

From: doh.sm.dfh.boa <dfh.boa@health.ny.gov>
Sent: Tuesday, August 11, 2020 8:34 AM
To: Lynch, Daniel
Cc: Deidre.Romanski@albanycountyny.gov; bonnie.catlin@albanycountyny.gov; O'Neil, Beth; Sepowski, Marina L (HEALTH); King Jr., Kelly J (HEALTH); doh.sm.dfh.boa
Subject: C35703GG - CYSHCN – County of Albany – New Award

Congratulations! I am pleased to inform you that County of Albany has been selected for a Children and Youth with Special Health Care Needs (CYSHCN) program five-year award.

The Department of Health (DOH) has initiated a non-competitive contract in the New York State Grants Gateway (GG) on your behalf. The award amount is \$288,170 for the contract period of 10/01/2020 - 09/30/2025. The first-year contract amount will be \$57,634. The assigned contract # is C35703GG, which must be referenced on all claims and correspondence with DOH. Final grant awards are subject to the availability of funds and approval by the Office of the State Comptroller (OSC).

Your contract is now available in the Grants Gateway. Please check your task list. *As a reminder, the following roles are necessary to execute a contract in the GG: Grantee, Grantee Contract Signatory; Grantee System Administrator; and Grantee Delegated Administrator.*

The following information is required to be completed BEFORE changing the contract status to "Contract Information Submitted" at the time of submission of the budget

1. Expenditure Budget: Complete the Expenditure Budget for the first 12-month period in GG by referring to the two (2) budget guidance documents present in the Pre-Submission Uploads Folder located under the Forms Menu in GG.
 - a. *Grants Gateway CYSHCN Budget Instructions, and*
 - b. *GG Budget Data Entry Guidelines*
2. Subcontractor Information: If applicable, complete the form for each subcontractor present in the Pre-Submission Uploads Folder located under the Forms Menu in GG and upload the completed document back to the Pre-Submission Uploads Folder. *These documents should NOT be submitted as a separate email.*
3. MWBE Form 4 & 5: Complete both forms present in the Pre-Submission Uploads Folder located under the Forms Menu in GG and upload completed documents back to the Pre-Submission Uploads Folder. *These documents should NOT be submitted as a separate email.*
4. Review Standard Work Plan Objectives: Standard work plans have been entered into GG. Contractors will be held responsible for the performance of all activities within this standard work plan.

Note: A separate communication will be initiated by the Grants Management Compliance Unit, titled CYSHCN Vendor Compliance. Please respond to that communication separate from this request. Documents requested as part of that request are required to advance the contract amendment for official approvals.

This award is conditioned on the requirements specified above. Responses are requested by August 25, 2020. If additional time is required, please contact your Program Manager, Marina Sepowski, copied on this communication. Additionally, your program manager will be reaching out to you in the coming weeks to provide you with additional administrative forms.

Thank you,
Bureau of Administration, Division of Family Health