

RFA # 15-04100252

**New York State Department of Health
Center for Health Care Facility Planning, Licensure and Finance
Bureau of Health Care Facility Finances**

**Request for Applications
Capital Restructuring Financing Program**

KEY DATES

Release Date:	April 10, 2015
Applications Due:	May 6, 2015
DOH Contact Name & Address:	CRFP@health.ny.gov

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I. Introduction

The New York State Department of Health (“DOH”) and the Dormitory Authority of the State of New York (“DASNY”) announce the availability of funds under the Capital Restructuring Financing Program (the “CRFP”), a new State of New York capital grant program established pursuant to Section 2825 of the Public Health Law (the “PHL”). A total of \$1.2 billion is expected to be available for capital projects to enhance the quality, financial viability and efficiency of the health care delivery system in New York State (the “State”) by transforming the system into a more rational patient-centered care system that promotes population health and improved well-being for all New Yorkers. Applications received under this announcement will be reviewed on a competitive basis and evaluated against criteria set forth in this Request for Applications (“RFA”).

The 2014-15 State budget authorized the establishment of the CRFP to allow DOH and DASNY, in consultation with the Office of Mental Health (“OMH”), the Office for People with Developmental Disabilities (“OPWDD”) and the Office of Alcoholism and Substance Abuse Services (“OASAS”), to make awards totaling up to \$1.2 billion to support capital projects to help strengthen and promote access to essential health services, including projects to improve infrastructure, promote integrated health systems, and support the development of additional primary care capacity.

A. Delivery System Reform Incentive Payment (“DSRIP”) Program Background

DSRIP is the main mechanism by which New York State will implement the Medicaid Redesign Team (“MRT”) waiver amendment (the “Waiver Amendment”). Established by Governor Cuomo in January 2011, the MRT brought together stakeholders and experts from throughout the State to work cooperatively to reform the State’s health care system and reduce costs. The MRT was charged with developing ways to address underlying health care cost and quality issues in New York’s Medicaid program, to craft a first year Medicaid budget proposal, and to develop a multiyear reform plan.

The Waiver Amendment is an agreement between the State and the Federal government that allows the State to reinvest \$8 billion of the \$17.1 billion in federal savings generated by MRT reforms by implementing an action plan to transform the State’s health care system, lower costs, increase access to quality care, and develop a sustainable health care service delivery model. Up to \$6.42 billion of the \$8 billion has been allocated to the DSRIP program with payments based upon achieving predefined results in system transformation, clinical management and population health.

B. DSRIP Program Goals

The principal objectives of the DSRIP program are to:

- Improve population health.
- Support transformational change to the healthcare delivery system
- Reduce costs of health care services.
- Increase access to appropriate and high quality health care for all New Yorkers.
- Reduce avoidable hospital use and improve other health and public health measures at

- both the system and the State level.
- Ensure that delivery system transformation continues beyond the waiver period through leveraging managed care payment reform.
 - Preserve essential safety net providers across the State, and
 - To the extent permitted by the federal Centers for Medicare and Medicaid Services (“CMS”), encourage widespread participation throughout the State in the DSRIP program.

The overall goal of the DSRIP program is to reduce avoidable hospital use by 25% over a five year period by transforming the State’s health care system into a financially viable, high performing system that will preserve essential safety net providers and increase access to high-quality health care for all New Yorkers. To accomplish this goal, the DSRIP program will focus on the provision of high quality, integrated primary, specialty and behavioral health care in the community setting with hospitals used primarily for emergent and tertiary levels of services. Further information on DSRIP is available at www.health.ny.gov/dsrip. CRFP grants will be awarded to capital projects that further these objectives.

C. Capital Restructuring Financing Program (“CRFP”)

Section 2825 of the PHL and Section 1680-r of the Public Authorities Law establish a new \$1.2 billion Capital Restructuring Financing Program (“CRFP”) to provide applicants with capital grants to support eligible capital projects (as described below in Section III) that are expected to deliver high quality, patient-centered health care services in appropriate settings to people in their communities, and to support the transformation of the health care delivery system from a fee-for-service system to a value-based system.

Individual CRFP applications from organizations participating in the DSRIP program, intending to enter directly into the Master Grant Contract (“MGC”) with DOH and be the legal or beneficial owner of a capital project, must be submitted by the lead of the entity’s PPS under Process A, as defined in Section IV of this RFA.

Organizations **not** participating in DSRIP will submit applications individually under Process B, as defined in Section IV of this RFA

In either process, the individual applicant must meet all eligibility criteria set forth in Section II of the RFA, and must demonstrate how the proposed CRFP project will assist in meeting the DSRIP Program Goals described in Section I[B] of the RFA.

All qualifying CRFP applications are expected to be reviewed and scored by DOH and DASNY in accordance with the criteria set forth in PHL Section 2825[3][b][ii] below). Qualifying applications will also be reviewed by the Advisory Panel established pursuant to PHL Section 2807[20][b], prior to determination of award by the Commissioner of DOH and the President of DASNY, in consultation with the Commissioners of OMH, OPWDD and OASAS.

To further support the priorities and goals of the DSRIP program, PHL Sections 2807(20)(e) and (21)(e) authorize DOH, OMH, OASAS and OPWDD to waive certain regulatory requirements for DSRIP projects and capital projects that are associated with DSRIP projects to avoid duplication of requirements and to allow the efficient implementation of the proposed project. All waiver requests are to be filed in accordance with DSRIP procedures. However, regulations

pertaining to patient safety may not be waived and no regulation may be waived if such waivers would risk patient safety. Such waivers are limited to the life of the project or such shorter time period as the authorizing commissioner may determine. Quarterly reports identifying regulatory waivers will be sent to the Legislature and made public.

II. Who May Apply

A. Minimum Eligibility Criteria

Applicants must be legally existing organizations capable of entering into a MGC with DOH. The minimum eligibility requirements for entities responding to this RFA have been established in accordance with PHL §2825[2][a] which specifically identifies the following types of eligible provider organizations:

- General hospitals;
- Residential health care facilities;
- Diagnostics and treatment centers;
- Clinics licensed pursuant to the PHL or the Mental Hygiene Law (“MHL”);
- Assisted living providers;
- Primary care providers;
- Home care providers certified or licensed under PHL Article 36;
- Provider organizations which hold operating certificates issued by the DOH, OMH, OPWDD and OASAS; and
- OMH clinic programs, Intensive Psychiatric Rehabilitation, Treatment Programs, Continuing Day Treatment Programs, Day Treatment Programs, and Personalized Recovery Oriented Service Programs.

All applicants seeking CRPF funding must be deemed an eligible provider or licensed practitioner of New York State. All applicants should submit proof of eligibility as part of their Technical Proposal.

B. Preferred Eligibility Criteria

- Applicants committing matching funds to the proposed project;
- Applicants with projects that demonstrate transformational change to the health care delivery system from a fee-for-service system to a value based system; and
- Applicants who demonstrate significant financial need.

Each recipient of CRFP funding will be responsible for complying with the requirements of this RFA and the MGC, submitting certified vouchers for reimbursement, and for verifying that grant funds are expended in accordance with the MGC.

III. What May Be Funded

A. Eligible Capital Projects

Eligible Capital Projects to be funded under this RFA include, but are not limited to:

1. Capital projects that support development of primary care service capacity (including primary care services co-located with outpatient behavioral health care services, consistent with any applicable Federal requirements);
2. Asset acquisitions;
3. Capital projects that support consolidation of service lines among providers;
4. Improvements to infrastructure;
5. Capital projects that support closures, mergers, and/or restructurings;
6. Capital projects that support development of tele-health infrastructure;
7. Capital projects that support development of coordinated co-located ambulatory care services including primary care, specialty care, surgery, urgent care, and diagnostic imaging;
8. Capital projects leading to integrated delivery systems that strengthen and protect continued access to essential health care services; and
9. Other transformational capital projects which further DSRIP Program Goals as described in Section I[B].

In addition, Eligible Capital Projects must meet the requirements for a “capital work or purpose”, as discussed in Section IV[C] below, and must have Eligible Expenses as described in Section III[B] below.

B. Eligible and Excluded Expenses and Disallowed Costs

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

- The planning or design of the acquisition, construction, demolition, replacement, major repair or renovation of a fixed asset or assets, including the preparation and review of plans and specifications including engineering and other services;
- Construction costs;
- Renovation costs;
- Asset acquisitions; and
- Equipment costs, including capital costs for health information technology.

Excluded Expenses include, but are not limited to:

- Personnel costs;
- Supplies and non-capital equipment;
- Utilities;
- General operating costs, including operating costs associated with tele-medicine programs;

- Working capital, including pay down of liabilities;
- Loans, including loans into an investment account in connection with a tax credit structure, and other debt obligations, including annual debt service and/or debt retirement;
- Routine training and maintenance costs related to implementation of health information technology; and
- Lease payments.

An applicant must include a description and justification for all expenditures included in the Project Budget as well as a discussion of how the expenditure relates to the Eligible Capital Project. Disallowed Costs are expenditures identified in the Project Budget that are not sufficiently described and/or justified in type or amount by the applicant or are considered to be unrelated to the proposed Eligible Capital Project. Disallowed Costs will be eliminated from the Project Budget and the CRFP grant request.

IV. Application Information

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT PRESCRIBED BELOW. APPLICATIONS WHICH DEVIATE FROM THE PRESCRIBED FORMAT MAY FAIL THE STAGE 1 COMPLETENESS REVIEW AND MAY NOT BE SCORED (See Section V[5].)

A. Process A Applications

Eligible provider organizations applying under Process A must submit their applications through their PPS lead. The PPS Lead will submit to DOH, via email, all technical and financial proposals from its member applicants with a completed Attachment 1. **A PPS Lead should rank every application that it submits, and may use additional pages for Attachment 1 if additional space is required.**

All eligible provider organizations participating in the Process A submission, including the PPS Lead, must meet the eligibility requirements as described in Section II[A].

Each eligible organization competing for CRFP grant funding in Process A will be evaluated and scored separately. The PPS Lead should rank the projects in order of priority in Attachment 1 and include a full discussion of any project's interdependence on another project. If the projects are highly interdependent, they should be combined and submitted as one project.

B. Process B Applications

Eligible provider organizations applying under Process B will submit via email, a technical and financial proposal directly to the DOH.

C. Required Application Format

Applications should be concise, single-spaced, and use at least a 12 point type. The Technical Proposal for each Project should include all information and forms described in Attachments 2-5, 13 and 14. The narrative response to Attachment 4, Technical Proposal Requirements, should not exceed 15 pages. The Financial Proposal for each Project should include all information and forms described in attachments 6-12. The narrative response to Attachment 8, Financial Proposal Requirements, should not exceed 15 pages. Failure to adhere to page limitations and/or font size will result in penalty point deduction of up to 5 points.

D. CRFP Application Evaluation Criteria

The following criteria shall be considered when evaluating responses to this RFA:
Please refer to the Application (Attachments 1 through 15) for more detailed guidance on how to demonstrate compliance with these criteria.

1. Satisfaction of the eligibility requirements set forth in this RFA;

2. Satisfaction of the completeness requirements set forth in this RFA;
3. Statewide geographic distribution of funds;
4. Relationship between the Eligible Capital Project proposed by the Applicant and identified community need as described by the Applicant or determined by the Commissioner;
5. The extent to which an Applicant has access to or is proposing to provide alternative financing and/or matching funds;
6. The extent to which the proposed Eligible Capital Project furthers the purposes set forth in New York State Public Health Law §2825;
7. The extent to which the proposed Eligible Capital Project furthers the development of primary care;
8. The extent to which the proposed Eligible Capital Project benefits Medicaid enrollees and uninsured individuals;
9. The extent to which the proposed Eligible Capital Project addresses potential risk to patient safety and welfare;
10. The extent to which the proposed Eligible Capital Project involves an Applicant that receives or has applied for a temporary rate adjustment pursuant to applicable regulations;
11. The extent to which the proposed Eligible Capital Project will contribute to the long-term sustainability of the Applicant;
12. The extent to which the proposed Eligible Capital Project is demonstrated to have a close nexus to a component of an application pursuant to the New York State DSRIP program goals;
13. If one or more regulatory waivers have been requested in connection with the proposed Eligible Capital Project, the extent to which the failure to obtain approval for each waiver requested will impact the ability of the Applicant to complete the project as described in the application.
14. The extent to which the proposed Eligible Capital Project furthers DSRIP Program Goals as detailed in Section I[B] of this RFA and/or adopted by the DOH and/or required under the state's federal 1115 Medicaid waiver, including the extent to which the project will reduce avoidable hospital use by 25% over a five-year period and the extent to which the project will support the transformation of the health care delivery system from a fee-for-service system to a value-based system;
15. The priority of the proposed Eligible Capital Project as identified;
16. The relationship between the amount of the grant request and the benefits of the proposed Eligible Capital Project including any verifiable savings to the health care system from avoidable admissions and emergency room visits and/or improved patient safety and welfare; and
17. The extent to which the proposed eligible capital project meets, or exceeds, the MWBE goals established in Section VI[E] of the RFA.

Capital projects that are likely to be evaluated favorably include those that will: (1) create or expand primary care capacity; (2) promote care coordination among providers (including, for example, development of tele-health infrastructure, medical villages, co-located primary, specialty and behavioral outpatient services); (3) promote patient-centered care (medical and health homes); (4) reduce avoidable hospital and nursing home admissions and emergency care visits; (5) benefit the largest number of Medicaid enrollees and uninsured individuals; (6) include as much funding as possible from other funding sources and represent a significant investment beyond CRFP funding; and/or (7) results in a reduction of inpatient beds and the continuation or expansion of ambulatory care and emergency services in a community.

E. Bond Proceeds

It is anticipated that all CRFP grants will be funded solely from proceeds of State-supported bonds as authorized pursuant to Section 1680-r of the Public Authorities Law (“CRFP Bonds”). The CRFP Bonds will constitute “state-supported debt” for purposes of the State Finance Law. The State Finance Law provides that state-supported debt may only be incurred for a “capital work or purpose” which is defined to mean any project involving:

- (i) the acquisition, construction, demolition, or replacement of a fixed asset or assets;
- (ii) the major repair or renovation of a fixed asset or assets which materially extends its useful life or materially improves or increases its capacity; or
- (iii) the planning or design of the acquisition, construction, demolition, replacement, major repair or renovation of a fixed asset or assets, including the preparation and review of plans and specifications including engineering and other services, field surveys and sub-surface investigations incidental thereto directly related to the CRFP grants.

Therefore, only those components of a Project that constitute a “capital work or purpose,” as defined above, will be eligible to be funded with a CRFP grant. If the CRFP Bonds are issued on a tax-exempt basis, the use of grant funds must also comply with applicable Federal tax law.

As a general rule, expenditures that are eligible to be capitalized for accounting or tax purposes will be eligible to be reimbursed from a CRFP grant. On the other hand, amounts incurred for operational purposes, such as ordinary or recurring operating expenses or personal services, cannot be reimbursed from CRFP Bond proceeds. Thus, CRFP grants will not be available to assist grantees in paying the operational costs (such examples include, but are not limited to: payroll, fringe benefits, debt service) likely to be incurred in connection with the downsizing or closure of an institution or the merger of institutions or the financial restructuring of an institution. Nor will such CRFP grants be available for the purpose of helping grantees manage their long and short term capital debt obligations or other liabilities (see Excluded Expenses as set forth in Section 3[B]).

F. Matching Funds

High scoring financing plans for CRFP Projects will likely include other sources of funding. There is a strong preference that grant funds be matched on at least a one to one matching ratio to the requested CRFP grant funding (one dollar contributed for each dollar of grant proceeds) (“Matching Funds”). A greater ratio of Matching Funds to requested grant funds will be viewed favorably in scoring. If it can be clearly demonstrated that equity, borrowing or other sources of Matching Funds for the proposed Capital Project are not available to the applicant in any amount or sufficient to match the requested CRFP grant, the application may nevertheless be considered for funding. Matching Funds may be provided for Excluded Expenses as set forth above, and can be provided by CRFP non-applicants

New Market Tax Credit (“NMTC”) structures may be used to provide matching funds for the project to be funded with the CRFP Grant. The CRFP Grant may be used only to pay capital

project costs incurred by a grantee outside of the NMTC structure. The CRFP Grant may NOT, however, be loaned into an investment fund and utilized to increase the taxable basis, nor may the CRFP Grant proceeds be utilized by any entity other than the grantee.

G. Application Prequalification (Grants Gateway)

All not-for-profit eligible provider organizations applying for CRFP grant funding as the legal or beneficial owner of the capital asset are required to prequalify prior to submission of a CRFP grant application and execution of contract.

It is suggested that applicants select DOH as the Prequalifying Entity.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

Applications received from not-for-profit CRFP Applicants that have not registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) is available to walk users through the process.

1. Register for the Grants Gateway

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email grantsreform@budget.ny.gov. If you do not know your Password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

2. Complete Your Prequalification Application

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.

- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsreform@budget.ny.gov.

3. Submit Your Prequalification Application

- After completing your Prequalification Application, click the *Submit Document Vault Link* located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity. Failure to complete the prequalification process in a timely fashion, as discussed above, will result in CRFP application denial.

V. Application Process

A. Process Overview

- 1) Applicant Prequalification (Grants Gateway, if required)
- 2) Question & Answer Period
- 3) Applicant Conference
- 4) Application Filing
- 5) Stage 1 Review (Eligibility & Completeness)
- 6) Stage 2 Review (Review Teams, and for Process A Applications, Independent Assessor)
- 7) Advisory Panel Review
- 8) Determination of Award
- 9) Application Debriefing
- 10) PACB Approval

B. 10-Step Application Review and Award Process

1. Application Prequalification (Grants Gateway)

All not-for-profit CRFP Applicants subject to prequalification are required to register and prequalify in the Grants Gateway prior to submission of a CRFP grant application (as described above in Section IV[E]). Applications received from not-for-profit CRFP Applicants that are not Prequalified in the Grants Gateway on the application due date listed on the cover sheet of this RFA cannot be evaluated. Such applications will be disqualified from further consideration. Not-for profit applicants are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

2. Question & Answer Period

Applicants should refer to the Q&A document for RFA #14-10100351, which can be found at

http://www.health.ny.gov/funding/rfa/inactive/1410100351/questions_and_answers.pdf

Please note: answers referring to the application's submission due date should now read May 6, 2015 and answers referring to a statewide distribution of funds should now reflect the New York City / Rest of State allocations described in the **revised** Section 8 included in the addendum to this RFA.

3. Applicant Conference

An Applicant Conference will not be held for this project.

4. Application Filing

Each application should be submitted electronically to the following email: (CRFP@health.ny.gov) by the date and time specified on the cover page of the RFA. A single application should consist of two pdf files: one pdf file for the technical proposal and all of its requirements (see Attachments 2-5,13 and 14) and a second pdf file for the financial proposal, and all of its requirements (see Attachments 6-12). **The Department recognizes the limitations of email capacity and recommends that PPS Leads submit each application in a separate email transmission.**

Late applications will not be accepted. Applications will not be accepted via fax, hard copy or hand delivery.

5. Stage 1 Review

An initial review of all applications will be conducted to determine the completeness of each application and the eligibility status of each applicant.

- a. **Completeness Review** - The Completeness Review ensures that each Application contains all required key components identified on the Technical Proposal Checklist and Financial Proposal Checklist. If an Application is missing required elements, it may be eliminated from further review at the sole discretion of the DOH and DASNY.

b. **Eligibility Review** - The Eligibility Review will determine if:

- each applicant is an Eligible Provider Organization and applied under the appropriate Process (A or B) as described in the RFA;
- each non-profit applicant is prequalified in the Grants Gateway if required;
- each project for which CRFP grant funding is sought is an Eligible Capital Project; and
- entities applying under Process A are entities that participate in the DSRIP program; and entities applying under Process B are not participating in the DSRIP program.

Applications must pass the Completeness Review and the Eligibility Review to continue to Stage 2 review.

6. Stage 2 Review

If application passes Stage 1 review, the next step in the review process is the Stage 2 review. The entire application package will be reviewed in this stage. Applications meeting the guidelines set forth above will be reviewed and scored competitively by review teams comprised of either reviewers from DOH and DASNY or by the Independent DSRIP Assessor that the DOH has contracted with for the DSRIP program. Each CRFP project will be individually scored. Applications from Process A and Process B will be ranked together. The maximum total score for any project will be 100 points plus potential additional points. The highest scoring applications will be awarded, however, the DOH reserves the right to fund as many complete projects as CRFP funding allows. Instructions and scoring for each section of the Application are set forth in Attachments 4 and 8.

Excluded Expenses and Disallowed Costs will be excluded from the grant amount requested.

Concurrent with the Stage 2 review, relevant portions of applications will be reviewed by DASNY's bond counsel to assure that proposed Projects may be financed with CRFP Bond proceeds. Moreover, applicants are advised that Projects which include utilization of space improved with the proceeds of tax-exempt bonds require consultation by the applicant with the issuer of those bonds, who will also consult with applicable bond counsel to ensure compliance with applicable limitations on use of such space pursuant to Federal tax law.

7. Advisory Panel Review

The results of the Stage 2 process will be reviewed by an Advisory Panel established pursuant to PHL Section 2807[20][b]. The panel will submit its recommendations to the Commissioner of DOH for final determination.

8. Grant Award

The Commissioner of the DOH and President of the DASNY, in consultation with the Commissioners of OMH, OPWDD and OASAS, may award CRFP grant funds to Applicants for Eligible Projects meeting the requirements of this RFA. The Commissioner can decide to fund a lower scoring application based on his knowledge of statewide or community needs to fulfill the DSRIP program goals, or preserve essential healthcare services in a community.

9. Application Debriefing

Once awards have been made, applicants may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other CRFP Applications. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

In the event unsuccessful applicants wish to protest the awards resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>.

10. PACB Approval

All projects to be funded with the CRFP grant proceeds must be approved by the Public Authorities Control Board.

VI. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (DOH), Center for Health Care Facility Planning, Licensure and Finance/Bureau of Health Care Facility Finances/Capital Restructuring Financing Program. Pursuant to PHL § 2825[2], CRFP grants may be awarded by the Commissioner of DOH and President of DASNY, in consultation with the Commissioners of OMH, OPWDD and OASAS.

B. Reserved Rights of DOH and/or DASNY.

1. Reject any or all Applications received in response to this RFA.
2. Withdraw the RFA at any time at the Department's and DASNY's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of Applications.
6. Use information obtained through prior site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.

7. Prior to Application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to Application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
13. Conduct contract negotiations with the next responsible applicant, should DOH be unsuccessful in negotiating with a selected applicant.
14. Utilize any and all ideas submitted with the Applications received.
15. Waive or modify minor irregularities in Applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an Application and/or to determine compliance with the requirements of the RFA.
17. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
18. Award grants based on geographic or regional considerations to serve the best interests of the state.
19. Make awards totaling less than the full \$1.2 billion available under the CRFP.
20. Non-compliance with standard contract provisions or the inability of an applicant to complete the project as described in the application may result in DOH consenting to allow another applicant within the application to assume the responsibilities of the non-performing applicant; the withholding of additional grant funds; the termination of the MGC; and/or the recoupment of grant funds.
21. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.

C. Term of Contract

All contracts resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: April 1, 2015 to March 31, 2020, with annual extensions deemed necessary and appropriate by the Commissioner and approved by the Director of the Division of Budget.

Continued funding throughout this period is contingent upon availability of funding and state budget appropriations. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

D. Payment & Reporting Requirements

1. No advances will be allowed for contracts resulting from this procurement.
2. The grant contractor will be required to submit QUARTERLY invoices and required reports of expenditures to the State's designated payment office:

Capital Restructuring Financing Program Unit
NYS Department of Health
1805 Corning Tower
Albany NY 12237

Grant contractors must provide complete and accurate billing invoices to the Department's designated payment office in order to receive payment. Billing invoices submitted to the DOH must contain all information and supporting documentation required by the Contract, the DOH and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner of DOH has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law.

Payment terms will be: Contractor will be reimbursed for actual expenses incurred and expensed as allowed in the Contract Budget and Workplan. Contractor will be reimbursed for actual expenses incurred and expensed as allowed in the Contract Budget and Workplan.

The grant contractor will be required to submit quarterly reports on the status of the CRFP project. Such reports shall be submitted no later than 30 days after the close of the quarter, and shall be consistent with the provisions of the terms of the State of New York Master Contract for Grants. The reports shall include:

- progress made toward DSRIP goals;

- impact on the State’s health care delivery system;
- a status update on Project milestone progress;
- information on Project spending and budget;
- a summary of public engagement and public comments received; and
- the impact on the Project’s progress of all regulatory waivers issued for the project pursuant to PHL § 2807(20)(e).

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Grant Contract (Attachment 15).

E. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health (“DOH”) recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **30%** on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation. The goal on the eligible portion of this contract will be [15]% for Minority-Owned Business Enterprises (“MBE”) participation and [15]% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the

webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 11** of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

- a) If a Grantee fails to submit a MWBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a notice of deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Grantee has failed to document good-faith efforts to meet the established DOH MWBE participation goals for the procurement.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

F. Limits on Administrative Expenses and Executive Compensation

Effective July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo’s Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

G. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, all entities must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller’s Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at:

http://www.osc.state.ny.us/vendor_management/issues_guidance.htm.

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

H. Vendor Responsibility Questionnaire

The New York State Department of Health recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at http://www.osc.state.ny.us/vendrep/vendor_index.htm or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672. Vendors may also email the Vendor Responsibility Unit directly through their website at http://www.osc.state.ny.us/vendrep/contact_us_email.htm.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at: http://www.osc.state.ny.us/vendrep/forms_vendor.htm or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form.

Applicants should complete and submit the Vendor Responsibility Attestation (Attachment 13).

I. General Specifications

1. By signing the Technical Proposal Cover Page each applicant attests to its express authority to sign on behalf of the applicant, enter into a MGC with the DOH, if successful, and submit requisitions for payment.
2. Contractors 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, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section V. [B]) must be clearly noted in a cover letter attached 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 DOH 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 DOH 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 judgment of the Department, 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 judgment 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.

VII. Attachments

- Attachment 1: Process A Cover Summary Form
- Attachment 2: Technical Proposal Cover Page
- Attachment 3: Technical Proposal Checklist
- Attachment 4: Technical Proposal Requirements
- Attachment 5: Workplan Template
- Attachment 6: Financial Proposal Cover Page
- Attachment 7: Financial Proposal Checklist
- Attachment 8: Financial Proposal Requirements
- Attachment 9: Capital Project Budget Template
- Attachment 10: Project Fund Sources
- Attachment 11: Minority and Women Owned Business Enterprise Forms
- Attachment 12: Vendor Responsibility Attestation
- Attachment 13: Short Environmental Assessment Form
- Attachment 14: Smart Growth Assessment Form
- Attachment 15: NYS Master Grant Contract with Attachments

RFA# 15-04100252
Capital Restructuring Financing Program
Process A Cover Summary Form

PPS Lead Entity: Click here to enter text.
Contact Name: Click here to enter text.
Title: Click here to enter text.
Address: Click here to enter text.
City: Click here to enter text. **State:** Click here to enter text. **Zip code:**

For DSRIP participants, applications for CRFP funding shall be deemed to be a part of the DSRIP application.

TO BE COMPLETED BY PROCESS A PPS LEAD		
Priority #	(Column 1) Legal Name of CRFP Applicant (CRFP Project Owner/Beneficiary)	(Column 2) DSRIP Project(s) related to the proposed CRFP Project
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

Please Note: Each project should be a fully functional independent project. If interdependence between proposed projects exist, briefly discuss the interdependence in a narrative explanation to be submitted as part of this Attachment. If the projects are highly interdependent, they should be combined and submitted as one project as each project will be evaluated and scored separately.

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Capital Restructuring Financing Program
Technical Proposal Cover Page

Please select one: Process A (DSRIP participant) or Process B (not a DSRIP participant)

Project Name: Click here to enter text.

Applicant Legal Corporate Name: Click here to enter text.

Applicant's Category: (*Select one category*)

- General Hospital
- Residential Health Care Facility
- Diagnostics and Treatment Center (Article 28)
- Clinics licensed pursuant to the PHL (Article 28) or MHL (Article 31)
- Assisted Living Provider
- Primary Care Provider
- Certified Home Care Provider (Article 36)
- Licensed Home Care Provider (Article 36)
- Other entity that holds an operating certificate issued by DOH, OMH, OPWDD, and/or OASAS. Describe: Click here to enter text.

Applicant's Primary Address (include County): Click here to enter text.

Applicant Federal ID #: Click here to enter text.

NYS Charities Registration #: Click here to enter text.

Vendor Identification #: Click here to enter text.

Applicant is: For Profit Not For Profit

Applicant Contact Information

Name: Click here to enter text. Title: Click here to enter text.

Phone: Click here to enter text. E-mail: Click here to enter text.

Signature of an individual who is authorized to bind the Eligible Applicant to any MGC resulting from this application.

Name: Click here to enter text.

Applicant Authorized Signature: _____ Date: _____

RFA# 15-04100252
Capital Restructuring Financing Program
Technical Proposal Checklist

- Technical Proposal Cover Page (Attachment 2)
- Proof of Eligibility (Copy of Operating Certificate)
- Technical Proposal Requirements
 - A. Executive Summary
 - B. Project Description
 - C. Applicant Qualifications, Project Participants and Project Readiness
 - D. Relationship of Eligible Capital Project to Community Need
 - E. Relationship of Eligible Capital Project to DSRIP Goals
 - F. Transformational Change
 - G. Regulatory Waivers
- Workplan (Attachment 5)
- Short Environmental Assessment Form (Attachment 13)
- Smart Growth Assessment Form (Attachment 14)

Note: Failure to include all of the listed sections and forms may result in the disqualification of your application.

RFA# 15-04100252
Capital Restructuring Financing Program
Technical Proposal Requirements

Applicant Name: _____

Project Name: _____

Applicant should respond to the content required in each section of the Technical Proposal. Letter/number the narrative to correspond to each element in the order presented. Response should not exceed 15 pages, including the executive summary and excluding the workplan requested in Section B.

Table of Contents

- A. Executive Summary (Not Scored)**
- B. Project Description (10 points)**
- C. Applicant Qualifications, Project Participants and Project Readiness (Not Scored)**
- D. Relationship of Eligible Capital Project to Community Need (20 points)**
- E. Relationship of Eligible Capital Project to DSRIP Goals (25 points)**
- F. Transformational Change (10 points)**
- G. Regulatory Waivers (Not Scored)**

A. Executive Summary

Scoring Process: This section is not scored. Response will be reviewed for completeness.

The summary should clearly and concisely describe the project proposed. This summary should include:

1. The general description of the overall Project, its goals and objectives.
2. How the applicant meets the eligibility criteria.
3. Identification of the population being served.
4. Percentage of the target population served by Medicaid or uninsured.
5. Community need that is being addressed.
6. Anticipated service delivery area(s).
7. Desired outcome(s) of the project, including how the project outcome(s) support or relate to the DSRIP program goals as outlined in Section I (B) of the RFA.

B. Project Description

Scoring Process: This section is worth 10 points. The responses will be evaluated for completeness and a scoring determination will be made based upon the quality of the response.

Describe the Eligible Capital Project. Discuss what the Project is and how it will be used. Refer to the non-exclusive list of Projects in Section III of the RFA.

Attach a workplan (Attachment 5) to describe the Project from date of award through the date of implementation. The workplan should be structured to identify the main objectives of the project, identify each objective's key tasks/milestones, the person or entity accountable for each milestone and the target date for completion of the milestone. Examples of tasks/milestones include, but are not limited to:

- Architectural and engineering design and construction necessary to accomplish each phase.
- Procurement related activities to seek professional estimates.
- Scheduled milestones for the preparation and processing of any application, as required by CON regulations (10 NYCRR Part 710), necessary to secure DOH approval for service revisions, relocations, or capital construction that rises to the level of CON review.
- Steps to be taken to mitigate potential risks to patient safety and welfare resulting from the Project.

C. Applicant Qualifications, Project Participants and Project Readiness

Scoring Process: This section is not scored. Response will be reviewed for completeness.

In this section, provide basic organizational information on each applicant. This should include information such as the applicant's exact entity name, entity type (e.g., corporation, LLC, partnership, LLP, etc.), governance and board composition (as applicable), ownership and affiliations, staffing, and services provided. Identify all organizations that will be involved in the project, and discuss the roles and responsibilities of each participant. Also provide information that will allow DOH and DASNY to understand how the applicant is prepared to proceed with the Project. Provide any experience the applicant has with projects of this type, how the applicant fits within the public health community, and evidence that the Applicant will be able to complete the Project within the proposed contract term.

D. Relationship of Eligible Capital Project to Community Need

Scoring Process: This section is worth 20 points. . The responses will be evaluated for completeness and a scoring determination will be made based upon the quality of the response.

Describe how the Project will relate to identified health needs in the community. This must be based on documented information, such as health status indicators, demographics, insurance status of the population, and data on service volume, occupancy, and discharges by existing providers. Identify areas of overcapacity and/or under-capacity. Generalized statements and anecdotal information will not be evaluated favorably. Discussion should also include:

1. The process and methodology in which the community needs assessment was completed, including how the project was selected, and if stakeholder feedback was included in the selection process. Outline the information and data sources that were used including DOH data such as SPARCS and PQIs and other documentation supporting the needs assessment and project selection.
2. A full description of the population to be served by the Project, including an assessment of its demographics and its health care status, including leading causes of death and premature death, leading causes of hospitalization and preventable hospitalization by demographic grouping, rates of ambulatory care sensitive conditions, disease prevalence, maternal and child health outcomes, and health risk factors.
3. An assessment in the aggregate level of the existing healthcare infrastructure and environment, including the number and types of healthcare providers and community resources available in the area to be served by the Project, and whether or not they are part of the application.
4. How the Project aligns with community need. The discussion should include an assessment of the applicant and Project participants' health care service capacity compared to community needs, and an identification of health and behavioral health service gaps and/or excess capacity that exists, specifically outlining excess hospital and nursing home capacity. Describe how the Project specifically addresses an identified service gap in the community, for example new or expanded current resources or alternatively, repurposing existing resources to meet identified community needs.
5. The extent to which the Project furthers the development of primary care.
6. The extent to which the Project impacts Medicaid or uninsured individuals in the community. Discuss benefits or other impacts of the Project implementation to those served by Medicaid and uninsured populations.
7. The extent to which the Project addresses/reduces any potential risk to patient safety and welfare.

8. The extent to which the project results in a reduction of inpatient beds and the continuation or expansion of ambulatory care and emergency services in a community.

E. Relationship of Eligible Capital Project to DSRIP Goals

Scoring Process: This section is worth 25 points. The responses will be evaluated for completeness and a scoring determination will be made based upon the quality of the response.

Describe and include justification as to how this project advances each of the DSRIP program goals as described in Section I[B]. of the RFA and how it contributes to the overall DSRIP goal of a 25% reduction in avoidable hospital use over five years.

F. Transformational Change

Scoring Process: This section is worth 10 preference points. The responses will be evaluated for completeness and a scoring determination will be made based upon the quality of the response.

Describe the transformational change to the health care delivery system from a fee-for-service system to a value-based system that will result from this Project. Provide information on how the Project will accomplish this change.

G. Regulatory Waivers

Scoring Process: This section is not scored. Response will be reviewed for completeness.

Identify the specific requirements under the auspices of DOH, OMH, OASAS or OPWDD related to the Eligible Capital Project(s) for which the applicant is requesting waivers in accordance with the DSRIP procedures, and the reasons the waivers are necessary. In addition, describe proposed alternatives to compliance with the regulatory standards for which the waivers are sought, and describe the impact that the waivers and implementation of approved alternatives would have on patient safety and welfare.

If one or more regulatory waivers have been requested in accordance with the DSRIP procedures and in connection with the proposed Eligible Capital Project, describe the extent to which the failure to obtain approval for each waiver requested will impact the ability of the Applicant to complete the Project as described in the Application.

RFA# *15-04100252*
Capital Restructuring Financing Program
WORK PLAN
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
DETAIL**

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

**WORK PLAN
DETAIL**

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

**WORK PLAN
DETAIL**

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

RFA# 15-04100252
Capital Restructuring Financing Program
Financial Proposal Cover Page

Project Name _____

Applicant Legal Corporate Name _____

Applicant Federal ID #: _____ NYS Charities Registration #: _____

Vendor Identification #: _____

Indicate the Region that represents the predominant focus of application

- | | | |
|-------------------------------------------|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Western New York | <input type="checkbox"/> Finger Lakes | <input type="checkbox"/> Southern Tier |
| <input type="checkbox"/> Central New York | <input type="checkbox"/> Mohawk Valley | <input type="checkbox"/> North Country |
| <input type="checkbox"/> Capital Region | <input type="checkbox"/> Mid-Hudson | <input type="checkbox"/> New York City |
| <input type="checkbox"/> Long Island | | |

Amount of CRFP funds Requested \$ _____

Amount of Matching Funds Proposed \$ _____

Total Project Value \$ _____

Signature of an individual who is authorized to bind the Eligible Applicant to any MGC resulting from this application.

Applicant Authorized Signature

Name/Title: [Click here to enter text.](#)

RFA# 15-04100252
Capital Restructuring Financing Program
Financial Proposal Checklist

- Financial Proposal Cover Page (Attachment 6)
- Financial Proposal Requirements
 - A. Project Funding and Match
 - B. Project Budget
 - C. Cost Effectiveness
 - D. Project Financial Viability and Applicant Long-Term Sustainability
 - E. Demonstration of Significant Financial Need (if appropriate)
- Project Budget Forms:
 - Capital Project Budget (Attachment 9)
 - Project Fund Sources (Attachment 10)
- Vendor Responsibility Attestation (Attachment 12)
- Minority and Women Owned Business Enterprise Forms (Attachment 11)

Note: Failure to include all of the listed sections and forms may result in the disqualification of your application.

RFA# 15-04100252
Capital Restructuring Financing Program
Financial Proposal Requirements

Select One: Process A (DSRIP participant) or Process B (not a DSRIP Participant)

Applicant Name: _____

Project Name: _____

Applicant should respond to the content required in each section of the Financial Proposal Requirements. Letter/number the narrative to correspond to each element in the order presented.

Table of Contents

- A. Project Funding and Match (15 Points)
- B. Project Budget (5 Points)
 - Project Expenses and Justification
 - Project Fund Sources
- C. Cost Effectiveness (5 Points)
- D. Project Financial Viability and Applicant Long-Term (10 Points)
- E. Demonstration of Significant Financial Need (10 Additional Points)
Sustainability

The forms must be completed to show all expenses and fund sources associated with the proposed project. For each expenditure in the Project Budget, the Applicant must identify whether the source of funding will be CRFP grant funding, in which case the expenditure must be an Eligible Expenditure as set forth in RFA Section III, or Matching Funds. Total fund sources should equal total expenses.

Note: Failure to utilize and submit the budget forms included in this RFA may result in disqualification of your application.

A. Project Funding and Match

Scoring Process: This section is worth 15 points. The responses will be evaluated for completeness and a scoring determination will be made based upon the level of match proposed.

Identify and describe all private or other sources of funding, if any, for the Project, including cash, borrowed financing, governmental agencies funding or other grant funds; and evidence of the commitment of these fund sources. A commitment that is contingent upon receipt of the Grant is acceptable.

It is expected that approvable financing plans for CRFP Projects will include other sources of funding. A greater ratio of Matching Funds to requested grant funds will be viewed favorably in scoring. Matching Funds may be provided for Excluded Expenses and can be provided by CRFP non-applicants. There is a strong preference that grant funds be matched on at least a one to one matching ratio to the requested CRFP grant funding (one dollar contributed for each dollar of CRFP grant funds requested.)

The applicant(s) with the largest proportion of match dollars per grant dollar requested will receive the full 15 points available. All other applicants will receive a pro-rated share of the 15 available points based on their proposed match. This will be calculated using the proposed matching amount submitted in Attachment 10. Verifiable proof of the proposed match will be a contingency of any award made under this RFA.

Applicants proposing no matching funds will receive no points under this section.

B. Project Budget

Scoring Process: This section is worth 5 points. The responses will be evaluated for completeness and a scoring determination will be made based upon the quality of the response.

Provide a Project Budget that includes all project expenditures, including those that will be funded with sources other than CRFP grant funds. Show the amount of each budget line that will be funded with CRFP grant funds. Only applications that request CRFP grant funding for Eligible Expenditures (as defined in Section III of the RFA) will be funded. Provide a detailed discussion of the reasonableness of each budgeted item, including any standard or benchmark used to determine the expenditure. Budgets that include expenditures based on professional estimates may be included as supporting documentation. These budget justifications should be specific enough to show what the applicant means by each requested expenditure and how the expenditure supports the overall Project.

C. Cost Effectiveness

Scoring Process: This section is worth 5 points. The responses will be evaluated for

completeness and a scoring determination will be made based upon the quality of the response.

Although there are no specified minimum or maximum grant amounts (other than the maximum funding available), DOH and DASNY are interested in achieving maximum value for its investment. Describe and quantify to the extent possible how the Project will result in savings to the health care system from avoidable admissions, emergency room visits, improved safety, etc., and quantify the proposed value or return on the state grant investment in the Project relative to the Project costs. Include a discussion of all means by which projected savings will be verified after the Project is complete.

D. Project Financial Viability and Applicant Long-Term Sustainability

Scoring Process: *This section is worth 10 points. The responses will be evaluated for completeness and a scoring determination will be made based upon the quality of the response.*

Provide a detailed discussion showing how the Project will support the Applicant's long-term sustainability upon completion.

- For DSRIP participants applying under Process A, provide a detailed discussion of how the project will support the PPS's financial viability upon completion.
- For Process B applicants, provide a detailed discussion of how the project will support applicant's financial viability upon completion.

All applicants should include supporting documents such as projected balance sheets, income statements, cash flows, etc. for the Applicant and/or for the PPS from the Project start through three years after Project completion.

All applicants should provide evidence of the financial stability. This would include a copy of the prior two annual audited financial statements and any other evidence of this stability. Entities whose financial statements have not been subjected to an audit must include any additional information available to satisfy this test and appropriate certifications.

If the project involves closure of a service or facility, discuss the impact of any closure on the Applicant and/or PPS, and how the project would improve the financial stability of other entities in the area.

E. Demonstration of Significant Financial Need.

Scoring Process: *Additional 10 points will be given to applicants meeting the following criteria.*

Demonstrate financial need including a discussion of the following factors used to determine eligibility for funding of Interim Access Assurance Funding ("IAAF") grants:

- 1) Less than 15 days cash operating expenses in cash and cash equivalents; and
- 2) Evidence that no assets of the Applicant can be monetized other than those vital to the operation; and
- 3) Evidence the Applicant has exhausted all efforts to obtain matching fund resources

- from corporate parents, affiliated entities, and any of the CRFP Application participants (including members of a PPS for those applying under Process A); and
- 4) Evidence that corporate parents, affiliated entities or any of the CRFP application participants have contributed to the project for purposes not eligible for CRFP funds.

In addition Applicants should also provide and discuss the following:

- 5) Evidence from the most recent two audited financial statements of the following financial metrics: Operating loss, negative working capital (current assets less than current liabilities), and negative unrestricted net assets. Entities whose financial statements have not been subjected to an audit must include any additional financial information to satisfy this test and appropriate certifications; and
- 6) A discussion detailing how the Project will improve the financial position of the Applicant, and/or the PPS in the case of those applying under Process A.
- 7) Describe in detail any temporary rate adjustments applied for by any Applicant, and whether the Applicant applied for and/or received grant funding under the Interim Access Assurance Fund (IAAF).

See Fillable PDF Form- “Capital Budget Enabled”

RFA# 15-04100252
Capital Restructuring Financing Program
Project Fund Sources

Applicant Name: _____

	Proposed
CRFP Funds	\$
Other Funds	\$
Total	\$

Other Funds' Components

Applicant Direct Funds	\$
Program Income	\$
Federal Government	\$
Foundations	\$
Corporations	\$
Bonds	\$
Loans	\$
Board/Individual Contributions	\$
Other (describe)	\$
Total	\$

Any program income realized during the project must be applied to project costs.

I certify that the information provided is accurate and true. I certify that these funds will be available for the project should CRFP funds be awarded to this application. I understand that proof of matching funding will be required as a contingency of award.

Name/Title of Authorized Agency Official: [Click here to enter text.](#)

Signature: _____

See Fillable Word Forms- “MWBE Forms”

Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, H. 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: _____

See Fillable PDF Form- “Short Environmental Assessment Form”

See Fillable Word Form- “Smart Growth Assessment Form”

**For informational purposes only.
PDF of NYS Master Grant Contract – Capital Projects**