

**NYS Department of Health  
AIDS Institute  
Office of the Medical Director  
and  
Health Research Inc.**

**Request for Applications  
RFA # 18138 / Internal Program #18-0003**

**Clinical Education Initiative (CEI)**

**Grants Gateway #'s – DOH01-CEIA-2019, DOH01-CEIB-2019,  
DOH01-CEIC-2019, DOH01-CEID-2019**

**MODIFICATIONS, QUESTIONS AND ANSWERS**

**Modifications to the RFA**

**The following has been updated/modified in the RFA. Strike-through indicates deleted text; bold underlined text is new.**

**Section III. Project Narrative/Work Plan Outcomes**

**COMPONENT B: Sexual Health Center of Excellence**

**4. Technical Assistance (Page 15)**

- 4c.** Provides technical assistance to external agencies seeking guidance for development of **Sexual Health** ~~HIV and primary care~~ policies and curricula.

**Section V. Completing the Application, A. Application Format and Content**

**COMPONENT B – Sexual Health Center of Excellence**

**3. Program Design and Implementation (Page 43)**

- 3b)** Describe your experience in training healthcare providers and provide a description or implementation plan demonstrating how your organization will train healthcare providers on **sexual health and sexual health-related topics** ~~HIV, HIV-related topics, primary care and~~

prevention (e.g. preceptorships, online training, tele-mentoring, and other innovative training activities).

## COMPONENT C – HCV and Drug User Health Center of Excellence

### 3. Program Design and Implementation (Page 48)

- 3b) Describe your experience in training healthcare providers and provide a description or implementation plan demonstrating how your organization will train healthcare providers on **HCV and drug user health topics** ~~HIV, HIV-related topics, primary care and prevention~~ (e.g. preceptorships, online training, tele-mentoring, and other innovative training activities).

### Questions and Answers

*Questions below were received by the deadline announced in the RFA. The NYSDOH is not responsible for any errors or misinterpretation of any questions received.*

The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFA #18138. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

**Question 1a.** Under Program Design and Implementation 3b for the Sexual Health Center and HCV Center (p. 43 & p.48), "... How your organization will train healthcare provider on HIV, HIV-related topics..."? And section 3l "...expand base of clinicians able to provide HIV care and prevention services" Is it meant to list topics more specific to sexual health and HCV respectively or to emphasize to always include HIV services?

**Question 1b:** Pg. 48 3b; "...how your organization will train healthcare providers on HIV, HIV-related topics, primary care and prevention..." - Is this an error, or could you clarify the focus on HIV in regard to Component C? Does this question need to be revised to reflect requirements for Component C (HCV and Drug User Health)? If so, please provide an updated version of the question.

**Answer 1a & 1b:** Yes, this question is meant to list topics more specific to sexual health and HCV and to emphasize to always include HIV services. Please refer to the RFA modifications above.

**Question 2:** Under Component B (Sexual Health) section page 15, #4 c, the RFA reads "Provides technical assistance...development of HIV and primary care policies and curricula." Is this intended to refer to STIs and not HIV?

**Answer 2:** Yes, this question is intended to refer to STIs. Please refer to the RFA modification above.

## **Grants Gateway, Application Submission & Application Download**

**Question 3:** What if I try to submit my application and it is past the due date/time of the RFA?

**Answer 3:** An applicant will not be able to submit an application in the Grants Gateway once the due date/time has passed. The opportunity to submit an application is not an option once the deadline has passed. Prospective grantees are strongly encouraged to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission of your application. Failure to leave adequate time to address issues identified during this process may jeopardize an applicant's ability to submit their application. Beginning the process of applying as soon as possible will produce the best results as late applications will not be accepted.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: <http://grantsreform.ny.gov/Grantees> and select the "Apply for a Grant" from the Apply & Manage menu. There is also a more detailed "Grants Gateway: Vendor User Manual.

**Question 4:** How do I determine if my agency is prequalified through the Grants Gateway?

**Answer 4:** To be registered and prequalified through the Grants Gateway, an organization must have submitted a registration form, identified a grantee delegated administrator, entered required documents into the document vault, and submitted the document vault for review. Please note the documents in the vault must be submitted with sufficient time to be reviewed and approved - waiting until the last minute is not advised. If your agency vault is in review status and not yet prequalified, please send an email to the mail log for this solicitation at [hepatabc@health.ny.gov](mailto:hepatabc@health.ny.gov) in order to request expedited handling of your document vault. Your organization's status can be viewed by accessing your document vault and observing the current status noted in the details panel at the top of your document vault main menu. The status can also be obtained by running the "State Prequalification Application Status Report" under the Management Screens section of your vault.

**Question 5:** Can an agency apply if they are not prequalified through the Grants Gateway?

**Answer 5:** Applicants must be prequalified (if not exempt) by the date and time applications are due. Exemptions for prequalification are limited to governmental organizations. If an organization is not prequalified the application will be rejected. Please refer to Section IV. Administrative Requirements, M. Vendor Prequalification for Not-for-Profits on page 19 of the RFA.

**Question 6:** What does the asterisk \* mean in the Grants Gateway on-line application?

**Answer 6:** The asterisk\* alerts applicants that a response is mandatory. Applicants will not be allowed to submit their application without completing all mandatory questions and uploading all mandatory attachments.

**Question 7:** Is there an upload area in the Grants Gateway application portal to upload appendices or additional supplemental information beyond the required narrative components and attachments (e.g., letters of support, additional organizational information, morbidity tables from preceptor sites, list of faculty experts (limited to 1 or 2 CVs in 3p (pg 49) etc.)? Can we do so by using the “grantee document folder” upload in the Grants Gateway application form (last item)?

**Answer 7:** Only documents listed as required Attachments to the Application should be uploaded in the Pre-Submission Uploads section of the Grants Gateway online application. Any additional supplemental information beyond the required narrative and attachments will not be considered or scored by reviewers of your application.

**Question 8:** Is there a mechanism to insert tables into the Grants Gateway fields?

**Answer 8:** No, there is no mechanism to insert tables into the Grants Gateway fields. Fields in the Grants Gateway allow for entry of characters and text only.

**Question 9:** On Page 6 of the RFA it states, “Applicants are not precluded from applying to serve as more than one Center.” Please confirm that an applicant can receive awards and serve as two Centers. Or will an applicant only receive an award for one Center (even though we can submit for more than one).

**Answer 9:** Applicants can submit applications to serve more than one Center and be awarded to serve more than one Center.

**Question 10:** How will the CEI application be reviewed—will the reviewer be given a complete application document from abstract to work plan? This is relevant to how we handle abbreviations—do we need to repeat abbreviations in each individual cell of the online application format for the reviewer to understand what they reference?

**Answer 10:** Reviewers of this application will be able to access and review the full application as submitted in the New York State Grants Gateway. Any abbreviated terms should be clearly defined so reviewers understand what they reference.

### **Application Format**

**Question 11:** I have a question about what I should include as the Project Title in the Program Specific Questions section on the Grants Gateway online application. Should the Project Title be listed as the actual name of the RFA?

**Answer 11:** Yes, the Project Title should be listed as the actual name of the RFA. Applicants should enter “**Clinical Education Initiative (CEI)**” as the Project Title.

**Question 12:** Are there page limits which apply to different sections of the application?

**Answer 12:** Narrative sections of the application no longer contain page limits. Instead the New York State Grants Gateway online application provides character limits. When applicants are typing a response to the Program Specific Question, the number of characters allowed as a response is shown. As applicants type their response, the number of characters (including spaces) used will be displayed up to the maximum allowed.

**Question 13:** In some questions, it specifically states that the number of characters allowed includes spaces. In other questions it does not specify that the number of characters includes spaces. For questions where this is not specified, does the character limit include spaces?

**Answer 13:** Each text box allows a certain character limit. This character limit in all cases is inclusive of spaces. As applicants enter their response to each Program Specific Question, the number of characters (including spaces) used will be displayed along with the maximum number of characters allowed (e.g., 324 of 1,000).

**Question 14a:** When you pick the 500-character limit, it limits it to 250 characters. Can this be corrected to 500 characters? Or do you want us to only enter 250?

**Question 14b:** For the performance measure data capture type, do we choose “text, 500-character limit” in keeping with the RFA instructions?

**Answer 14a & 14b:** As stated on page 36 of the RFA, applicants must use Internet Explorer (11 or higher) to access the Grants Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application. Using Internet Explorer (11 or higher) will allow applicants to pick their character limit for their narrative response (250, 500, etc.)

Also, please note that the Work Plan for this RFA is limited to the following: 30 Objectives, 60 Tasks, and 60 Performance Measures. Prospective applicants are required to enter Performance Measures for this opportunity. The Grants Gateway does not keep a running count of these; applicants will be responsible for ensuring that they stay within the limit. If you exceed the limit it will jeopardize your ability to submit your application.

**Question 15:** Can we write our application in Word and cut and paste it into the grant application form on the Grants Gateway?

**Answer 15:** Yes, it is possible and recommended to prepare your application in Word and cut and paste it into the online system. However, it would be especially important to note the character limits in advance of attempting to cut and paste written material into the Grants Gateway. It is also important to make sure the correct text is entered for the intended question. If a response is not pasted into the text box for the intended answer, it may impact the reviewer’s scoring of that response. **It is important to remember to save your application data frequently as you enter it into the Grants Gateway. The system automatically times out after 3 minutes of inactivity and any unsaved work will be lost.**

**Question 16:** If we are already an AIDS Institute funded program, should we use the budget forms we already have? They include the information requested in Attachment 16.

**Answer 16:** No. Applicants should complete the information requested on the budget forms using Attachment 16 provided in the Pre-Submission Upload Section of the Grants Gateway, regardless of whether or not they are currently funded by the AIDS Institute.

**Question 17:** When do you anticipate that contracts will begin for projects funded under the new Clinical Education Initiative (CEI)?

**Answer 17:** It is anticipated that contracts will begin on October 1, 2019.

**Question 18:** Due to the application being released in mid-December, just prior to the holidays when many people were on vacation: Is it possible to have an extension of a week or two to submit application? If no, is it possible to receive answers to these questions before January 22nd? Many institutions require leadership sign-off on the final application, which must be submitted to them a minimum of one week before the grant deadline.

**Answer 18:** Applications are due on February 12, 2019 by 4:00 PM. No extensions to this due date will be granted. Responses to questions received by January 8, 2019 will be posted on or around January 22, 2019. It is the responsibility of the organization applying for funding to submit the application by the deadline of 4:00 PM on February 12, 2019. Late applications will not be accepted.

### **Program Questions**

**Question 19a:** For Attachments 6,7,8 & 9 Work Plan, the Objectives and Tasks are already listed in Grants Gateway. It seems that the only option for additional input is Performance Measures. Please clarify if there is anything that applicants need to enter in the Objectives & Task link or just in the Performance Measures.

**Question 19b:** On Page 41 of the RFA, Work Plan Attachment 6, Are we supposed to cut and paste the exact material provided to us from Attachment 6 in the RFA for Project Summary and Project Details (Objectives and Tasks), and then identify and provide our own performance measures corresponding to each?

**Answer 19a & 19b:** Yes, as instructed on Attachment 6 (which is specific to Component A), for the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to enter “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application. Funded applicants will be held to the Objective and Tasks as listed in

Attachment 6: HIV Primary Care and Prevention Center of Excellence Work Plan. Applicants are required to enter a Performance Measure for each Task listed.

**Question 20:** For the performance measure name, do we name our Performance Measures ourselves, or is there something specific we should enter here?

**Answer 20:** Performance Measure Names should be listed based on the number of the Performance Measure as shown in each Work Plan. Example: The name for the first performance measure for Task 1.1 should be labeled as, “Performance Measure 1.1.1. The name of the performance measure for Task 1.2 should be labeled as “Performance Measure 1.2.1.

**Question 21:** Should the MWBE Utilization Plan be reflective of just the first-year budget or all five years? Will there be a possibility of applying for a waiver from the MBE and WBE requirements?

**Answer 21:** The MWBE Utilization plan should be based on the life of the contract, which is five years. Please refer to the instructions on Attachment 11, Guide to New York State DOH M/WBE RFA/RFP Required Forms, Form #2: MWBE Utilization Waiver Request for instructions on applying for a waiver.

**Question 22:** When will announcement of grant awardees be made?

**Answer 22:** The estimated award date is May 2019.

**Question 23:** Can you please provide a definition of “not-for-profit academic medical center”?

**Answer 23:** A not-for-profit academic medical center is a medical school and a hospital (university-based). This term includes all academic medical centers.

**Question 24:** Are CBOs that have an Article 28 license and are providing HIV and HCV specialty care eligible to apply for Components A and/or C?

**Answer 24:** Yes, CBOs that have an Article 28 license and that provide HIV and HCV specialty care are eligible to apply for Components A and/or C.

**Question 25a:** What is the total "N" of trainings - in other words, what is the total "N" that 50% is referring to?

**Question 25b:** Is there a required number of trainings to be provided per year?

**Question 25c:** Is there a required number of hours of live training to be held each year?

**Answer 25a, 25b & 25c:** The required number of trainings, including live trainings to be provided each year will be determined by the Center’s workplan, based on AI’s directives, and emerging issues.

**Question 26a:** What is the definition of "preceptorship"?

**Question 26b:** On page 15 of the RFA, also under #3 Trainings, under "d" - the RFA states that STI preceptorships should be conducted. Is there a total number of preceptorships and/or a total number of hours of preceptorships to be provided?

**Question 26c:** Does a preceptorship need to be hands-on training?

**Answer 26a, 26b & 26c:** Yes, a preceptorship needs to be hands-on training. A preceptorship is an intensive, in-person clinical skills training with a preceptor. Mentorship experience and education program in which practicing clinicians receive didactic sessions and in-person experiential instruction and training from HIV, STI, HCV, and drug user health experts. Please refer to Attachment 5 - Glossary of Terms page 59 of the RFA. The total number or preceptorships and number or hours of the preceptorships will be determined by the Center's workplan, based on AI's directives, and emerging issues.

**Question 27a: Page 21 of the RFA states:** *The Resource/Evaluation Center of Excellence (Resource/Evaluation Center) will build and support the technological capacity of CEI, using the latest distance learning and tele-mentoring technologies (e.g. ECHO).*

**Page 73 of the RFA states:** *The Resource/Evaluation Center will coordinate all continuing education crediting activities in concert with the CEI Centers and the New York State Department of Health AIDS Institute (NYSDOH AI) programs. The Center shall be an approved provider of credits through the Accreditation Council for Continuing Medical Education (ACCME).*

Both of these refer to technical capacities developed and made available to all Centers and AI; we are wondering where the costs for accessing the units from these capacities (i.e., ECHO sessions, course accreditation costs, CE awarding costs) reside?

**Question 27b:** Will there be additional supplements that fund ECHO sessions and the awarding of CE accreditation and credits associated with completing courses? These both are variable costs, and at the moment, are outside of the main scope of the CEI RCoE award. ECHO sessions predominantly have personnel requirements to run them, and CE involves two levels of costs: 1) cost to obtain accreditation of a specific course/ event, and 2) per-credit cost to award credits to those completing a course. All three are dependent on volume (# ECHO sessions, # courses, # credits awarded).

**Answer 27a & 27b:** All costs related to ECHO, course accreditation and CE awarding are absorbed within the specified funding amount. Refer to Section I, B. Available Funding on page 6 of the RFA.

**Question 28:** Can a subcontract be issued to a partnering academic institution to jointly execute the project?

**Answer 28:** Yes, a subcontract can be issued to a partnering academic institution to jointly execute the project.

**Question 29:** Can the required effort for the Medical Director and the Project Director be split between these institutions?

**Answer 29:** The Medical Director and Project Director must meet the required standards of the RFA and demonstrate that they can effectively coordinate as a team to meet the needs of the CEI program. Refer to the Staffing Structure section of each Component, pages 9, 13, 18, and 22 of the RFA.

**Question 30:** The FTE requirement for Program Director (80%) - Can this be split between two co-Directors?

**Answer 30:** No, the FTE requirement for the Program Director cannot be split. Refer to the Staffing Structure, Section 2 of each Component on pages 9, 14, 18 and 22 of the RFA.

**Question 31:** We understand that fringe and indirect cannot be charged on the faculty stipends, however, we cannot pay stipends to existing faculty at our institutions. Since we have “Faculty Subject Area Experts” at our own institutions, we would like to engage them in the training, along with external faculty. Would it possible to allocate effort and salary support at a level corresponding with the payment structure outlined in the Stipend Guidance so we could engage our own clinicians in the program? For example, if we budgeted for one faculty member to do 10 presentations per year at \$1,200 per presentation, we would budget a total of \$12,000, inclusive of fringe and indirect.

**Answer 31:** Yes, it would be allowable to allocate effort and salary support at a level corresponding with the payment structure outlined in the Stipend Guidance for the purpose of engaging your own clinicians in the program.

**Question 32:** Will the CEI-branded marketing materials (e.g., prints, swag, etc.) be provided by the Resource Center to other Centers of Excellence for distribution at conferences, events and trainings? Or will each Center be responsible for producing, printing or procuring these?

**Answer 32:** Each Center of Excellence is responsible for allocating a budget for CEI brand marketing materials. Marketing materials will be produced, printed and procured by each Center to be shared with the Resource COE for distribution in Health Professional Shortage Areas (HPSA) areas, at conferences and other CEI related events.

**Question 33:** Could you clarify how the Resource Center is expected to support the CEI social media activities under this RFA? It seems that the HIV, Sexual Health and HCV Centers will supply educational content and leverage their clinical education expertise, while the Resource Center will focus on postings and interactions on all CEI’s social media platforms—is this an accurate understanding?

**Answer 33:** The Resource Center will manage all CEI social media accounts. Refer to Component D, Section 7 – Outcomes: Social Media, page 25. Social media content will be created by each Center and the Resource Center will coordinate and work with each Center to

maintain a robust social media presence. Refer to Section 6 Outcomes: Social Media of each Component, pages 12, 16, 20, and 25 of the RFA.

**Question 34:** Under Program Design and Implementation 3f, could you clarify the expectation to “develop regional representation to establish local networks across the state”? How does this differ from 3j key forming community partnerships and collaborations or 3q recruiting diverse faculty experts?

**Answer 34:** The expectation is that the COE will develop a model that has regional and geographical representation across NYS. The Centers must form community partnerships and recruit diverse faculty experts to train a diverse target audience.

**Question 35a:** Could you clarify “tele-mentoring?” Is this intended to be specifically Project ECHO or may one propose an alternate tele-mentoring model?

**Question 35b:** Is it a requirement that the tele-mentoring components used in Components A, B and C be the ECHO model/technology or can other multi-digital tele-mentoring platforms (e.g. HepCure in Component C) be used?

**Answer 35a & 35b:** As defined on page 59 of the RFA, ECHO (Extension for Community Healthcare Outcomes) is a video conference-based telementoring program. An alternative model or approach may be proposed for the ECHO model.

**Question 36:** What is an example of a “clinical education intervention”? Does this refer to educational events or activities?

**Answer 36:** Clinical education intervention refers to activities, trainings, and other related educational events that help build clinical knowledge and skills for clinical providers.

**Question 37:** Attachment 4. Reimbursement for honoraria and preparation for live events would be capped at \$1000 per Attachment 4. Since live events may require travel throughout the state (especially with emphasis on HPSAs), it is possible that travels costs would account for a significant portion of the honorarium (particularly if airfare or hotel stays are necessary). Would it be allowed for the COE to pay for travel up front for a live event (i.e. not through reimbursement mechanism) by purchasing the hotel room directly or airfare directly? Similarly, would it be acceptable to have an exception to the maximum honoraria in situations where travels costs would exceed a certain percentage (e.g. 15%) of the total reimbursement?

**Answer 37:** As stated in Attachment 4, pg.58 of the RFA, the honorarium includes travel costs. The CEI contract manager will review and may approve a higher rate on a case by case basis.

**Question 38:** Can you please clarify who is meant by “special populations”?

**Answer 38:** Examples of special populations may include men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and transgender people, etc.

**Question 39a:** We are planning on submitting both Component A and C applications with the same person as the Program Director. This is in case we only receive one of the Center awards. Will this be acceptable? If not, would it be acceptable to determine a second Program Director (and submit their CV) after the grant decision announcement, and list “TBD” for one of these applications?

**Question 39b:** If an applicant is awarded more than one Center, can they restructure the staffing so that there is a 100% FTE Program Director overseeing both programs (ie 50% on each center), with a slightly lower level person in the hierarchy (i.e., Program Coordinator – 100% for each Center) working closely with them to ensure both Centers fulfill all program requirements and goals. Or will separate Program Directors at FTE minimum 80% still be necessary for both Centers?

**Question 39c:** Do we need to explain this in the application, or is this something that would be discussed after awards are issued?

**Answer 39a, 39b & 39c:** No. Each Component will require a Program Director with a minimum FTE of 80%. Refer to Staffing, pages 9 and 18 of the RFA.

**Question 40:** Please explain who is included in allied health professionals? Are you referring to providers like care coordinators, social workers, patient navigators, peers, etc.? And if so, what are your requirements for training allied health professionals in terms of time and resources compared to medical or mid-level providers?

**Answer 40:** Clinicians who can be trained under this initiative include all members of the clinical team, physicians, physician assistants, nurse practitioners, registered nurses, dentists, and pharmacists. Non-medical providers who are part of the clinical care team, such as allied health professionals (e.g. medical case managers), may attend trainings for the targeted providers if the need is identified. Refer to Target Audience, page 4.

**Question 41:** Trainings “40% are required to be delivered in-person, with 75% conducted outside of NYC” - Is Long Island included or excluded in NYC?

**Answer 41:** Long Island is included in NYC.

**Question 42:** Is the Resource/Evaluation Center triaging the calls to the HIV Center designated on call medical provider for response, or simply forwarding the line to the HIV Center administrative staff, who then triage the call?

**Answer 42:** The Resource Center will triage all calls and disseminate calls to the applicable Center of Excellence. Refer to Section III, A. Component D, 4. Technical Assistance, page 24 of the RFA.

**Question 43:** The CEI Line PEP calls are currently transferred to the UCSF Clinical Consultation Center funded by the CDC and takes PEP calls from 9am-8pm EST M-F, and

11am-8pm weekend holidays. Additionally, UCSF also has a Perinatal HIV phone consultation line available 24/7. Given these nationally funded resources available across the country would the NYS DOH AI consider readjusting the hours for the PEP CEI Line to meet these standards in order to be fiscally responsible with NYS tax payer dollars?

**Answer 43:** The PEP line is funded by the CDC. The NYSDOH AI is not able to adjust the PEP CEI line. For more info, please click on the following link: <https://nccc.ucsf.edu/clinician-consultation/prep-pre-exposure-prophylaxis/>.

**Question 44:** What curriculum is being referred to here? Are you asking us to provide a specific example on how we develop a certain course/curriculum and what the process is for that?

**Answer 44:** Please describe the process and deliberation of how a curriculum is developed (e.g. expert committee members, expert panels, etc.).

**Question 45:** Pg. 39 3p; “Include the plan for initial and ongoing staff training and support.” Is this training and support for the internal staff of the HIV Center (i.e. Program director, Medical Director, Program Coordinators, etc.?) or for Faculty Subject Area Experts, or other staff, or all of the above?

**Answer 45:** This training is for all CEI staff who provide services for this initiative.

**Question 46:** Throughout the application, the focus shifts from Drug Use to Opioid Use for Component C. Should we address all drugs (including alcohol) in the Component C application, or only Opioid Use?

**Answer 46:** Opioid is the primary focus; however, other drugs are not excluded from this initiative.

**Question 47:** Can you please clarify what you consider as an enduring credit presentation for \$750?

**Answer 47:** Enduring credit presentation material is a printed, recorded, or computer-presented activity created by a provider that may be used over time at various locations and which constitutes a planned activity.

**Question 48:** What is the reference to a two-year limit and why is it a different stipend amount from a live training?

**Answer 48:** The timeframe for enduring credit presentation materials is two years. After two years, materials must be updated and reviewed by the accrediting body. A live training is an in-person training that may require the presenter to travel.

**Question 49a:** Can you clarify why only physicians, physician assistants, or nurse practitioners are listed as providers under stipend reimbursement? Can other medical and non-medical subject experts be reimbursed under the same guidelines?

**Question 49b:** Attachment 4: The guidelines refer to reimbursement for Physicians, Physician Assistants, Nurse Practitioners only. For presenters from different disciplines, would the guidelines be the same (eg. Nurses, pharmacists, microbiologists?)

**Answer 49a & 49b:** Pharmacists are also reimbursed under the same guidelines. We are currently only utilizing the Stipend Reimbursement Guidance, Attachment 4, on page 58. Other content experts are subject to a case by case review by the CEI contract manager until further guidance can be issued.

**Question 50:** Page 44, item 3o) reads "...about measures your organization uses to determine how your organization assesses training outcomes. Please describe how your program will work with the Resource/Evaluation Center (i.e. Evaluation team) to include measures that are relevant to the CEI's training activities..."

Is "Training Outcomes" intended to refer to "training" exclusively and not other CEI related activities such as TA, CEI line product development, etc.?

**Answer 50:** No, training outcomes include training and other CEI related activities (TA, CEI line, etc.).

**Question 51:** Pg. 39 3h: "Provide a detailed plan on how your organization will implement an annual statewide conference for NYS healthcare providers." Do you prefer the response to be given in narrative format or work plan format?

**Answer 51:** A response to this question is required to be included in narrative format as a response to question 3h in the Grants Gateway online application.

**Question 52:** Pg. 38 2i: In the Grants Gateway portal, Section 2i includes a text box with a 1000-character limit. Are we expected to provide any narrative for Section 2i (Organizational Chart), or just attach the Organizational Chart as a separate file in Pre-Submission section and leave text box empty?

**Answer 52:** Both a narrative response of no more than 1,000 characters and an upload of the Organizational chart are required for question 2i. on page 38 of the RFA. The Organizational Chart should be uploaded as a separate file in the Pre-Submission Upload section of the Grants Gateway.