

**New York State Department of Health
Office of Primary Care and Health Systems Management
Center for Health Care Policy and Resource Development
Center for Healthcare Workforce Innovation**

Request for Applications #20591

Increasing Training Capacity in Statewide Healthcare Facilities

QUESTIONS AND ANSWERS

Questions below were received by the deadline announced in the Request for Applications (RFA). The New York State Department of Health (the “Department”) 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 applicants and are hereby incorporated into RFA # 20591. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

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WHO MAY APPLY

Question 1a: Are article 28/article 31 and article 28/article 32 not-profits eligible to apply for this RFA?

Question 1b: We are a community college with several educational/certification and licensing health care programs in New York. As the lead training educator for health programs in the area are we able to be the lead applicant and partner with 2-3 State Healthcare Facilities for this funding?

Question 1c: Does a community-based volunteer provider agency meet the eligibility criteria to apply?

Question 1d: Are Article 28 Hospitals that are Public Benefit Corporations (not a not-for-profit entity) eligible for awards under this RFA?

Question 1e: We are not an Article 28, but is funding available us to be developing and disseminating online courses, case studies and simulations for CNAs and Nurses in long term care?

Question 1f: We have students periodically come through our site (once per week for 6 weeks per school, per year) – they are nurses from 3 local colleges for community nursing experience by shadowing. Given that, would we be eligible to apply?

Question 1g: Would our organization be eligible to apply for this, considering we are a local EMS agency?

Question 1h: What qualifies as a "facility" for the purposes of this grant? Do these facilities need to be ones that treat patients on-site at a facility?

Question 1i: The solicitation states "facility training programs" — does this include private, licensed healthcare training schools that are not part of a hospital system but partner with healthcare facilities for clinical internships?

Question 1j: Do D&TCs/FQHCs and SNFs count as Article 28 clinics/facilities for the purposes of lead eligibility and clinical training sites?

Question 1k: What counts as a "healthcare facility" for the purpose of clinical placement?

Answer 1a-k: See Section II. Who May Apply, Subsection A. Minimum Eligibility Requirements, which states:

"Applicant **must** meet **all** the following eligibility requirements stated below.

1. An Eligible Applicant must be prequalified in the New York State Statewide Financial System (SFS), if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due, as specified in the "Key Dates" set forth on the Cover Page.

2. Applicant must be a legally existing facility located in New York State, capable of entering a Master Grant Contract with the New York State Department of Health.
3. Applicant must be a not-for-profit, Article 28 facility, including County or State-run facilities, responsible for training New York State licensed or certified healthcare professionals. Applicant must attest to the Not-for-Profit facility type on the Attachment 1: Checklist and Commitment form.

Not-for-profit, Article 28 facilities may include:

- General Hospitals certified or licensed under Article 28
 - Diagnostic and Treatment Centers certified or licensed under Article 28
 - Residential Health Care Facility - Skilled Nursing Facility certified or licensed under Article 28
 - A consortium of facilities certified or licensed under Article 28
4. Applicant must submit Attachment 1: Checklist and Commitment Form, signed by the Executive Director or Chief Executive Officer, which attests that the facility meets the conditions for the program, including the minimum eligibility requirements as outlined in the Request for Applications.”

Question 2a: Our nursing home, an article 28 residential health care facility, would like to apply for this grant funding. However, our parent hospital would also like to apply. We share a tax ID number with the hospital, but we have our own NPI #. Are we two separate facilities? Can we both apply for this funding?

Question 2b: Under the structure of our organization, the Applicant would be Organization A on behalf of Organization B. Organization B would be the Article 28 facility through its hospital. Can you confirm if this would be accepted as an eligible Applicant under the terms of this RFA?

Question 2c: Each of our sites on our continuum of care have their own tax id and have their own login on the NYS SYS system, but we are one team with our CEO in charge of both organizations. Can we submit one master proposal for all of our staff or do we have to submit two separate proposals?

Question 2d: How does DOH treat overlapping service areas when multiple applications include the same sites or systems?

Question 2e: If multiple applicants list the same clinical site, how will DOH adjudicate capacity claims; is a primary site designation required?

Answer 2a-e: See Section I. Introduction, Subsection D. Available Funding of Addendum #2, which states:

“An applicant can only apply to serve the region that it is located in. Only one (1) application per facility will be accepted. If multiple applications are received, the last application received will be accepted and scored. Additional applications from the facility will be disqualified and not scored.”

Question 3: Can one consortium submit multiple regional applications (e.g., Western, Finger Lakes, Southern Tier) and be awarded more than one grant if all meet scoring thresholds?

Answer 3: No, see Section I. Introduction, Subsection D. Available Funding of Addendum #2, which states

“An applicant can only apply to serve the region that it is located in. Only one (1) application per facility will be accepted. If multiple applications are received, the last application received will be accepted and scored. Additional applications from the facility will be disqualified and not scored.”

Question 4: If a consortium is awarded multiple regions, is there an overall cap across awards?

Answer 4: A consortium is considered an applicant and may be given a single award. It may not be awarded multiple awards. See Section I. Introduction, Subsection D. Available Funding.

Question 5a: Each of our sites on our continuum of care have their own tax id and have their own login on the NYS SYS system, but we are one team with our CEO in charge of both organizations. Can we submit one master proposal for all of our staff or do we have to submit two separate proposals?

Question 5b: If a New York-based healthcare system oversees more than one qualifying hospital/Article 28 facility located in different NYS-designated regions, may each facility submit an independent, region-specific application? If so, would each application be eligible for up to \$1 million per year?

Question 5c: Our health system has multiple facilities in two counties located in a region that hold individual tax identification numbers and individual Certificates of Incorporation. Will this be considered as one facility under the health system? If yes, can we combine the two counties in one application with multiple subcontractors in each county if we stay with the 25% range for the scope of work?

Answer 5a-c: Each organization may apply if within separate regions, or may apply as a consortium under one application if within the same region, as listed under Section I. Introduction, Subsection D. Available Funding.

Question 6: Per page 6 of the RFA, eligibility to apply is limited to “Article 28 facilit[ies] that offer training to those pursuing careers in healthcare.” Is this phrasing intended literally to restrict eligibility to facilities which operate training programs that lead to licenses and certificates widely recognized by national/regional credentialing authorities? Or more generally intended to allow applications from facilities providing tuition and related support to employees enrolled in health professions training programs at certified educational institutions?

Answer 6: See Section III. Project Narrative/Work Plan Outcomes, Subsection C. Program Services under Subcontracting, which states:

“Services directly related to the license or certification of healthcare students or trainees are exempt (e.g., tuition, fees, etc.) from the 25% subcontractor rule. Partnering with an educational institution to provide direct training to healthcare students or trainees for a recognized license or certification training program is allowable.”

The training being provided by the applicant may come directly from its own facility in whole or in part, or may be provided by the facility through this grant.

NOT-FOR-PROFIT STATUS

Question 7a: Is there opportunity for for-profit Skill Nursing Facilities to apply?

Question 7b: Is this opportunity strictly for Article 28 not-for-profit facilities, or may non-profit care providers with Article 16 Certifications be eligible to apply in support of training programs for current and future healthcare workers?

Question 7c: Does the applicant have to be an Article 28 AND a not-for-profit facility?

Question 7d: As a for-profit MWBE, am I eligible to apply as the prime applicant, or is a nonprofit/government entity required to lead?

Question 7e: Does the facility have to be both an Article 28 AND non-profit?

Answer 7a- e: An applicant must meet all of the eligibility criteria, including being an Article 28 facility and a not-for-profit organization. See Section II. Who May Apply, Subsection A. Minimum Eligibility Requirements, which states:

“Applicant must meet all the following eligibility requirements stated below.

1. An Eligible Applicant must be prequalified in the New York State Statewide Financial System (SFS), if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due, as specified in the “Key Dates” set forth on the Cover Page.
2. Applicant must be a legally existing facility located in New York State, capable of entering a Master Grant Contract with the New York State Department of Health.
3. Applicant must be a not-for-profit, Article 28 facility, including County or State-run facilities, responsible for training New York State licensed or certified healthcare professionals. Applicant must attest to the Not-for-Profit facility type on the Attachment 1: Checklist and Commitment form.

Not-for-profit, Article 28 facilities may include:

- General Hospitals certified or licensed under Article 28
 - Diagnostic and Treatment Centers certified or licensed under Article 28
 - Residential Health Care Facility - Skilled Nursing Facility certified or licensed under Article 28
 - A consortium of facilities certified or licensed under Article 28
4. Applicant must submit Attachment 1: Checklist and Commitment Form, signed by the Executive Director or Chief Executive Officer, which attests that the facility meets the conditions for the program, including the minimum eligibility requirements as outlined in

the Request for Applications.”

FUNDING/SUBCONTRACTING

Question 8a: Are we allowed to use out-of-state subcontractors?

Question 8b: Can a subcontractor be located in a different region than the lead applicant?

Answer 8a-b: All subcontractors and subcontracts will be required to be approved by the Department of Health.

Question 9: If partnering, which entity should be listed as primary applicant?

Answer 9: Please see Section II. Who May Apply, Subsection A. Minimum Eligibility Requirements.

Question 10a: Can one organization be both a subcontractor on an application and a contractor on another if the total is less than the \$1,000,000 threshold?

Question 10b: Please confirm that it is permissible to participate as both primary applicant and subcontractor if the combined total of our requested funding (as both primary and subcontractor) exceeds \$1,000,000 annually.

Question 10c: If a subcontractor is proposed under multiple applications, does the \$1,000,000 subcontractor limit apply in aggregate across all applications statewide in which a subcontractor appears, regardless of lead applicant?

Answer 10a-c: See Section III. Project Narrative/Work Plan Outcomes, Subsection C. Program Services under Subcontracting, which states:

“If a subcontractor is proposed being subcontracted under multiple applications, the subcontracted total annual award amount may not exceed the annual budget limit of \$1,000,000 across all applications.”

Question 11: If an Article 28 hospital is applying as the primary applicant and working with their university’s school of nursing for services directly related to the license or certification of healthcare students or trainees (hospital and school of nursing are under the same university tax ID), is the school of nursing considered a subcontractor?

Answer 11: See Section III. Project Narrative/Work Plan Outcomes, Subsection C. Program Services under Subcontracting.

Question 12a: Can you confirm that if an Article 28 facility collaborates with an educational institution to provide direct training, these costs would not need to be included in the 25% subcontractor rule?

Question 12b: We are an Article 28 facility and will be the applicant. If we partner with our affiliated nursing school to provide direct training to nursing students, would this training expense be subject to the 25% rule, since the nursing school is not Article 28 and cannot receive the award directly?

Question 12c: Do education payments remain exempt from the 25% subcontracting rule?

Question 12d: May facilities include adjunct instructors employed by partner schools when they teach at the Article 28 facility?

Question 12e: Will this grant apply the 25% subcontracting rule differently depending on whether our hospital facility partners with public educational institutions or private educational institutions?

Answer 12a-e: See Section III. Project Narrative/Work Plan Outcomes, Subsection C. Program Services under Subcontracting, which states:

“Services directly related to the license or certification of healthcare students or trainees are exempt (e.g., tuition, fees, etc.) from the 25% subcontractor rule. Partnering with an educational institution to provide direct training to healthcare students or trainees for a recognized license or certification training program is allowable.”

Question 13: Our Article 28 facility is an affiliate within a larger nonprofit organization. Does all the grant funding need to be allocated directly to the Article 28 facility, or can some of the funding be allocated to the umbrella organization? Would this funding be limited to the 25% subcontractor rule?

Answer 13: Funding allocated to a non-Article 28 facility would need to follow the subcontractor rules, with the exception of the partnered educational institutions that provide direct training to healthcare students or trainees for a recognized license or certification.

Question 14: Is there a maximum amount per award, and is any cost-sharing or matching funds requirement specified for applicants?

Answer 14: See Section I. Introduction, Subsection D. Available Funding, which states:

“Award amounts will be a minimum of \$500,000 and a maximum of \$1,000,000 per year. Proposed budgets must be between \$500,000 and \$1,000,000 per year.”

There is no cost-sharing or match fund requirement.

Question 15: How should these partnerships be documented in the application to demonstrate regional impact?

Answer 15: See Section III. Project Narrative/Work Plan Outcomes, Subsection C. Program Services, which states:

“If utilizing subcontractors, applicants must provide a Statement of Scope of Work along with a Letter of Collaboration and Discussion as Attachment 7: Subcontract Utilization Plan.

Letters of Collaboration should be specific to each proposed partnership in the application. The Scope of Work statement should describe the following:

- Who the partnering organization(s) is/are;
- Why the collaboration is a necessary component of the program;
- What the partnering organization(s) proposes to do (i.e., what the partner will contribute);
- When the collaborative activities will take place; and
- How collaboration will be assessed.”

Question 16: May subcontracts be finalized post-award with DOH approval, or must fully executed agreements be submitted at contract execution?

Answer 16: All subcontractors and subcontracts will be required to be approved by the Department of Health.

Question 17: Please clarify whether the 25% is measured by budget dollars, scope units (e.g., programmatic activities or deliverables), or both.

Answer 17: Annual budget Dollar amount.

LOCATION/REGION

Question 18a: We are located at the edge of two Regions, per Empire State Development designations. Employees, and thus project-targeted groups, come from both regions. Two longtime partners and potential consortium members are located in the adjacent region. Is it possible for the project to encompass two regions?

Question 18b: May an applicant apply to provide service in another region?

Question 18c: As a D&TC with many locations that split across two regions, should we utilize our main site as the facility responsible for training or should we base our region on the exact health center that will be involved with training?

Answer 18a-c: See Section I. Introduction, Subsection D. Available Funding of Addendum #2, which states:

“The regions designated in this Request for Applications are determined using Empire State Development designations. An Applicant’s region will be determined by the location of the Article 28, not-for-profit facility responsible for training licensed or certified healthcare workers.”

And

“An applicant can only apply to serve the region that it is located in. Only one (1) application per facility will be accepted. If multiple applications are received, the last application received will be accepted and scored. Additional applications from the facility will be disqualified and not scored.”

Question 19: May consortium facilities cross two regions?

Answer 19: No. See Section I. Introduction, Subsection Available Funding, which states:

“The regions designated in this Request for Applications are determined using Empire State Development designations. An Applicant’s region will be determined by the location of the Article 28, not-for-profit facility responsible for training licensed or certified healthcare workers.”

Question 20: Is there a preference for statewide scalability vs. local impact?

Answer 20: No

PROGRAM SERVICES & EXPENSES

Question 21a: It is noted in the RFA that funds cannot be used towards employment contracts. Does this mean that funding cannot be used for things like sign-on bonuses? Or does this also exclude scholarship dollars that have a work commitment contract attached to accepting the scholarship funding?

Question 21b: Can we request monetary bonuses for the purpose of retention?

Question 21c: Can we use money for sign on bonuses for specialty nursing areas?

Question 21d: Can we offer a sign-on bonus to trainees?

Answer 21a-d: See Section III. Project Narrative/Work Plan Outcomes, Subsection B. Population Served.

Question 22a: Are onboarding-related expenses eligible for reimbursement for new staff hired under this project (and/or for the implementation of this project)?

Question 22b: Can grant funds be used to cover student support costs?

Question 22c: Can we offer full tuition reimbursement?

Question 22d: Can funding be used for partial tuition support only?

Question 22e: Could you give examples of program enrichment/enhancement activities that would be eligible under this program?

Question 22f: Are simulation assets allowable if tied to seat creation; any per-item limits or depreciation rules?

Question 22g: Are capacity-building expenses allowable under this RFA?

Answer 22a-g: See Section III. Project Narrative/Work Plan Outcomes, Subsection B. Population Served

Question 23a: For backfill/wage subsidies, may facilities budget associated payroll taxes and fringe benefits? Is there a cap per trainee or per hour?

Question 23b: Will NYS fund incremental preceptor expenses?

Question 23c: Can grant funds be used to cover instructor salaries?

Question 23d: Is there a dollar amount cap on the wage subsidy?

Question 23e: May an applicant propose funding of FTEs to provide administrative support to the work of building and maintaining proposed programs? Are their limitations concerning how much of a proposed budget may be assigned to such staff?

Question 23f: Would navigator or coordinator services be considered separately from the 10% threshold since these positions are student facing?

Question 23g: Are payments for In-house mentors within a funded Article 28 to provide ongoing support to students (whether for full- or part-time payments) reimbursable under this grant?

Question 23h: Are program managers, mentors, academic advisors, career coaches types of expenses that eligible for funding?

Question 23i: Are wage/backfill/OT stipends allowable for incumbent workers—and any caps per trainee/hour?

Question 23j: Can funds cover preceptor stipends, clinical placement administration, and faculty release time?

Answer 23a-j: See Section III. Project Narrative/Work Plan Outcomes, Subsection B. Population Served.

Question 24: Can backfill costs include the higher costs associated with hiring traveling nurses or locums if we cannot find a local resource to backfill?

Answer 24: See Section III. Project Narrative/Work Plan Outcomes, Subsection B. Population Served.

Question 25: Please define “wage subsidies”

Answer 25: See Section III. Project Narrative/Work Plan Outcomes, Subsection B. Population Served, which states:

“Wage subsidies to cover participant wages while they are in school or training”

Wage subsidies are defined as financial payments to trainees to offset training costs.

Question 26: For wage subsidies, could we use grant funds to pay an existing staff member their full salary when they go back to school/training program?

Answer 26: See Section III. Project Narrative/Work Plan Outcomes, Subsection B. Population Served

Question 27: Can we provide support to trainees to help them overcome barriers to returning to school such as day care expenses?

Answer 27: Yes, stipends for childcare expenses for trainees can be covered. Once an individual transitions from being a healthcare trainee, they will no longer be eligible to receive these services.

Question 28: Are training expenses reimbursed directly to participants supported under the grant? Such as reimbursing for a course or training outside of our facility of partnering institution. If so, would the participant receiving the reimbursement (outside of a payroll transaction) need a specific registration or qualify as a subcontractor?

Answer 28: Yes, stipends for eligible training expenses can be covered. Formal agreements to indirectly pay an organization may fall under the subcontracting rules. Trainees would not be eligible to become subcontractors, but the partnering institution might.

Question 29a: Is it possible to fund mentorships, internships and other experiences that provide recent trainees with support in learning their role and preparing them to be successful over the longer term?

Question 29b: Are both pre-licensure (e.g., CNA/LPN/RN clinical rotations) and post-licensure upskilling eligible, provided they expand capacity?

Answer 29a-b: No, program services and expenses are for supporting eligible trainees under the program. Once the designated certificate or license is received, the trainee wouldn't be considered a trainee under the program.

Question 30a: Travel is a potential barrier to students program completion. Are metrocards for students an eligible program expense? Are travel stipends for students an eligible program expense?

Question 30b: Are travel expenses to a training site for students allowed in the budget?

Question 30c: May facilities include travel stipends for trainees who must attend approved programs outside their local area?

Question 30d: Can grant funds be used to cover transportation stipends for clinical rotations?

Answer 30a-d: Travel costs to/from training are an eligible expense

Question 31a: Can grant funds be used to purchase training equipment (e.g., hospital beds, phlebotomy chairs, EKG machines, mannequins)?

Question 31b: Can grant funds be used to cover student exam fees and certification costs, and uniforms and textbooks

Question 31c: Can grant funds be used to cover curriculum development?

Answer 31a-c: See Section III. Project Narrative/Work Plan Outcomes, Subsection B. Population Served.

Question 32: Is there a guideline regarding the maximum amount of program expenses being allocated to tuition?

Question 32: Any limits on participant supports?

Answer 32: There is no limit

Question 33: Are costs to extend multi-lingual resources reimbursable under this grant?

Answer 33: Yes, if done solely for the purpose and benefit of running an eligible training program under this grant. See Section III. Project Narrative/Work Plan Outcomes, Subsection B. Population Served.

Question 34a: Can we use grant dollars to provide a geographic stipend (locations where it is challenging to find trained healthcare workers) to work at our organization once trained?

Question 34b: Are costs connected with identifying and resettling individuals who could serve in staffing roles yet who presently live abroad reimbursable under this grant?

Question 34c: Are payments to partner community organizations in support of immigrant resettlement efforts reimbursable under this grant?

Question 34d: May facilities include lodging stipends for trainees who must attend approved programs outside their local area?

Question 34e: Can the grant funding be used to cover temporary rural housing for up to 4 weeks?

Question 34f: Are financial supports for families of students to facilitate stability at home and the consequent ability to pursue study reimbursable under this grant?

Question 34g: Are costs to research and access loan forgiveness programs for students, including third party contracting costs of existing loan forgiveness navigation services reimbursable under this grant?

Answer 34a-g: No

Question 35: If initial project related costs were incurred prior to this date (between award date and end of contract negotiations) are those expenses eligible for reimbursement under this program?

Answer 35: Expenses incurred outside the contract period are not allowable expenses.

PROJECT DESIGN

Question 36a: Does the training program need to be fully up and running to qualify under this RFA?

Question 36b: In our idea of expanding our hospital residency to include a psychiatry resident, this cannot start until 2027 due to timing of schooling and the recruitment process and the timing of the grant dispersal. If we were to include this residency in our grant application, could we wait to spend funding in 2027?

Question 36c: Our program is new. We will be setting up the program in Fall 2026 and taking applications starting in January 2027. Does that meet the 3-month implementation requirement?

Question 36d: Given contracts may start October 1, 2026, does “three months” run from contract execution date or from October 1, 2026?

Answer 36a-d: See Section III. Project Narrative/Work Plan Outcomes, which states:

“Training programs funded under this initiative will increase the healthcare workforce in the region by providing increased training support to facilities. Applications submitted in response to this Request for Applications should demonstrate the applicant’s ability to design, implement, and monitor a program to provide targeted and measurable support to the training efforts at Article 28 facilities.”

Training programs may have a ramp-up period when starting.

Question 37: The healthcare professionals needed by some of our hospitals are trained at a local NYS college and their practicums occur at our hospital and in some cases with our faculty. The actual degree is awarded by the college, not the hospital. Does this qualify for funding under this grant, or is it only programs offered by a hospital?

Answer 37: The partnership with the institution of higher learning would need to be documented appropriately under the grant. See Section III. Project Narrative/Work Plan Outcomes, Subsection C. Program Services under Subcontracting, which states:

“Services directly related to the license or certification of healthcare students or trainees are exempt (e.g., tuition, fees, etc.) from the 25% subcontractor rule. Partnering with an educational institution to provide direct training to healthcare students or trainees for a recognized license or certification training program is allowable.”

Question 38a: For a first-time LPN program, would a non-credit model be acceptable, provided that students still meet NYS Office of Professions requirements and sit for the NCLEX-PN exam? If a non-credit model is acceptable, what documentation or registrar mechanism would be required to confirm successful program completion?

Question 38b: Would it be permissible to propose both a credit-bearing and non-credit-bearing pathway within our application, given the financial aid implications and urgent workforce needs?

Question 38c: We have a phlebotomy training program. When our employees finish that training they get a certification that allows them to practice within our organization; however, they cannot apply for external certification yet. We are in the process of applying for accreditation, which will make our trainees eligible to sit for a nationally recognized certification exam. Can the grant be used to support the accreditation process for our current training programs?

Answer 38a-c: See Section III. Project Narrative/Work Plan Outcomes, Subsection B. Population Served, which states:

“Ineligible program expenses include but are not limited to:

- Unaccredited training programs and training programs that do not lead to an approved NYS license or certification”

Training programs must be accredited, and lead to a healthcare license or certification recognized by New York State.

Question 39: An existing, Article 28 nursing home is interested in collaborating with a geriatric nursing organization to fund the education of all new and existing staff members of the nursing home about the care of older adults with complex needs, but the training will not lead to an additional degree or certification. Is that an eligible project?

Answer 39: No, the training program must lead to a healthcare license or certification recognized by New York State.

Question 40a: Our proposal will support simulation lab creation, instructor salaries, trainee stipends, certification pathways, and recruitment of underrepresented populations. Would this type of proposed programming be something that this grant would consider funding?

Question 40b: Can grant dollars be used to support the salary and fringe of staff who will implement, manage and coordinate the program but do not directly provide the training?

Answer 40a-b: Yes, to the extent that the percentage of their salary and benefits are equal to, or less than, the percentage of their time spent on, or allocated to, the program. See Section III. Project Narrative/Work Plan Outcomes, Subsection B. Population Served, which states:

“Eligible program expenses should be those that support activities that lead to participants receiving a recognized license or certification from the above list, including but not limited to:

- Tuition and costs, including books, fees, etc.
- License, certification, and exam fees
- Backfill costs (including overtime for replacement staff) to cover those participants being trained under the program
- Wage subsidies to cover participant wages while they are in school or training
- Virtual training costs
- Salary and fringe benefits of trainers teaching participants under the program (percent of salary and benefits must be less than, or equal to, percent of time allocated to the program)

- Recruitment costs related to participants entering a training program
- Recruitment costs related to hiring educators and trainers
- Equipment expenses (e.g., simulation lab mannequins, training stations) that are tied directly to an increase in the number of training slots and participants trained”

Question 41: Participants beginning a multi-year training program during the final years of a 5-year grant would not be likely to obtain a degree before the end of the grant term. Is it your program’s expectation that all participants must complete their training and receive a license or certification before the grant’s termination date?

Answer 41: Some trainees may receive their license and/or certification after a contract period is over. The grantee may be asked to provide training status on trainees after the contract period is over, up the time of their graduation and/or employment.

Question 42: Will DOH accept rolling admissions and staggered cohorts, or must cohorts start on fixed dates?

Answer 42: Trainees under the program may be staggered.

Question 43a: Does the training have to occur at the applicant’s site? Can it be done at another site within a healthcare network or at a partner’s location?

Question 43b: Does the in-person training have to be delivered at the Article 28 facility, or can it be delivered at another location?

Question 43c: Does an eligible Article 28 facility have to have its own accredited training program, or can an Article 28 facility create and deliver the training in collaboration with an accredited training program?

Question 43d: Does our facility need to offer a training program onsite, or could we partner with training programs outside of our organization that offer licensure or certifications to healthcare professionals?

Question 43e: Are there opportunities for approved facilities to partner with external training providers, to fulfill their expansion goals under this program? Could you please advise whether the program allows, or encourages, such collaborations between funded facilities and qualified external training providers?

Question 43f: Are collaborations with academic institutions encouraged?

Answer 43a-f: See Section I. Introduction, Subsection C. Preparing the next generation of healthcare professionals, which states:

“...this opportunity focuses on the State’s healthcare facilities and optimizing their training capacity. The primary aim is to increase the healthcare workforce and provide the opportunity to improve facilities’ ability to support a capable, well-functioning, and highly skilled population of healthcare professionals. This program’s secondary aim is to train healthcare students or employees to become licensed or certified healthcare workers.”

And see Section III. Project Narrative/Work Plan Outcomes, which states:

“Training programs funded under this initiative will increase the healthcare workforce in the region by providing increased training support to facilities. Applications submitted in response to this Request for Applications should demonstrate the applicant’s ability to design, implement, and monitor a program to provide targeted and measurable support to the training efforts at Article 28 facilities.”

The training being provided by the applicant does not have to come directly from its own facility. For example, it could be provided by an institution of higher learning under subcontract.

Question 44: Are collaborations with unions or community organizations required?

Answer 44: No

Question 45: Is it permissible to include multiple types of training, mentorship, or certification activities within a single proposal?

Answer 45: Yes

Question 46: Can we collaborate with colleges and universities and have our nursing leadership serve as adjuncts/faculty?

Answer 46: Yes

Question 47: Do trainees who receive financial support from this grant need to work in their designated Economic Development Region or New York State for a period of time once they graduate?

Answer 47: No

Question 48: Is a service obligation (trainees agree to work in a specific location for a certain period after graduation in exchange for tuition benefit) considered an employment contract or retention agreement? Is an educational program with a service obligation to a NYS healthcare system eligible for funding?

Answer 48: There is no service requirement under this grant

Question 49: Can we credit placements across consortium partners (e.g., trainees recruited by one partner but hired by another in the same region)?

Answer 49: Yes, if done under the same program under one contract

Question 50: Are sustainability plans required once the funding period ends?

Answer 50: Currently no, but the Department reserve the right to request them.

Question 51: May trainees include incumbent workers and new entrants in the same application? Any minimum/maximum mix?

Answer 51: Trainees who are eligible under the program are those pursuing an eligible healthcare license or certification. While the purpose of the grant funding is to increase the number of health care trainees pursuing careers in healthcare, there is currently no requirement regarding the number of program participants.

Question 52: Are there minimum seat targets or required placement/retention rates per pipeline?

Answer 52: While the purpose of the grant funding is to increase the number of health care trainees pursuing careers in healthcare, there is currently no requirement regarding placement or retention rates.

Question 53: Is the use of grant funds permissible for implementing loan forgiveness or student loan repayment programs as part of retention strategies for current healthcare staff?

Answer 53: No, grant funds may not be used to implement student loan forgiveness, or for repayment for past education the trainee received.

ELIGIBLE CERTIFICATIONS AND LICENSES

Question 54a: Regarding Section III - B: Population Served, is Certified Nursing Assistant (CNA) training allowable under this opportunity?

Question 54b: Is Psychiatry considered an eligible licensed program under this funding opportunity?

Question 54c: On page 6 under the list of programs is "physicians". Can this include any specialists?

Question 54d: Are the following considered qualifying facility training programs under the RFA terms: ANCC-accredited Graduate Nurse Residency Program, CNA program, Teaching hospital residency programs?

Question 54e: Can funding be used to support RN staff who are returning to school for a BSN?

Question 54f: Can you confirm if nurse practitioners are an eligible healthcare trainee/licensed and certified program under this RFP, as it is not listed as an example in Section III, B., page 6?

Question 54g: Are existing residency training programs hosted at an Article 28 facility eligible for support/funding under this RFA?

Question 54h: The eligible training programs listed on Page 6 of your RFA include "Clinical Laboratory Technologists", "Polysomnographic Technology", and "Radiologic Technology". Is this list exhaustive? Specifically, would Pharmacy Technician training also be eligible?

Question 54i: Please define "Technologists"

Question 54j: Would a proposed training program for which an accreditation does not exist (e.g., Social Worker residency) but that results in State licensure (e.g., LCSW) be an eligible expense under this RFA?

Question 54k: Could you please confirm whether CNA training is considered an eligible training program under this funding opportunity?

Question 54l: SANE certification and things like PALS and ACLS do not end in licensing nor qualifications. Could these be included in a grant proposal for funding?

Question 54m: Are training programs such as Certified Nurse Aide (CNA), Phlebotomy Technician, EKG Technician, Home Health Aide (HHA), and GED preparation eligible for funding under this RFA, provided they directly contribute to the healthcare workforce pipeline?

Question 54n: If part of our training plan includes preparing students without a high school diploma for the GED, would this be an allowable use of funds if it is integrated into the healthcare career training pathway?

Question 54o: We are an OPWDD provider and anticipate many current staff members would welcome this training opportunity. Could we include staff members of other OPWDD providers within the training program that we implement and deliver?

Question 54p: We are looking to develop a multipronged approach to nursing training throughout the organization, including pathways for nursing assistants to become patient care technicians, certification programs for registered nurses in specialized areas such as labor and delivery and critical care, and advanced leadership development programs, including graduate and doctoral-level opportunities for nursing leadership. Would a multipronged approach be permissible? Are these training/education opportunities eligible?

Question 54q: On page 6 there is a list of licensed and certified programs that may be included in the application. Is this an exhaustive list?

Question 54r: Can we use grant dollars to expand the number of specialists training/fellowship program spots?

Question 54s: Is the grant leaning into one profession or favoring the education of multiple professions?

Question 54t: Is grant funding limited to this list, or if there is a demonstrated need for another type of healthcare worker (e.g. Sonographer) could that also be included?

Question 54u: Are specific training tracks required in the application, or may tracks be finalized post-award via a needs assessment with partners (with DOH approval)?

Question 54v: Are apprenticeship or union-affiliated programs eligible if they meet training capacity goals? Any extra requirements?

Question 54w: Are there limits to the healthcare professional titles our facility chooses to provide training for, as in clinical versus administrative titles (i.e. Nurse, Administrator, Intern)?

Question 54x: Can our hospital facility collaborate with public colleges and universities to create re-entry pathways for foreign-trained doctors and nurses that combine credential revalidation with language and technical training?

Question 54y: Please confirm that LPNs and CNAs are included in the definition of “nurses” and are eligible populations for training under this RFA.

Question 54z: Will this grant allow our hospital facility to integrate language training (medical Spanish, ESL for healthcare workers, bilingual communication for doctors, and interpreter certification) into education partnerships with public colleges?

Question 54aa: We are considering possible expansion of an existing internship program for students in their last year of nursing school. The internship program provides practical experience to students and prepares them for a successful transition to the workplace. Program expenses may include tuition, salary and related trainee costs. The nursing program qualifies the trainees to receive their nursing license; the internship is an enhancement to promote employability in various clinical settings. Would this program model be considered?

Question 54ab: Is training for in-house CNAs ‘step up’ to LPNs reimbursable under this grant?

Question 54ac: Are trainings to facilitate existing staff to ‘step up’ to CNAs, including but not limited to incentive payments for high school students to participate reimbursable under this grant?

Answer 54a-ac: The license or certification that the trainee would receive under the program must be recognized by New York State Education Department [Office of the Professions](#) or [Department of Health](#) (Certified Nursing Assistant (CNA) / Nurse Aide and Radiologic Technologist) to provide healthcare delivery services AND fall under one of the titles list in Section III. Project Narrative/Work Plan Outcomes, Subsection B. Population Served

“Applications may cover a wide spectrum of trainee levels and a wide spectrum of healthcare disciplines. “Healthcare student” is broadly defined as those pursuing an education that prepares them for a career in healthcare delivery. “Healthcare trainee” is broadly defined as those pursuing educational or training courses designed to prepare for a career in the healthcare field. Such programs can range from short-term certificate programs to lengthy degree programs. However, trainees should be in licensed or certified training programs. Licensed and certified programs may include the following: Audiology, Clinical Laboratory Technologists, Dentistry, Dietetics and Nutrition, Massage Therapy, Medical Physics, Mental Health Practitioners, Midwifery, Nursing, Occupational Therapy, Optometry, Pathologists’ Assistant, Perfusion, Physicians, Physician Assistant, Pharmacy, Physical Therapy, Podiatry, Polysomnographic Technology, Psychology, Radiologic Technology, Respiratory Therapy, Social Work, Speech-Language and Pathology. Applicant should clearly demonstrate that the selected trainee population is determined by the healthcare workforce needs of the local or regional community.”

Question 55: Can the grant dollars support Basic Life Support certification for staff?

Answer 55: Only if receiving it is required or expected as part of a larger, approved healthcare license or certification training program (see **Answer a-ac**).

Question 56: Would this program allow for paramedic programs to be included?

Answer 56: Yes, a NYS-recognized training program could be considered (<https://www.health.ny.gov/professionals/ems/certification/>)

Question 57a: On page 6 of the RFA there is a list of allowable programs listing a number of clinical disciplines. Is that list all-inclusive or would other certified clinical disciplines be considered. For example, substance use disorder is a significant problem in our community and in response we have developed an OASAS approved CASAC program. Would this program be eligible for funding under the RFA?

Question 57b: Is this grant available for Training Chaplains, including Theology and Clinical Pastoral Education?

Question 57c: Are licensed/certified healthcare professions not specifically called out in the RFA considered eligible? For example, the RFA lists several licensed/certified professions as eligible but does not specifically call out central sterile technicians. Given that central sterile technicians receive a certification, would they be considered an eligible profession for this RFA?

Question 57d: Would the training associated with becoming a Nursing Magnet Recognized institution (ANCC Magnet Recognition Program) meet the definition of training under the Increasing Training Capacity opportunity?

Question 57e: Can funding be used to support RNs who are looking for specialty certification such as Emergency Nursing or Critical Care Nursing?

Question 57f: Can the funds be used towards a medical interpretation certification program?

Question 57g: Can the funds be used for prerequisite courses that will allow our employees to enter certification, licensure, or degree granting programs?

Question 57h: We have an increasing need for hospital trained and certified but non-clinical positions (e.g. HVAC, HIM Application Analyst, electricians, application analyst etc.). Are we able use these funds to support employees entering those certification programs?

Question 57i: Are evidence-based, value-add training programs that are accredited by a recognized association but do not result in a state license eligible? Is upskilling training for already licensed/certified staff (that does not itself confer a new license) eligible?

Answer 57a-i: No, the license or certification that the trainee would receive under the program must be recognized by New York State Education Department [Office of the Professions](#) or [Department of Health](#) (Certified Nursing Assistant / Nurse Aide and Radiologic Technologist) to provide healthcare delivery services AND fall under one of the titles list in Section III. Project Narrative/Work Plan Outcomes, Subsection B. Population Served

WAIVERS

Question 58a: Confirm that only Article 28 entities may serve as lead by default. If so, will DOH consider waivers permitting a non-Article 28 to lead when all clinical delivery remains with Article 28 partners?

Question 58b: Can a waiver be submitted for the lead requirement so that our organization could serve as a lead applicant on behalf of a regional consortium of Article 28 facilities?

Answer 58a-b: No waivers are permitted under this procurement to waive the minimum requirements.

CONSORTIUM OF FACILITIES

Question 59a: If more than one eligible entity applies as part of a partnership or consortium, will the State permit applications that exceed \$1m per annum by combining all applicants in a single submittal or otherwise?

Question 59b: If a consortium applies, may several Art. 28 facilities apply separately under a common program with scale and coordination of programming?

Question 59c: Does the \$1,000,000 per year maximum budget apply to consortia applications with multiple partners?

Question 59d: How will consortium applications need to be structured to be considered viable?

Question 59e: If applying as a consortium, what documentation is required to demonstrate consortium eligibility and structure?

Question 59f: For systems with sites across multiple regions, can one consortium lead coordinate three applications with shared infrastructure while tailoring regional needs?

Answer 59a-f: Eligible applicants may be a consortium of Article 28 facilities (see Section II. Who May Apply, Subsection A. Minimum Eligibility Requirements) that all meet the requirements of the RFA. If multiple applications are received for the same facility, only the last (1) application will be accepted and the rest disqualified (see Section I. Introduction, Subsection D. Available Funding of Addendum #2). Applications may not be below \$500,000 or exceed \$1,000,000 annually.

MWBE

Question 60a: Are there specific Minority and Women-Owned Business Enterprise (MWBE) participation percentages that must be met for vendor contracts funded by the grant?

Question 60b: What is the MWBE utilization goal and how is it applied to eligible expenditures?

Question 60c: Are partnerships/subcontracts between a for-profit MWBE and a nonprofit or government agency permitted and/or encouraged under this RFA?

Answer 60a-c: See IV. Administrative Requirements, Subsection K. Minority & Woman-Owned Business Enterprise Requirements and Section VI. Attachments

Question 61a: Does requesting an MWBE waiver in this instance disadvantage an applicant?

Question 61b: Does MWBE status affect evaluation scoring or priority?

Answer 61a-b: No

Question 62: What constitutes acceptable good-faith effort documentation, and what is the timeline for curing MWBE plan deficiencies?

Answer 62: See IV. Administrative Requirements, Subsection K. Minority & Woman-Owned Business Enterprise Requirements and Section VI. Attachments

PREVIOUS GRANTS

Question 63: Is the current 2025 grant the same grant as it was in 2023? Or are there differences?

Answer 63: No

Question 64: The last cycle for this grant program, applications were reviewed/awarded on a first come first served basis. Reading the RFA, it doesn't seem like that is the case this round. Can you confirm?

Answer 64: This procurement is a competitive Request for Applications (RFA).

Question 65: If our hospital has an active Increasing Training Capacity grant from the previous cycle that has not been closed out, is this hospital still able to apply this cycle?

Answer 65: Yes, as long as the applicant meets all RFA requirements.

Question 66: Would you be able to share with us the number of applications submitted, or the percentage of applications awarded, in the 2022 round of applications for the Increasing Training Capacity in Statewide Healthcare Facilities grant?

Answer 66: See <https://www.health.ny.gov/regulations/foil/> for information on FOIL requests.

Question 67: How should applicants label proprietary/confidential material to avoid FOIL disclosure?

Answer 67: Per Section V., Subsection B. Freedom of Information Law, of the RFA any portion of an Application that an Applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the general rule regarding the availability to the public of State agency records under the provisions of the Freedom of Information Law, must be clearly and specifically designated in the Application.

Applicants are instructed to clearly and specifically identify all proprietary information from the application on a separate word document and upload to the Event Comments and Attachments section link at the bottom of the Bid Event page of the SFS Application. Label the attachment as Proprietary Information and include the following sentence in the document, "Subject to Public Officers Law the following materials are considered trade secrets, proprietary, and/or confidential commercial information." This will be the only document reviewed from the Event Comments and Attachment section of an Application.

Question 68a: Will applicants that did not receive an award under SOI#20298 receive priority consideration in this RFA?

Question 68b: In considering grant applications, is there any level of priority for training health care workers who provide care and healthcare to individuals with intellectual and developmental disabilities (IDD)?

Question 68c: Would NYS DOH prefer to see applications addressing their primary aim in combination with their secondary aim over applications that only address the secondary aim?

Answer 68a-c: No preferential treatment will be given to any applicant.

Question 69a: Would expansion and/or enhancement of training programs created with funding from SOI#20298 be eligible for funding under this RFA#20591?

Question 69b: We currently have an active grant award for the prior round of funding for SOI 20298 Increasing Training Capacity for Statewide Healthcare Facilities. Would our current grant award make us ineligible to apply for RFA #20591, or would we be able to apply? If we are eligible to apply, do we need to identify a new project – unrelated to the current project – or would we be able to apply for an expansion to the current project?

Answer 69a-b: The applicant and proposed program need to meet the criteria of this procurement. Being a previous awardee in a prior procurement doesn't exclude you from applying under this procurement.

BUDGET

Question 70a: Is indirect expense to be added as a sum total of 10% of the operating budget, or should the indirect expense be itemized?

Question 70b: Are indirect/administrative costs allowable for the applicant?

Answer 70a-b: All indirect expenses need to be itemized or categorized within the budget section of the SFS application. These may not exceed 10% of the annual budget amount.

Question 71: Confirm indirect cost cap ($\leq 10\%$ of direct costs). Can the lead and each subcontractor claim indirect, or must indirect be centralized?

Answer 71: The 10% indirect cost rate should be applied to any expenses that are subcontracted out. All indirect expenses need to be itemized or categorized within the budget section of the SFS application. See Section V. Completing the Application, Subsection A. Application Format/Content, Budget section, which states:

“Funding may be requested under the administrative cost line to support a portion of the organization’s structure to the extent that it allows a funded applicant to implement program activities. This includes funding for administrative and fiscal staff, space, supplies, telephone, and other expenses indirectly associated with program implementation and service delivery. Indirect administrative costs may not exceed 10% of the total direct costs, and all indirect expenses need to be itemized or categorized within the applicable budget section of the SFS application.”

REPORTING

Question 72a: Confirm whether OSOS is the required platform and whether monthly trainee-level data entry is mandatory.

Question 72b: Over what timeframe must outcomes be demonstrated?

Answer 72a-b: Grantees under the program are required to submit and update data in the One-Stop Operating System (OSOS) monthly.

Question 73: Will DOH provide an OSOS data dictionary and acceptable data QA thresholds

Answer 73: The Department will provide awardees with information on getting setup in OSOS

Question 74: Are data-sharing agreements between lead and partners required; any privacy/security standards we must cite?

Answer 74: See Section III. Project Narrative/Work Plan Outcomes, Subsection C. Program Services under Other Requirements and Other Reporting Requirements. The lead applicant is required to meet the reporting requirements of the program, even if partnering. How this is demonstrated under a proposal is up to the applicant.

Question 75: What metrics will be used to determine success (e.g., graduation rates, job placement, retention, service in underserved areas)?

Answer 75: Multiple metrics will be used. Examples included, but are not limited to, graduation rate and employment rate.

DEFINITIONS

Question 76: Please provide further clarification on question 2b. It seems to be asking about the organization's knowledge of barriers for "assessment", however "assessment" is not defined.

Answer 76: See Section III. Project Narrative/Work Plan Outcomes, Subsection C. Program Services, Assessment Activities

Question 77: Please define Enrolled, Continuing, Completed, and Placed.

Answer 77: Enrolled is when the trainee enters the program, continuing is while the trainee is in the program, completed is when the trainee has received their license or certification from the program, and placed is when the graduate is employed with while utilizing their new license or certification from the program.

OTHER

Question 78: Is there a letter of interest needed?

Answer 78: No

Question 79: Will there be an applicant conference?

Answer 79: No

Question 80: Will the application need to be submitted online?

Answer 80: Yes, through the Statewide Financial System (SFS)

Question 81a: Will letters of support be considered in the application?

Question 81b: Are letters of support required at submission, or will DOH accept letters within a specific post-award window?

Question 81c: Are formal employer partnership agreements (e.g., with hospitals, nursing homes, clinics) required at the time of application, or can they be developed during the project's initial implementation period?

Answer 81a-c: See Section III. Project Narrative/Work Plan Outcomes, Subsection C. Program Services, which states:

"Letters of Collaboration should be specific to each proposed partnership in the application. The Scope of Work statement should describe the following:

- Who the partnering organization is;
- Why the collaboration is a necessary component of the program;

- What the partnering organization proposes to do (i.e., what the partner will contribute);
- When the collaborative activities will take place; and
- How collaboration will be assessed.”

And see Section III. Project Narrative/Work Plan Outcomes, Subsection C. Program Services under Subcontracting, which states:

“If utilizing subcontractors, applicants are requested to provide a Statement of Scope of Work along with a Letter of Collaboration and Discussion as Attachment 7: Subcontract Utilization Plan.”

Question 82: What evidence or data sources are preferred for demonstrating local workforce needs and barriers?

Answer 82: Whatever sources or evidences the applicant feels are appropriate.

Question 83: Do all training and practicum experiences for individuals achieving NYS licensure or certification under this grant need to occur solely within the Article 28, or can components of that training also occur within other New York State licensed facilities, such as Article 31 Mental Health Treatment Programs provided the applicant is an Article 28 licensed facility?

Answer 83: Training may occur outside the Article 28 facility.

Question 84: Are applicant organizations required to demonstrate the sustainability of the project beyond the five-year funding period?

Answer 84: No

Question 85: Is this a net/deficit spending and reimbursement-based grant, or will the contracted amount be sent annually to be utilized internally?

Answer 85: See Section IV. Administrative Requirements, Subsection H. Payment & Reporting Requirements of Grant Awardees, which states:

“1. The Department may, at its discretion, make an advance payment to a successful not-for-profit grant Applicant under this RFA (a “Grantee”) in an amount not to exceed 25 percent of the annual grant provided for under the Grantee’s Contract.”

Question 86: What are the specific reporting requirements for job placement rates, completion rates, or other performance metrics?

Answer 86: See Section III. Project Narrative/Work Plan Outcomes, Subsection C. Program Services, under Other Requirements and Other Reporting Requirements.

Question 87: The scoring has a discrepancy. Mission fit is listed as max 15 points on page 24, but 20 points on page 29. The page 29 numbers add up to 100, so I’m assuming that 20 points is the right number...

Answer 87: 20 points for Mission Fit is correct. Please see Addendum #2.

Question 88: If awarded, does the program begin October 2026 (five-year period, but contingent upon availability of funding and state budget appropriations and the Grantee's continued satisfactory performance of its obligations under the Contract.)

Answer 88: October 1, 2026 is the anticipated contract start date.

Question 89: Is there an anticipated award notification date?

Answer 89: Award and non-award letters are anticipated to be sent out by Spring 2026.

Question 90: Are advances available or is this strictly reimbursement-based? What is the vouchering cadence and required backup?

Answer 90: See III. Project Narrative/Work Plan Outcomes, Subsection C. Program Services under Other Requirements. Section IV. Administrative Requirements, Subsection H. H. Payment & Reporting Requirements of Grant Awardees, which states:

"The Department may, at its discretion, make an advance payment to a successful not-for-profit grant Applicant under this RFA (a "Grantee") in an amount not to exceed 25 percent of the annual grant provided for under the Grantee's Contract."

Question 91: Please confirm the required Attachments and any page limits, font/spacing, and file type rules.

Answer 91: See Section VI. Attachments.

Question 92: Should the Work Plan (Attachment 4) include no more than 3 tasks per objective, and must Goal 1 remain as DOH-defined with no edits?

Answer 92: See Section V. Completing the Application, which states"

"For Goal #1, Objectives, Tasks, and Performance Measures have been established by NYSDOH. Applicants may not enter additional tasks or performance measures for Goal #1 in the Attachment 4: Work Plan."