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**New York State
Department of Health
Office of Health Systems Management
and Office of Long Term Care**

Request for Applications

SAFE PATIENT HANDLING DEMONSTRATION

KEY DATES

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DOH Contact Name & Address:

Ruth Leslie
Health Policy Associate
Division of Primary and Acute Care Services
Department of Health
433 River St., Suite 303
Troy, NY 12180

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I. INTRODUCTION

A. Purpose

The purpose of this RFA is to solicit applications from eligible organizations for funds for demonstration projects under the Safe Patient Handling Demonstration. Organizations awarded funds will develop or improve their patient/resident handling programs. Those receiving a grant must collect injury data reflecting incidence of employee and patient/resident injuries resulting from patient handling and the use of manual and technology-based techniques. (Throughout this RFA, the words “patient” and “resident” are used interchangeably.) The findings will be used to describe successful strategies for improving the health and safety of New York’s healthcare workforce and patients. Approximately five hundred thousand dollars (\$500,000) is available for the two-year projects to be awarded funds under this initiative.

B. Description

On October 18, 2005, Chapter 738 of the Laws of 2005 was signed into law, creating the Safe Patient Handling Demonstration Program. This statute establishes a two-year demonstration program to support healthcare providers in implementing, monitoring, evaluating and reporting on a safe patient-handling program.

The program is designed to collect evidence-based data reflecting the incidence of employee and patient injuries resulting from patient handling and the use of manual and technology-based techniques. The findings from the demonstration program will be used to identify and describe to the health care industry successful strategies for improving the health and safety of the healthcare workforce and patients during patient handling.

C. Who May Apply

Eligible applicants must be hospitals or nursing homes licensed under Article 28 of New York’s Public Health Law or home care services agencies licensed under Article 36 of New York’s Public Health Law with the exception that hospitals, nursing homes and home care services agencies that have already been awarded funds or that are eligible to receive funds under other safe patient handling initiatives administered by the Department of Health are not eligible to receive additional funding under this initiative¹. Applications from such organizations will be rejected without review. All applicants must be licensed as of the application due date for this RFA (February 1, 2008) to be eligible for funding under this initiative.

Hospitals, nursing homes and/or home care services agencies that are part of a provider system or network may apply for funds for themselves and other members of their systems or networks in a single grant application. However, one organization must be designated as the lead organization. The lead organization will be responsible for: ensuring that the project is implemented successfully according to the approved work plan; submitting all required reports to the Department; and submitting all requests for reimbursement. All grant funds will be paid to the lead organization. All grant funds must be spent on project activities in hospitals, nursing homes and/or homes in which the home care services agency provides care. Funds may not be spent for activities in other settings or provider types. Such applications must state how the funding will be effectively used to promote safe patient handling techniques in all settings included in the application.

¹ These initiatives include the safe patient handling projects funded from the 2003-04 Health Care Initiatives Pool pursuant to the Health Care Reform Act. Organizations awarded funds or eligible to receive funds under this initiative include Catskills Regional Medical Center, Ellis Hospital, Oneida Healthcare Center, Samaritan Medical Center, Gouverneur Skilled Nursing Facility and Peconic Bay Medical Center.

D. Background

Patient/resident handling has long been associated with healthcare worker injury, increased worker compensation costs and discomfort and injury to the patient or resident. More recently, manual lifting has been identified as a contributing factor to the nursing workforce shortage facing this country. Safe patient handling programs which eliminate or greatly minimize the amount of manual lifting or repositioning of patients or residents by incorporating the use of technology have been shown to reduce employee injuries resulting in a sizable decrease in worker compensation costs. These programs have an added benefit of improving patient care by minimizing opportunity for skin tears, falls, bruises and spiral fractures.^{2, 3}

According to the Bureau of Labor Statistics, the Healthcare and Social Service Sector in New York State has an annual employment of 1,164,400.⁴ It was the industry with the second highest injury rate (4.9 total recordable injuries/100 full time employees), the Transportation and Warehouse industry being the highest with a rate of 6.4 total recordable injuries/ 100 full time employees. Within the Healthcare and Social Service sector, Nursing and Residential Care Facilities had the highest injury rate for total recordable cases (8.2 injuries/100 full time employees), hospitals were second with 6.5 /100 full time employees and home health care services fourth with 2.8/100 full time employees.

Bureau of Labor Statistics lists nursing as among those occupations whose personnel face the highest risk of developing musculoskeletal disorders (MSDs). Patient handling tasks, which are often performed manually and repetitively, are the primary cause of these MSDs. Examples of the tasks include lifting, transferring, repositioning and moving of patients. The Bureau of Labor Statistics places “nurse’s aides, orderlies, and attendants” first on their list of those at the greatest risk for strains and sprains. Registered nurses are also in the top ten. In 2005, health care patients were the source of injury resulting in time away from work for 30,480 Certified Nurses Aides (CNA), 7,900 Registered Professional Nurses (RN) and 3,020 Licensed Practical Nurses (LPN) with “overexertion” and “overexertion with lifting” identified as the leading event.⁵

The National Institute for Occupational Safety and Health (NIOSH) has established safe lifting limits: 51 pounds for men and 46 pounds for women. These limits do not take into account the awkward posture or unpredictable behavior/movement patient handling presents. Studies have indicated that nurses lift an estimated 1.8 tons per shift. Based on this information, there is no safe way to manually lift a physically dependent adult patient or resident. Nurses have been taught to counteract physical stress associated with patient handling by applying principles of body mechanics. NIOSH research has clearly shown using body mechanics alone has not reduced the injury rate among nurses, regardless of the amount of body mechanics training.

Nationwide, it has been demonstrated that safe patient handling programs utilizing mechanical lifting equipment and repositioning aides have reduced injuries to employees resulting in dramatic decreases in worker compensation costs. Programs have been implemented in hospitals and nursing homes. These programs are now being expanded to home care and hospice settings. Implementation of a safe patient handling program in one nursing home has resulted in reducing resident handling worker compensation rates by 61%, lost workday injury rates by 66% and restricted workdays by 38%. According to Centers for Disease Control and Prevention (CDC), the initial investment in lifting equipment can be recovered in two to three years. Many healthcare facilities have reported similar statistics, recovering their investment within two years.⁶

The benefit of safe patient handling programs in regard to patient/resident safety has been cited in many

² Nelson A., Consequences of Unsafe Patient Handling Practices, *Safe Patient Handling and Movement, A Practical Guide for Health Care Professionals*, pp 41- 46, Springer Publishing Company, 2006.

³ Pless P., A Close Look at the Pivot Transfer, *Caring for the Ages*, December, 2005, pp 4-6.

⁴ US Bureau of Labor Statistics, Incidence rates of non-fatal occupational injuries and illnesses by industry and case type, 2005,

⁵ US Bureau of Labor Statistics, Number of nonfatal occupational injuries and illnesses involving days away from work by selected worker and case characteristics and occupation, 2003-2005.

⁶ OSHA Guidelines for Nursing Homes, Ergonomics for the Prevention of Musculoskeletal Disorders, 2002.

journals and documents. Benefits to patients or residents include improved quality of care; improved safety and comfort; improved satisfaction; and reduced risk of falls, being dropped, friction burns, dislocated shoulders and spiral fractures. Also seen is a reduction in skin tears and bruises.⁷

The Bureau of Labor Statistics has recorded injury and illness rates for nursing home and hospital employees since 1980. The injury incidence rate for hospitals and nursing homes steadily increased from 1980 to 1992. Since the mid-1990s, these incidence rates have been declining. Research focusing on reducing musculoskeletal injuries to healthcare workers increased in the mid-1990s. Occupational Health and Safety Administration (OSHA) began targeting nursing homes and personal care facilities focusing on the hazards of patient lifting and handling. During this time international attention targeted musculoskeletal injuries to health care workers.⁸ Safe patient handling or zero lift programs which supported the use of mechanical equipment were implemented in nursing homes. Impressive injury reduction was seen with these programs. Since 1993, the incidence in nursing homes has steadily decreased.

II. ALLOCATION OF FUNDS

Procurement regulations require all applications to compete on cost. Section V. C. explains the methodology that will be used to accomplish this. It is anticipated that some applicants will seek funding to expand or improve current safe patient handling programs, while others will seek to build one “from the ground up.”

In order to ensure that funds are awarded to both upstate and downstate providers, and to providers located in both rural and urban areas, applications will be assigned to one of three categories based on the region (i.e., county) in which the applicant is located. The applicant’s county is the county that corresponds to the applicant’s operating certificate address. The counties for the applicant’s satellite offices (if any) and other providers participating in the applicant’s project will not be considered for purposes of assigning the applicant to one of the categories listed below. Rural counties are defined as those whose population is less than 200,000. Urban counties are those whose population is 200,000 or more. Downstate counties are the five boroughs of New York City and Nassau and Suffolk counties. All other counties are upstate counties.

Awards for these two-year projects are capped at \$83,333 unless additional funds become available for this initiative. It is anticipated that two awards will be made for each of the three categories.

Category 1 – Upstate Rural Applicants

This category includes applicants who are located in the following counties:

<i>Allegany</i>	<i>Delaware</i>	<i>Lewis</i>	<i>Rensselaer</i>	<i>Tioga</i>
<i>Cattaraugus</i>	<i>Essex</i>	<i>Livingston</i>	<i>Schenectady</i>	<i>Tompkins</i>
<i>Cayuga</i>	<i>Franklin</i>	<i>Madison</i>	<i>Schoharie</i>	<i>Ulster</i>
<i>Chautauqua</i>	<i>Fulton</i>	<i>Montgomery</i>	<i>Schuyler</i>	<i>Warren</i>
<i>Chemung</i>	<i>Genesee</i>	<i>Ontario</i>	<i>Seneca</i>	<i>Washington</i>
<i>Chenango</i>	<i>Greene</i>	<i>Orleans</i>	<i>St. Lawrence</i>	<i>Wayne</i>
<i>Clinton</i>	<i>Hamilton</i>	<i>Oswego</i>	<i>Steuben</i>	<i>Wyoming</i>
<i>Columbia</i>	<i>Herkimer</i>	<i>Otsego</i>	<i>Sullivan</i>	<i>Yates</i>
<i>Cortland</i>	<i>Jefferson</i>	<i>Putnam</i>		

⁷ Nelson A., Consequences of Unsafe Patient Handling Practices, *Safe Patient Handling and Movement, A Practical Guide for Health Care Professionals*, pp 41- 46, Springer Publishing Company, 2006.

⁸ Collins J., Menzel N., Scope of the problem, *Safe Patient Handling and Movement, A Practical Guide for Health Care Professionals*, pp 3-26, Springer Publishing Company, 2006.

Category 2 – Upstate Urban Applicants

This category includes applicants who are located in the following counties:

<i>Albany</i>	<i>Broome</i>	<i>Dutchess</i>	<i>Erie</i>	<i>Monroe</i>
<i>Niagara</i>	<i>Oneida</i>	<i>Onondaga</i>	<i>Orange</i>	<i>Rockland</i>
<i>Saratoga</i>	<i>Westchester</i>			

Category 3 – Downstate Applicants

This category includes applicants who are located in the following counties:

<i>Bronx</i>	<i>Brooklyn</i>	<i>Nassau</i>	<i>New York</i>	<i>Queens</i>
<i>Richmond</i>	<i>Suffolk</i>			

III. PROJECT REQUIREMENTS

This section describes the components of a safe patient handling program that each proposed project should develop and implement, or expand and improve, in order to be responsive to this RFA. ***As each component should be explicitly addressed in the application for funds, potential applicants are urged to read this section very carefully.***

It is anticipated that some applicants will already have established safe patient handling programs and will apply for funds to expand or improve their programs. These applicants will already have met a number of the project requirements or deliverables described in this section and should, wherever practicable, append the written materials to their application. Organizations that intend to meet project requirements if their applications are funded, should describe how they plan to do so. ***For example, some organizations may not have a Safe Patient Handling Committee, which is a project requirement. For purposes of submitting an application, such organizations should propose a Safe Patient Handling Committee and complete Attachment 5, which requires the names, functions, skills and experience of those proposed to be appointed to the organization's Safe Patient Handling Committee, should the application be funded.***

Project funds can be used to develop and implement the deliverables or to modify and implement materials already in use. Examples of some of these deliverables are appended to this RFA or posted on the DOH website on the same page as the RFA. Applicants may, but are not required to, use these if they wish.

Funded projects must establish a safe patient handling program, including the targeting of selected patient populations or areas of the organization, to reduce the risk of injury to both patients and healthcare workers. The safe patient handling program must be fully integrated into the organization's quality improvement program. The funded organization must work to create an organizational culture and practice that strives to avoid manual patient handling, to the greatest extent practicable, as a part of the project.

Each project should have:

- A **Project Director** with overall responsibility for the success of the project. The Project Director should: (a) be identified in the application; (b) be an employee (not a consultant) of the applicant; (c) be assigned to the project as at least a .4 FTE the first year of the contract; and (d) have the authority to ensure that the program is implemented as designed and to promptly resolve barriers to implementation. The Project Director is not required to be in management and administration. The Project Director should have knowledge and hands-on experience in:

- moving and repositioning patients safely;
 - patient handling technology and equipment (for both moving and repositioning patients);
 - safe patient handling policies and procedures;
 - training other staff on safe patient handling technology and equipment; and
 - quality improvement processes.
- A **Safe Patient Handling Committee** that has appropriate responsibility for and oversight of the safe patient handling program and is integrated into the organization's quality improvement process. This committee advises the applicant on all aspects of the development, implementation, and periodic revision of the project, including the evaluation of patient handling equipment and aids and the identification of appropriate engineering controls. Committee members will include direct care staff who are most at risk for injuries as well as administrative, supervisory and/or management and maintenance staff with relevant education, skills and experience. Committee members will have expertise and experience that is relevant to the operation of a safe patient handling program, e.g., understanding of the work environment for direct care workers, risk management, healthcare management, purchasing and occupational safety and health.

Throughout the duration of the project, the committee will solicit and receive regular input from healthcare workers who: (1) provide direct care to patients or are otherwise involved in patient handling; and (2) represent healthcare workers from a range of settings and patient handling risk exposure circumstances. At least one-half of participating health care workers should be direct care registered nurses.

The committee will maintain records to document its deliberations and all other aspects of its involvement in the development, implementation, and periodic revision of the demonstration program, and make those records available to the Department upon request.

- **Preventive Maintenance and Prompt Repair Policy and Procedure.** The project includes a preventive maintenance and prompt repair and purchasing/replacement policy and procedure that adheres to the manufacturer's guidelines for the equipment and is designed to ensure that malfunctioning and broken equipment is promptly identified, repaired and returned to use, thus maximizing the useful life of the equipment and minimizing time off the floor for repairs. The policy and procedure provides for training maintenance staff on how to maintain and repair the equipment and requires that all equipment be inspected at least once annually regardless of whether it is malfunctioning or working properly. There is an equipment log that documents all equipment servicing, i.e., the specific equipment is identified as to what was done, who serviced it and when was it serviced.
- **Healthcare Worker and Patient Risk Assessment Policy and Procedure.** The proposed project includes a Healthcare Worker and Patient Risk Assessment Policy and Procedure that analyzes the risk of injury to both patients and healthcare workers posed by the patient's handling needs and the physical environment in which the patient handling occurs, and identifies types of patients, patient handling activities and settings for which there is a significant risk of injury to patients or healthcare workers during patient handling. Specifically, the policy and procedure includes at least the following: (a) assessments are conducted on all shifts and all days of the week including weekends; (b) when direct care staff become aware of individuals who need to be re-assessed, they promptly bring this to the attention of their supervisors or managers; (c) the means by which this information is communicated from direct care staff to supervisors and managers is described; (d) staff who conduct the assessments are trained on and experienced with safe patient handling techniques; and (e) the assessment tool is appropriate and collects all information needed to accurately assess risk to both the patient and staff and to develop appropriate care plan and appropriate staffing assignments.
- A **risk exposure control plan** that, to the extent consistent with patient safety and well-being, minimizes manual patient handling of all or most of a patient's weight to emergency or life-threatening

circumstances, prioritizes needs, evaluates alternative ways for the provider to minimize the risks identified in the plan including, but not limited to, evaluation of the appropriateness and effectiveness of commercially available patient handling equipment and aids.

The risk exposure control plan will also identify engineering controls, such as changes in patient handling methods and procedures, patient handling equipment and aids, and the physical environment in which patient handling occurs, that are most likely to minimize such risks. The risk exposure control plan will, for any patient handling equipment and aids incorporated in the plan, specify how prompt access to, and availability of, such equipment and aids will be ensured and how and where such equipment and aids will be maintained and stored.

- A **plan for training and competency testing for healthcare workers** who perform, or are otherwise involved in, patient handling. The training should include the identification, assessment, and control of risks of patient handling for both patients and healthcare workers, as well as in the application of ergonomics and proper body mechanics. Maintenance staff should also be trained and competency tested on preventive maintenance and repairs.

The training should be provided in a manner that is appropriate for those being trained and take into account both worker and patient environment. It should be conducted upon commencement of the safe patient handling program, periodically thereafter to include training for individuals beginning work after commencement of the demonstration program, and on all shifts and days of the week.

The training should be provided directly to the identified healthcare workers by individuals with appropriate training and experience in safe patient handling including a “hands-on” component. The healthcare provider must provide access to such individuals to respond to questions or otherwise supplement instruction, if the training is provided primarily through written, audio, or video media. The training must include actual demonstrations of appropriate techniques and technology. The provider must ensure ongoing competency of each trainee throughout the individual’s participation in the program, i.e., employees should be tested for competency immediately following the training and at least annually thereafter, and whenever an employee is found to need re-training.

- A **documentation and reporting plan** that ensures that:
 - all injuries due to patient handling that are documented in the patient handling injury log are reported to the safe patient handling committee, including those that don’t meet OSHA/Public Employee Safety and Health (PEOSH) reporting requirements.
 - each aspect of the development, implementation, and revision of the safe patient handling program and its components is fully documented;
 - such documentation is available to the Department and to the applicant’s safe patient handling committee. Applicants are required to include injury rate statistics in their quarterly reports to the Department.
 - healthcare workers understand: (a) that all injuries are reportable and (b) the mechanism for reporting injuries that occur during patient handling. The documentation and reporting plan should describe the types of injuries that should be reported and all actions and activities that will be taken to encourage staff to report them.
- A **patient handling injury log** that records each injury occurring during patient handling, the date and time of the incident, the location of the incident, a description of the incident, the type of injury involved, whether the injury was to the patient or a healthcare worker, the type and brand of patient handling equipment or aids, if any, in use during the patient handling, and the last date training was provided to employees.

This log will be made available, upon request, to the Department and the provider's safe patient handling committee. A policy and procedure will be developed and implemented that protects from disclosure individually identifiable health information in the log about any individual, whether a patient or a healthcare worker, who is injured during patient handling. This policy and procedure will also be designed to ensure compliance with all applicable federal and state reporting requirements with respect to injuries occurring during patient handling.

- A **process for evaluating the appropriateness and effectiveness** of each of the plans required based on actual experience with injuries during patient handling and revising such plans as necessary to reduce further the risk of injury during patient handling.
- A **process for completing and integrating relevant statistics** from the following reports for the private or public sector, as appropriate, into the provider's safe patient handling program:

Private Sector Worksites

- OSHA 300 Log of Work-Related Injuries and Illnesses
- OSHA 300 A – Summary of Work-Related Injuries and Illnesses
- OSHA 301 Injury and Illness Incident Report

Public Sector Worksites

- PESH/SH 900 Log of Work-Related Injuries and Illnesses
- PESH/SH 900.1 Summary of Work-Related Injuries and Illnesses
- PESH/SH 900.2 Injury and Illness Incident Report

Funded organizations are expected to produce documented improvements for patients and staff in a number of areas including but not limited to the following:

Staff outcomes

- Reduction in staff injury incidence rates;
- Reduction in workers compensation costs;
- Reduction in lost work days related to patient handling;
- Reduction in lost work days related to all categories of injuries;
- Reduction in restricted work day rates (should be expressed as the ratio of number of restricted work days per year to number of total available work days per year);
- Reduction in patient or resident assaults on caregivers; and
- Reduction in staff turnover.

Resident/Patient Outcomes

- Reduction in resident/patient injuries (bruises, cuts, abrasions, pressure ulcers, stress fractures, skin tears, etc.) during handling and transfer.

Funded organizations are required to submit quarterly reports which will, in part, describe their success in achieving these improvements.

IV. COMPLETING THE APPLICATION

A. Resources for Applicants

This section of the RFA includes resources for developing or improving a safe patient handling program. Some of these resources are posted on the Department's website on the same page as the RFA. The Department cannot provide to applicants any resources listed below that are not attached to the RFA or posted on its website. Applicants must themselves obtain these resources from other sources based on the information provided below.

Books and Booklets

National Institute for Occupational Safety and Health (NIOSH). 2006. Safe Lifting and Movement of Nursing Home Residents. Free from NIOSH.

Charney W., Hudson A., Back Injury among Healthcare Workers, Causes, Solutions and Impacts, Lewis Publishers 2004.

A Back Injury Prevention Guide for Health Care Providers, California OSHA 11/1997.

Safe Patient Handling and Movement, A Practical Guide for Health Care Professionals, Nelson, Editor, 2006 Springer Publishing Co., Inc.

Guidelines for Nursing Homes, Ergonomics for the Prevention of Musculoskeletal Disorders, Occupational Safety and Health Administration (OSHA).

Journal Articles

Pless P., *A Close Look at the Pivot Transfer*, Caring for the Ages, December, 2005, pp 4-6. This article was originally published in December 2005 by Caring for the Ages, an official publication of the American Medical Directors Association (AMDA). For more information on Caring for the Ages and/or AMDA go to www.amda.com.

Cable J., *Making the Case for a Safe Lifting Program in Nursing Homes*, Occupational Hazards, <http://www.occupationalhazards.com/articles/15605>

Gaines M., *Caring for Caregivers*, Job Safety and Health Quarterly, Winter 2002.

Seavey D., *The Cost of Frontline Turnover in Long Term Care*, Better Jobs Better Care, American Association of Homes and Services for the Aging, Institute for the Future of Aging Services, Washington, D.C., October 2004.

Cook R., *Taking the Pain out of Healthcare*, Forever Young, January 2007, pp 10-11.

Collins J.W., Wolf L., Bell J., Evanoff B., *An Evaluation of a "Best Practices" Musculoskeletal Injury Prevention Program in Nursing Homes*, Injury Prevention 2004; pp. 10:206-211.

Nelson A. and Baptiste A., *Evidence-Based Practices for Safe Patient Handling and Movement*, Online Journal of Issues in Nursing, September 30, 2004, http://www.nursingworld.org/ojin/topic25/tpc25_3.htm

Web Sites

Bureau of Labor Statistics. *Number of non-fatal occupational injuries and illnesses by industry and selected case types* – www.bls.gov/iif/home/htm

Safe Patient Handling Solutions - www.pef.org, click on "health & safety", click on "Alpha List of Resources", click on "Patient Handling Solutions, Directory Equipment Solutions, 2003 Edition"

National Institute for Occupational Safety and Health (NIOSH) -
<http://www.cdc.gov/niosh/docs/2006-117/pdfs/2006-117full.pdf>

US Department of Veterans Affairs, VA National Center for Patient Safety, *Root Cause Analysis Tool* -
<http://www.va.gov/ncps/CogAids/RCA/index.html>

US Department of Veterans Affairs, VA Sunshine Healthcare Network -
<http://www.visn8.med.va.gov/patientsafetycenter/safePtHandling/default.asp>

Ergonomic Injury Prevention in Healthcare Services - www.ergonomicsinhealthcare.org

VA Sunshine Healthcare Network Home - <http://www.visn8.med.va.gov>

The Development of Policies for Patient Lifting in Acute Care Settings -
<http://www.visn8.med.va.gov/visn8/patientsafetycenter/safePtHandling/AACNPolicyb.ppt>

Nelson A. and Baptiste A., Evidence-Based Practices for Safe Patient Handling and Movement, Online Journal of Issues in Nursing, September 30, 2004. –
http://www.nursingworld.org/ojin/topic25/tpc25_3.htm

Safe Patient Handling and Movement

<http://www.visn8.med.va.gov/visn8/patientsafetycenter/safePtHandling/AACN03n.ppt>

Ergonomics and Caregiver Safety -
<http://www.visn8.med.va.gov/visn8/patientsafetycenter/safePtHandling/AACN03n.ppt>

Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement, Patient Safety Center of Inquiry, Tampa, Florida, Veterans Health Administration and Department of Defense, October 2001, (revised 8/31/05) - <http://www.visn8.med.va.gov/visn8/patientsafetycenter/resguide/ErgoGuidePtOne.pdf>

Chapter 6- Developing a No-Lift Policy -
<http://www.visn8.med.va.gov/visn8/patientsafetycenter/resguide/ErgoGuidePtTwo.pdf>

Safe Patient Handling and Movement Algorithms

Safe Patient Handling and Movement Algorithms, VISN 8 Patient Safety Center, 11605 N. Nebraska Avenue 673/118M, Tampa, Florida, 8/23/06 -
<http://www.visn8.med.va.gov/visn8/patientsafetycenter/safePtHandling/SPHMAgorithms.pdf>

Technology Resource Guide -
<http://www.visn8.med.va.gov/visn8/patientsafetycenter/resguide/TechnologyResourceGuide.doc>

Draft - Safe Patient Handling and Movement Policy -
<http://www.visn8.med.va.gov/visn8/patientsafetycenter/safePtHandling/DRAFTNHNoLiftPolicy.pdf>

Safe Bariatric Patient Handling Toolkit -
<http://www.visn8.med.va.gov/visn8/patientsafetycenter/safePtHandling/toolkitBariatrics.asp>

OSHA Safety and Health Topics - Health Care Facilities -
<http://intranet.osha.gov/dts/LAP/dts/sltc/healthcarefacilities/index.html>

Other Resources

The following papers were developed by Paula Pless, Injury Prevention Specialist, Director of Safe Patient Handling and Movement Program at Kaleida Health, Buffalo, NY. They are either attached to this RFA or available on the same website page as the RFA:

- Safe Patient Handling Assessment Tool;
- Safe Patient Handling Policy, Procedure, Protocol Guidelines;
- A Close Look at the Pivot Transfer. This article was originally published in December, 2005, by Caring for the Ages, an official publication of the American Medical Directors Association (AMDA). For more information on Caring for the Ages and/or AMDA, go to www.amda.com;
- Estimated Equipment Needs and Cost for Zero Lift Implementation;
- Lift Transfer Documentation Worksheet; and
- Zero Manual Lift Policy Compliance Checklist.

B. Application Content and Format

Applications must be typed in no smaller than 10 point font size. ***Handwritten applications will be rejected without review.***

Applications have two parts: a Technical Application and a Financial Application. Carefully read the following description of what must be included in the Technical Application and what must be included in the Financial Application. ***Do NOT include in your Technical Application information that is required to be in the Financial Application, and vice versa.*** Information that is not included in the correct part of the application will result in a lower score (since it will not be considered during the application scoring process) and could result in your application being rejected without further review.

Applications should be organized in the following order and include the following information:

Technical Application

Caution: Do NOT include any budget information in the Technical Application. Applicants that provide in their Technical Application information regarding the amount of funds they are requesting will be rejected without further review and are not eligible to be funded.

- **Application Cover Sheet.** Use Attachment 2. It may be reproduced or re-typed with a different font and expanded to more than one page so long as all text is identical to and in the same order as the original. It may not be altered in any other way. The name and address of the applicant must be identical to the name and address on the applicant's operating certificate. The operating certificate number and the permanent facility identifier must be those that appear on the applicant's operating certificate. Applicants whose name, operating certificate number and permanent facility identifier as stated on the cover page do not match the operating certificate will be deemed ineligible to apply for funds and rejected without review.
- **Operating Certificate(s) and/or License(s).** Include a clear, legible copy of the applicant's operating certificate or license. If applicant will be sub-contracting (or sharing grant funds) with other eligible organizations (i.e., nursing homes, hospitals and/or home care services agencies) include a clear, legible copy of the operating certificate or license for each such organization. *Any applicant that does not include a copy of its own operating certificate or license will be deemed ineligible to apply for funds and will be rejected without review.*

- **Table of Contents.** The Table of Contents in Attachment 3 must be used. It may be reproduced or re-typed with a different font as long as all text is identical to and in the same order as the original. It may not be altered in any other way with the exception of entering correct page numbers for the listed sections. If the application includes any appendices or attachments, they and their page numbers should be added to the Table of Contents after the sections that are already listed. The order of the sections may not be altered in any way. Once your application is paginated, entered page numbers as appropriate on the Table of Contents. Any applicant that does not include and follow the Table of Contents according to these requirements may at the Department's sole discretion be deemed ineligible to apply for funds and rejected without review.
- **Statement of Need.** Use the form in Attachment 4. On this form, using calendar year 2006, state the following and state the source for each item:
 - total number of hospital patient admissions, total number of nursing home resident admissions, nursing home census (on December 31, 2006 or other 2006 date), and/or home care patients admissions in 2006. If more than one provider is participating in your project, state this number for each provider;
 - number of days in 2006 of lost staff work days due to patient handling injury. NOTE: OSHA and PESH reports cannot be the sole source of this data as the numbers in these reports are capped;
 - number of residents and/or patients who were injured (skin tears, bruises, etc.) and whose injuries were attributable to wholly or partially handling or transfer; and
 - the total number of unduplicated cases of reportable (to the Workers Compensation Board) or recordable (under OSHA 300 and PESH 900 requirements) patient handling harm incidents in 2006 for staff. If more than one provider is participating in your project, state these two numbers for each provider.
- **Narrative Application.** The narrative application may not exceed 20 pages. Material in excess of the first 20 pages will not be reviewed or considered in scoring the application. The narrative should include a detailed description of the applicant's current safe patient handling program, if any, and its proposed safe patient handling program. This section of the application must describe all equipment, supplies and safe patient handling technology to be used in the project. *It must address each project requirement listed in Section III.*

A suggested approach to ensuring that your application addresses each project requirement listed in Section III is to use the bolded text in Section III as sub-titles in the Narrative section of your application, e.g., Project Director; Safe Patient Handling Committee, Preventive Maintenance and Prompt Repair Policy and Procedure; Healthcare Worker and Patient Risk Assessment Policy and Procedure; Risk Exposure Plan; Plan for Training and Competency Testing for Healthcare Workers; Documentation and Reporting Plan, Patient Handling Injury Log; Process for Evaluating Appropriateness and Effectiveness; Process for Completing and Integrating Relevant Statistics.

As you address each project requirement, describe and differentiate the components of the program that are already in place, if any, and the components that still need to be developed and implemented. Describe planned improvements and/or enhancements to components already in place. Materials that comprise a requirement, such as the risk assessment and identification, or risk exposure plan, should be referenced only in this section. Append them to the application so that these pages are not counted toward the 20-page limitation on this section.

Use the chart format in Attachment 5 to describe the members of the current **or proposed** Ergonomics or Safe Patient Handling Committee. All applicants must complete and submit Attachment 5.

- **Union Support.** If staff at risk of injury are unionized, include a letter of support for the project from each union representing such staff. The letter must be on union letterhead and must be signed by both an officer of the union and the union's representative in the applicant facility. This requirement does not place non-unionized applicants at a disadvantage; there is no preference for unionized providers in this RFA. Rather, in unionized work environments, union support is critical to project success. The absence of union support in unionized organizations weakens the potential for effective project implementation.
- **Letter of Staff Support in non-Unionized Providers.** Providers that are not unionized must submit a letter of staff support for the project signed by the Director of Nursing Services, the head of the equipment maintenance department and the chair of the Quality Improvement Committee. This requirement does not place unionized applicants at a disadvantage; there is no preference for non-unionized providers in this RFA. The letter of staff support is documentation that key staff are aware of and support the application for funds.
- **Work Plan.** Use the format in Attachment 6. Present major or significant tasks in chronological order. Provide for each task a start and end date. Include the names of staff who will be responsible for the task. Describe what you will have achieved when the task is completed. Address each project requirement and deliverable (see Section III) in your work plan.
- **Project Organization, Staffing and Management.** The responsibilities of each organization, and the responsibilities of specific staff in each organization, should be clearly delineated. A project organization chart should be included that shows how each organization is related to the others in terms of carrying out project tasks and achieving project objectives.
- **Key individuals should be profiled** in terms of their *qualifications* and *commitment*, as well as their *capacity* and *ability* to guide and manage the project. Key individuals are those who will have the most accountability for implementing the project, ensuring that the proposed project achieves its goals and objectives. Vita and/or resumes are not profiles and should not be used in this section.
- **Letters of Participation from Consortium Members and/or Other Organizations and Consultants Involved in the Project.** A letter from each consortium member, consultant and/or sub-contractor should be included with the application.
- **Resumes or Vita for Project Staff.** The application should include a resume or vita for key project staff.
- **Vendor Responsibility Questionnaire.** New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors and their sub-contractors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the Help Desk at the Office of the State Comptroller may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us. Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the Department of Health or the Office of the State Comptroller for a copy of the paper form.
- **Vendor Responsibility Attestation.** Use Attachment 8. All applicants and all sub-contractors must complete the Vendor Responsibility Attestation.

Financial Application

Place the following in a separate sealed envelope. Label the envelope with the applicant's name, address and operating certificate number. The label information should match the information on the applicant's operating certificate. Applications that do not include the following information in a separate (i.e., separate from the Technical Application) sealed envelope will be rejected without review:

- **Budget.** Use Attachment 7. Budgets should be annual and one should be prepared for each year of the project. In addition, a summary budget should be prepared for both years of the project. Identify by name and current function, position or title any current staff whose compensation in whole or in part is to be charged to the project's budget. Identify in-kind or matching contributions of resources to the project, if any. Staff to be hired should be identified as such. Compensation for the project director does not have to be charged to the project's budget. Prepare separate budgets for each sub-contractor, consultant and consortium member. Indirect or overhead costs, and State-imposed revenue assessments or revenue taxes, are not allowable and, if included in the budget, will be removed and not reimbursed.
- **Budget Narrative.** Each budget should be accompanied by a budget narrative. The budget narrative should address expenses in the same order that they appear in the budget itself. All items should be as specific and detailed as possible, and explained or justified. If any current staff or employees are listed as project staff compensated with project funds, their current job functions should be described and an explanation provided of why the services they provide are not already reimbursed through the facility's Medicaid rate. Consultant and contractual services, including those with other collaborators, should be fully explained in terms of cost and benefit to the project. The Department will not pay for items or services recognized within the applicant's Medicaid reimbursement rate or the Medicaid reimbursement rate for any collaborators. Failure to provide sufficient descriptive information on budget items may result in deductions from the project's proposed budget.

V. REVIEW AND AWARD PROCESS

A. Technical Criteria

There are 9 technical evaluation criteria, worth a total of 75 points. Applications that score fewer than 53 points on the 9 technical evaluation review criteria will not be funded because such applications are of sufficiently low quality that they are not likely to be successful and/or to produce valuable results.

Applicants should note that they do not have to actually develop the following components as part of their applications. Rather, each component listed below as a scoring criterion must be developed and/or implemented as part of the project if it is selected to be funded. Thus the narrative section of each application should include a detailed description of each component (regardless of whether it has already been developed and implemented) sufficient to rate it against the requirements for that component listed below. If the component has already been developed and implemented but the applicant intends to modify or strengthen it, the application should still carefully describe the component and explicitly identify the modifications proposed to be made and why these modifications are needed. This discussion should address all of the requirements for the components listed below. Applicants may attach components to the application if they wish to.

The 9 technical criteria are:

1. **Safe Patient Handling Committee.** The Ergonomics or Safe Patient Handling Committee:
 - is staffed appropriately (i.e., with both direct care staff who are most at risk for injuries and

administrative, supervisory and/or management and maintenance staff, with relevant education, skills and experience);

- has appropriate responsibility for and oversight of the safe patient handling program; and
- is integrated into the organization's quality improvement process.

This criterion is worth up to 8 points.

- 2. Project Director.** A Project Director with overall responsibility for the success of the project is identified, is an employee (not a consultant) of the applicant, and has the authority to ensure that the program is implemented as designed and barriers to implementation are promptly resolved. The Project Director has knowledge and hands-on experience in:

- moving and repositioning patients safely;
- patient handling technology and equipment (for both moving and repositioning patients);
- safe patient handling policies and procedures;
- training other staff on safe patient handling technology and equipment; and
- quality improvement processes.

This criterion is worth up to 8 points.

- 3. Preventive Maintenance and Prompt Repair Policy and Procedure.** The project includes:

- a preventive maintenance and prompt repair and purchasing/replacement policy and procedure that will maximize the useful life of the equipment and minimize time off the floor for repairs;
- a policy and procedure for training maintenance staff on how to maintain and repair the equipment and requires that all equipment be inspected at least annually; and
- an equipment log that documents all equipment servicing, i.e., the specific equipment is identified as is what was done, who serviced it, and when was it serviced.

This criterion is worth up to 8 points.

- 4. Risk exposure control plan.** The project includes a risk exposure control plan that, to the extent consistent with patient safety and well-being:

- minimizes manual patient handling of all or most of a patient's weight to emergency or life-threatening circumstances;
- prioritizes needs;
- evaluates alternative ways for the provider to minimize the risks identified in the plan including, but not limited to, evaluation of the appropriateness and effectiveness of commercially available patient handling equipment and aids;
- identifies engineering controls, such as changes in patient handling methods and procedures, patient handling equipment and aids, and the physical environment in which patient handling occurs, that are most likely to minimize such risks; and
- specifies, for any patient handling equipment and aids incorporated in the plan, how prompt access to, and availability of, such equipment and aids will be ensured and how and where such equipment and aids will be maintained and stored.

This criterion is worth up to 8 points.

- 5. Training.** The project includes a training plan which includes:

- hands-on training;
- competency testing for patient care staff on all shifts and days of the week;

- competency testing for all patient care staff assigned to handling patients that is conducted at least annually;
- retraining and competency testing that is conducted for individual staff whenever it is needed; and
- offering employees the opportunity to be trained on their choice of shifts.

This criterion is worth up to 8 points.

6. Patient/Health Care Worker Risk Assessment Policy and Procedure. Patient risk assessment policy and procedure that includes the following:

- assessments are conducted on all shifts and all days of the week including weekends;
- when direct care staff become aware of individuals who need to be re-assessed, they promptly bring this to the attention of their supervisors or managers;
- the means by which this information is communicated from direct care staff to supervisors and managers is described;
- staff who conduct the assessments are trained on and experienced with safe patient handling techniques; and
- assessment tool is appropriate and collects all information needed to accurately assess risk to both the patient and staff and to develop appropriate care plan and appropriate staffing assignments.

This criterion is worth up to 8 points.

7. Work Plan. The work plan demonstrates that the applicant understands the tasks, timeframes and specific staff needed to carry out the project successfully. The work plan addresses each project requirement and deliverable. This criterion is worth up to 9 points.

8. Project Organization, Staffing and Management. The description of project organization, staffing and management shows that the applicant understands the different organizational components that must be involved in the project. In addition, it must show and the levels of authority, lines of communication and accountability that must be established if the safe patient handling program is to be implemented completely and effectively and in a manner that enables it to be sustained after funding ends. This criterion is worth up to 9 points.

9. Quality Improvement. The application provides a plausible approach for sustaining the safe patient handling program after funding ends. For example, the applicant will replace Safe Patient Handling committee members as they leave, ensure annual training and testing for all new staff and reinvest savings from the safe patient handling program into the program. This criterion is worth up to 9 points.

B. Union or Staff Letter(s) of Support

Unionized Providers

If staff at risk of injury during patient handling are unionized, a letter of support for the project from each union representing such staff should be included in the application. The letter must be on union letterhead and signed by both an officer of the union and the union's representative in the applicant facility. If staff are represented by one union only, and the letter is not included in the application, or is included but does not meet these criteria, 10 points will be deducted from the application's score. If there are two or more unions, five points will be deducted for each letter that is either not included or that fails to meet these criteria, up to a total of 10 points. Providers that are not unionized are not required to submit such letters.

Non-Unionized Providers

In non-unionized providers, a letter of support for the project signed by the Director of Nursing Services, the head of the equipment maintenance department and the chair of the Quality Improvement Committee should be included in the application. Ten points will be deducted from the score of any application that does not include a letter of support signed by these individuals. Providers that are unionized are not required to submit such letters.

C. Financial Criterion

The financial criterion is worth 25 points and is a measure of each application's cost relative to the least costly application. It will be calculated as follows.

Applications will be assigned to the appropriate category (see Section II) based on the amount of funds requested and county in which the applicant is located. Applications will compete on cost with only the other applications assigned to the same category. Thus the following calculations will be made separately for each of the three categories.

Total cost for each application is the total amount requested in the application's budget (see Attachment 7 to this RFA). Each application's cost will be weighted with this formula: $(a/b)c = \text{financial score}$, where $a =$ application with the lowest cost, $b =$ cost of this application, and $c =$ points available for this criterion, or 25. For example, if the lowest cost application is \$30,000, the cost of the application being scored is \$60,000, and there are 25 points available for this criterion, then $(\$30,000/\$60,000)(25) = (.5)(25) = 12.5$ points.

The total number of points that could be awarded to an application is 100. This is the sum of the 9 technical criteria (up to 75 points), and the financial criterion (up to 25 points).

D. Application Review, Scoring and Selection Process

The application review, scoring and selection process for all applications under this RFA is as follows. Staff of the Departments of Health and Labor will screen all applications and **eliminate from further consideration any application that:**

- was received at the address specified in Section VI D after the due date and time unless the applicant can demonstrate to the Department's satisfaction that the late delivery was due to carrier failure or other conditions such as poor driving conditions beyond the applicant's control.
- is, according to the information on the required face page for the application, submitted by an applicant that is **not** a hospital, nursing home or home care services agency licensed under Article 28 or 36 of New York's Public Health Law; or
- did not include a copy of the applicant's operating certificate or license; or
- does not include the financial part of the application (amount of money requested, budget and/or specific budget lines, part or all of the budget narrative, etc.) in a separate, labeled envelope; or
- includes financial information (amount of money requested, budget and/or specific budget lines, part or all of the budget narrative, etc.) in the technical portion of the application; or
- did not complete and submit without alterations (other than those specified in this RFA) the required Application Cover Sheet and Table of Contents; or
- is submitted by an organization that is receiving or is eligible to receive funds for safe patient handling

from the 2003-04 Health Care Initiatives Pool pursuant to the Health Care Reform Act; or

- is not a two-year project; or
- is submitted by an applicant that has a history of survey compliance issues. For nursing homes, this means the nursing home received a designation of Immediate Jeopardy and/or Substandard Quality of Care in the 12 months prior to the due date for applications, or at some point between the application due date and the execution of a contract pursuant to this RFA. For hospitals, this means that the Department has taken enforcement action against the applicant in the 12 months prior to the application date of the RFA or at some point between the application due date and the execution of a contract pursuant to this RFA. For home care services agencies, this means that the Department has identified unresolved serious quality issues, such as substandard quality of care or immediate jeopardy situations, within the 12 months prior to the application date of the RFA or at some point between the application due date and the execution of a contract pursuant to this RFA. The Department's intent here is to avoid awarding funds to providers that have serious quality problems that have not been resolved or have been only recently resolved, because such providers should be directing all of their resources into restoring and maintaining compliance with all rules and regulations; or
- requests a budget that exceeds \$83,333; or
- staff at risk of injury during patient handling are unionized and the applicant failed to disclose this fact on the application cover sheet or elsewhere in the application.

In addition, the Department will not fund more than one provider in any group or network of providers that share direct or indirect common ownership, operation, control or governance. If in the Department's judgement such a group or network submits more than one application, all applicants in that group or network will be eliminated.

The Department reserves the right to remove applicants at any stage of the selection process if the applicant has quality of care issues as specified above.

Applications will be reviewed and scored on the technical criteria by teams of three staff of the Departments of Health and Labor. While reviewers will not be allowed to share their scores with other members of their review team, they will discuss each criterion for each application and then revise their scores if they feel it appropriate to do so. For example, they may share with each other the information in the application that they considered in determining a score, identify the information that they thought was missing, or discuss how they interpreted a criterion and the information in the application that was relevant to that criterion.

Each application's scores on each criterion will be averaged across the three reviewers. The average scores on the nine technical criteria will be summed for each application. Points for union or staff letter of support will be subtracted, if applicable. Applications that score fewer than 53 technical points will be eliminated.

The envelopes with the budgets for each application will be opened. Those whose annual average requested budget exceeds \$83,333 will be eliminated and will not be funded. The remaining applications will be assigned to categories as described in Section II. For each category, the technical scores for the applications assigned to that category will be weighted with the following formula: $(a/b) * 75$, where (a) is the technical score of the application being scored and (b) is the technical score of the application with the highest technical score. Thus the application with the highest score has a weighted technical score of 75, and all other applications receive a fraction of 75 points.

Financial scores will be computed as described elsewhere in this RFA and added to technical scores. The result is the application's final score.

Budgets will be reviewed and ineligible costs removed. The resulting amount is the application's final approved budget. The removal of ineligible costs will not result in a change to the application's financial score.

The two highest scoring applications in each category will then be reviewed for vendor responsibility based on the information in the Vendor Responsibility Questionnaire and any other information that the Department may have or obtain on the applicant. Applicants who are determined to be non-responsible will be removed from consideration and are not eligible to be funded. The next highest scoring application(s) among the remaining applications in the category will then be reviewed for vendor responsibility and, if found responsible, will be funded. If such applicant(s) is found to be not responsible, the process will be repeated until either two applications in the category pass, or only one or no applications in the category pass the review. All applications that fail the vendor responsibility review will be removed from further consideration and are not eligible to be funded.

The approved budgets of the applications that are selected to be funded from the three categories will be summed. The sum will be subtracted from \$500,000 in order to identify the amount of funds that have not yet been awarded. The remaining applications will be rank ordered on final total score without regard to category, i.e., a single rank order will be produced. The application with the highest score will be reviewed for vendor responsibility and, if it passes, will be offered the residual funds up to the amount of its approved final budget.

In order to receive the funds, this applicant must agree to conduct its project as proposed in its application. This may mean that if the amount of funds available is less than the project's budget, the applicant must provide additional resources to the project. If the amount of funds available is less than the applicant's final approved budget, and the applicant fails to commit to providing sufficient additional resources to the project in order to ensure that the budgetary needs can be met, the Department may, at its sole discretion, determine that the applicant is unlikely to be able to implement its application. In this case, the Department will offer the funds to the next highest scoring application that passes the vendor responsibility review, with the same conditions imposed on the applicant. This process will be repeated until an applicant meets the conditions and is awarded the funds, or no applicant is able to meet the conditions. Funds remaining after this process is completed will be divided equally among the applicants selected to be funded.

If no application scores at least 53 non-financial points, no awards will be made under this RFA.

E. Summary of Timeframes

Questions Must be Submitted By	December 11, 2007
RFA Updates and Questions and Answers Posted on Department's website	December 28, 2007
Application deadline	February 1, 2008
Anticipated award notification	September, 2008
Anticipated project start date	November, 2008

F. Debriefing

Following the award of grants from this RFA, applicants may request a debriefing from the NYS DOH, Division of Quality and Surveillance, no later than three months from the date of the awards announcement. This debriefing will be limited to the positive and negative aspects of the subject application.

VI. ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the NYS Department of Health, Office of Health Systems Management and the Office of Long Term Care. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Questions and Answers

Questions will be accepted until the date posted on the cover of this RFA. To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers.

Technical questions are those that are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application. Questions of a technical nature can be addressed in writing or via telephone by contacting either of the following:

Ms. Ruth Leslie
Health Policy Associate
Division of Primary and Acute Care Services
Department of Health
433 River St., Suite 303
Troy, NY 12180
Phone: 518-402- 1003
Fax: 518-402-1010
rwl01@health.state.ny.us

Ms. Valerie Giroux
Health Program Administrator
Division of Home and Community Based Services
Department of Health
161 Delaware Avenue
Delmar, NY 12054
Phone: 518-408-1600
Fax: 518-408-1145

All other questions must be submitted in writing via letter, fax or e-mail to the above two individuals. Questions will not be accepted through a phone call. Prospective applicants should note that all clarification 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 Department's public website at: www.nyhealth.gov/funding/. Questions and answers, as well as any updates and/or modifications, will also be posted on the Department's website. All such updates will be posted by the date identified on the cover sheet of this RFA.

C. Applicant Conference

An Applicant Conference will **not** be held for this procurement.

D. How to File an Application

Applications must be **received** at the following address by the date and time posted on the cover sheet of

this RFA:

Ms. Ruth Leslie
Health Policy Associate
Division of Primary and Acute Care Services
Department of Health
433 River St., Suite 303
Troy, NY 12180

Applicants must submit an original signed application and five copies. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. Applications will not be accepted via fax or e-mail.

It is the applicant's responsibility to see that applications are delivered to the address above prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the sole discretion of the Department of Health.

E. The Department's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Award more than one contract resulting from this RFA.
3. Waive or modify minor irregularities in applications received after prior notification to the applicant.
4. Adjust or correct cost figures with the concurrence of the applicant if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.
5. Negotiate with applicants responding to this RFA within the requirements to serve the best interests of the State.
6. Eliminate mandatory requirements unmet by all applicants.
7. If the Department of Health is unsuccessful in negotiating a contract with the selected applicant within an acceptable time frame, the Department of Health may begin contract negotiations with the next qualified applicant(s) in order to serve and realize the best interests of the State.
8. The Department of Health reserves the right to award grants based on geographic or regional considerations to serve the best interests of the State.

F. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller. Funding in the second year of the contract is contingent upon appropriation or reappropriation of the required funds. It is expected that contracts resulting from this RFA will have a term of two years and start in November, 2008.

G. Payment and Reporting Requirements for Grant Awardees

The grant contractor will be required to submit quarterly invoices and required reports of expenditures to

the State's designated payment office:

Grants Clearinghouse
NYS Department of Health
5th Floor
Troy, NY 12180

Payment of such invoices by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Contractors will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Work Plan.

Quarterly reports will include but not be limited to the following:

- Project expenditures;
- Schedule, agenda and meeting minutes for Safe Patient Handling Committee;
- Progress according to the project's work plan;
- Quarterly statistics:
 - C-2's or any other Workers Compensation data;
 - Accident and Incident reports;
 - Near Miss reports;
 - Risk Manager/Workers Compensation loss runs;
 - OSHA 300 Log and/or PESH SH-900 Log of Work-Related Injuries and Illnesses;

The grant contractor will also submit an annual report following the end of the first year of the contract and a final report upon completion of the project.

All payment and reporting requirements will be detailed in Appendix C of the final grant contract.

H. Vendor Responsibility Attestation and Vendor Responsibility Questionnaire

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. All applicants that are not public nursing homes, hospitals and home care services agencies, must complete and submit the Vendor Responsibility Attestation (see Attachment 8) with their application. They must also submit the Vendor Responsibility Questionnaire. See Section IV B for instructions regarding submitting the Vendor Responsibility Questionnaire.

In addition to the Vendor Responsibility Questionnaire, applicants other than public nursing homes, hospitals and home care services agencies are required to provide the following with their application:

- Proof of financial stability in the form of audited financial statements, Dunn & Bradstreet Reports, etc.;
- Evidence of NYS Department of State Registration;
- Proof of NYS Charities Registration (if applicable); and
- Copy of Certificate of Article of Incorporation, together with any and all amendments thereto; Partnership Agreement; or other relevant business organizational documents, as applicable

I. General Specifications

1. By signing the "Application Cover Sheet" each applicant attests to its express authority to sign on behalf of the applicant.

2. Contractor 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. If this applicant does not accept a certain condition or term, this must be clearly noted in a cover letter 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 of Health, 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.

J. Appendices Included in DOH Grant Contracts

The following will be incorporated as appendices into any contract(s) resulting from this Request for Application.

APPENDIX A - Standard Clauses for All New York State Contracts

APPENDIX A-1 Agency Specific Clauses

APPENDIX A-2 Program Specific Clauses *<if applicable>*

APPENDIX B - Budget

APPENDIX C - Payment and Reporting Schedule

APPENDIX D - Workplan

APPENDIX H - Federal Health Insurance Portability and Accountability Act (HIPAA)
Business Associate Agreement *<if applicable>*

APPENDIX E - Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **WC/DB-100**, Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disabilities Benefits Insurance Coverage is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance.

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **WC/DB-100**, Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disabilities Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance; OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance.

NOTE: Do not include the Workers' Compensation and Disability Benefits forms with your application. These documents will be requested as a part of the contracting process should you receive an award.

VIII. ATTACHMENTS

- Attachment 1: Standard Grant Contract with Appendices
- Attachment 2: Application Cover Sheet
- Attachment 3: Application Table of Contents
- Attachment 4: Statement of Need
- Attachment 5: Safe Patient Handling Committee Membership
- Attachment 6: Application Work Plan Format
- Attachment 7: Application Budget Format
- Attachment 8: Vendor Responsibility Attestation

Attachment 1
Standard Grant Contract With Appendices

GRANT CONTRACT

STATE AGENCY (Name and Address):	.	NYS COMPTROLLER'S NUMBER: _____
	.	
	.	ORIGINATING AGENCY CODE:
_____	.	_____
CONTRACTOR (Name and Address):	.	TYPE OF PROGRAM(S)
	.	
_____	.	_____
FEDERAL TAX IDENTIFICATION NUMBER:	.	INITIAL CONTRACT PERIOD
	.	
MUNICIPALITY NO. (if applicable):	.	FROM:
	.	
	.	TO:
CHARITIES REGISTRATION NUMBER:	.	FUNDING AMOUNT FOR INITIAL PERIOD:
____ - ____ - ____ or () EXEMPT:	.	
(If EXEMPT, indicate basis for exemption):	.	_____
	.	MULTI-YEAR TERM (if applicable):
_____	.	FROM:
CONTRACTOR HAS() HAS NOT() TIMELY	.	TO:
FILED WITH THE ATTORNEY GENERAL'S		
CHARITIES BUREAU ALL REQUIRED PERIODIC		
OR ANNUAL WRITTEN REPORTS.		

CONTRACTOR IS() IS NOT() A		
SECTARIAN ENTITY		
CONTRACTOR IS() IS NOT() A		
NOT-FOR-PROFIT ORGANIZATION		

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

_____	APPENDIX A	Standard clauses as required by the Attorney General for all State contracts.
_____	APPENDIX A-1	Agency-Specific Clauses (Rev 11/06)
_____	APPENDIX B	Budget
_____	APPENDIX C	Payment and Reporting Schedule
_____	APPENDIX D	Program Workplan
_____	APPENDIX X	Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

OTHER APPENDICES

_____	APPENDIX A-2	Program-Specific Clauses
_____	APPENDIX E-1	Proof of Workers' Compensation Coverage
_____	APPENDIX E-2	Proof of Disability Insurance Coverage
_____	APPENDIX H	Federal Health Insurance Portability and Accountability Act
		Business Associate Agreement
_____	APPENDIX	_____
_____	APPENDIX	_____

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

. Contract No. _____
. _____
CONTRACTOR . STATE AGENCY
. _____

By: _____ . By: _____
(Print Name) (Print Name)

Title: _____ . Title: _____
Date: _____ . Date: _____

State Agency Certification:
. "In addition to the acceptance of this contract,
. I also certify that original copies of this signature
. page will be attached to all other exact copies of
. this contract."
. _____

STATE OF NEW YORK)
)) SS:
County of _____)

On the ____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

ATTORNEY GENERAL'S SIGNATURE . STATE COMPTROLLER'S SIGNATURE
. _____

Title: _____ . Title: _____

Date: _____ . Date: _____

STATE OF NEW YORK

AGREEMENT

This AGREEMENT is hereby made by and between the State of New York agency (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:

WHEREAS, the STATE has the authority to regulate and provide funding for the establishment and operation of program services and desires to contract with skilled parties possessing the necessary resources to provide such services; and

WHEREAS, the CONTRACTOR is ready, willing and able to provide such program services and possesses or can make available all necessary qualified personnel, licenses, facilities and expertise to perform or have performed the services required pursuant to the terms of this AGREEMENT;

NOW THEREFORE, in consideration of the promises, responsibilities and covenants herein, the STATE and the CONTRACTOR agree as follows:

I. Conditions of Agreement

- A. This AGREEMENT may consist of successive periods (PERIOD), as specified within the AGREEMENT or within a subsequent Modification Agreement(s) (Appendix X). Each additional or superseding PERIOD shall be on the forms specified by the particular State agency, and shall be incorporated into this AGREEMENT.
- B. Funding for the first PERIOD shall not exceed the funding amount specified on the face page hereof. Funding for each subsequent PERIOD, if any, shall not exceed the amount specified in the appropriate appendix for that PERIOD.
- C. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.
- D. For each succeeding PERIOD of this AGREEMENT, the parties shall prepare new appendices, to the extent that any require modification, and a Modification Agreement (the attached Appendix X is the blank form to be used). Any terms of this AGREEMENT not modified shall remain in effect for each PERIOD of the AGREEMENT.

To modify the AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s). Any change in the amount of consideration to be paid, or change in the term, is subject to the approval of the Office of the State Comptroller. Any other modifications shall be processed in accordance with agency guidelines as stated in Appendix A-1.

- E. The CONTRACTOR shall perform all services to the satisfaction of the STATE. The CONTRACTOR shall provide services and meet the program objectives summarized in the Program Workplan (Appendix D) in accordance with: provisions of the AGREEMENT; relevant laws, rules and regulations, administrative and fiscal guidelines; and where applicable, operating certificates for facilities or licenses for an activity or program.
- F. If the CONTRACTOR enters into subcontracts for the performance of work pursuant to this AGREEMENT, the CONTRACTOR shall take full responsibility for the acts and omissions of its subcontractors. Nothing in the subcontract shall impair the rights of the

STATE under this AGREEMENT. No contractual relationship shall be deemed to exist between the subcontractor and the STATE.

- G. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.

II. Payment and Reporting

- A. The CONTRACTOR, to be eligible for payment, shall submit to the STATE's designated payment office (identified in Appendix C) any appropriate documentation as required by the Payment and Reporting Schedule (Appendix C) and by agency fiscal guidelines, in a manner acceptable to the STATE.
- B. The STATE shall make payments and any reconciliations in accordance with the Payment and Reporting Schedule (Appendix C). The STATE shall pay the CONTRACTOR, in consideration of contract services for a given PERIOD, a sum not to exceed the amount noted on the face page hereof or in the respective Appendix designating the payment amount for that given PERIOD. This sum shall not duplicate reimbursement from other sources for CONTRACTOR costs and services provided pursuant to this AGREEMENT.
- C. The CONTRACTOR shall meet the audit requirements specified by the STATE.

III. Terminations

- A. This AGREEMENT may be terminated at any time upon mutual written consent of the STATE and the CONTRACTOR.
- B. The STATE may terminate the AGREEMENT immediately, upon written notice of termination to the CONTRACTOR, if the CONTRACTOR fails to comply with the terms and conditions of this AGREEMENT and/or with any laws, rules and regulations, policies or procedures affecting this AGREEMENT.
- C. The STATE may also terminate this AGREEMENT for any reason in accordance with provisions set forth in Appendix A-1.
- D. Written notice of termination, where required, shall be sent by personal messenger service or by certified mail, return receipt requested. The termination shall be effective in accordance with the terms of the notice.
- E. Upon receipt of notice of termination, the CONTRACTOR agrees to cancel, prior to the effective date of any prospective termination, as many outstanding obligations as possible, and agrees not to incur any new obligations after receipt of the notice without approval by the STATE.
- F. The STATE shall be responsible for payment on claims pursuant to services provided and costs incurred pursuant to terms of the AGREEMENT. In no event shall the STATE be liable for expenses and obligations arising from the program(s) in this AGREEMENT after the termination date.

IV. Indemnification

- A. The CONTRACTOR shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the CONTRACTOR or its subcontractors pursuant to this AGREEMENT. The CONTRACTOR shall indemnify and hold harmless the STATE and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the provision of services pursuant to this AGREEMENT.
- B. The CONTRACTOR is an independent contractor and may neither hold itself out nor claim to be an officer, employee or subdivision of the STATE nor make any claims, demand or application to or for any right based upon any different status.

V. Property

Any equipment, furniture, supplies or other property purchased pursuant to this AGREEMENT is deemed to be the property of the STATE except as may otherwise be governed by Federal or State laws, rules and regulations, or as stated in Appendix A-1.

VI. Safeguards for Services and Confidentiality

- A. Services performed pursuant to this AGREEMENT are secular in nature and shall be performed in a manner that does not discriminate on the basis of religious belief, or promote or discourage adherence to religion in general or particular religious beliefs.
- B. Funds provided pursuant to this AGREEMENT shall not be used for any partisan political activity, or for activities that may influence legislation or the election or defeat of any candidate for public office.
- C. Information relating to individuals who may receive services pursuant to this AGREEMENT shall be maintained and used only for the purposes intended under the contract and in conformity with applicable provisions of laws and regulations, or specified in Appendix A-1.

APPENDIX A-1
(REV 11/06)

AGENCY SPECIFIC CLAUSES FOR ALL
DEPARTMENT OF HEALTH CONTRACTS

1. If the CONTRACTOR is a charitable organization required to be registered with the New York State Attorney General pursuant to Article 7-A of the New York State Executive Law, the CONTRACTOR shall furnish to the STATE such proof of registration (a copy of Receipt form) at the time of the execution of this AGREEMENT. The annual report form 497 is not required. If the CONTRACTOR is a business corporation or not-for-profit corporation, the CONTRACTOR shall also furnish a copy of its Certificate of Incorporation, as filed with the New York Department of State, to the Department of Health at the time of the execution of this AGREEMENT.
2. The CONTRACTOR certifies that all revenue earned during the budget period as a result of services and related activities performed pursuant to this contract shall be used either to expand those program services funded by this AGREEMENT or to offset expenditures submitted to the STATE for reimbursement.
3. Administrative Rules and Audits:
 - a. If this contract is funded in whole or in part from federal funds, the CONTRACTOR shall comply with the following federal grant requirements regarding administration and allowable costs.
 - i. For a local or Indian tribal government, use the principles in the common rule, "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments," and Office of Management and Budget (OMB) Circular A-87, "Cost Principles for State, Local and Indian Tribal Governments".
 - ii. For a nonprofit organization other than
 - ◆ an institution of higher education,
 - ◆ a hospital, or
 - ◆ an organization named in OMB Circular A-122, "Cost Principles for Non-profit Organizations", as not subject to that circular,use the principles in OMB Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-profit Organizations," and OMB Circular A-122.
 - iii. For an Educational Institution, use the principles in OMB Circular A-110 and OMB Circular A-21, "Cost Principles for Educational Institutions".
 - iv. For a hospital, use the principles in OMB Circular A-110, Department of

Health and Human Services, 45 CFR 74, Appendix E, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals" and, if not covered for audit purposes by OMB Circular A-133, "Audits of States Local Governments and Non-profit Organizations", then subject to program specific audit requirements following Government Auditing Standards for financial audits.

- b. If this contract is funded entirely from STATE funds, and if there are no specific administration and allowable costs requirements applicable, CONTRACTOR shall adhere to the applicable principles in "a" above.
- c. The CONTRACTOR shall comply with the following grant requirements regarding audits.
 - i. If the contract is funded from federal funds, and the CONTRACTOR spends more than \$500,000 in federal funds in their fiscal year, an audit report must be submitted in accordance with OMB Circular A-133.
 - ii. If this contract is funded from other than federal funds or if the contract is funded from a combination of STATE and federal funds but federal funds are less than \$500,000, and if the CONTRACTOR receives \$300,000 or more in total annual payments from the STATE, the CONTRACTOR shall submit to the STATE after the end of the CONTRACTOR's fiscal year an audit report. The audit report shall be submitted to the STATE within thirty days after its completion but no later than nine months after the end of the audit period. The audit report shall summarize the business and financial transactions of the CONTRACTOR. The report shall be prepared and certified by an independent accounting firm or other accounting entity, which is demonstrably independent of the administration of the program being audited. Audits performed of the CONTRACTOR's records shall be conducted in accordance with Government Auditing Standards issued by the Comptroller General of the United States covering financial audits. This audit requirement may be met through entity-wide audits, coincident with the CONTRACTOR's fiscal year, as described in OMB Circular A-133. Reports, disclosures, comments and opinions required under these publications should be so noted in the audit report.
- d. For audit reports due on or after April 1, 2003, that are not received by the dates due, the following steps shall be taken:
 - i. If the audit report is one or more days late, voucher payments shall be held until a compliant audit report is received.
 - ii. If the audit report is 91 or more days late, the STATE shall recover payments for all STATE funded contracts for periods for which compliant audit reports are not received.
 - iii. If the audit report is 180 days or more late, the STATE shall terminate all

active contracts, prohibit renewal of those contracts and prohibit the execution of future contracts until all outstanding compliant audit reports have been submitted.

4. The CONTRACTOR shall accept responsibility for compensating the STATE for any exceptions which are revealed on an audit and sustained after completion of the normal audit procedure.
5. FEDERAL CERTIFICATIONS: This section shall be applicable to this AGREEMENT only if any of the funds made available to the CONTRACTOR under this AGREEMENT are federal funds.

a. LOBBYING CERTIFICATION

- 1) If the CONTRACTOR is a tax-exempt organization under Section 501 (c)(4) of the Internal Revenue Code, the CONTRACTOR certifies that it will not engage in lobbying activities of any kind regardless of how funded.
- 2) The CONTRACTOR acknowledges that as a recipient of federal appropriated funds, it is subject to the limitations on the use of such funds to influence certain Federal contracting and financial transactions, as specified in Public Law 101-121, section 319, and codified in section 1352 of Title 31 of the United States Code. In accordance with P.L. 101-121, section 319, 31 U.S.C. 1352 and implementing regulations, the CONTRACTOR affirmatively acknowledges and represents that it is prohibited and shall refrain from using Federal funds received under this AGREEMENT for the purposes of lobbying; provided, however, that such prohibition does not apply in the case of a payment of reasonable compensation made to an officer or employee of the CONTRACTOR to the extent that the payment is for agency and legislative liaison activities not directly related to the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement. Nor does such prohibition prohibit any reasonable payment to a person in connection with, or any payment of reasonable compensation to an officer or employee of the CONTRACTOR if the payment is for professional or technical services rendered directly in the preparation, submission or negotiation of any bid, proposal, or application for a Federal contract, grant, loan, or cooperative agreement, or an extension, continuation, renewal, amendment, or modification thereof, or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract, grant, loan or cooperative agreement.
- 3) This section shall be applicable to this AGREEMENT only if federal funds allotted exceed \$100,000.

- a) The CONTRACTOR certifies, to the best of his or her knowledge and belief that:
- ◆ No federal appropriated funds have been paid or will be paid, by or on behalf of the CONTRACTOR, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal amendment or modification of any federal contract, grant, loan, or cooperative agreement.
 - ◆ If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- b) The CONTRACTOR shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- c) The CONTRACTOR shall disclose specified information on any agreement with lobbyists whom the CONTRACTOR will pay with other Federal appropriated funds by completion and submission to the STATE of the Federal Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. This form may be obtained by contacting either the Office of Management and Budget Fax Information Line at (202) 395-9068 or the Bureau of Accounts Management at (518) 474-1208. Completed forms should be submitted to the New York State Department of Health, Bureau of Accounts Management, Empire State Plaza, Corning Tower Building, Room 1315, Albany, 12237-0016.
- d) The CONTRACTOR shall file quarterly updates on the use of lobbyists if material changes occur, using the same standard disclosure form identified in (c) above to report such updated information.

- 4) The reporting requirements enumerated in subsection (3) of this paragraph shall not apply to the CONTRACTOR with respect to:
 - a) Payments of reasonable compensation made to its regularly employed officers or employees;
 - b) A request for or receipt of a contract (other than a contract referred to in clause (c) below), grant, cooperative agreement, subcontract (other than a subcontract referred to in clause (c) below), or subgrant that does not exceed \$100,000; and
 - c) A request for or receipt of a loan, or a commitment providing for the United States to insure or guarantee a loan, that does not exceed \$150,000, including a contract or subcontract to carry out any purpose for which such a loan is made.

b. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE:

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this AGREEMENT, the CONTRACTOR certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The CONTRACTOR agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

c. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the

extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

1) APPENDIX B TO 45 CFR PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

- a) By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- c) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- d) The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal*, and *voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

- e) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
 - f) The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.
 - g) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded From Federal Procurement and Non-procurement Programs.
 - h) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
 - i) Except for transactions authorized under paragraph "e" of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 2) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions
- a) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department agency.
 - b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

6. The STATE, its employees, representatives and designees, shall have the right at any time during normal business hours to inspect the sites where services are performed and observe the services being performed by the CONTRACTOR. The CONTRACTOR shall render all assistance and cooperation to the STATE in making such inspections. The surveyors shall have the responsibility for determining contract compliance as well as the quality of service being rendered.
7. The CONTRACTOR will not discriminate in the terms, conditions and privileges of employment, against any employee, or against any applicant for employment because of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status. The CONTRACTOR has an affirmative duty to take prompt, effective, investigative and remedial action where it has actual or constructive notice of discrimination in the terms, conditions or privileges of employment against (including harassment of) any of its employees by any of its other employees, including managerial personnel, based on any of the factors listed above.
8. The CONTRACTOR shall not discriminate on the basis of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status against any person seeking services for which the CONTRACTOR may receive reimbursement or payment under this AGREEMENT.
9. The CONTRACTOR shall comply with all applicable federal, State and local civil rights and human rights laws with reference to equal employment opportunities and the provision of services.
10. The STATE may cancel this AGREEMENT at any time by giving the CONTRACTOR not less than thirty (30) days written notice that on or after a date therein specified, this AGREEMENT shall be deemed terminated and cancelled.
11. Other Modifications
 - a. Modifications of this AGREEMENT as specified below may be made within an existing PERIOD by mutual written agreement of both parties:
 - ◆ Appendix B - Budget line interchanges;
 - ◆ Appendix C - Section 11, Progress and Final Reports;
 - ◆ Appendix D - Program Workplan.
 - b. To make any other modification of this AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s), and a Modification Agreement (Appendix X is the blank form to be used), which shall be effective only upon approval by the Office of the State Comptroller.
12. Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **WC/DB-100**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR

WC/DB -101, Affidavit That An OUT-OF STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **WC/DB-100**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR

WC/DB -101, Affidavit That An OUT-OF STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR the **DB-820/829** Certificate/Cancellation of Insurance; OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

13. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). Contractor shall be liable for the costs associated with such breach if caused by Contractor's negligent or willful acts or omissions, or the negligent or willful acts or omissions of Contractor's agents, officers, employees or subcontractors.
14. Additional clauses as may be required under this AGREEMENT are annexed hereto as appendices and are made a part hereof if so indicated on the face page of this AGREEMENT.

APPENDIX C

PAYMENT AND REPORTING SCHEDULE

1. Payment and Reporting Terms and Conditions

A. The STATE may, at its discretion, make an advance payment to the CONTRACTOR, during the initial or any subsequent PERIOD, in an amount to be determined by the STATE but not to exceed _____ percent of the maximum amount indicated in the budget as set forth in the most recently approved Appendix B. If this payment is to be made, it will be due thirty calendar days, excluding legal holidays, after the later of either:

- ⊆ the first day of the contract term specified in the Initial Contract Period identified on the face page of the AGREEMENT or if renewed, in the PERIOD identified in the Appendix X, OR
- ⊆ if this contract is wholly or partially supported by Federal funds, availability of the federal funds;

provided, however, that a STATE has not determined otherwise in a written notification to the CONTRACTOR suspending a Written Directive associated with this AGREEMENT, and that a proper voucher for such advance has been received in the STATE's designated payment office. If no advance payment is to be made, the initial payment under this AGREEMENT shall be due thirty calendar days, excluding legal holidays, after the later of either:

- ⊆ the end of the first monthly/quarterly period of this AGREEMENT;
or
- ⊆ if this contract is wholly or partially supported by federal funds, availability of the federal funds:

provided, however, that the proper voucher for this payment has been received in the STATE's designated payment office.

B. No payment under this AGREEMENT, other than advances as authorized herein, will be made by the STATE to the CONTRACTOR unless proof of performance of required services or accomplishments is provided. If the CONTRACTOR fails to perform the services required under this AGREEMENT the STATE shall, in addition to any remedies available by law or equity, recoup payments made but not earned, by set-off against any other public funds owed to CONTRACTOR.

- C. Any optional advance payment(s) shall be applied by the STATE to future payments due to the CONTRACTOR for services provided during initial or subsequent PERIODS. Should funds for subsequent PERIODS not be appropriated or budgeted by the STATE for the purpose herein specified, the STATE shall, in accordance with Section 41 of the State Finance Law, have no liability under this AGREEMENT to the CONTRACTOR, and this AGREEMENT shall be considered terminated and cancelled.
- D. The CONTRACTOR will be entitled to receive payments for work, projects, and services rendered as detailed and described in the program workplan, Appendix D. All payments shall be in conformance with the rules and regulations of the Office of the State Comptroller.
- E. The CONTRACTOR will provide the STATE with the reports of progress or other specific work products pursuant to this AGREEMENT as described in this Appendix below. In addition, a final report must be submitted by the CONTRACTOR no later than ____ days after the end of this AGREEMENT. All required reports or other work products developed under this AGREEMENT must be completed as provided by the agreed upon work schedule in a manner satisfactory and acceptable to the STATE in order for the CONTRACTOR to be eligible for payment.
- F. The CONTRACTOR shall submit to the STATE monthly/quarterly voucher claims and reports of expenditures on such forms and in such detail as the STATE shall require. The CONTRACTOR shall submit vouchers to the State's designated payment office located in the _____.

All vouchers submitted by the CONTRACTOR pursuant to this AGREEMENT shall be submitted to the STATE no later than _____ days after the end date of the period for which reimbursement is being claimed. In no event shall the amount received by the CONTRACTOR exceed the budget amount approved by the STATE, and, if actual expenditures by the CONTRACTOR are less than such sum, the amount payable by the STATE to the CONTRACTOR shall not exceed the amount of actual expenditures. All contract advances in excess of actual expenditures will be recouped by the STATE prior to the end of the applicable budget period.

II. Progress and Final Reports

Organization Name: _____

Report Type:

A. Narrative/Qualitative Report

_____ (Organization Name) will submit, on a quarterly basis, not later than _____ days from the end of the quarter, a report, in narrative form, summarizing the services rendered during the quarter. This report will detail how the _____ (Organization) _____ has progressed toward attaining the qualitative goals enumerated in the Program Workplan (Appendix D).

(Note: This report should address all goals and objectives of the project and include a discussion of problems encountered and steps taken to solve them.)

B. Statistical/Quantitative Report

_____ (Organization Name) will submit, on a quarterly basis, not later than _____ days from the end of the quarter, a detailed report analyzing the quantitative aspects of the program plan, as appropriate (e.g., number of meals served, clients transported, patient/client encounters, procedures performed, training sessions conducted, etc.)

C. Expenditure Report

_____ (Organization Name) _____ will submit, on a quarterly basis, not later than _____ days after the end date for which reimbursement is being claimed, a detailed expenditure report, by object of expense. This report will accompany the voucher submitted for such period.

D. Final Report

_____ (Organization Name) _____ will submit a final report, as required by the contract, reporting on all aspects of the program, detailing how the use of grant funds were utilized in achieving the goals set forth in the program Workplan.

APPENDIX D

PROGRAM WORKPLAN (sample format)

A well written, concise workplan is required to ensure that the Department and the contractor are both clear about what the expectations under the contract are. When a contractor is selected through an RFP or receives continuing funding based on an application, the proposal submitted by the contractor may serve as the contract's work plan if the format is designed appropriately. The following are suggested elements of an RFP or application designed to ensure that the minimum necessary information is obtained. Program managers may require additional information if it is deemed necessary.

I. CORPORATE INFORMATION

Include the full corporate or business name of the organization as well as the address, federal employer identification number and the name and telephone number(s) of the person(s) responsible for the plan's development. An indication as to whether the contract is a not-for-profit or governmental organization should also be included. All not-for-profit organizations must include their New York State charity registration number; if the organization is exempt AN EXPLANATION OF THE EXEMPTION MUST BE ATTACHED.

II. SUMMARY STATEMENT

This section should include a narrative summary describing the project which will be funded by the contract. This overview should be concise and to the point. Further details can be included in the section which addresses specific deliverables.

III. PROGRAM GOALS

This section should include a listing, in an abbreviated format (i.e., bullets), of the goals to be accomplished under the contract. Project goals should be as quantifiable as possible, thereby providing a useful measure with which to judge the contractor's performance.

IV. SPECIFIC DELIVERABLES

A listing of specific services or work projects should be included. Deliverables should be broken down into discrete items which will be performed or delivered as a unit (i.e., a report, number of clients served, etc.) Whenever possible a specific date should be associated with each deliverable, thus making each expected completion date clear to both parties.

Language contained in Appendix C of the contract states that the contractor is not eligible for payment “unless proof of performance of required services or accomplishments is provided.” The workplan as a whole should be structured around this concept to ensure that the Department does not pay for services that have not been rendered.

APPENDIX X

Agency Code _____

Contract No. _____

Period _____

Funding Amount for Period _____

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through _____, having its principal office at _____ (hereinafter referred to as the STATE), and _____ (hereinafter referred to as the CONTRACTOR), for modification of Contract Number as amended in attached Appendix(ices)_____.

All other provisions of said AGREEMENT shall remain in full force and effect

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under this signatures.

CONTRACTOR SIGNATURE

STATE AGENCY SIGNATURE

By: _____

By: _____

Printed Name

Printed Name

Title: _____

Title: _____

Date: _____

Date: _____

State Agency Certification:

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

STATE OF NEW YORK)
County of _____) SS:

On the ___ day of _____ 20___, 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 corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary) _____

STATE COMPTROLLER'S SIGNATURE:

Title: _____

Date: _____

Attachment 2
Application Cover Sheet

Hospitals, nursing homes and certified home health agencies must complete this form using information from their operating certificates. Licensed home care services agencies must complete this form using information from their licenses.

Name of Applicant: (Must be identical to operating certificate or license name, including D/B/A if on operating certificate or license):

Operating Certificate Number: |_|_|_|_|_|_|_|_|_|_| PFI: |_|_|_|_|_| **OR**

License Number: |_|_|_|_|_|_|_|_|_|_|

Address on Operating Certificate or License: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Title of Application: _____

Name of Project Director: _____

Are staff who are at risk of injury during patient handling unionized? Yes No

If yes, name of union(s) and local(s): _____

NOTE: Failure to complete this question accurately will result in the application being disqualified.

Applicant is (check one): Not for profit Public Proprietary

Institutional Endorsement: This application has the full support and endorsement of the applicant's administrator, president or other individual with signatory authority:

Name: _____ Title: _____

Signature: _____ Date: _____

Complete this section only if applicable. List all additional nursing homes, hospitals and/or home care services agencies with whom applicant will be sharing grant funds or who will be participating in applicant's project. Use names exactly as they appear on operating certificates, including D/B/A if on Operating Certificate.

HOSPITAL, NURSING HOME OR HOME CARE AGENCY	OP. CERT. OR LICENSE NUMBER	PFI

Attachment 3
Table of Contents

<u>SECTION</u>	<u>PAGE NUMBER</u>
Cover Page	_____
Operating Certificate(s)	_____
Table of Contents	_____
Statement of Need	_____
Narrative Application	_____
Letter(s) of Union Support or Staff Support	_____
Work Plan	_____
Project Organization, Staffing and Management	_____
Key Individual Profiles	_____
Letters of Participation	_____
Resumes or Vita for Project Staff	_____
Vendor Responsibility Questionnaire	_____

Material Placed in a Separate Sealed Envelope

Budget
Budget Narrative

Attachment 4

Statement of Need

1 Provider Name (as on operating certificate) and Type (hospital, nursing home or home care agency)	2 Number of Admissions, Residents, or Home Care Patients in 2006	3 Number of lost Work Days Due to Patient Handling Injury in 2006	4 Number of Injured Patients or Residents for Column 3	5 Total Unduplicated Number of Reportable (to WC Board) or Recordable (OSHA/PESH) Incidents of Harm to Staff From Patient Handling in 2006

Attachment 5

Safe Patient Handling Committee Membership

You may duplicate and/or reproduce this form as needed. Use as much space as is needed to describe the committee member's relevant skills, education and experience. This form includes only a portion of the information that will be used to score applications on the quality of their safe patient handling committee. Be sure to respond in your application to the questions listed at end of this form.

1. Committee member's name: _____

Is this employee: direct care staff at risk of injury during patient handling
 administrative, supervisory or management staff
 maintenance staff

Relevant skills, education and experience: _____

2. Committee member's name: _____

Is this employee: direct care staff at risk of injury during patient handling
 administrative, supervisory or management staff
 maintenance staff

Relevant skills, education and experience: _____

3. Committee member's name: _____

Is this employee: direct care staff at risk of injury during patient handling
 administrative, supervisory or management staff
 maintenance staff

Relevant skills, education and experience: _____

In addition, describe the role that this committee will have in the project. What are its functions? What is its authority to address and remove barriers to the implementation of the proposed safe patient handling program? Where is it placed in the applicant's organizational chart? How will it communicate with the applicant's board of directors or executive staff? What will be expected to communicate to the board or to executive staff? Finally, describe how the safe patient handling committee will be integrated into the applicant's quality improvement process.

Attachment 6

Work Plan format

- Prepare a work plan for the entire two-year term of your proposed project.
- Describe tasks in sufficient detail to enable those who will be scoring your application to gauge how well you understand what must be done to implement your project, and in what order you need to complete the tasks. Be sure to include all project requirements and deliverables listed in Section IV of the RFA.
- Use month numbers in columns two and three, e.g., month 1, month 2, month 12, month 24, etc.
- In the “Responsible Person” column, list all key staff and organizations that are responsible for the task’s completion.
- In the last column, “How Will You Know That This Task Has Been Completed,” put the results of the task when it has been completed.

TASK	MONTH YOU WILL START WORKING ON THIS TASK	MONTH THIS TASK WILL BE COMPLETED	RESPONSIBLE PERSON(S) (include project staff, sub-contractors and consultants)	HOW WILL YOU KNOW THAT THIS TASK HAS BEEN COMPLETED?

Attachment 7
Application Budget Format

Category 1: Salaries

- Personnel whose salaries are paid in full or in part from grant funds and paid through the payroll of the applicant facility.
- Indicate how much of the individual's time, in terms of FTE, will be charged to grant budget.
- See Category 6 for contract personnel and consultants.

Name and Position on Project	FTE	Salary	Fringe	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Subtotal	_____	_____	_____	_____

Category 2: Travel

- Grant-related travel expenses only.
- See Category 6 for travel expenses related to sub-contracts.

Item	Budgeted Amount
_____	_____
_____	_____
_____	_____
_____	_____
Subtotal	_____

Category 3: Supplies

- Medical or non-medical supplies used as part of the grant project.
- See Category 6 for supply expenses related to sub-contracts.

Item	Budgeted Amount
_____	_____
_____	_____
_____	_____
_____	_____
Subtotal	_____

Category 4: Fixed and/or Moveable Capital Expense

- Includes renovation and construction.
- See Category 6 for equipment expenses related to sub-contracts.

Item	Budgeted Amount
_____	_____
_____	_____
_____	_____
_____	_____
Subtotal	_____

Category 5: Other

- Expenditures of grant funds which DO NOT pertain to one of the other expenditure categories, e.g., postage, photocopy, telephone.
- See Category 6 for other expenses related to sub-contracts.

Item	Budgeted Amount
_____	_____
_____	_____
_____	_____
_____	_____
Subtotal	_____

Category 6: Contracts

- Contracts with individuals and/or other licensed healthcare providers or organizations who will be paid grant funds.
- List each individual and/or organization separately.
- Complete a separate budget using this form for each individual or organization listed in this section.

Individual or Organization	Budgeted Amount
_____	_____
_____	_____
_____	_____
_____	_____
Subtotal	_____
Total	_____

ATTACHMENT 8

VENDOR RESPONSIBILITY ATTESTATION

To comply with the Vendor Responsibility Requirements outlined in Section VI, Administrative Requirements, H. Vendor Responsibility Attestation and Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.

- A hard copy Vendor Responsibility Questionnaire is included with this application and is dated within the last six months.

- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____