

PATIENTS AS PARTNERS INQUIRY FORM INSTRUCTIONS


Deadline: May 16, 2018 (by 1 p.m.)

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

PROGRAMMATIC SUPPORT

Interested organizations are encouraged to contact Foundation staff early in the process to discuss any project ideas. Questions should be addressed to Program Officer Amy Shefrin at Shefrin@nyshealth.org or (212) 584-7673, or Program Assistant Victoria Casani at Casani@nyshealth.org or (212) 292-7296.

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.

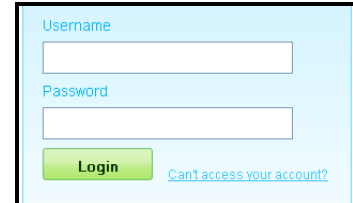
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ONLINE REGISTRATION

Returning Users

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



Username

Password

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

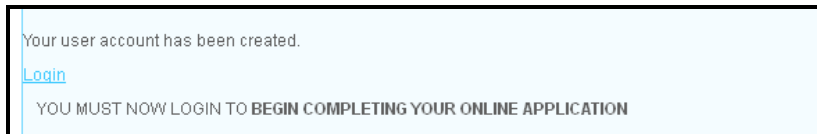
Do not create new registration if you have already created one.

- **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.

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. 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 inquiry form.

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

STEP 1—COMPLETING THE INQUIRY FORM



1 Inquiry Form 2 Review & Submit

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 (*maximum \$250,000*)

Note: Applicants may apply for a grant of up to \$250,000. Projects will be assessed for the appropriateness of the budget to the proposed scope of work and timeline. Funds requested must be commensurate with the work proposed. The budget will be an important factor in selecting the most competitive proposals.

5. Timeframe for completing the project

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

1. Address;
2. County;
3. Website Address; and

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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.

Primary Contact Information

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

Scope of Project:

1. Please select the geographic scope/impact of the project (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> National | <input type="checkbox"/> Hudson Valley |
| <input type="checkbox"/> Statewide | <input type="checkbox"/> New York City |
| <input type="checkbox"/> Capital Region | <input type="checkbox"/> North Country |
| <input type="checkbox"/> Central New York | <input type="checkbox"/> Western New York |
| <input type="checkbox"/> Finger Lakes | <input type="checkbox"/> Other (e.g., other city, county or neighborhood in New York State): |
| <input type="checkbox"/> Long Island | <input type="text"/> |

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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 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, and products that would result from the grant. Be sure to explain how and why this project fits in with our Patients as Partners initiative.

3. Desired Impact and Goals (2,000 characters maximum with spaces)

Briefly describe the desired impact and goals of the project. Please explain how this project may have implications for statewide or system-wide policies or practices; provide a true benefit to consumers and patients; or can have impact or influence on the larger field.

4. Barriers and Obstacles (2,000 characters maximum with spaces)

Briefly describe any potential barriers and obstacles that could be encountered during the project, and how the organization plans to overcome them.

5. Qualifications (2,000 characters maximum with spaces)

Briefly describe any unique and relevant qualifications and experience of your organization or a project partner organization to carry out this project.

6. Budget Narrative (400 characters maximum with spaces. Applicants invited to submit a full proposal will be able to expand this description.)


Please provide a brief description of how the grant dollars will be spent. For example:

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

STEP 2—REVIEW & SUBMIT THE INQUIRY FORM

1 Inquiry Form

2 Review
& Submit

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

Not ready to submit? Follow the instructions on the next page to retrieve an unfinished inquiry form.

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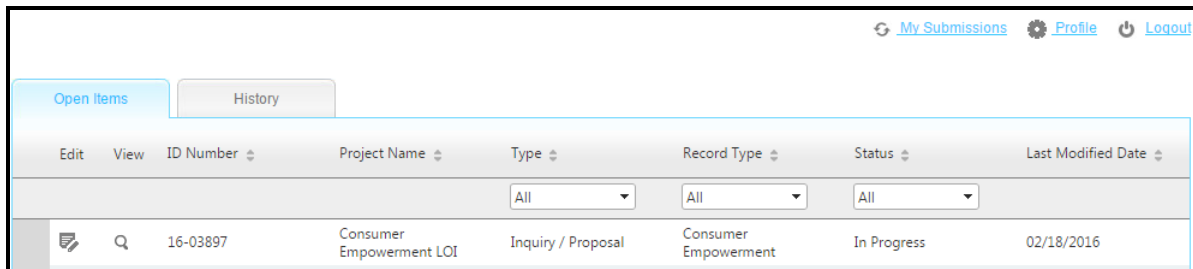
RETRIEVING AN INQUIRY FORM

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 inquiry form.

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.



My Submissions Profile Logout							
Open Items		History					
Edit	View	ID Number	Project Name	Type	Record Type	Status	Last Modified Date
				All	All	All	
		16-03897	Consumer Empowerment LOI	Inquiry / Proposal	Consumer Empowerment	In Progress	02/18/2016

FEEDBACK

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