input type="checkbox"/> Municipality, Code: [Redacted] <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Not-for-Profit
	Charities Registration Number: [Redacted]
	Exemption Status/Code: [Redacted]
	<input type="checkbox"/> Sectarian Entity

Contract Number: # 000001
Page 1 of 2
Master Grant Contract, Face Page

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

CURRENT CONTRACT TERM: From: 04/01/2016 To: 03/31/2021	CONTRACT FUNDING AMOUNT (Multi-year - enter total projected amount of the contract; Fixed Term/Simplified Renewal - enter current period amount): CURRENT: \$ 1,000,000			
CURRENT CONTRACT PERIOD: From: 04/01/2016 To: 03/31/2016	AMENDED TERM: From: [Redacted] To: [Redacted]			
AMENDED PERIOD: From: [Redacted] To: [Redacted]	FUNDING SOURCE(S) <input checked="" 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 checked="" type="checkbox"/> Attachment A: <input checked="" type="checkbox"/> A-1 Program Specific Terms and Conditions A-2 Federally Funded Grants and Requirements Mandated by Federal Laws				
<input checked="" type="checkbox"/> Attachment B: <input checked="" type="checkbox"/> B-1 Expenditure Based Budget <input type="checkbox"/> B-2 Performance Based Budget B-3 Capital Budget <input type="checkbox"/> B-4 Net Deficit Budget <input type="checkbox"/> B-1(A) Expenditure Based Budget (Amendment) <input type="checkbox"/> B-2(A) Performance Based Budget (Amendment) <input type="checkbox"/> B-3(A) Capital Budget (Amendment) <input type="checkbox"/> B-4(A) Net Deficit Budget (Amendment)				
<input checked="" type="checkbox"/> Attachment C: Work Plan				
<input checked="" type="checkbox"/> Attachment D: Payment and Reporting Schedule				
<input type="checkbox"/> Other: [Redacted]				

Contract Number: # 000001
Page 2 of 2
Master Grant Contract, Face Page



Grants Management Bureau

Please note  means contact by GMB and your response is required.

Without this information, your contract will not be able to pass Go.

To Get to “Go” Information

- Update contact information. 
- Update Grants Gateway document vault.
 - Submit Workers’ Compensation and Disability coverage.
- Work with DASNY on bond counsel review of project, if applicable.
- State Environmental Quality Review Act (SEQRA) requirements.
- Obtain all building permits, occupancy certification, if applicable.
- Update awardee Vendor Responsibility and for subcontracts over \$100,000.

To Get to “Go” Information Continued

- Comply with Minority and Woman Owned Business Enterprises (MWBE) Program Requirements.
 - All awardees have submitted MWBE Goal Plan documentation in their applications.
 - 30% MWBE utilization is expected of all awardees (except debt retirement).
 - Subcontracting should be used to meet goal plans.

MWBE Subcontracts

- Purchases of goods, supplies, and services from vendors.
- MWBE opportunities should include evidence of solicitations efforts and outreach.
- All subcontracting agreements are pursuant to the Master Contract provisions for subcontracting.

Prior Bond Certification

- If your project involves improvement of space previously financed with tax exempt bonds, send completed Prior Bond Certification form to DASNY:

dpaden@dasny.org

cc: CRFPgrants@health.ny.gov

or, cc: ESSENTIALSgrants@health.ny.gov

SEQRA Review

- SEQRA (State Environmental Quality Review Act) review of each construction / renovation project is required.
- DASNY will contact you regarding reviews.

Real Property Appraisal and Certification

- If your project includes the acquisition of real property with Grant Proceeds, provide appraisal and Real Property Fixed Asset Certification to DASNY –

dpaden@dasny.org

cc: CRFPgrants@health.ny.gov

or, cc: ESSENTIALSgrants@health.ny.gov

Contract Building through Grants Gateway

The screenshot shows a web browser window displaying the Grants Gateway website. The browser address bar shows <http://grantsreform.ny.gov/Grantees>. The website has a navigation menu with links for Home, State Agencies, Grantees, and Videos. A 'Quick Links' sidebar on the left contains several links, with red arrows pointing to 'Grants Gateway', 'Quick Start Guide: Applications', and 'Quick Start Guide: Contracts'. 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 administrators 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 Payment Signatory.
 - Grantee Administrator.

Contract Building through Grants Gateway

- GMB will prepare draft contracts for awardee review and edit.
- Awardees will need to review work plans and budgets and confirm or make changes.🔄
- GMB Contract Manager will review and approve changes and return to awardee for signature.
- Work plan and budget modifications on a case by case basis.🔄

Contract Building through Grants Gateway

- DOH will similarly sign approve and provide signature page

IN WITNESS THEREOF, the parties hereto have executed or approved this Master Contract on the dates below their signatures.

<p>CONTRACTOR: Have Mercy Health Care 1 Mercy Lane Mercy, New York, 12345</p> <p>By: _____ _____ Printed Name</p> <p>Title: _____ Date: _____</p>	<p>STATE AGENCY: New York State Department of Health Corning Tower, 22nd Floor Empire State Plaza Albany, New York, 12237</p> <p>By: _____ _____ Printed Name</p> <p>Title: _____ Date: _____</p>
--	---

STATE OF NEW YORK
 County of _____

On the ____ day of _____, _____, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the contractor described herein which executed the foregoing instrument; and that he/she signed his/her name thereto as authorized by the contractor named on the face page of this Master Contract.

(Notary) _____

<p>ATTORNEY GENERAL'S SIGNATURE</p> <p>_____</p> <p>Printed Name</p> <p>Title: _____ Date: _____</p>	<p>STATE COMPTROLLER'S SIGNATURE</p> <p>_____</p> <p>Printed Name</p> <p>Title: _____ Date: _____</p>
---	--

Contract Number: # 000001
 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 Voucher and Supporting Documentation.
- Progress Reporting Submission Basics.

Eligible Expenses

Expenditures eligible for funding include, but are not limited to:

- Renovation costs;
- Asset acquisitions;
- Equipment costs;
- Construction costs;
- Planning or design costs for the acquisition, construction, demolition, replacement, major repair or renovation associated with construction;
- Construction consultant fees;
- Certificate of Need (CON) expenses; and
- Debt retirement (EHCPSP Only).

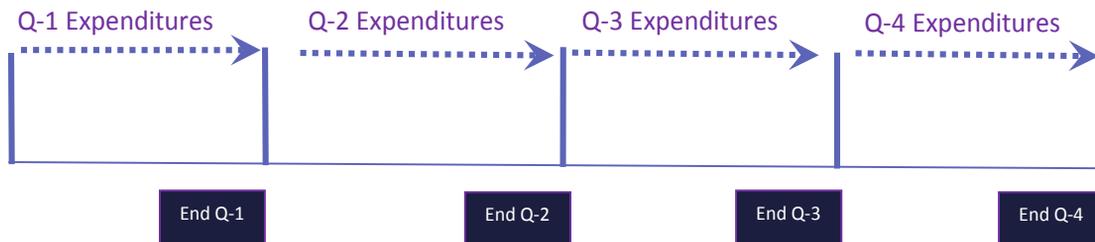
Excluded Expenses

General operating expenses, including but not limited to:

- Personnel costs;
- Supplies and other routine non-personal services costs applicable to day-to-day operations;
- Utilities; and
- Operating lease payments, such as for equipment and vehicles.
- Debt Retirement (CRFP only).

Paying against the Contract - Quarterly Vouchers

- Use Claim for Payment form (AC3253-S) to report quarterly expenditures.
- Vouchers 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

ACCESS: (Revised 8/14) State of New York CLAIM FOR PAYMENT						
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		
Purchaser ID		Business Unit Name		Bus. Unit	Internal Expense (Y/N)	Contract ID
Payment Date (MM) (DD) (YY)	Obligation Date (MM) (DD) (YY)	Warehouse No. (MM) (DD) (YY)		Agency Internal Use		
Invoice Number	Invoice Date					
PeopleSoft Format Charge Lines (If Applicable)						
Business Unit	Department	Program	Class	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)						
Expenses		Account		Amount		Validation
Dept	Cost Center	YIP	YR	Object	Dept	Substrate
					City Agency	SP/Contract
						Line
						FSP
Lottery Date	From Date	To	Subtotal			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
Vendor Information			
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

Budget Statement and Report of Expenditures

BUDGET STATEMENT AND REPORT OF EXPENDITURES

ORGANIZATION:

CONTRACT #

CONTRACT TERM:

BUDGET PERIOD:

CURRENT PERIOD BEING VOUCHERED:

	CATEGORY OF EXPENSE	COLUMN I	COLUMN II	COLUMN III	COLUMN IV
		CURRENT PERIOD APPROVED BUDGET	PRIOR EXPENDITURES THIS BUDGET PERIOD	EXPENDITURES CURRENT QUARTER	TOTAL EXPENDITURES THIS PERIOD TO DATE
1	SCOPING AND PRE-DEVELOPMENT	\$ -	\$ -	\$ -	\$ -
2	DESIGN	\$ -	\$ -	\$ -	\$ -
3	ACQUISITION	\$ -	\$ -	\$ -	\$ -
4	CONSTRUCTION	\$ -	\$ -	\$ -	\$ -
5	ADMINISTRATION	\$ -	\$ -	\$ -	\$ -
6	WORKING CAPITAL/RESERVES	\$ -	\$ -	\$ -	\$ -
7	OTHER	\$ -	\$ -	\$ -	\$ -
14	GRAND TOTAL COSTS (lines 12 + 13)	\$ -	\$ -	\$ -	\$ -

During the Contract - Progress Reporting

- Project status reports submitted with claim due no later than 30 days after the close of the quarter.
- Reports should include:
 - Progress made toward DSRIP goals.
 - impact on the State's health care delivery system;
 - a status update on Project milestone progress;
 - information on Project spending and budget;
 - a summary of public engagement and public comments received; and
 - the impact on the Project's progress of all regulatory waivers issued for the project pursuant to PHL § 2807(20)(e).

During the Contract

- Submit quarterly vouchers and progress reports to the shared mailbox for review by GMB and program:

CRFPgrants@health.ny.gov

cc: CRFP@health.ny.gov

or ESSENTIALSgrants@health.ny.gov

cc: essentialhealthcareprovider@health.ny.gov

Recap of Next Steps for Awardee

- Contact Information Sheet. 
- Vendor Responsibility Questionnaire updates.
- Grants Gateway Vault – document updates.
- WC & Disability Certification Forms.
- Minority and Woman Owned Business Enterprises Compliance.
- Additional Requirements, where applicable:
 - CON approval, including funding commitments
 - Prior Bond Certification
 - Real Property Certification / appraisal meeting USPAP (DASNY)
 - SEQRA - State Environmental Quality Review Act (DASNY)
 - Debt Retirement (Essentials only)
- 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.

Certificate of Need (CON)

- CRFP and EHCPSP capital projects will be fast tracked through the CON process.
 - Submit CON as early as possible; required within 180 days of award letter.
 - Process as Admin review (no PHHPC approval) under DSRIP streamlining, with exception of establishment CONs.
 - Provide project funding commitments with CON submission to fast track financing contingency.
 - CON approval contingent on executed grant contract.
- Where activity involves debt retirement only (EHCPSP) no CON is required.
- CON review will be in parallel with grant contract development and approval.

Certificate of Need (CON)

For further information on CON requirements:

<http://www.health.ny.gov/facilities/cons/>

EHCPS Awards Only

Contract Term

Three years, beginning June 1, 2016 through May 31, 2019.

Extensions beyond May 31, 2019 may be allowable if approved by the Department and OSC.

Debt Reduction

Special provisions required, including

- Assignment to payee.
- Payee has vendor ID number in SFS (lender).
- Documentation of current debt and estimated payoff amount.
- Documentation that payment was made (debt/mortgage satisfaction).
- Continuing progress reports after payment to reflect performance objectives.

Sustainability Plan

Condition prior to execution of grant contract will include agreement with the Department on specific content and milestones of a financial sustainability plan, including mergers, consolidations and restructuring activities as required by statute.

CRFP Awards Only

Contract Term

- October 1, 2015 through March 31, 2021.
- Expenditures toward match and grant allowed retroactive to October 1, 2015.
- Extensions beyond March 2021 allowable if approved by the Department and OSC.

DASNY & Bond Counsel review

Awardees received an email from DASNY regarding capital nature of projects.

- In some cases, nothing further is required and grant award amount is final.
- In others, either an expenditure reallocation is needed or additional information is needed by DASNY Bond Counsel.

PACB Project Approval

- DASNY will take care of Public Authorities Control Board project approval.

General Questions & Answers

- **Q: Why may an award be less than the request?**

General Questions & Answers

- **Q: Why may an award be less than the request?**
- **A: Project expenditures under CRFP received an initial review by DASNY Bond Counsel. Some costs may have been deemed ineligible to be reimbursed with bond proceeds. Consult with DASNY.**
- **A: Awards made under ESCPSP were discretionary and in many instances, after departmental review, only partially funded the proposed project(s).**

General Questions & Answers

- **Q: (CRFP) When are costs eligible? How far retroactively?**

General Questions & Answers

- **Q: (CRFP) When are costs eligible? How far retroactively?**
- **A: Project Costs incurred on or after October 1, 2015 are eligible for payment / reimbursement and toward Match requirement.**

General Questions & Answers

- **Q: How are changes in scope (changed financials, a different building purchase) treated?**

General Questions & Answers

- **Q: How are changes in scope (changed financials, a different building purchase) treated?**
- **A: Changes in scope must be disclosed ASAP and discussed with the DOH Program and Grants Management Unit contract manager and may require further DASNY review.**

General Questions & Answers

- **Q: Is the March 31, 2021 end of the CRFP program extended?**

General Questions & Answers

- **Q: Is the March 31, 2021 end of the CRFP program extended?**
- **A: No. However, contract extensions will be considered on a case by case basis.**

Additional Questions and Assistance

Grant/Contract Questions:

CRFPgrants@health.ny.gov

ESSENTIALSgrants@health.ny.gov

General Questions:

CRFP@health.ny.gov

essentialhealthcareprovider@health.ny.gov

DASNY Questions:

dpaden@dasny.org