

MICHHC/CHWE Ext C34810GG County of Albany

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Fri 9/18/2020 2:41 PM

To: Nowak, Jenah <Jenah.Nowak@albanycountyny.gov>

Cc: Madison, Lara <Lara.Madison@albanycountyny.gov>; Witherspoon, Shanna

<Shanna.Witherspoon@albanycountyny.gov>; Dethomasis, Kathleen <Kathleen.Dethomasis@albanycountyny.gov>;

Barrett, Karen A (HEALTH) <karen.barrett@health.ny.gov>; Shelton, Christia M (HEALTH) <Christia.Shelton@health.ny.gov>

 6 attachments (542 KB)

Budget Instructions.docx; Budget Data Entry Guidelines revised 9.10.20.xlsx; MWBE Guidance for Grant Contracts.pptx; MWBE Forms NFP and County Grants.dotx; Subcontractor Information Form.dotx; Attachment C Work Plan.pdf;

Dear Grantee:

This is to inform you of the New York State Department of Health's (DOH) intent to extend the Maternal and Infant Community Health Collaboratives (MICHHC) by amending current contracts under the Community Health Worker Expansion (CHWE) Program for the period of October 1, 2020 to September 30, 2021. The assigned contract # is **C34810GG**, which must be referenced on all claims and correspondence with DOH. Your anticipated award amount for the new budget period will be **\$367,990**, which reflects the combination of your annualized award for the MICHCE and CHWE programs combined. As a reminder, all awards are contingent upon the availability of budget appropriations and approval by the Office of the State Comptroller (OSC).

DOH has initiated a contract amendment under the CHWE contract in the New York State Grants Gateway (GG) on your behalf. As a reminder, the following roles are necessary to execute a contract amendment in the GG: Grantee, Grantee Contract Signatory; Grantee System Administrator; and Grantee Delegated Administrator.

The following information will be to be provided / completed BEFORE changing the contract status to "Contract Information Submitted" at the time of submission of the budget:

- **Expenditure Budget:** Complete the Expenditure Budget for the new budget period in GG by referring to the two (2) attached guidance documents: Budget Instructions and Budget Data Entry Guidelines
- **MWBE Forms NFP and County Grants:** Complete the respective forms depending on entity type (NFP vs. County) and upload to the Grantee Document Folder (GDF) located under the Forms Menu in the GG.
 - **Minority and Women Owned Business Entity Requirement:** Grantees receiving in excess of \$25,000 over the term of the contract are subject to the Department's 30% goal for M/WBE participation.
- **Subcontractor Information:** If applicable, complete the form for each subcontractor and upload to the Grantee Document Folder (GDF) located under the Forms Menu in the GG.
- **Review Standard Work Plan Objectives:** An updated work plan is attached to this communication. The work plan will also be uploaded to the GG for the extension period of 10/1/2020 - 9/30/2021. Contractors will be held responsible for the performance of all activities within this standard work plan. Please review the work plan and contact your program manager with any questions.

Note: A separate communication will be initiated by the Grants Management Compliance Unit, titled MICHHC/CHWE Ext 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 **Friday, October 2, 2020**. If additional time is required, please contact your Program Manager, **Karen Barrett**, copied on this communication.

Thank you,

Bureau of Administration, Division of Family Health