NYS HEALTH FOUNDATION *Improving the state of New York's health*	*Sponsoring Conference Participation in Support of* ***Veterans' Health***

GRANT APPLICATION INSTRUCTIONS

Read this document before starting your application.

PREPARATION

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 page 2 for instructions on how to save and return before submitting.

PROGRAMMATIC SUPPORT

For programmatic questions regarding this application, please e-mail Derek Coy, Veterans' Health Officer, at coy@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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**Deadline: Applications are accepted on a rolling basis**

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.

- **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.
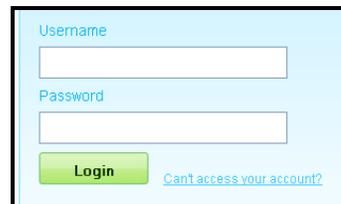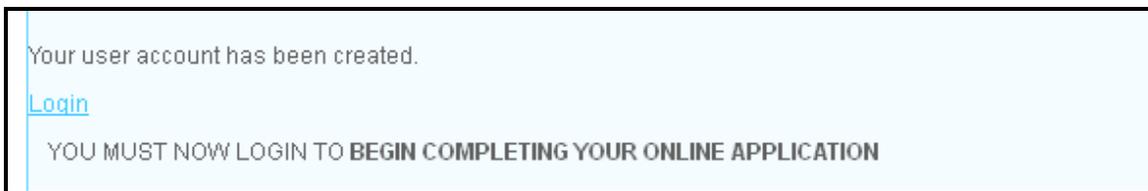
Username
Password
Login   Can't access your account?

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" **Register** 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: 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 **Edit** icon.

					My Submissions	Profile	Logout
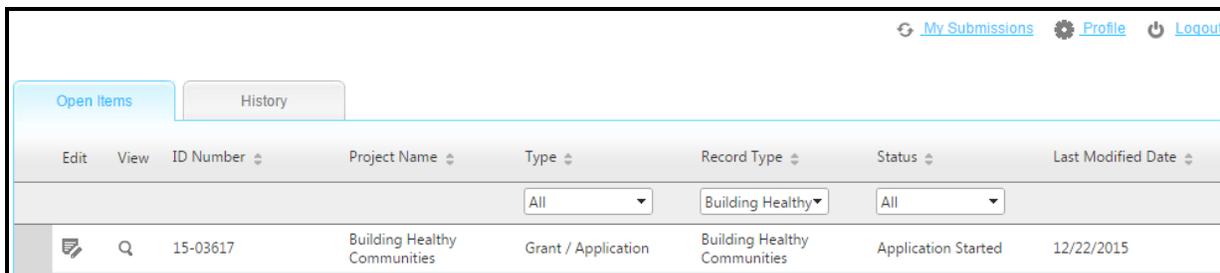
Open Items	History						
Edit	View	ID Number	Project Name	Type	Record Type	Status	Last Modified Date
				All ▼	Building Healthy ▼	All ▼	
📝	🔍	15-03617	Building Healthy Communities	Grant / Application	Building Healthy Communities	Application Started	12/22/2015

SECTION 1—GRANT APPLICATION

I) Organization Information

- Organization Legal Name (pre-populated from your registration information)
- Organization AKA Name (If your organization name is different from your organization's legal name)
- Address (pre-populated from your registration information)
- County
- Website Address
- 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.
- General information and coding pertaining to your organization.

II) Primary Contact Information

Please enter the contact information for the person with whom NYSHealth will be working on the project.

III) Conference Information

Please enter the name and the start and end dates for the conference.

IV) Proposed Grant Amount

Enter the full grant amount requested. (Up to $2,000 per person will be available for up to 2 attendees at each organization for a maximum of $4,000 per organization.)

V) Application Narrative

The following outlines the required sections and lengths for each. Please note the maximum length for each field are suggested; however, concise responses are welcomed and encouraged.

1. **Conference Attendance Rationale** *(10,500 characters maximum with spaces)*
   - Describe the ways in which your work relates to NYSHealth's Veterans' Health focus area;
   - Describe how the conference subject matter, sessions, or speakers may relate to NYSHealth's Veterans' Health focus area;
   - Describe potential ways attendance at the proposed conference may help inform your thinking, shape projects, raise professional awareness, set the stage for future work, or build the field for this focus area;
   - Describe why this conference would otherwise be cost-prohibitive to your organization;
   - Describe which staff member(s) will be attending, including title, and a brief rationale of why they are the best suited to attend the conference; and
   - If applicable, describe the topic you will present on at the conference you wish to attend.

2. **Budget Narrative** *(400 characters maximum with spaces)*
   - Please provide a brief description of how the grant dollars will be spent (e.g., conference registration fee, airfare, car rental, etc.).

GRANT APPLICATION INSTRUCTIONS

VI) Grants Terms and Conditions

1. In the online application, go to Tab ❷ 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 ❶. The name, title, and 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 (?)

VII) Head of Organization Contact Information

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

Head of Org - First Name

Head of Org - Last Name

Head of Org - Title

Head of Org - Email Address

SECTION 2—ATTACHMENTS

① Grant Application ② Attachments ③ Review & Submit

Documents to Attach

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

I) Application Supporting Materials

1. **Budget** (*Required: Download template, complete, and upload to your application*)
   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." In the budget narrative section, please include what costs you are seeking to have covered (e.g., conference registration fee, airfare, car rental).

2. **Conference agenda and supporting materials** (*Required: Upload to your application*)
   Upload conference agenda, sessions, and speakers, as well as any abstracts submitted and/or PowerPoint/papers that will be presented at the conference. If your presentation is not yet complete at the time of the application submission, please include the full presentation as part of your NYSHealth grantee final report, expected no later than one week after the conference.

II) Application Due Diligence Materials

1. **Grant Terms and Conditions** (*Required: Download, complete, and upload to your application*)
   Please 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 ❶ are completed and match the uploaded document.

2. **IRS Determination Letter** (*Required: Upload to your application*)
   If your organization does not have an IRS Determination letter, please upload a document that explains your status.

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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.
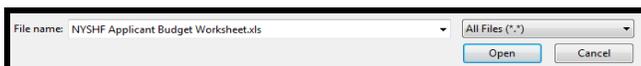
Uploading Documents:

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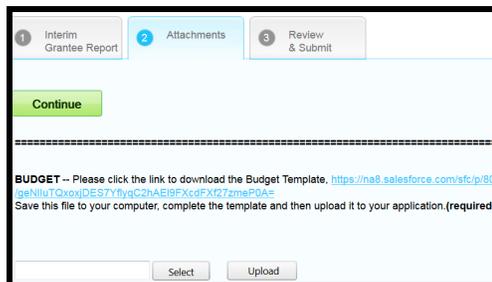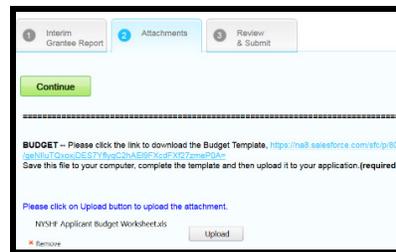
Step 2: Select the document, then click on the **Open** button from your directory.

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 experience. Please send your feedback to grantsmanagement@nyshealth.org.