


Online Application Instructions

PREPARATION

Read this document before starting your application.

All applications must be submitted through NYSHealth's online system. Remember that some requested materials may require collaboration from other departments in your organization.

Helpful tips:

- **Timing Out** – The online form is set to time out after one hour. Please *regularly save* while working.
- **Narrative** – Complete the narrative portion of the application as a Word document; copy and paste into the appropriate online fields. Each narrative section has a maximum character limit.
- **Online Formatting** – Narrative fields in the online form are plain text format and do not support any formatting. List any references/footnotes parenthetically in the text.
- **Help Text** – Some fields and uploads provide help text. Hover over the  symbol to see the help text.
- **Save and Return** – You do not have to complete the application all at once. See “EDITING AN UNFINISHED APPLICATION” on the page 2 for instructions on how to save and return before submitting.

PROGRAMMATIC SUPPORT

For programmatic questions regarding this application, please contact Jessie Kavanagh, Senior Program Assistant at (212) 584-7686 or kavanagh@nyshealth.org.

TECHNICAL SUPPORT

If you have technical questions or difficulties using our online system, please contact our Grants Management Department at grantsmanagement@nyshealth.org or call (212) 584-7689; please leave your telephone number.

Please proceed to the next page for detailed instructions.

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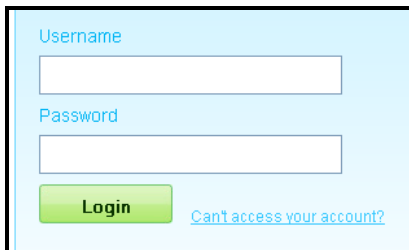
ONLINE REGISTRATION & LOGIN

Returning Users

If you have applied through NYSHealth's online system before, use your existing credentials to log in.

Do not create a new registration if you have already created one.

- **Forgot your password?** Click on "[Can't access your account?](#)" to receive a temporary password.
- **Forgot your username?** Please contact Grants Management at grantsmanagement@nyshealth.org or (212) 584-7689.



Username

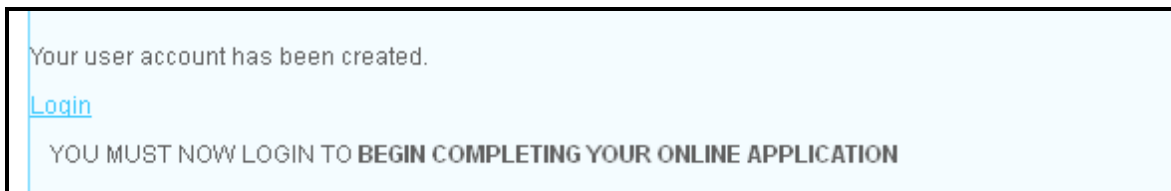
Password

[Can't access your account?](#)

New Users (first-time applicant)

If you are a first time-time applicant, create a user registration to log in.

1. Click on the "New Portal User" button. Complete and save. After successfully registering, you will see this message:



Your user account has been created.
[Login](#)
YOU MUST NOW LOGIN TO **BEGIN COMPLETING YOUR ONLINE APPLICATION**

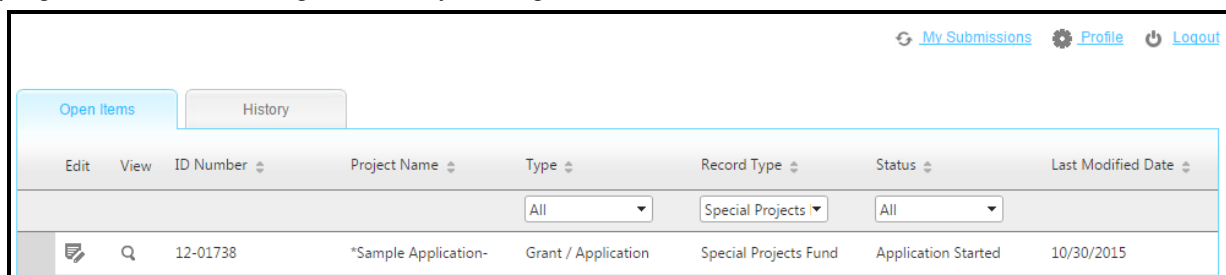
Important: A successful registration does not mean that you have started an application.

2. Click "**Login**" to [start an application](#).

EDITING AN UNFINISHED APPLICATION

To finish your application at a later time, click **Save** and log out. Log back in to the grantee portal when you are ready to edit your unfinished application.

Once logged in, you will see the following dashboard. The **Open Items** tab shows the application in progress. Continue editing the form by clicking the **Edit** icon.



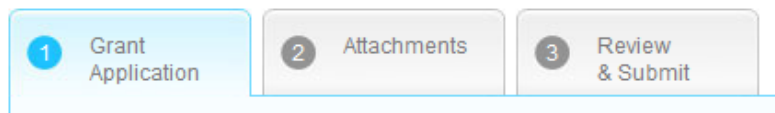
My Submissions Profile Logout

Open Items History

Edit	View	ID Number	Project Name	Type	Record Type	Status	Last Modified Date
		12-01738	*Sample Application-	Grant / Application	Special Projects Fund	Application Started	10/30/2015

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SECTION 1—GRANT APPLICATION



I) Application Summary

1. Organization Legal Name *(pre-populated from your registration information)*
2. Organization AKA Name *(If your organization name is different from your organization's legal name)*
3. Project Start and End Dates
4. Amount Requested – Up to a maximum of \$100,000.00
5. Project Title *(120 characters maximum with spaces)*

II) Organization Information *(pre-populated from your registration information)*

1. Address
2. County
3. Website Address
4. Organization Information *(2,000 characters maximum with spaces):*
Description of your organization's purpose/activities. If working in a unit or department of a much larger organization, describe your unit or department; only include information about the larger organization if relevant to the project.
5. General information and coding pertaining to your organization.

III) Primary Contact Information

Contact information for the person with whom NYSHealth will be working with on the project.

IV) Narrative Section

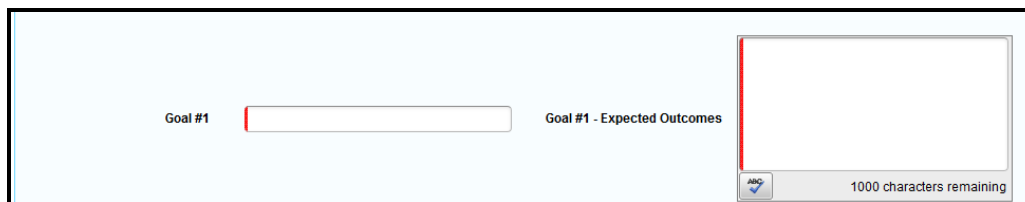
The following outlines the required sections and lengths for each.

1. **Executive Summary** *(2,000 characters maximum with spaces)*

Include:

- A brief description of the issue the project will address and how it will address the RFP's objectives;
- Principal project objectives;
- Expected outcomes, including how the project will impact the issue;
- Method for evaluation of the project's success; and
- Dissemination and replication plans.

2. **Goals and Expected Outcomes**



A screenshot of a web form. On the left, there is a label 'Goal #1' followed by a text input field. To the right of this field is the label 'Goal #1 - Expected Outcomes' followed by a larger text area. At the bottom right of the text area, there is a small 'ABC' icon and a counter that reads '1000 characters remaining'.

Goals—Goals are not activities; rather, they are the main objectives of a grant.
(500 characters maximum with spaces for each goal)

- For example: To implement OpenNotes in three departments in the hospital.

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Expected Outcomes—What measurable progress related to each goal do you hope to achieve?
(1,000 characters maximum with spaces for each outcome)

- For example: Three departments using OpenNotes will give 5,000 patients access to their notes.

3. **Implementation Plan** (32,000 characters maximum with spaces)

Please describe in detail how you will implement OpenNotes in your facility, including the stages of implementation; which departments (if not the whole hospital) and how many providers will participate; methods you will employ to promote the program to patients; methods for delivering the notes to patients; how you will solicit and use patient feedback and input in your implementation process; and the estimated number of patients you will reach by the end of the implementation.

4. **Project Management** (3,500 characters maximum with spaces)

Please describe who will be in charge of the implementation (if you are not hiring a dedicated FTE) and which clinical and administrative leadership are involved and supporting the implementation.

5. **Sustainability** (3,500 characters maximum with spaces)

How will you continue to promote and expand OpenNotes throughout your organization?

6. **Evaluation** (3,500 characters maximum with spaces)

Please describe how you will evaluate the success of your implementation. How will you solicit and use patient feedback and input to further tweak and improve the OpenNotes program?

7. **Communications/Dissemination Plan** (3,500 characters maximum with spaces)

Please describe your plans to disseminate and promote your white paper, brief, or case study.

8. **Barriers/Obstacles** (3,500 characters maximum with spaces)

Describe the barriers and/or obstacles you expect to encounter and how you plan to overcome them.

V) **Financial Information**

Please answer the following questions related to your organization's finances.


1. Have there been significant changes in revenue or expenses since your last fiscal year (increase or decrease)? If yes, explain briefly. If no, please note "Not Applicable".
2. Does your organization receive more than 50% of your revenue from one source? If yes, explain briefly. If no, please note "Not Applicable".


VI) **Grants Terms and Conditions**



1. In the online application, go to Tab **2** Attachments, and download a copy of the **Grant Terms and Conditions** document.
2. Complete the document, and fill in the Grant Terms and Conditions fields in Tab **1**. The name/date on the hard copy must match these fields:

Grants Terms and Conditions

Please type in the full name and title of your organization's official who signed the hard copy form (Go to the Attachments tab to access this document). Also include the date the form was signed.

Full Name 

Title 

Signature Date  

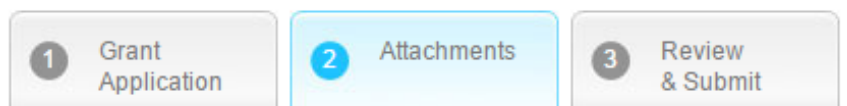
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VII) Head of Organization Contact Information

Please enter the contact information of the person who leads your organization.

Head of Org - First Name	<input type="text"/>
Head of Org - Last Name	<input type="text"/>
Head of Org - Title	<input type="text"/>
Head of Org - Email Address	<input type="text"/>

SECTION 2— ATTACHMENTS



Documents to Attach

Upload the following to your application. Referenced NYSHealth templates are available in the online application.

I) Application Supporting Materials

- Budget** (*Download template, complete, and upload to your application – REQUIRED*)
Ensure that your budget fits an 8.5 X 11 sheet of paper and full number/dollar amounts are visible in their cells. If a worksheet is protected, the password is “nyshf.”
- Work Plan** (*Download template, complete, and upload to your application – REQUIRED*)
The workplan details the timeline, tasks, and results needed to accomplish the project as outlined in your proposal.
- Letters of Support** (*REQUIRED*)
Letters of support from clinical and administrative leadership.
- Charts & Tables/Other Appendices** (*optional*)
This upload field is available to applicants who may have charts and/or tables that are not supported in the online application narrative fields. This attachment is limited to two pages maximum. Please note this upload is **not provided for additional narrative space** and **will not be included** with your application review.

II) Application Due Diligence Materials (*ALL REQUIRED*)

- Grant Terms and Conditions** (*Download, complete, and upload to your application*)
Review, sign, scan, and upload one copy of the grant terms to your online application.
Important: Ensure that the Grant Terms and Conditions fields in Tab 1 match the uploaded document.
- IRS Determination Letter** (*Upload to your application*)
If your organization does not have an IRS determination letter, please upload a document that explains your status.
- IRS Form 990** (*Upload to your application*)
The IRS annual filing form should be your organization’s most current and from the same fiscal period as your audited financial statements (see below). Ensure that the 990 includes the Schedule A, the electronic filing form (Form 8879-EO), and—if applicable—the form for filing an extension (Form 8868). **Note:** If your organization does not file a 990, please upload a document that explains your status.

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4. Audited Financial Statements *(Upload to your application)*

Financial statements prepared by a certified public accountant from the last two years and the same fiscal period as your Form 990 (most statements provide a comparative summary). Organizations that do not have audited financial statements should upload their balance sheet and profit-and-loss statement.

Instructions for Downloading Templates and Uploading Documents

Downloading Templates:

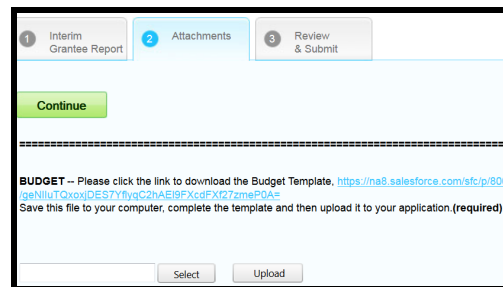
In the **Attachments** tab, click on the link of the template you need; then click **Download** in the lower left-hand corner of that screen.



Uploading Documents:

Step 1: Click on the **Select** button and search for the document you would like to upload.

Note: The upload field holds one attachment only. Multiple documents should be included in one external Word document or a PDF.

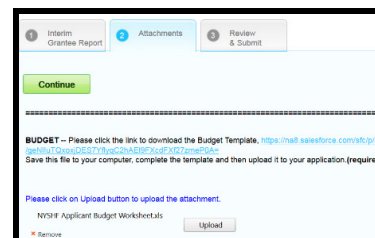


Step 2: Select the document, then click on the **Open** button from your directory.

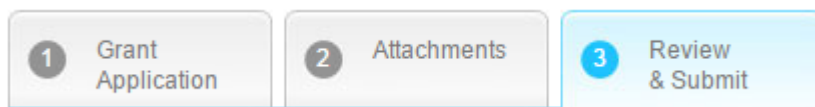


Step 3: The document name will appear in the section. Click the **Upload** button to complete the uploading process.

Note: If uploading assistance is needed, please contact NYSHealth Grants Management at (212) 584-7689.



SECTION 3—REVIEW & SUBMIT



When you have finished entering/uploading and reviewing all the necessary information, click **Submit**. You will receive an e-mail indicating that you have successfully submitted the application.

Not ready to submit? See “EDITING AN UNFINISHED APPLICATION” on page 2 for instructions on how to return to a saved application.

FEEDBACK

We welcome and encourage your comments about your online grant application experience. Please send your feedback to grantsmanagement@nyshealth.org.