



*Sponsoring Conference Participation in Support of
Healthy Food, Healthy Lives; Empowering Health
Care Consumers; or Veterans' Health*

GRANT APPLICATION INSTRUCTIONS

Deadline: Applications are accepted on a rolling basis

PREPARATION

Read this before starting the application 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 application 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 application 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 application all at once. You can save your work and return at a later time by logging back on to the grantee portal.

GRANTEE SUPPORT

For programmatic questions regarding this application, please e-mail Liz Ward, Senior Program Assistant, at ward@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.

Please Note: Your application submission must occur within 30 days of starting your application. Applications in progress for more than 30 days will be deleted from our online system.



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ACCESSING THE CONFERENCE SCHOLARSHIP APPLICATION FORM

Once logged in, you will see this dashboard. Go to Explore Grant Opportunities, select Conference Scholarships, and click on Create Application button. Use the dropdown menu at the bottom of the page to “select the main focus area you plan to attend: **Healthy Food, Healthy Lives; Empowering Health Care Consumers; or Veterans' Health**. Then click on **Save** and **Next**.

Please Note: Applications must be submitted a minimum of six weeks before the conference start date to be considered for funding. Applications received within six weeks of the conference start date will not be considered.

The screenshot shows a dashboard with three tabs: 'Grantee Dashboard', 'Explore Grant Opportunities' (selected), and 'Profile'. Below the tabs, there is a green button labeled 'Explore Grant Opportunities'. A blue box on the left contains contact information for Keenen Willis. A white box on the right displays details for 'Conference Scholarships', including the application end date and the specific grant focus area.

COMPLETING THE CONFERENCE SCHOLARSHIP APPLICATION FORM

I. 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)
- Organization Type 2 (select from drop-down menu)
- Website URL



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- 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.

II. Contact Information

This section reflects contact information created during your user registration process. Please click on **Save and Next** to go on to the next section. 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.*

III. Conference Information

- Conference Name
- Start Date
- End Date
- Number Attending Conference
- Previous Scholarship Recipient: Selecting "past recipient" will not disqualify the attendee from receiving an additional scholarship.
- Name and Title of Attendee(s)
- Conference Presenter: Please indicate if you will be a presenter at the conference.
- 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.)

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.



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Conference Attendance Rationale (*Maximum length: 10,500 characters with spaces*).

- Describe the ways in which your work relates to NYSHealth focus area you chose for this application (i.e., Healthy Food, Healthy Lives; Empowering Health Care Consumers; or Veterans' Health).
- Describe how the conference subject matter, sessions, or speakers may relate to NYSHealth focus area you chose.
- 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 priority 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.
- If applicable, describe the topic you will present on at the conference you wish to attend.

How Grant Dollars Will Be Spent (*Maximum length: 400 characters with spaces*)

Please provide a brief description of how the grant dollars will be spent (e.g., conference registration fee, airfare, car rental).

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

V. Grant Terms and Conditions

1. Download and sign the Grant Terms and Conditions from the **Attachments Tab**. Review the grant terms carefully.
2. Upload a signed copy in the **Attachments Tab**.
3. Fill out the fields in the **Grant Terms and Conditions Tab**. The name, title, and signature date on the Terms and Conditions document must match these fields.

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

VI. Head of Organization Contact Information

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

VII. Attachments

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

1. **Budget** (*Required*)



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Download and complete the Budget Template, then upload it here. Please ensure that your budget fits an 8.5 X 11 sheet of paper and full number/dollar amounts are visible in each cell. If a worksheet is protected, the password is “nyshf.”

2. Conference Agenda and Supporting Materials (Required)

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.

3. Grant Terms and Conditions (Required)

Please review, sign, and upload one copy of the grant terms to your online application. **Important:** Ensure that the fields in the **Grant Terms and Conditions Tab** are completed and match the uploaded document.

4. IRS Determination Letter (Required)

If your organization does not have an IRS Determination letter, please upload a document that explains your status.

VIII. 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 conference scholarship 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.