



2010 SECOND & FINAL DEADLINE	
LETTER OF INTENT	FULL APPLICATION
April 26, 2010	May 20, 2010 by 1 p.m.

## 2010 Special Projects Fund Application Instructions

### PRE-APPLICATION PREPARATION/RECOMMENDATIONS

All applications are submitted using NYSHealth's online application, located on our Web site ([www.NYSHealth.org](http://www.NYSHealth.org)) under the Funding Opportunities heading. Below are application tips to expedite your submission:

- Read this document prior to starting your application. Some requested materials might require collaboration from other departments in your organization.
- Complete the narrative portion of the application in a Word document; copy and paste the information into the appropriate fields online.
- Collect all required documents for attachment prior to beginning the online application.
- The narrative fields in the online application are plain text format and do not allow for formatting (tables, charts, etc.). References or footnotes must be listed parenthetically in the proposal text.

### COMPLETING THE ONLINE APPLICATION

Submitting an application requires completion of the following components:

1. **User Profile Creation**  
The system will prompt applicants to create a user name and password, which enables the applicant to save and access the application until it is ready for submission.
2. **Contact Information**  
Basic information is requested for the project director who will be the main contact for NYSHealth.
3. **Organizational Information**  
Basic information is requested for the organization applying for the grant.

### RESPONSE TO REQUEST FOR PROPOSALS

The following outlines the required sections and length for each:

#### **Request Amount**

#### **Proposed Project Start and End Dates**

The earliest start date for the second Special Projects Fund grants is November 1, 2010.

#### **Project Title**

Please tell us the name of your project. Be succinct and use Title Case.

#### **Executive Summary (250 words)**

A brief description of the issue the project will address and how it will address the RFP's objectives; principle 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.



2010 SECOND & FINAL DEADLINE	
LETTER OF INTENT	FULL APPLICATION
April 26, 2010	May 20, 2010 by 1 p.m.

## 2010 Special Projects Fund Application Instructions

### **Background** *(1–2 pages maximum)*

Describe the nature and importance of the problem to be addressed; use evidence to document the need that you describe. Who is the population that will be affected? How would a grant address the problem?

### **Project Details** *(2–3 pages maximum)*

Describe the purpose of the project, and your goals and objectives. What specific activities will be undertaken using grant dollars? What are the project’s expected products? As applicable, specify major activities, stages of work, methods (including data sources) major topics and questions to be addressed, and sites if relevant. If the project is service-oriented, provide an estimate of the number of people it will serve. If it is policy-oriented, describe the policies you seek to change. If the project is data-driven, state the specific questions you seek to answer.

### **Evaluation** *(1 page maximum)*

As applicable, describe how the project will have a tangible and measurable impact on the health of New Yorkers, contribute to the work or knowledge in the topic area, raise public or professional awareness, fill an unmet need, or set the stage for future work. How will the project’s success be evaluated? Describe the study design, control or comparison groups (if any), data collection, and analysis. Will you use internal evaluation resources or retain an outside evaluator?

### **Sustainability** *(1 page maximum)*

Explain the business plan for sustaining the project’s activities after NYSHealth funding ends. It is inadequate to state that you will seek additional grants from other funders.

### **Potential for Replication** *(1 page maximum)*

Should the project be successful, describe its potential for replication. Would this project leverage additional funds? Describe the project’s potential for replication in New York State and the kinds of organizations that might replicate it.

### **Communications/ Dissemination Plan** *(1 page maximum)*

Describe target audience(s) and distribution mechanisms.

### **Capacity** *(1 page maximum)*

- Describe your organization’s unique and relevant qualifications and experience. Provide a few sentences about the project director’s and other key team members’ qualifications and expertise.

## SUPPORTING MATERIALS

Upload the following to your application; referenced NYSHealth templates are available in the online application. **Please note:** Each upload field holds one attachment only. Multiple resumes/bios or letters of commitment should be included in one Word or PDF document. Submit multiple year budgets in one Excel Workbook, if applicable. *Only requested information should be uploaded.*

### **Resumes**

Resumes for the project director and other key staff.



2010 SECOND & FINAL DEADLINE	
LETTER OF INTENT	FULL APPLICATION
April 26, 2010	May 20, 2010 by 1 p.m.

## 2010 Special Projects Fund Application Instructions

**Letters of Commitment** *(optional)*

Letters of support from project partners/collaborators, subcontractors, co-funders, policy makers, and target audiences.

**Work Plan** *(Download template, complete and upload to your application)*

The work plan details the activities, timeline, expected outcomes and personnel needed. Include anticipated dates for major work products.

**Budget** *(Download template, complete and upload to your application)*

The maximum overhead allowed is 15%. 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."

**DUE DILIGENCE MATERIALS**

Upload the following to your application.

**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.

**IRS Determination Letter,**

If your organization is not tax exempt, upload a document explaining its status.

**IRS Form 990**

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 the 990 includes the Schedule A, the electronic filing form (Form 8879-E0), and—if applicable—the form for filing an extension (Form 8868).

**Audited Financial Statements**

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). For-profit organizations should upload their balance sheets, and profit and loss statements.

**Financial Information Form** *(Download, complete and upload to your application)*

Fiscal ratios and financial information compiled from your organization's audited financial statements and Form 990; or from the profit and loss statement and balance sheet.

**APPLICATION SUPPORT**

If you have any questions or difficulties using our online application systems, please contact us at [grantsmanagement@nyshealth.org](mailto:grantsmanagement@nyshealth.org) and describe the nature of your question(s).