 NYS HEALTH <small>FOUNDATION</small> <small>Improving the state of New York's health</small>	SPECIAL PROJECTS FUND (SPF) GRANT INITIATIVE	
	Inquiry Form Deadlines (by 1:00 p.m. on each date)	October 3, 2017 March 13, 2018


ONLINE INQUIRY FORM INSTRUCTIONS

PREPARATION

Read this document before starting your inquiry form.

All inquiry forms 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 inquiry form 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 inquiry form all at once. See “RETRIEVING AN INQUIRY FORM” on page 4 for instructions on how to save and return before submitting.

PROGRAMMATIC SUPPORT

For programmatic questions regarding this inquiry form, please e-mail specialprojectsfund@nyshealth.org.

TECHNICAL SUPPORT

If you have 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

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 NYSHealth Grants Management: 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 applicant, create a user registration to log in.

1. Click on the "New Portal User" button. Please include your salutation. 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: Successful registration does *not* mean that you have started an application.

2. Click "**Login**" to start an inquiry form.

STEP 1—COMPLETING THE SPF INQUIRY FORM

1 SPF Inquiry Form 2 Review & Submit

I) Inquiry Form 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 Title (*120 characters maximum with spaces*);
4. Proposed Grant Amount; and
5. Timeframe to accomplish.

II) Organization Information

1. Address (pre-populated from your registration information);
2. County;
3. Website Address; and
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.



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III) Primary Contact Information

Contact information for the person with whom NYSHealth will be working on the project. **Note:** The contact fields will be pre-populated with information from your registration form. If the contact is different for this project, please change it to the correct contact.

IV) Area(s) of Focus

Select all the options that apply.

V) Scope of Project:

1. Please provide an approximate number of people the problem you will address currently affects (**if applicable**).
2. Please provide an approximate number of people that will be reached by the work accomplished during this project (**if applicable**).
3. Please select the geographic scope/impact of the project (check all that apply).

VI) Inquiry Narrative

The following outlines the required sections and lengths for each:

1. **Statement of the Need** (2,000 characters maximum with spaces)
A brief summary of the problem and the target population (and/or the institution or organization) your project will address.
2. **The Project** (3,500 characters maximum with spaces)
Briefly describe the work that would be conducted using grant funding. As appropriate, include details on specific activities, methods, sites, and products that would result from the grant. Be sure to state the expected impact of the project and explain why this is a special project as described in the RFP.
3. **Budget Narrative** (255 characters maximum with spaces. Applicants invited to submit a full application will be able to expand this description.)
Please provide a brief description of how the grant dollars will be spent. Applicants may choose to provide the budget in an outline or narrative format as indicated:


Outline Format

Personnel: \$70,523.00
Other Direct Costs: \$25,925.00
Professional Services: \$12,736.00
Travel: \$5,081.00
Overhead Rate: @.15 = \$17,140.00
GRAND Total = \$131,405.00

Narrative Format

Grant funding to be allocated for a coordinator, fringe, materials, printing, local travel, and conducting educational seminars for a total cost of \$135,000.
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4. **Project Management** (2,000 characters maximum with spaces)
Briefly describe your organization, its ability to carry out this project, and relevant experience to the project.
5. **Sustainability** (3,500 characters maximum with spaces)
Briefly describe how your organization plans to sustain the project after the grant period ends.

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STEP 2—REVIEW & SUBMIT THE INQUIRY FORM

1 SPF Inquiry Form

2 Review & Submit

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

Not ready to submit? Follow the instructions below to retrieve an unfinished inquiry form.

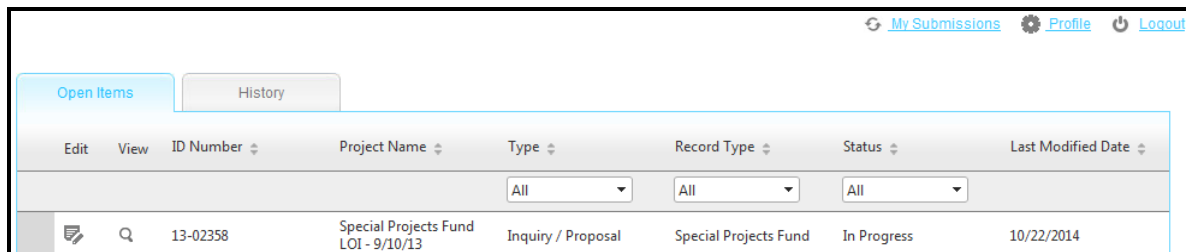
RETRIEVING AN INQUIRY FORM

Once you have successfully started and saved an inquiry form, you will receive a verification e-mail with the subject line, "NYSHealth: Accessing Your Saved Online Inquiry Form," containing a link to the login page to access your form.

Important: Share the link in this e-mail verification with your colleagues if they want to access the application.

Editing an unfinished inquiry form:

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



DEADLINES AND NOTIFICATIONS

The following are deadlines and notifications for the Special Projects Fund (SPF) grant initiative:

Round	Inquiry Form Deadlines	Full Proposal Invitations/Declination Notifications
SPF 1	October 3, 2017	End of October 2017
SPF 2	March 13, 2018	Mid-April 2018

NOTE: All updates and notifications will come from noreply@salesforce.com. Please make sure to check your junk/spam folders and edit your filters, as these e-mails often get redirected.

FEEDBACK

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