RFA# 1106031155
NYS Grants Gateway # DOH1-MUSEUM-2013

New York State Department of Health
and the
Empire State Stem Cell Board (ESSCB)
Request for Applications

Informal Stem Cell Science Education Programs

Release Date:	**July 30, 2014**
Questions Due:	**August 13, 2014**
Questions, Answers and Updates Posted (on or about):	**August 19, 2014**
Applications Due:	**September 17, 2014 by 5:00 pm**
DOH Contact Name & Address:	**Bonnie Jo Brautigam** **Extramural Grants Administration** **New York State Department of Health** **Wadsworth Center** **Empire State Plaza, Room C345** **PO Box 509, Albany NY 12201-0509** **(518) 474-7002** **stemadmin@health.state.ny.us**

NEW YORK
state department of
HEALTH

Howard A. Zucker, M.D., J.D.
Acting Commissioner of Health

Sue Kelly
Executive Deputy Commissioner

July 30, 2014

Dear Interested Party:

NYSTEM, a program of the New York State Department of Health, which administers stem cell research funding based on recommendations and advice from the Empire State Stem Cell Board (ESSCB), is hereby **soliciting applications** from science museums and science centers in New York State for funds ***to develop, implement and evaluate informal science education programs designed to educate diverse general audiences on the fundamental principles, potential benefits and challenges of stem cell science and research. Proposed use of the funds for other activities, including educational exhibits, scientific training or research, will not be considered.***

Today's science museums and science centers are not merely halls which display objects; their educational role goes far beyond the traditional function of mounting exhibits. These organizations have developed unique expertise in providing target audiences with a body of knowledge. Lecture series, web-based interactive programs and instruction, performances and expert-led discussion groups are among the methods currently in use to stimulate and educate curious students of all ages.
The ESSCB acknowledges that continued progress toward the development of stem cell-related therapies requires a knowledgeable public. Further, the ESSCB has observed that informal educational initiatives provide an opportunity to share understanding of stem cell science with diverse segments of society. In keeping with its desire to maximize the impact of its funding, the ESSCB strongly encourages the development of programs that can be widely shared via the internet and/or with other museums and science centers.

The amount of funding to be distributed through two-year contracts as a result of this solicitation is estimated at $4 million.

The information contained herein is provided for use in applying for the funds.

NOTE: For the purpose of determining eligibility and maximum level of support for this solicitation, "informal science education programs" includes educational exhibits but excludes scientific training or research. Nonetheless, funding available through this solicitation is not to be used to support educational exhibits, scientific training or research.

Eligible Organizations: Organizations that are eligible to apply include science museums and science centers incorporated and located within New York State that have been granted an Absolute Charter from the Board of Regents or charter via legislation, which conduct informal science education programs in fields related to biology for the general public (Attachment 1). Specifically excluded from the list of eligible organizations are those that focus on branches of the natural sciences that are unrelated to human, animal or plant biology. **One application will be accepted per eligible organization and eligible organizations may participate in only one application. If two or more applications are received, all applications in which that organization participates will be disqualified.**

Maximum Levels of Support: Two levels of support will be provided as follows:

(1) Eligible organizations that have received $500,000 or more in combined funding from the National Institutes of Health (NIH) and/or the National Science Foundation (NSF) since Federal Fiscal Year (FFY) 2008 for informal science education programs ***may apply for up to $250,000***.

(2) Eligible organizations that have received $0-499,999 in combined funding from the NIH and/or NSF since FFY 2008 for informal science education programs ***may apply for up to $50,000.***

Publicly available data were used to determine organizational eligibility to apply for these funds (results of the data analysis are replicated here as Attachment 1).

To Challenge Eligibility Data: An organization that wishes to challenge the data presented in Attachment 1 may provide supporting evidence in an appendix to the application as follows:

(1) Evidence of Absolute Charter from the Board of Regents or charter via legislation, subject to NYSTEM's confirmation by the Board of Regents.

(2) To be eligible for up to $250,000, include project abstracts and corresponding Notice(s) of Award from the NIH and/or NSF since FFY 2008 that total at least $500,000 for informal science educational programs related to human, animal or plant biology to the general public.

(3) To be eligible for up to $50,000, provide evidence of the provision of informal science education programs related to human, animal or plant biology to the general public since FFY 2008.

To Apply for Funds: The application forms and instructions, in Microsoft Word and Excel (Attachment 2) are posted with this solicitation and may be downloaded from http://www.health.ny.gov/funding/rfa/1106031155. ***Applications must be received via email attachment at stemadm@health.state.ny.us no later than 5:00pm, September 17, 2014.*** Late applications will not be considered for funding.

Allowable Use of Funds: Customary expenditures for the development, production, promotion, implementation and evaluation of informal educational programs (as defined and limited in the first paragraph of this letter) are allowed including: salaries, fringe benefits, supplies, equipment, travel, and publication/production costs. Facilities and administrative costs will be allowed at a rate of 20%

of modified total direct costs. Such costs will be included in the total amount of the award. Requests for no cost extensions of the contract term will not be considered.

Reporting Requirements: Contractors will be required to attend a NYSTEM-sponsored meeting or symposium during the term of the contract to share results and products with other organizations. Therefore, the application budget should include travel related expenses for this purpose. Semi-annual written progress reports will also be required. Forms and formats will be provided by NYSTEM.

Compliance Requirements: All activities performed with funds from this solicitation must be carried out in a manner that complies with all applicable federal and New York State laws and regulations.

All publications, abstracts, and posters resulting from the recipient's work funded by this solicitation shall include the following acknowledgement: "This (research/program) was supported by an award from the Empire State Stem Cell Board through the New York State Department of Health."

Applicants will be required to comply with all New York State requirements applicable to all contractors and enter into a contract that meets the approval of the New York State Office of the Comptroller and the New York State Office of the Attorney General.

Review of Applications: All applications will be reviewed by NYSTEM staff for mandatory administrative requirements and should include sufficient detail to demonstrate that:

(1) the proposed program is consistent with the purpose of the funds as stated in bold italics in the first paragraph of this letter of solicitation;

(2) the composition of the team includes a research scientist with a current appointment at an established research or academic institution within New York State who is listed as corresponding author on a publication that appeared in a peer-reviewed journal since 2007 which directly addresses a question related to stem cell biology; and

(3) the budget is well-justified.

In the event that the reviewers determine that a portion of the proposed program is ineligible for funding, NYSTEM will remove that portion from the workplan and adjust the budget accordingly. Following those adjustments, NYSTEM reserves the right to withhold a recommendation for funding based on its sole determination that the remaining educational program (after adjustments for ineligible portions) is insufficient to meet the purpose of the funds.

A review summary for each application will be provided to the ESSCB. Upon consideration of these summaries, the ESSCB will vote on each application and make award recommendations to the Commissioner of Health.

Any Resulting Contract: The workplan and budget approved by the Commissioner will be incorporated into the contract. The New York State Master Grant Contract will be utilized (see http://www.grantsreform.ny.gov/sites/default/files/docs/nys_master_contract_for_grants_42913.pdf). To expedite contract execution, NYSTEM advises the applicant to return the signed contract and

Vendor Responsibility Attestation (Attachment 3) immediately upon receipt of e-mail notification of the approved workplan and budget.

Any questions regarding this solicitation should be submitted in writing via e-mail to my attention at stemadm@health.state.ny.us.

Sincerely,

Bonnie Jo Brautigam
Director, Extramural Grants Administration

Enclosures – 3

NEW YORK STATE ELIGIBLE SCIENCE MUSEUMS OR SCIENCE CENTERS
(BASED ON COMBINED MINIMUM LEVELS OF FUNDING FROM NIH AND NSF SINCE 2008)

	Potentially Eligible for Up to $250,000	City	Website
1	American Museum of Natural History	New York	www.amnh.org
2	New York Hall of Science	Queens	www.nysci.org
	Potentially Eligible for Up to $50,000	**City**	**Website**
1	Brooklyn Children's Museum	Brooklyn	www.brooklynkids.org
2	Buffalo Museum of Science	Buffalo	www.sciencebuff.org
3	Children's Museum of History, Living History, Science and Technology	Utica	www.museum4kids.net
4	Children's Museum of Science and Technology	Troy	www.cmost.org
5	Children's Museum at Saratoga	Saratoga Springs	www.childrensmuseumatsaratoga.org
6	Explore and More Children's Museum	Aurora	www.exploreandmore.org
7	Children's Museum of Manhattan	New York	www.cmom.org
8	Discovery Center of the Southern Tier	Binghamton	www.thediscoverycenter.org
9	Mid-Hudson Children's Museum	Poughkeepsie	www.mhcm.org
10	Long Island Children's Museum	Garden City	www.licm.com
11	Milton J. Rubenstein Museum of Science & Technology (AKA: The Discovery Center of Science & Technology)	Syracuse	www.most.org
12	New York Botanical Garden	Bronx	www.nybg.org
13	New York State Museum	Albany	www.nysm.nysed.gov
14	NY Academy of Sciences	New York	www.nyas.org
15	Rochester Museum and Science Center	Rochester	www.rmsc.org
16	Science Museum of Long Island	Plandome	www.smli.org
17	Sciencenter (Discovery Museum)	Ithaca	www.sciencenter.org
18	Sci-Tech Center of Northern New York	Watertown	www.scitechcenter.org
19	Scotia-Glenville Children's Museum	Scotia	www.travelingmuseum.org
20	Staten Island Children's Museum	Staten Island	www.statenislandkids.org
21	Wildlife Conservation Society	Bronx	www.wcs.org
22	World Awareness Children's Museum	Glens Falls	www.worldchildrensmuseum.org

Attachment 2
Application Forms and Instructions

Submission:

Applications must be received via email attachment at stemadm@health.state.ny.us no later than 5:00pm, September 17, 2014. Late applications will not be considered for funding. **ALL APPLICATIONS SHOULD USE THE FORMS AND FORMATS PRESCRIBED BELOW.**

Digital files should not exceed 12 MB each and should not be password protected.
The submission must include the following:

- Application Forms 1-2 as a *single* Microsoft Word (DOC or DOCX) file
- Application Form(s) 1-S as *separate* DOC or DOCX file(s) (omit Form 1-S if there are no sub-applicants included in the application)
- Application Form(s) 3 as a *single* Microsoft Excel workbook (XLS or XLSX) file – one file for the applicant and one for each sub-applicant
- The entire application, including the ***signed*** Form 1 and Form 1-S where applicable, Forms 2-5 and all required supporting documentation and appendix material as a *single* Portable Document Format (PDF) file.

Information submitted is subject to the Freedom of Information Law (FOIL) (New York State Public Officers' Law, Article 6, Sections 84 to 90). To the extent permitted by law, an application will not be disclosed, except for purposes of evaluation, prior to approval by the Comptroller of the resulting contract. All material submitted becomes the property of the Department and may be returned at the Department's discretion. Submitted applications may be reviewed and evaluated by any person designated by the Department, other than one associated with a competing applicant. Any information supplied by an applicant, which is believed to be exempt from disclosure under FOIL, will be clearly marked and identified as such upon submission by the applicant. Marking the information as “confidential” or “proprietary” on its face or in the document header or footer shall not be sufficient without specific explanation of the basis for the claim of exemption from disclosure. Acceptance of the claimed materials by the Department does not constitute a determination on the exemption request. A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL in accordance with statutory procedure.

Each content section described below should be provided in the application.

Applicant Face Page – Form 1

Project Title. The title should describe the focus or purpose of the proposed program.

Application Type. This box should read “Informal Public Education.”

RFA #: This box should read ‘1106031155.’

NYSTEM Application Number. For NYSTEM USE ONLY; do not enter any data in this field.

Program Director. Provide the information requested. The Program Director (PD) is the individual designated by the applicant organization within New York State who is responsible for planning, coordinating and implementing all aspects of the workplan if an award is made. The PD will act as liaison between the awarded organization and NYSTEM, and be required to fulfill technical reporting requirements and submit any revised budgets co-signed by an authorized organizational representative.

Co-Program Director (optional). If the Co-PD is from the applicant organization, provide the information requested for the Co-PD. If the organizational affiliation of the Co-PD is different from that of the PD, do not list him/her on the Applicant Face Page; complete a separate Face Page for each Co-PD (see Form 1-S, below). **NOTE:** A Co-PD shares responsibility with the PD for oversight of the entire project; a co-director may be responsible for a specific component of the project.

Type of Organization. Select the appropriate choice from the dropdown box (Governmental or Not-for-Profit).

NYS Vendor ID Number. Enter the applicant organization's 10-digit Vendor ID number assigned by the New York State Office of the State Comptroller.

Charities Registration Number. Enter the 6-digit New York State Charities Registration Number. If the state Office of the Attorney General determined that the organization is exempt based on its CHAR410 Series, Schedule E filing, indicate the approved exemption category in the space provided. For more information on registration numbers, see http://www.charitiesny.com or telephone the Office of the Attorney General at 212-416-8402. Additional information can also be found at: http://www.osc.state.ny.us/agencies/gbull/g-79.htm.

Project Start and End Dates. Record the anticipated project duration of July 1, 2015 through June 30, 2017.

Year One Grand Total Costs. Enter Year One Grand Total Costs from Form 3, Line 14. This figure includes direct and F&A costs for the applicant and all sub-applicants.

Grand Total Costs (all years). Enter the Grand Total Costs (all years) from Form 3, Line 14. This figure includes direct and F&A costs for the applicant and all sub-applicants.

New York State Applicant Organization. Enter the legal name and address of the applicant organization/contracting entity.

Performance Sites. List all sites (organization and location) where the work described will be performed.

Contracts and Grants Official. Provide the information requested. This individual will be notified in the event of an award.

Official Signing for Applicant Organization. Provide the name and contact information for the individual authorized to act for the applicant organization. This individual will be responsible for administration and fiscal management of the contract should an award be made. **Note:** This individual typically is not the PD.

Certifications and Assurance. Prior to award recommendation, the PD, Co-PD (if from the same institution) and organizational official are required to sign and date the form. Signatures denote the following: certification that the statements herein are true and complete to the best of the signatories' knowledge; certification that the organization is eligible to apply and has the capability to conduct and administer the program; and, agreement to comply with the terms and conditions of any contract awarded as a result of this application.

Reminder: A separate face page will need to be completed, signed and dated for the applicant organization and each sub-applicant organization participating in the project.

Sub-applicant Face Page – Form 1-S

Project Title. The title should describe the focus or purpose of the proposed subproject.

Application Type. This box should read "Informal Public Education."

RFA #: This box should read '1106031155.'

Program Director. Provide the information requested. The sub-applicant PD is the individual designated by the sub-applicant organization responsible for planning, coordinating and implementing the subcontracted portion of the project if a subaward is made. The sub-applicant PD will act as liaison with the applicant PD and be required to fulfill technical reporting requirements of the subcontract and submit any revised budgets co-signed by an authorized organizational representative. If this individual is also considered to be the Co-PD of the overall application to NYSTEM, also check the 'Overall Project Co-PD' box.

Co-Program Director (optional). If a Co-PD from the sub-applicant organization is designated, provide the information requested for the Co-PD of the sub-applicant. The Co-PD and the sub-applicant organization's authorized agent should sign the form on which his/her name appears. **NOTE:** A Co-PD shares responsibility with the PD for oversight of the entire project; a co-director may be responsible for a specific component of the project.

Type of Organization. Select the appropriate choice from the dropdown box (Governmental, Not-for- Profit, For Profit).

Federal Employer Identification Number. Enter the sub-applicant organization's nine-digit Internal Revenue Service employer identification number.

Charities Registration Number. Enter the 6-digit New York State Charities Registration Number. If the state Office of the Attorney General determined that the organization is exempt based on its CHAR410 Series, Schedule E filing, indicate the approved exemption category in the space provided. For more information on registration numbers, see http://www.charitiesny.com or telephone the Office of the Attorney General at 212-416-8402. Additional information can also be found at: http://www.osc.state.ny.us/agencies/gbull/g-79.htm.

Project Start and End Dates. Enter the anticipated project duration for the subcontract.

Year One Grand Total Costs. Enter Year One Grand Total Costs from Form 3, Line 14. This figure includes direct and F&A costs for the sub-applicant.

Grand Total Costs (all years). Enter the Grand Total Costs (all years) from Form 3, Line 14. This figure includes direct and F&A costs for the sub-applicant.

Sub-applicant Organization. Enter the legal name and address of the sub-applicant organization/ contracting entity.

Contracts and Grants Official. Provide the information requested. This individual will be notified in the event of a subaward.

Official Signing for Sub-applicant Organization. Provide the name and contact information for the individual authorized to act for the sub-applicant organization. This individual will be responsible for administration and fiscal management of the subcontract should an award be made. **Note:** This individual typically is not the sub-applicant PD.

Program Director and Co-PD Certification and Assurance. Prior to award recommendation, the sub-applicant PD is required to sign and date the form and the sub-applicant Co-PD, if from the same organization, is also required to sign and date the form.

Organization Certification and Acceptance. Prior to award recommendation, the organizational representative of the sub-applicant is required to sign and date the form certifying compliance with all applicable assurances and certifications referenced in this RFA.

Reminder: A separate face page will need to be completed, signed and dated for the applicant organization and each sub-applicant organization participating in the project.

Lay Abstract – Form 2

Provide a summary of the proposed education program in non-technical terms; limit to 300 words. This information will be excerpted and edited for use in various public documents. Do not include confidential information. Specifically, provide an Introduction/Background, a Summary of Goals and Objectives, and describe the target audience(s).

Budget and Justification – Form 3

Form 3 is fillable as a Microsoft Excel workbook. Complete a Form 3 workbook for the applicant organization. In addition, complete a separate Form 3 workbook for each sub-applicant organization (e.g., an application with two sub-applicants will submit a total of three Form 3 files). The applicant budget should be submitted as one Excel file named with the organization name. Sub-applicant budgets should each be submitted as one Excel file named with the sub-applicant organization name. All budget forms should also be submitted as a single PDF file. **Please note that it is the responsibility of the applicant to expand the cells as necessary for the complete justification to be legible to reviewers after preparing the PDF file for the budget.**

The workbook is formatted with the proper formulas and will print all pages of budget forms from one spreadsheet (tab labeled 'TOTAL BUDGET'). The SUMMARY page will auto-populate when the budget detail pages are completed. As the TOTAL BUDGET tab is completed, budget line items and dollar amounts will auto-populate on the JUSTIFICATION tab. A complete justification should be entered for each budget line.

Request funds appropriate for cost-effective performance of the proposed project. Budgets must be developed and managed in accordance with appropriate accounting standards for the organization including, but not limited to, applicable Circulars from the federal Office of Management and Budget (OMB) (see NYS Master Grant Contract, Appendix A-1). Record the amount requested for each category, subtotal and total.

Care should be taken to record the true budgetary needs of the application. Proposed budgets are expected to incorporate cost of living increases and other reasonably-anticipated adjustments that may be necessary throughout the contract term. **Note: Requests for budget modifications** (to move funds between Personal Service and Non-Personal Service budget categories) **and no cost extensions** (to extend the termination date of the contract) **will not be considered** for these contracts. Thus, it is of critical importance that the application budget is prepared accurately and the scope of work can clearly be accomplished within the stated contract term.

No funds shall be directly or indirectly utilized for research involving human reproductive cloning. Patient care is not an allowable expense. Funds awarded by this program may not be used to supplant or duplicate other existing support for the same work (also see NYS Master Grant Contract, Standard Terms and Conditions, Paragraph III.C., Claims for Reimbursement regarding duplicate reimbursement and replacement funds). Ineligible budget items will be removed from the budget prior to contracting; the budget amount requested will be reduced to reflect the removal of the ineligible items.

Allowable Expenses of the Applicant and Sub-applicants

1. Personal Services

   Salaries are to be paid according to established institutional policies and proportional to the percent of expended professional effort. Fringe benefits may be requested in accordance with institutional

guidelines for each position, provided such benefits are applied consistently by the applicant institution as a direct cost to all sponsors. Maximum salary is limited to $199,700 in each budget year and is not adjustable as the federal salary cap changes. Provide the information requested for all staff positions assigned to the project, regardless of whether financial support is requested. Insert additional lines as necessary.

2. Non-Personal Services
   Support may be requested for:
   - Contractual Services (subcontracts)
   - Equipment
   - Travel
   - Operating expenses (supplies, consumables)
   - Other Expenses
     - ❖ Communication Costs
     - ❖ Publication/Production Costs
     - ❖ Consultants
     - ❖ Facilities and Administrative Costs (see below)

3. Facilities and Administrative Costs

   F&A support is limited to a maximum of 20 percent of modified total direct costs. Modified total direct costs are defined as "all salaries and wages, fringe benefits, materials and supplies, services, travel, and subgrants and subcontracts up to the first $25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Equipment, capital expenditures, charges for patient care and tuition remission, rental costs, scholarships and fellowships, as well as the portion of each subgrant and subcontract in excess of $25,000 shall be excluded from modified total direct costs."

   If an award is made, F&A costs will be re-calculated from recommended and approved budget amounts. F&A costs will be calculated as the lower of the RFA-specified percentage of modified total direct costs or the amount recovered using the institution's current DHHS F&A rate. A copy of the DHHS F&A rate agreement should be included in the application appendix. In the absence of a DHHS agreement, an equivalently documented rate for the organization may be used. Sub-applicant F&A costs are likewise limited and are included in the primary applicant's direct costs.

Justification
On the second sheet/tab of Form 3, provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Workplan. Justify funding for each budget line and associate it with the appropriate Workplan Objective. Identify matching funds provided as appropriate for each budget line. Budget lines that are not well-justified may be decreased or disallowed during the review and award process.

Starting with personnel, **fully justify** amounts requested in each budget category and budget line. Regardless of whether financial support is requested, describe and substantiate the roles and essential contributions to the project of the PI and other staff involved in the project. In addition, provide a **detailed** justification for each 'Non Personal Service' (e.g., travel, supplies and other expenses).

Biographical Sketch – Form 4

Provide two-page biographical sketches for **all key personnel** listed on each Form 3, including collaborators and consultants. Start with the Program Director, Co-Program Director, Co-Director, and then include remaining key personnel in alphabetical order using additional copies of Form 4. **NOTE:** The

composition of the team must include a scientist with demonstrated knowledge of stem cell biology as defined on page 3 of the letter of solicitation, item #2.

Workplan – Form 5

The content of Form 5 will be included in any awarded contract; therefore, it should be sufficiently detailed to allow monitoring of progress toward project goals. The Workplan should present information in sufficient detail to convey clearly and concisely to reviewers that the proposed program:

- is consistent with the purpose of the funds (as stated in bold italics in the first paragraph of the letter of solicitation)
- is feasible given the approach to be used, the scope of the program and the past experience of the applicant organization
- will present any ethical, legal and social issues in an unbiased manner
- will develop teamwork strategy and best utilize available resources to enhance the likelihood of the program's success.

Summary Page: Enter the requested information at the top of the Summary Page. Paste the text from the Lay Abstract (Form 2) into the box on the Summary Page.

Detail Page: On the Detail Page, list the goals of the program in the column labeled Objective. List each Task required to meet the objective(s) in the column labeled Tasks. Add rows as necessary. Within each Task row, briefly summarize the rationale and explain clearly how the Tasks will facilitate the program goals. Provide sufficient detail to allow monitoring of progress toward program goals. Do not type any information in the column labeled Budget Category/Deliverable. In the Performance Measures column, identify the expected outcome(s) and expected date of completion for each Task.

Include the Workplan narrative below the table. Do not exceed 5 pages for Sections a-d.

a) Program Goals and Target Audience
Describe the specific educational goals and the target audience(s) to be reached through the program. Describe the subject and focus of the proposed stem cell science education program. Describe the relationship of the program to the mission and other programs of the applicant organization.

b) Significance of the Program to this Population
Describe how attaining these goals will advance the knowledge of the target audience.

c) Background and Previous Efforts
Discuss similar successful efforts undertaken previously. Briefly outline how they were evaluated and what made them successful.

d) Approach to be Used for this Program
Describe the specific educational approach to be used for this program. Discuss the approach that will be used to develop content, implement, publicize and/or distribute and evaluate the program. Describe the relationship between the expertise and experience of each team member to their role in the project. Information provided should convey the applicant's understanding of the strengths and limitations of the proposed program design and convince reviewers that this approach and this team are the most effective. Discuss alternative approaches, as appropriate. Ensure that important supporting information is presented in sufficient detail to enable reviewers to assess its quality and relevance.

NOTE: Applicants proposing to touch upon ethical, legal and social issues should clearly indicate the means by which the public will obtain a fair and balanced view of the issues.

e) Literature Cited

References are not counted against Workplan page limitations, and the number of references is not restricted. However, applicants are urged to select references that comprehensively reflect the relevant literature. Provide complete citations to references.

Appendix Material

Appendices should include letters of commitment from each proposed consultant/subcontractor that specifically detail the scope of the work that they intend to provide toward completion of the proposed workplan.

For each similar/comparable informal science education program previously provided since FFY 2008, include a brief program description (abstract), final cost analysis with budget line detail, and supplemental materials pertinent to the program. **This information will be used to support the feasibility and budget of the proposed program, as well as the ability to present an unbiased approach to sensitive issues.**

Appendix Material Required to Challenge Eligibility Data

An organization that wishes to challenge the data presented in Attachment 1 **must** provide supporting evidence in an appendix to the application as follows:

(1) If the applicant organization name **does not appear on Attachment 1,** provide evidence of current Absolute Charter from the Board of Regents or Charter via Legislation status. This evidence is subject to confirmation by the Board of Regents. Also provide evidence of the provision of informal science education programs related to human, animal or plant biology to the general public since FFY 2008. **NOTE: If the applicant organization name does not appear on Attachment 1 and this evidence is not provided, the application will be disqualified.**

(2) If the applicant organization wishes to demonstrate eligibility for up to $250,000, project abstracts and corresponding Notice(s) of Award from the NIH and/or NSF since FFY 2008 that total at least $500,000 for informal science educational programs related to human, animal or plant biology to the general public must be submitted. **NOTE: If this evidence is not provided and the proposed budget exceeds $50,000 the application will be disqualified.**

USE OF THE FOLLOWING FORMS IS REQUIRED

APPLICATION FORMS 1 – 5 and FORM 1-S

Form 1 – Applicant Face Page

Project Title:		
Application Type: Informal Public Education	RFA #: 1106031155	NYSTEM Application #: ***(for NYSTEM use only)***

Program Director: Last Name, First Name, Middle Initial, Degree(s)	Co-Program Director: Last Name, First Name, Middle Initial, Degree(s) ***(If different organization, do not complete this section – requires sub-applicant face page, Form 1-S)***
, , ,	, , ,
Organization:	Organization:
Department:	Department:
Mailing Address (Street, MS, P.O. Box, City, State, Zip):	Mailing Address (Street, MS, P.O. Box, City, State, Zip):
Street 1 Street 2 City State NY Zip	Street 1 Street 2 City State NY Zip
Phone: Fax:	Phone: Fax:
E-mail:	E-mail:

Type of Organization:					
NYS Vendor ID #:			Charities Registration Number (or "Exempt category"):		
Project Start/End:	-	Year One Grand Total Costs:		Grand Total Costs:	

New York State Applicant Organization:	Performance Sites:
Mailing Address: Street 1 Street 2 City State NY Zip	
Contracts and Grants Official:	Official Signing for the Organization:
Last Name First Name Title	Last Name First Name Title
Mailing Address:	Organization Name and Mailing Address:
Street 1 Street 2 City State NY Zip	Name Street 1 Street 2 City State NY Zip
Phone: Fax:	Phone: Fax:
E-mail:	E-mail:

CERTIFICATIONS AND ASSURANCE: Prior to award recommendation, the PD, Co-PD (if from the same organization) and the organizational official are required to sign and date this form. Signatures denote the following: certification that the statements herein are true and complete to the best of the signatories' knowledge; certification that the organization is eligible to apply and has the capability to conduct and administer the program; and agreement to comply with the terms and conditions of any contract awarded as a result of this application.

SIGNATURES OF PROGRAM DIRECTOR and CO-PD:

X DATE:

X DATE:

SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION:

X DATE:

Form 1-S Sub-Applicant Face Page

Project Title:							
Application Type: Informal Public Education				RFA #: 1106031155			
Project Director: Last Name, First Name, Middle Initial, Degree(s)				Co-Project Director: Last Name, First Name, Middle Initial, Degree(s)			
, , ,		Overall Project Co-PD? ☐		, , ,			
Institution:				Institution:			
Department:				Department:			
Mailing Address (Street, MS, P.O. Box, City, State, Zip):				Mailing Address (Street, MS, P.O. Box, City, State, Zip):			
Street 1 Street 2 City State Zip				Street 1 Street 2 City State Zip			
Phone:		Fax:		Phone:		Fax:	
E-mail:				E-mail:			
Type of Organization:							
Federal Employer ID # (9 digits):				Charities Registration Number (or "Exempt category"):			
Project Start/End:	-	Year One Grand Total Costs:			Grand Total Costs:		
Sub-applicant Organization:				Performance Sites:			
Mailing Address:							
Street 1 Street 2 City State Zip							
Contracts and Grants Official:				Official Signing for the Organization:			
Last Name First Name Title				Last Name First Name Title			
Mailing Address:				Organization Name and Mailing Address:			
Street 1 Street 2 City State Zip				Name Street 1 Street 2 City State Zip			
Phone:		Fax:		Phone:		Fax:	
E-mail:				E-mail:			
CERTIFICATION AND ASSURANCE: Prior to award recommendation, the sub-applicant PD and organizational official are required to sign and date this form. Signatures denote the following: certification that the statements herein are true and complete to the best of the signatories' knowledge and agreement to comply with the terms and conditions of any subcontract awarded as a result of this application.							
SIGNATURES OF SUB-APPLICANT PROGRAM DIRECTOR and CO-PD:							
X						DATE:	
X						DATE:	
SIGNATURE OF THE OFFICIAL SIGNING FOR THE SUB-APPLICANT ORGANIZATION:							
X						DATE:	

Form 2 – Lay Abstract

Form 3 – Budget and Justification

EXPENDITURE BASED BUDGET

SUMMARY

PROJECT NAME: _____

CONTRACTOR SFS PAYEE NAME: _____

BUDGET YEAR From: _____

To: _____

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

EXPENDITURE BASED BUDGET

PERSONAL SERVICES DETAIL

SALARY					
POSITION TITLE	**ANNUALIZED SALARY PER POSITION**	**STANDARD WORK WEEK HOURS**	**PERCENT OF EFFORT FUNDED**	**NUMBER OF MONTHS FUNDED**	**TOTAL**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
				Subtotal	
FRINGE - TYPE/DESCRIPTION					
				PERSONAL SERVICES TOTAL	

EXPENDITURE BASED BUDGET

NON-PERSONAL SERVICES DETAIL

CONTRACTUAL SERVICES - TYPE/DESCRIPTION	TOTAL
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	

TRAVEL - TYPE/DESCRIPTION	TOTAL
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	

EXPENDITURE BASED BUDGET

EQUIPMENT - TYPE/DESCRIPTION	TOTAL
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
SPACE/PROPERTY EXPENSES: RENT - TYPE/DESCRIPTION	**TOTAL**
1.	
2.	
TOTAL	
SPACE/PROPERTY EXPENSES: OWN - TYPE/DESCRIPTION	**TOTAL**
1.	
2.	
TOTAL	
TYPE/DESCRIPTION OF UTILITY EXPENSES	**TOTAL**
1.	
2.	
3.	
TOTAL	

EXPENDITURE BASED BUDGET

OPERATING EXPENSES - TYPE/DESCRIPTION	TOTAL
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	

OTHER - TYPE/DESCRIPTION	TOTAL
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	

PROJECT NAME: _____

CONTRACTOR SFS PAYEE NAME: _____

CONTRACT PERIOD: From: **xx/xx/xxxx**

To: **xx/xx/xxxx**

CATEGORY OF EXPENSE	BUDGETED	JUSTIFICATION
1. Personal Services		
a) Salary		
1. 0	$0	
2. 0	$0	
3. 0	$0	
4. 0	$0	
5. 0	$0	
6. 0	$0	
7. 0	$0	
8. 0	$0	
9. 0	$0	
10. 0	$0	
b) Fringe		
Personal Services Subtotal	**$0**	
2. Non Personal Services		
a) Contractual Services		
1. 0	$0	
2. 0	$0	
3. 0	$0	
b) Travel		
1. 0	$0	
2. 0	$0	
3. 0	$0	

c) Equipment		
1. 0	$0	
2. 0	$0	
3. 0	$0	
d) Space/Property & Utilities		
Rent		
1. 0	$0	
Own		
1. 0	$0	
Utilities		
1. 0	$0	
e) Operating Expenses		
1. 0	$0	
2. 0	$0	
3. 0	$0	
f) Other		
1. 0	$0	
2. 0	$0	
3. 0	$0	
4. 0	$0	
Non Personal Services Subtotal	**$0**	
TOTAL	**$0**	

Form 4 – Biographical Sketch

NAME	**POSITION/TITLE**		
EDUCATION/TRAINING (Begin with baccalaureate or other professional education, and include postdoctoral training)			
INSTITUTION AND LOCATION	**DEGREE**	**YEAR(s)**	**FIELD OF STUDY**

A. Positions and Honors.

B. Selected peer-reviewed publications or manuscripts in press (in chronological order) from a total of _____.

WORK PLAN – Form 5
SUMMARY

PROJECT NAME: _____

CONTRACTOR SFS PAYEE NAME: _____

CONTRACT PERIOD: From: _____

To: _____

Provide an overview of the project including goals, tasks, desired outcomes and performance measures:

WORK PLAN – Form 5
DETAIL

OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES
1:		a.	i.
			ii.
			iii.
		b.	i.
			ii.
			iii.
		c.	i.
			ii.
			iii.

Workplan Narrative

Attachment 3
Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements, I hereby certify:

Choose one:

☐ An on-line Vender 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:_____

Revised: 5/2013