

PREPARATION

Read this before starting the online inquiry form process.

All applications must be submitted through [NYSHealth's online grantee portal system](#). Remember that some requested information may require collaboration from other departments in your organization.

Helpful tips:

- **Timing Out** – The grantee portal is set to time out after one hour. Please *regularly* save while working.
- **Complete as a Word Document** – Complete the inquiry form as a Word document first; then copy and paste into the appropriate online fields. Each section lists a maximum character limit.
- **Online Formatting** – Narrative fields in the online inquiry form are plain text format and do not support any formatting. List any references/footnotes parenthetically in the text.
- **Save and Return** – You do not have to complete the online inquiry form all at once. You can save your work and return at a later time by logging back on to the grantee portal.

GRANTEE SUPPORT

Interested organizations are encouraged to contact Foundation staff early in the process if they have questions about projects. Questions should be addressed to Program Officer MaKaya Saulsberry at Saulsberry@nyshealth.org or Program Assistant Jannel Tillman at Tillman@nyshealth.org.

If you have questions or difficulties using the grantee portal, please contact Keenen Willis, Grants Assistant, at willis@nyshealth.org or call (212) 584-7675; please leave your telephone number.

GRANTEE PORTAL LOGIN

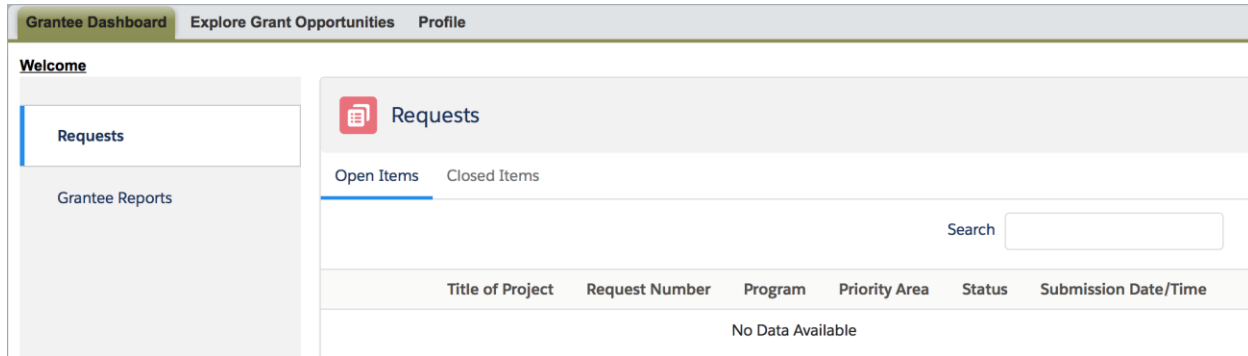
Returning Users: If you have applied through NYSHealth's online system before, use your existing credentials to log in. Use the credentials you created during your application process to log in (do not create a new account).

- **Forgot Your Password?** Click on '[Can't access your account?](#)' to receive a temporary password.
- **Forgot Your Username?** Please contact NYSHealth Grants Management as listed above.

New Users (first-time applicant): If you are a first-time applicant, create a user registration to log in. Click on "New User" link and follow the instructions.

ACCESSING THE PATIENTS AS PARTNERS INQUIRY FORM

Once logged in, you will see this dashboard. Go to the Explore Grant Opportunities tab at the top, select the Patients as Partners: Advancing Equity Online Inquiry, and click on Create Application button.



The screenshot shows a web dashboard with a navigation bar at the top containing 'Grantee Dashboard', 'Explore Grant Opportunities', and 'Profile'. The main content area is titled 'Welcome' and has a sidebar on the left with 'Requests' and 'Grantee Reports'. The 'Requests' section is active, showing a 'Requests' header with a calendar icon, and tabs for 'Open Items' and 'Closed Items'. Below the tabs is a search bar and a table with columns: 'Title of Project', 'Request Number', 'Program', 'Priority Area', 'Status', and 'Submission Date/Time'. The table currently displays 'No Data Available'.

The application does not allow formatting (e.g., tables). References/footnotes must be listed parenthetically in the application.

COMPLETING THE PATIENTS AS PARTNERS INQUIRY FORM

I. Inquiry Information

- Project Title
- Proposed Grant Amount (**Note:** Applicants may apply for a grant of up to \$200,000. 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.)
- Time Frame for Completion
- Scope of Project: Please select the geographic scope/impact of the project (check all that apply).

Please click on **Save and Next** to go on to the next section.

II. Organization Information

This section reflects information created during your user registration process.

- Organization Legal Name (pre-populated from your registration information)
- Organization AKA Name (If your organization name is different from your organization's legal name)
- Employer Identification (EIN) Number
- Address (pre-populated from your registration information)
- Organization Type 1 (select from drop-down menu)



PATIENTS AS PARTNERS: ADVANCING EQUITY INQUIRY FORM INSTRUCTIONS

Deadline: December 8, 2020 (by 1 p.m.)

- Organization Type 2 (select from drop-down menu)
- Website URL
- Organization Information (*Maximum length: 2,000 characters with spaces*): Describe 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.
- Annual Operating Budget: Do not include a \$ sign in this field; only include numbers.
- Year Established
- Number of Employees

Please click on **Save and Next** to go on to the next section.

III. Contact Information

This section reflects contact information created during your user registration process. If the primary contact for this grant needs to be updated, click on the fields with the highlighted red bars and edit.

*Please Note: If the information you are looking at is not you, you have logged in as someone else. This is common if you decide to share login credentials. Please **DO NOT** edit the contact details in this section if you are not this person. You must log in under your own credentials and update your contact details there.*

Please click on **Save and Next** to go on to the next section.

IV. 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.

Statement of Need (*Maximum length: 2,000 characters with spaces*)

A brief summary of the problem your project will address. Please include a description of the racial and health equity issues and the target population.

The Project (*Maximum length: 4,000 characters 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 you plan to meaningfully engage people of color in the design, management, and execution of the project and why this project fits in with our Patients as Partners: Advancing Equity initiative.

Desired Impact and Goals (*Maximum length: 2,000 characters 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 of color; or can have impact or influence on the larger field.



PATIENTS AS PARTNERS: ADVANCING EQUITY INQUIRY FORM INSTRUCTIONS

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Barriers and Obstacles (*Maximum length: 2,000 characters with spaces*)

Describe any barriers and/or obstacles you expect to encounter and how your organization plans to overcome them.

Qualifications (*Maximum length: 2,000 characters with spaces*)

Briefly describe any unique and relevant qualifications and experience of your organization or a project partner organization to carry out this project. Include a description of how your proposed team members are well positioned to meaningfully engage consumers and patients from communities of color, including a description of your organization and project leadership. You must include the racial/ethnic breakdown of your project team and leadership of your organization.

Budget Narrative (*Maximum length: 400 characters with spaces*)

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

Applicants invited to submit a full grant proposal will be able to expand this description.

Please click on **Save** when you are finished.

V. **Review/Submit**

When you have finished entering and saving all the necessary information under the various tabs, click **Review/Submit** at the top. You will then see your inquiry form application in its entirety.

If you need to make changes or edits, click **Back to Record** and update accordingly. Once you have reviewed all your information and have no other changes, click **Submit**. Select **Print** if you would like a printed copy of your application. You will receive an e-mail indicating that you have successfully submitted your application.

Not ready to submit? Click **Back to Record** and **Save**. Log back on to the grantee portal to continue editing at a later time.

FEEDBACK

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