

SOI # 20298

**New York State Department of Health Office of Primary Care and Health Systems
Management Center for Health Care Policy and Resource Development Division of
Workforce Transformation**

Solicitation of Interest

Increasing Training Capacity in Statewide Healthcare Facilities

ADDENDUM #1

March 7, 2023

The following are official modifications, which are hereby incorporated into SOI # 20298. Deleted language appears in strikethrough (“~~xxx~~”) and added language appears in red text. The information contained in this amendment prevails over the original SOI language. Applicants should review all documents in their entirety to ensure all amended language and revised Attachments are incorporated and into their applications.

Within Section IV, “How to Apply” (SOI Page 3) a date has been revised as follows:

IV. HOW TO APPLY

Written questions will be accepted until March 16, 2023 by 4:00pm **ET**.

**New York State Department of Health
Office of Primary Care and Health Systems Management
Center for Health Care Policy and Resource Development
Division of Workforce Transformation**

Title: Solicitation of Interest # 20298 – Increasing Training Capacity in Statewide Healthcare Facilities

AGENCY: Health, NYS Dept. of Health, NYS Dept. of Health / Center for Health Care Policy and Resource Development / Division of Workforce Transformation

Contract Number: TBD

Contract Term: October 1, 2023 – September 30, 2025

Date of Issue: March 3, 2023

Questions Due: March 16, 2023 prior to 4:00 PM ET

Answers Posted: March 30, 2023 (on or about)

Due Date/Time: April 19, 2023 4:00 PM

County(ies): All NYS counties

Location: Statewide

Classification: Medical & Health Care

Opportunity Type: Grant or notice of funds availability

Description:

I. INTRODUCTION

The New York State Department of Health (NYSDOH) announces the availability of \$22,500,000 in funding through this Solicitation of Interest (SOI) for Increasing Training Capacity in Statewide Healthcare Facilities in New York State. The anticipated term of these awards is October 1, 2023, to September 30, 2025.

In 2022, Governor Hochul announced a \$10 billion multi-year investment in healthcare, the largest in State history, to rebuild and grow the healthcare workforce and strengthen the healthcare system. The need to rebuild and grow the healthcare workforce with programs designed to improve the career pipeline, expand access to healthcare training and education,

recruit care workers to underserved areas, and strengthen home care was a direct result of the COVID-19 pandemic and to the continuing and existing healthcare professional shortages in New York State. Fundamental and critical in this agenda are innovative initiatives to increase training to the healthcare workforce. With the focus on delivering immediate care to New Yorkers, our state’s healthcare facilities often lack the training capacity to focus on preparing the next generation of healthcare professionals. This opportunity is intended to support projects that fulfill this goal. The purpose of this solicitation is to identify and provide funding to eligible organizations to increase the training capacity of healthcare facilities with the goal of supporting healthcare facilities to prepare, mentor, and train a steady pipeline of high-quality healthcare professionals.

Up to \$22.5 million, per year, is currently available under this Solicitation of Interest (SOI). Awards will provide up to \$1,000,000 per year for two years to eligible healthcare facilities. NYSDOH staff will review responses to this solicitation in the order in which they are received. Eligible awardees will be selected on a first-come first-served basis if their response meets the requirements of the SOI. When funding has been depleted to a level such that an applicant’s total requested funding amount cannot be met, the eligible awardee will be offered a reduced award amount. If the eligible awardee accepts that amount, no further awards will be made. If the eligible awardee declines that amount, the next eligible awardee will be offered an award until funds are completely exhausted. If additional funds become available, the Department may make additional awards.

II. WHO MAY APPLY

A. Minimum Eligibility Requirements

To be considered for an award, applicants must meet **all** of the following minimum eligibility requirements:

- **Must be a legally existing organization capable of entering into a binding Master Grant Contract with NYSDOH**
- **Must be one of the following provider types:**
 - A General Hospital certified or licensed under Article 28 of the Public Health Law (PHL); OR
 - Diagnostic and Treatment Centers certified or licensed under Article 28 of the Public Health Law (PHL); OR
 - A Residential Health Care Facility (Nursing Home) certified or licensed under Article 28 of the Public Health Law (PHL)

Proof of eligibility includes an uploaded copy of applicant’s New York State Operating Certificate for an Article 28 provider organization (Attachment 1)

- **Must upload a completed Application Form (Attachment 2) Please Note:** This should be signed by an individual authorized to bind the Eligible Applicant to any Master Grant Contract in the NYS Grants Gateway.
- **Must upload a completed Project Proposal (Attachment 3)**
- **Must upload a completed Project Budget (Attachment 4)**

III. USE OF FUNDS

This funding opportunity is being made available to increase training capacity of the healthcare workforce. This funding cannot be used to supplant existing resources. The following expenses are deemed eligible but not required as part of the budget, depending on the organization's need:

- Costs to recruit, hire, and maintain **NEW** staff who can provide training programs;
- Costs to develop **NEW AND INNONVATIVE** training programs and curriculum;
- Costs to providing compensation to workers **COVERING FOR STAFF WHO ARE ATTENDING TRAINING;**
- Costs related to providing paid compensation **FOR STAFF WHO ARE ATTENDING TRAINING; and**
- Costs related to **CONDUCTING** training (by facility employees or contractors)

This funding opportunity is being made available to increase training capacity of the healthcare workforce. The funding cannot be used to supplant existing resources. Additionally, ineligible expenses include, but are not limited to:

- Executive or administrative salaries
- Travel expenses
- Meals or refreshments for trainers or staff being trained

*Note: The Department reserves the right to update, modify, or amend the types of expenses that are allowed or disallowed under this funding opportunity. The Department reserves the right to allocate funding in ways to best serve the interests of the state.

A. Application Limits

No more than one application will be accepted from a single eligible Article 28 facility. While facilities may have more than one location, the submitted application should include all sites included in the applicant's training proposal.

IV. HOW TO APPLY

Written questions will be accepted until March 14, 2023 by 4:00pm. All questions should be submitted electronically to the email address, IncreasingTrainingCapacity@health.ny.gov. All questions should be submitted with the subject line "Increasing Training Capacity in Statewide

Healthcare Facilities Questions”. In the event that any updates and/or clarification of information are warranted, information will be posted in the Contract Reporter under the tab “Documents” for this announcement. Responses to questions received by March 16, 2023, will be posted on or about March 30, 2023.

To be considered for funding, an applicant must complete and upload and e-mail all attachments referenced below to IncreasingTrainingCapacity@health.ny.gov. Only one application per eligible healthcare facility will be accepted.

The project application must contain the following:

- A copy of applicant’s New York State Operating Certificate for an Article 28 provider organization- Proof of Eligibility (Attachment 1)
- The completed Application Form (Attachment 2)
Please Note: This should be signed by an individual authorized to bind the Eligible Applicant to any Master Grant Contract in the NYS Grants Gateway
- The completed Project Proposal (Attachment 3) to support the goal to increasing training capacity in statewide healthcare facilities
- The completed Project Budget (Attachment 4) to support the goal to increasing training capacity in statewide healthcare facilities

Late Applications Will Not Be Accepted.

It is the Applicant’s responsibility to ensure that all materials included in the application have been properly prepared and submitted. Best practice is that complete applications be submitted as soon as practicable and up to five days prior to the deadline to avoid technical issues. The application consists of the completed Attachments (1-4) listed below. **You must submit ONE EMAIL with each required Attachment as individual .pdf documents.** Make sure to name each document accordingly (i.e., Attachment 1, Attachment 2). Applications must be submitted via email to IncreasingTrainingCapacity@health.ny.gov no later than 4:00 pm ET on the date and time posted on the cover of this SOI. Again, all application documents should be submitted together as attachments in ONE EMAIL.

Review & Award Process

Applications meeting the guidelines and containing all mandatory Attachments will be reviewed and evaluated by the Department. Applications will be evaluated on a Pass/Fail basis. Department staff will review applications in the order in which they are received. The Department will notify an Applicant by e-mail if the application is complete or incomplete. If the application is complete, no further action by the Applicant is needed. If the application is incomplete, the Department will provide the Applicant a list of outstanding items. The Applicant will have one opportunity to supply the missing information within 10 business days of being notified by the Department via email. All missing information must be emailed to:

IncreasingTrainingCapacity@health.ny.gov. If the Applicant fails to respond to the missing information request within this time period, the application will not be processed any further and will not be funded. Because of this, it is advantageous to submit a complete application, and to respond to the Department's email regarding any omissions, as soon as possible. The due date will be clearly stated in the communication from the Department advising that the application is incomplete. No additional information will be accepted after this due date.

Funding for this project is contingent on the availability of State funds and the number of eligible applicants that respond to the advertisement. Available funding to support this initiative will be limited to the amount appropriated in the enacted State Fiscal Year budgets for this purpose. **This advertisement is not a guarantee or promise of funding.**

The Department reserves the right to withdraw this solicitation and/or issue a competitive procurement for this project if the number of interested and eligible parties exceed that which can be reasonably accommodated by available funds.

ATTACHMENTS

The following Attachments (1-4) must be completed and submitted as the application for this SOI. If your organization is not an Article 28 provider organization do not continue any further, you are not an eligible applicant for this award. All mandatory attachments must be completed to have your application be reviewed for an award.

Attachment 1: New York State Operating Certificate for Article 28 provider organization – Proof of Eligibility (mandatory)

Attachment 2: Application Form (mandatory)

Attachment 3: Project Proposal (mandatory)

Attachment 4: Project Budget (mandatory)

Contact Information

Primary contact: Health, NYS Dept. of
Center for Healthcare Policy Resource Development
Division of Workforce Transformation
Cheryl Dallesandro
Director
IncreasingTrainingCapacity@health.ny.gov

Submit to contact: Health, NYS Dept. of
Center for Healthcare Policy Resource Development
Division of Workforce Transformation
Steven Brooks
IncreasingTrainingCapacity@health.ny.gov

SOLICITATION OF INTEREST #20298

Increasing Training Capacity in Statewide Healthcare Facilities

Attachment 1*

New York State Operating Certificate for Article 28 provider organization - Proof of Eligibility

*Please note this document is intentionally left blank as the applicant is required to upload/attach a copy of their New York State Operating Certificate for proof of eligibility and submit it with the other required attachments to the email address specified in the above referenced Solicitation of Interest.

**New York State Department of Health
Office of Primary Care and Health Systems Management
Center for Health Care Policy and Resource Development
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SOLICITATION OF INTEREST #20298
Increasing Training Capacity in Statewide Healthcare Facilities

**Attachment #2
Application Form**

Funding Amount Requested	\$
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Contact Information*			
Applicant Name		Name of Project Coordinator	
Contact Person, Title		Contact Person, Title	
Address		Address	
Phone #		Phone #	
Fax #		Fax #	
Email Address		Email Address	

*This is who will be contacted if awarded to negotiate the work plan and budget.

Please be sure to complete all sections below, including signing the attestation, before submitting.

Applicant Information:

1. Is the applicant organization (please check one):
 - A General Hospital certified or licensed under Article 28 of the Public Health Law (PHL)
Yes or No
 - Diagnostic and Treatment Centers certified or licensed under Article 28 of the Public Health Law (PHL)
Yes or No
 - A Residential Health Care Facility (Nursing Home) certified or licensed under Article 28 of the Public Health Law (PHL)
Yes or No
2. Please provide the Applicant's New York State Operating Certificate Number: _____
3. Please indicate the discipline(s) proposed to be trained in this proposal:

4. Please indicate if the training proposed in this proposal will be offered by facility training staff or by a contracted entity:

5. Please provide the number of staff that are being proposed to receive training:

6. Please provide the training curriculum to be used or if a training curriculum will be developed:

Project Description: (Please complete on a separate document and attach to this Application form).

1. Please provide a detailed description of the project or program and the actions and activities that will be undertaken to realize it. Include the distinct features of your project including (1) the purpose it serves and (2) how this purpose aligns with the Department of Health’s stated goal of increasing training capacity of the healthcare workforce.
2. Please provide a projected timeline for implementation with proposed actions and deliverables.
3. What is the current state of training programs and/or training project development?
4. Which type of job(s) or worker(s) does the training program target? Explain how this fits the criteria of an “in-demand” job category where training is needed and how your approach is responsive to the needs of the healthcare industry.
 - a. What specific types of jobs and job titles will the program or project prepare target? Refer to O*Net at <https://www.onetonline.org/> and provide O*Net codes for a maximum of 10 titles in which the participant will be trained.
5. Explain the need for funding through this program, including why funding is necessary to complete the project and why funding for this project cannot be acquired from other public funding sources (NYS Department of Labor, Workforce Investment Fund, etc.). How does the funding you are seeking make it possible to reach your program or project goals, such as change to the number of participants, types of training that can be offered, or other results relevant to your goals?
6. What is the applicant’s experience with projects of similar size and scale to the one proposed in this application? Please give specific examples of results and successes that demonstrate the applicant’s established track record of effective training programs.
7. Describe any industry and/or community partnerships that have been or will be developed that relate to or will support the proposed project.

Attestation:

Please complete, enter the organization’s legal name, and information required below, and sign the attestation before submitting.

Funding Opportunity: Increasing Training Capacity in Statewide Healthcare Facilities

Organization: «Enter Organization's Legal Name»

Contract Term: October 1, 2023 – September 30, 2025

Consistent with the Solicitation of Interest for the above referenced funding opportunity and the information provided through the application cover page, the individual authorized by the above-named organization to submit this form attests that the information submitted is accurate and attests that the funding will be used to expand training capacity in health care facilities. If the information is determined to be inaccurate, the Department can adjust the contract award amount or terminate the contract if needed. The individual authorized by the above-name organization attests to the organization’s capability and willingness to enter into a binding Master Grant Contract with NYSDOH without change or amendment.

Name of Person Authorized to Attest: _____

Title of Person: _____

Electronic Signature: _____

Date: _____

The completed and signed attestation must be included with the application.

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SOLICITATION OF INTEREST #20298
Increasing Training Capacity in Statewide Healthcare Facilities

**Attachment #3
Project Proposal**

Applicant Name	
Applicant's Operating Certificate #	
Applicant's Proposal Name	

Please be sure to complete all sections below, including signing the attestation, before submitting. Applicant may submit proposals to train more than one discipline. If Applicant is submitting proposals to train more than one discipline, Applicant will complete **ONE** project proposal per discipline. **Applicant will use this form and complete for each additional training proposals per discipline.**

Applicant Information:

Applicants Proposed Training Location(s): _____

Applicant's Proposed Target Discipline(s): _____

Applicant's Proposed Numbers of Target Discipline(s) to be trained: _____

Applicant's Proposed Training Dates: _____

Applicant Proposal:

To support a steady pipeline of high-quality healthcare professionals, the goal of this funding is to increase the training capacity of medical institutions. Please provide a narrative description of the proposal to increase training which addresses each of the elements below.

- The facility's specific training needs
- The facility's challenges in meeting the defined needs
- The facility's description of the plan to increase training capacity
- How the proposed training program will meet the facility's specific goals
- What metrics will be used to evaluate the facility's proposed training program

PLEASE INDICATE: Funding Requested includes training program for multiple disciplines? Yes No

PLEASE INDICATE: # of training disciplines: _____

Funding Amount Requested per discipline (If proposal includes training program for multiple disciplines; if indicated "no" above or 1 this amount will represent a total funding request):

\$ _____

Attestation:

Please complete, enter the organization’s legal name, and information required below, and sign the attestation before submitting.

Funding Opportunity: Increasing Training Capacity in Statewide Healthcare Facilities

Organization: «Enter Organization's Legal Name»

Contract Term: October 1, 2023 – September 30, 2025

Consistent with the Solicitation of Interest for the above referenced funding opportunity and the information provided through the application cover page, the individual authorized by the above-named organization to submit this form attests that the information submitted is accurate and attests that the funding will be used to expand training capacity in health care facilities. If the information is determined to be inaccurate, the Department can adjust the contract award amount or terminate the contract if needed. The individual authorized by the above-name organization attests to the organization’s capability and willingness to enter into a binding Master Grant Contract with NYSDOH without change or amendment.

Name of Person Authorized to Attest: _____

Title of Person: _____

Electronic Signature: _____

Date: _____

The completed and signed attestation must be included with the application.

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SOLICITATION OF INTEREST-#20298
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Attachment #4

Project Budget
10/1/23-9/30/25

Please note: Applicant must complete a budget for both years of the project proposal

10/1/23-9/30/24
10/1/24-9/2025

Grants Gateway Budget Data Entry
Where to Budget

Budget Category Side-by-Side – use this chart to assist with aligning cost categories with the (8) defined budget categories, labeled a through f on the budget summary. This a sample listing of those most commonly

<i>Master Grant Contract Budget Categories</i>	<i>Sample of Budget Categories</i>
Personal Services	Employees on payroll. Ineligible: Executive and Administrative salaries.
Fringe	Payroll Taxes, Health Insurance, Pension, Worker's Compensation, etc.
Contractual Services*	Vendors*
Contractual Services**	Subcontractors / Consultants / Affiliate Staff
Travel	Ineligible
Equipment Expense	> article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds \$5,000, or a grouping of like items which equals or exceeds \$5,000. < \$5,000 budget under Operating Expenses
Space/Property & Utility Expenses	Rent, Depreciation, Maintenance & Repairs, Utilities (including electric, heat, cell phone, internet, telephone)
Operating Expense	Equipment, Office Technology purchases < \$5,000
Operating Expense	Training room costs. Ineligible: Food, refreshments and beverages.
Operating Expense	Office Supplies, Program Supplies/Materials
Operating Expenses	Staff Training/Professional Development, i.e. Train the Trainer (for costs such as conference fee - NOT travel)
Operating Expense unless fringe benefit related, then it is Personal Services	Insurance (e.g. general liability)
Operating Expense unless it is contracted out, then it is Contractual Services	Database Management, Computer/Network Maintenance
Operating Expense unless it is contracted out, then it is Contractual Services	Educational Materials, Printing, Postage
Other	Indirect

*Contractual Services - Vendors: include those persons or organizations that provide the same or similar services to any customer without altering its product. Examples of vendors include audit services, payroll services, bookkeepers, laboratory services, and IT consultants.

**Contractual Services – Subcontractors / Consultants / Affiliate Staff: performs a portion of the scope of work from the lead contractor's project, often off-site and under the direction of a third party. The subcontractor has its performance measured against the objectives of its portion of the scope of work of the lead program.

