	SPECIAL PROJECTS FUND
NYS HEALTH FOUNDATION *Improving the state of New York's health*	**INQUIRY FORM INSTRUCTIONS**
	Deadlines: October 7, 2021 (by 1 p.m.) & June 9, 2022 (by 1 p.m.)

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. Programmatic questions should be addressed to specialprojectsfund@nyshealth.org.

If you have questions or difficulties using the grantee portal, please contact the Grants Management department at grantsmanagement@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.
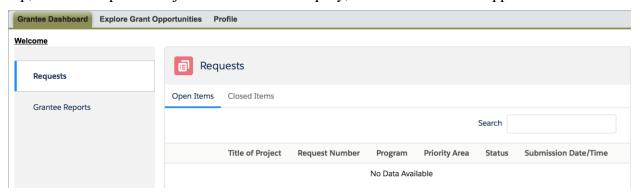
New Users (first-time applicant): If you are a first-time applicant, create a user registration to log in. Click on "New User" link and follow the instructions.

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ACCESSING THE SPECIAL PROJECTS FUND INQUIRY FORM

Once logged in, you will see this dashboard. Go to the Explore Grant Opportunities tab at the top, select the Special Projects Funds Online Inquiry, and click on Create Application button.

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

COMPLETING THE SPECIAL PROJECTS FUND INQUIRY FORM

I. **Inquiry Information**

- Project Title *(Maximum length: 120 characters with spaces)*

- Proposed Grant Amount

- Time Frame for Completion

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 Number (EIN)

- 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

- 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

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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. **Focus Area**

Select all the options that apply.

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

V. **Scope of Project**

1. Please provide an approximate number of people the problem you will address currently affects (if applicable).

2. Please provide an approximate number of people that will be reached by the work accomplished during this project (if applicable).

3. 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.

VI. **Narrative**

The following outlines the required sections and lengths for each. Please note the maximum lengths 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 and the target population (and/or the institution or organization) your project will address.

The Project *(Maximum length: 3,500 characters with spaces)*
Briefly describe the work that would be conducted using grant funding. As appropriate, include details on specific activities, methods, sites, and products that would result from the grant. Be sure to state the expected impact of the project and explain why this is a special project as described in the RFP.

Budget Narrative *(Maximum length: 255 characters with spaces)*
Please provide a brief description of how the grant dollars will be spent. Applicants may choose to provide the budget in an outline or narrative format as indicated:

<div align="center">

Outline Format

</div>

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

<div align="center">

Narrative Format

</div>

Grant funding to be allocated for a coordinator, fringe, materials, printing, local travel, and conducting educational seminars for a total cost of $135,000.

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

Project Management *(Maximum length: 2,000 characters with spaces)*
Briefly describe your organization, its ability to carry out this project, and relevant experience to the project.

Sustainability *(Maximum length: 3,500 characters with spaces)*
Briefly describe how your organization plans to sustain the project after the grant period ends.

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

VII. **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.