

**Doctors Across New York (DANY) Instructions to Apply for DANY 2018 Cycle V
Physician Loan Repayment and Physician Practice Support
Applications OPEN May 16, 2018**

Contact Email: DANY2018@health.ny.gov

BEFORE STARTING THE DANY APPLICATION PROCESS:

Please Review pages 4 & 5 to determine your eligibility for DANY.

Please Review page 8 & 9 to determine your Location eligibility.

Applications are accepted on a first come first serve basis until the limited funds are all allocated.

PART 1: GRANTS GATEWAY ACCESS

Page 1- Finding Forms

Page 2- Instructions for Grants Gateway Administrator Form (Needed for Individuals)

Instructions for Substitute W-9 Form

Mailing out the applications

Receiving your Access (SFS ID, Grants Gateway Username, Temporary Password)

PART 2: DANY APPLICATION WITHIN THE GRANTS GATEWAY PORTAL

Page 3- Accessing Grants Gateway and Instructions for DANY Application on Grants Gateway

Page 4- Applicant Identification and Eligibility Requirements

Page 5- Eligibility Requirements and Loan Forgiveness Information

Page 6- Work Plan and Budget Information

Page 7- Application Attachments, Site Information, Loan Statements

Page 8- Employee Contract / Business Plan, and Tool to Identify Underserved Area

Page 9- Supporting Documentation and Vendor Attestation

What you will Need:

- Grants Gateway Administrator Form
- W-9 Form
- Notary
- Tax ID or Social Sec. Number
- Envelope/Stamp
- Loan Statements
- Federal employer ID number or Social Security Number
- Employment Contract (Dates 1/1/19-12/31/21)
- Business Plan for Practice Support
- Supporting Documentation for Underserved Area (see page 5)

Finding the Forms for Grants Gateway Access:

- Go to grantsreform.ny.gov/grantees
 - There is a tutorial on Youtube that explains the document and application process
 - <https://youtu.be/Py1hqveEiF4>
- On the left side of the page, in the column called “Quick Links,” click on the link called “**Registration Form for Administrator**”
 - Download this PDF to complete it.
- If you do NOT have a SFS Vendor ID, Go back to grantsreform.ny.gov/grantees to download the required Substitute W-9 form.
- Again on the left side of the page, in the column called Quick Links, there is a link called “**Substitute W-9**”
 - Download this PDF to complete it

Instructions on completing the Registration Form for Administrator:

- Organization Information:
 - Legal Name: Enter your FULL Legal Name here
 - Federal ID: not applicable for Individual Physician Applicants (leave blank)
 - SFS Vendor ID: if you do not have one, you will need to fill out a **Substitute W-9 Form** (see below)
 - DUNS Number: Enter if applicable; can be left blank
 - Under Address- include your own address
- Delegated Administrator :
 - if applying as an individual, enter your own information here
- Authorization:
 - if applying as an individual, enter your own information under Head of Organization
 - Do not forget to sign and date
- Acknowledgement:
 - Section must be completed by a certified notary
 - Make sure the Notary section is completed with date and name of applicant
 - Needs signature and stamp
- Additional information can be found on the accompanying instruction page
- Once this form is completed, make a copy for yourself and mail the Original Notarized form

Instructions on completing the Substitute W-9 Form:

- Part I: Vendor Information:
 - Box 1: if applying as individual, write your full legal name here
 - Box 2: Leave blank if applying as individual
 - Box 3: if applying as individual, check the box labeled “Individual Sole Proprietor”
- Part II: Taxpayer Identification Number & Taxpayer Identification Type
 - Box 1: enter SSN
 - Box 2: check box labeled Social Security Number.
- Part III: Address
 - Box 1: Enter your address
 - Box 2: Can be left blank
- Part IV: Vender Primary Contact Information – Executive Authorized to Represent the Vendor
 - Enter your information here
- Part V: Certification and Exemption from Backup Withholding
 - Check which applies to you.
 - Sign and date, include your printed name, number, and email.
- Additional information can be found on the accompanying instruction page
- Once both forms are complete, mail both the **Registration Form for Administrator** and the **Substitute W-9 Form** to:
 - Mail to:
NYS Grants Reform
99 Washington Avenue
Room 1550-Grants Reform
Albany, NY 12210-2814

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- Approximately Seven (7) business days after submitting the Registration Form for Administrator and Substitute W-9, you will receive three separate EMAILS
 1. Email with your SFS ID (this is what the W-9 form is for) from noreply@sfs.ny.gov
 2. Your PERMANENT username from Grants gateway
 3. Your TEMPORARY password from Grants gateway

To access the Grants Gateway

- Go to grantsreform.ny.gov
 - Click on the link at the top of the page that says “Click here to access the Grants Gateway” OR
- Go directly to https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx
- At the top left side of the page, click “Grants Gateway Login”
- Put in your new Username and Temporary password in the box on the top right side of the page.
- After logging in you will see a page with your personal information already populated.
 - At the bottom they will ask you to pick a new password. Must be 8 characters long with at least 1 number.
- PreQualification Application
 - For Individuals Applying: Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with (i.e. Department of Health).
 - For Organizations Applying: Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with (i.e. Department of Health). A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page. Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in the Request for Application.
- Afterwards, you will have access to their page where you can browse or search programs.
 - At the top of the page, click on Grant Opportunity Portal
 - Click on “Search Now”
 - In the field for “Search by Grant Opportunity” type Physician and click Search
 - The application will come up for 2018. Click on the application “Doctors Across New York Physician Loan Repayment and Physician Practice Support Programs Cycle V”, to fill it out and submit it.
 - You can print the application if you would like, but the final submission occurs online.
 - After May 16, when the application goes live, you will go to your home page after logging into Grants Gateway. Click on Opportunities and then search Physician or Doctors, and the application will show up at the bottom. This time the tab will say Apply instead of View Grant Opportunity.

Instructions on completing the application for DANY:

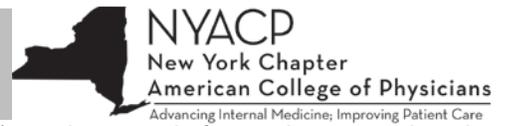
There will be a link at the bottom of your search where it will ask to Apply for Grant Opportunity.

Finding an Application you’ve Already Started (You can click SAVE often when in the application)

- If you’ve started an application and have logged out of the system, the next time you log in, the application will be found in your “My Tasks” section on the home page.
- You can also use the “Applications” search function at the top of the page to search for all applications started for your organization.
- PLEASE check Page 8, attachments 7-9 before starting application to make sure your site/area qualifies.
- Format of the Entire Application:
 1. Attachment 1: Starting a Grant Application (for reference only)
 2. Attachment 2: Application Cover Page (mandatory)
 3. Attachment 3: Site Information (mandatory)

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4. Attachment 4: Loan Statements for Qualified Educational Debt (mandatory only for applicants seeking loan repayment)
5. Attachment 5: Consent to Disclosure (mandatory only for applicants seeking loan repayment)
6. Attachment 6: Employment Contract or Business Plan (mandatory)
7. Attachment 7: Tool to Identify an Underserved Area (mandatory)
8. Attachment 8: Rural Counties and Towns (for reference only)
9. Attachment 9: Supporting Documentation for the Underserved Area (mandatory)
10. Attachment 10: Vendor Responsibility Attestation (not mandatory for all applicants, see Section IV M of this RFA)
11. Attachment 11: NYS Grants Gateway Vendor User Guide (for reference only)

Part 1: Applicant Identification

Indicate the type of Applicant. You are NOT eligible unless you can answer “Yes” to ONE of the following (5) options:

1. Are you an Individual Physician Applicant?
2. Are you a Health Care Facility Applicant operating as a general hospital, D&TC, or a nursing home licensed by the Department of Health pursuant to PHL Article 28?
3. Are you a Health Care Facility Applicant licensed, but not operated, by the Office of Mental Health pursuant to MHL Article 31?
4. Are you a Health Care Facility Applicant licensed, but not operated, by the Office of Alcoholism and Substance Abuse Services pursuant to MHL Article 32?
5. Are you a Health Care Facility Applicant operating as a medical practice that is registered with the New York State Department of State as a Professional Corporation (PC) or a Professional Limited Liability Corporation (PLLC)?

Part 2: Physician Identification -Provide the NAME of the physician who will be completing the DANY service obligation.

Part 3: Minimum Physician Eligibility Requirements

THE PHYSICIAN WHO IS COMPLETING THE DANY SERVICE OBLIGATION IS ELIGIBLE TO PARTICIPATE IN THIS PROGRAM ONLY IF THE APPLICANT CAN ANSWER “YES” TO QUESTIONS (A-P) PERTAINING TO THE PHYSICIAN.

- 3a. Is the physician a U.S. citizen or permanent resident alien holding an I-155 or I-551 card?
- 3b. Is the physician a graduate of an allopathic or osteopathic medical school?
- 3c. Will the physician be licensed to practice in New York State by the time the three-year DANY service obligation begins?
- 3d. Is the physician in good standing with the Department, meaning that he or she has not been excluded from, or terminated by, the Federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>)?
- 3e. Is the physician in good standing with the Department, meaning that he or she has not been disciplined by the New York State Board for Professional Medical Conduct?
- 3f. Is the physician in good standing with the Department, meaning that he or she is not under indictment for, or has not been convicted of any crime as defined by NYS Penal Code?
- 3g. Is the physician in good standing with the Department, meaning the physician has not had his or her medical license revoked in any state or territory in the United States?
- 3h. Does the physician have a three-year employment contract or business plan to provide medical services in a health care facility or practice (defined in Section II A & B of this RFA)?
- 3i. Is the health care facility or practice where the physician will be employed, or the medical practice that the physician will establish or join, located in an underserved area (defined in Attachment 7, of the RFA)?
- 3j. Will the physician will be in full-time clinical practice (defined in Section II A & B of this RFA)?
- 3k. Is the date on which the physician’s employment contract or business plan begins no earlier than August 31, 2015 and no later than January 1, 2019?
- 3l. Is the start date of the physician’s DANY service obligation under this contract January 1, 2019?

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- 3m. Does the employment contract or business plan reflect that the physician will provide health services to individuals in the area without discriminating against them because of their inability to pay for those services?
- 3n. Does the employment contract or business plan reflect that the physician will provide health services to individuals in the area without discriminating against them because of enrollment in or utilization of insurance provided under Part A "Medicaid" or Part B "State Children's Health Insurance Program" of Title XVIII of the Social Security Act (42 U.S.C. 1395)?
- 3o. Does the employment contract or business plan reflect that the physician will accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act?
- 3p. Does the employment contract or business plan reflect that the physician will enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan or if no current agreement exists with the employing facility?

IF THE APPLICANT CANNOT ANSWER YES TO QUESTIONS (A-P) LISTED ABOVE STOP. THIS APPLICATION CANNOT BE PROCESSED.

THE PHYSICIAN WHO IS COMPLETING THE DANY SERVICE OBLIGATION IS ELIGIBLE TO PARTICIPATE IN THIS PROGRAM ONLY IF THE APPLICANT CAN ANSWER "NO" TO QUESTIONS (Q-V) PERTAINING TO THE PHYSICIAN.

- 3q. Is the physician in breach of a health professional service obligation to the federal government, any state government or a local government?
- 3r. Does the physician have any judgment liens arising from debt owed to the federal or any state government?
- 3s. Is the physician delinquent in child support payments?
- 3t. Is the physician a past recipient of DANY PLR or PPS funding?
- 3u. Is the physician fulfilling an obligation under any state or federal loan repayment program which overlaps or coincides with the three-year DANY service obligation?
- 3v. Has the physician worked as a physician in any capacity in ANY underserved area (as defined in Attachment 7 of this RFA) between the dates of August 30, 2010 and August 30, 2015?

IF THE APPLICANT CANNOT ANSWER NO TO QUESTIONS (Q-V) LISTED ABOVE STOP. THIS APPLICATION CANNOT BE PROCESSED.

Part 4: Physician Current Status

- 4a. Is the physician currently licensed to practice as a physician in New York State?
 - If yes, provide license number: _____
 - If no, provide the date license application was submitted to the New York State Education Department: (mm/yy): ____/____
 - If neither, you are NOT eligible for the DANY funding opportunity.
- 4b. Is the physician a resident?
 - A resident is an individual enrolled in a graduate medical education program that is accredited by a nationally recognized accreditation body and/or an individual enrolled in a medical or osteopathic residency program that is approved by any other nationally recognized organization (i.e., specialty board). This definition includes fellows, chief residents, and residents.
 - If yes, provide the anticipated date of completion (mm/yy): ____/____
- 4c. What is the physician's medical specialty?
- 4d. What is the anticipated (or actual) start date that the physician will be beginning in the position for which they will be fulfilling their DANY service obligation? ____/____/____ (mm/dd/yy)

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Part 5: Other Scholarships, Loan Forgiveness, Etc.

A physician participating in DANY cannot be fulfilling an obligation under any state or federal loan repayment program (except the Public Service Forgiveness Program) where the obligation period would overlap or coincide with the DANY obligation period.

- 5a. Has the physician received a NYS Regents Health Care Scholarship?
 - If yes, date of service obligation:
- 5b. Has the physician received a Regents Physician Loan Forgiveness Award Program?
 - If yes, date of service obligation:
- 5c. Has the physician received a National Health Service Corps Scholarship?
 - If yes, date of service obligation:
- 5d. Has the physician received a National Health Service Corps Loan Repayment Award?
 - If yes, date of service obligation:
- 5e. Has the physician received any other loan repayment program funds other than listed above, please specify:
 - If yes, name of program:
 - If yes, date of service obligation:
- 5f. Has the physician applied for any scholarships, loan forgiveness, or other funds which are pending a decision?
 - If yes, name the program:
 - If yes, when will the physician be notified of their award status: ____/____(mm/yy)

Work Plan

In the Project Summary Section of the Grants Gateway on-line application, Applicants are instructed to enter the dates of service in the Contract Period.

The Applicant will enter the following dates: January 1, 2019 – December 31, 2021. The Applicant will add the County(ies) of Service and the Medical Specialty in the Project Summary paragraph.

No other information is required to be entered into the Project Summary section of the work plan.

Budget

Individual Physician Applicants:

- Budgets submitted by Individual Physician Applicants employed by a health care facility or medical practice may propose to use funds only to repay outstanding qualified educational debt.
- Budgets submitted by Individual Physician Applicants as a sole provider or partner in a medical practice may propose to use funds only for the following, to:
 - Repay outstanding qualified educational debt; or
 - Support the cost of establishing or joining a medical practice:
 - Acquiring land or a building;
 - Capital investment;
 - Renovation of existing space;
 - Equipping and furnishing space;
 - Minor medical equipment (for a maximum of \$10,000);
 - Rent and insurance; or
 - Payment of salaries of office personnel.

All Applicants are instructed to prepare a three-year, fixed term budget for the period for which they are applying. The service dates are January 1, 2019 - December 31, 2021. Grant awards for successful Applicants will be up to \$40,000 per

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year and up to \$120,000 for the three-year term. Applicants may not exceed the grant award amount. One hundred percent of the funds should go to the physician, or the physician's practice.

Applicants requesting funds **ONLY** for loan repayment of outstanding qualified educational debt should complete the Expenditure Based budget in the following manner:

- Log onto Grants Gateway with your username and password.
- Access your online application.
 - If you have started an application and have logged out of the system, the next time you log in, the application will be found in your My Tasks section on the home page.
 - If you have not started an application, reference Attachment 1 (Starting a Grant Application) for the steps on how to start one.
- Click on the Forms menu at the top of the page.
- Under Expenditure Budget, click on Other Expense Detail.
 - For Other Expenses-Type/Justification enter: Repayment of Educational Loans;
 - For Justification enter: Repayment of Educational Loans; and
 - For Total Grant Funds enter: amount you are requesting (which shall be no more than \$120,000 for the three-year term).
- Click Save after all information is entered.
- Again, click on the Forms menu at the top of the page.
- Under Other Narrative, in the free text area, indicate the total funds requested per year. For example
 - If it is \$120,000, then request \$40,000 per year for three years.
- Click Save after all information is entered.

When completing budget in the Grants Gateway, applicants should refer to Section 6.2.9.1 – Expenditure Budget of the Grantee User Guide (available at: <http://grantsreform.ny.gov/Grantees> and clicking on “Grantee User Guide” in the Quick Links Menu) for instructions on how to complete the online Budget.

Please refer to the training video – Grantee Tutorial: Apply for Funding (available at: <http://grantsreform.ny.gov/youtube> and clicking the appropriate link) for detailed instructions on how to complete the online budget with examples. This content begins approximately nine minutes into the video. Online training opportunities are also available at: <http://grantsreform.ny.gov/training-calendar>.

APPLICATION COVER PAGE [Attachment 2]

Section 1:

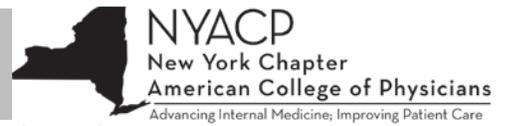
1. Applicant Name: Please provide your FULL LEGAL name
2. Applicant Address: Your address where things can be mailed to you
3. Applicant Identification: Please indicate whether you are a physician applying individually or you are representing a Health care facility.
4. Grants Gateway Vendor ID #: If you have a Vendor ID number, provide it here.
5. Status: Please indicate whether your practice is Not for profit. If you are applying for a Loan repayment, you will say Not for profit
6. FEIN is your Federal Employer ID Number: If applying as individual, provide your tax number, or SSN.
7. New York State DOH, OASIS, or OMH Operating Certificate # or Department of State Identification #: This would be if you have a number for your organization. Likely not applicable for individuals

Section 2:

8. Contact Information: This will be your contact if you are the physician applying.
9. Physician Specialty: Your practice specialty

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10. Physician Practice Location: This is your work place location, not your home location
11. DANY funds: Check if you are applying for Loan Repayment OR Practice Support.

Section 3:

12. Contact information for person completing the Application: You will leave this page blank if you are completing the application for yourself. Otherwise, information for someone who is completing for you will go here.

SITE INFORMATION PAGE [Attachment 3]

For each site you have, you will need to fill this form out for each one separately.

1. Name of your Site
2. Address of that Site
3. Percentage of work hours: If this is the physician's only site, the number would be 100%. If there are multiple sites, you will have to figure out how the time for the physician is split amongst them.
4. Identify the location of the site. If you need help you can try this [link](#).
5. County Name
6. Any other counties served by this site – meaning if the site extends into other counties.

LOAN STATEMENTS [Attachment 4]

- You must have your Loan Statements to upload to the Grants Gateway System. Date of Loan statement should be within 30 days of the date you submit the application. (Attachment number 3 when you upload)

CONSENT TO DISCLOSURE [Attachment 5]

- This page requires Name, Signature and Date to give permission to share your data with HESC for purposes of your loan.

EMPLOYMENT CONTRACT or BUSINESS PLAN [Attachment 6]

- Please upload your signed contract for work, or your business plan for your practice. Your employment must cover minimum of January 1, 2019 to December 31, 2021. (Attachment number 4 when you upload)

TOOL TO IDENTIFY UNDERSERVED AREA [Attachment 7]

You can choose 1 out of the 3 options provided to you.

- Select Option A if the physician will be practicing in General Internal Medicine, Family Practice, General Pediatrics, Geriatrics, OB/GYN or Adult /Child Psychiatry – AND -The area or site where the physician will be practicing is located in, or serves one or more of the following:
 - Federally-Designated Primary Care or Mental Health Professional Shortage Area(s) HPSA
 - Medically Underserved Area(s) - MUA, or
 - Medically Underserved Population(s) - MUP
- To identify if a facility is located in a HPSA, MUA or MUP (or is designated as a HPSA) go to:
 - <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>.
 - The website will require you to enter the address under consideration. The resulting search should yield all HPSA's, MUA's and MUP's by status, in which the address is located.
 - Applicants are instructed to upload documents supporting your HPSA/MUA/MUP status as Attachment 9 in the Grants Gateway online application.
- Select Option B if the physician will be practicing in General Internal Medicine, Family Practice, General Pediatrics, Geriatrics, OB/GYN and Adult or Child Psychiatry – AND -The area or site where the physician will be practicing is located in a rural county or town.
 - To identify if a facility is located in a rural county or town go to:

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- Attachment 8 and print off the necessary pages.
- Circle the rural county or town where the physician will be practicing. Applicants are instructed to upload this page(s) as Attachment 9 in the Grants Gateway online application.
- Select Option C if a physician cannot complete options A or B. To identify if the site where the physician is working is an underserved area:
 - Applicants must answer YES to any (6) items from the list below.
 - Be sure to review and complete all (17) questions, print off and upload as Attachment 9 in the Grants Gateway online application AND provide supporting documentation for each item.

- Proposed Service Area:

Find you site at this website: <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml#> and print it out to attach to Attachment 9 of your application

- Enter the name of your town or county in the box under Community Facts and click GO
- Type in your zip code for your proposed area. Use all applicable zip codes for the area.
- Click Poverty and find the number of individuals below the poverty level
- Click Income and find the median household income.
- Click Population and General Demographic Characteristics to find information for the next 5 questions.

- Proposed Site

For question (6) – obtain facility-specific visit data from your employer for the last 12-month period (i.e. January 2017 – December 2017). Upload data along with this document as Attachment 9 in the Grants Gateway online application.

For question (7) – print out Attachment 8. Circle the rural county or town where the physician will be practicing. Upload Attachment 8 along with this document as Attachment 9 in the Grants Gateway online application.

For question (8-12) – you will affirm to any “yes” answers when you complete the attestation included in Attachment 2. Also, for question (8) attach (4) full months of ED data from that facility. Upload all supporting data along with this document as Attachment 9 in the Grants Gateway online application.

- Proposed Specialty

For question (13) – attach documentation including a distance map (<http://maps.google.com/>). Upload the data along with this document as Attachment 9 in the Grants Gateway online application.

For questions (14-16) you will affirm to the “yes” answers when you complete the attestation included in Attachment 2.

For question (17) – see the following website and attach a page printout along with this document as Attachment 9 in the Grants Gateway online application

https://apps.health.ny.gov/statistics/prevention/quality_indicators/mapaction.map).

RURAL COUNTIES AND TOWNS [Attachment 8]

- List of counties with population less than 200,000 and towns with population of less than 200 per square mile.

SUPPORTING DOCUMENTATION FOR THE UNDERSERVED AREA [Attachment 9]

- Upload supporting data for underserved area here.

VENDER RESPONSIBIITY ATTESTATION [Attachment 10]

- For Individuals: An on-line Vender Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> and should be filled out within the last six months.
 - A completed Vendor Responsibility Questionnaire is required only from Health Care Facility Applicants applying for an award of greater than \$100,000.