

RFA # 20690
New York State SFS # PART82026

**Projects to Accelerate Research Translation (PART) and Innovative,
Developmental or Exploratory Activities (IDEA) in Spinal Cord Injury
(Round 8)**

QUESTIONS and ANSWERS

November 05, 2025 – December 10, 2025
Including an applicant conference on December 03, 2025

Please note that the slides from the Applicant Conference are attached to the end of this Questions and Answers document for reference.

Letters of Intent (RFA Section IV.C. and Attachment 2)

1. Are Letters of Intent (LOI) required to apply for this RFA, or are they just encouraged?
 - A. *Submission of a Letter of Intent is not a requirement of this RFA, though they are strongly encouraged.*

2. Since an LOI is encouraged, is there a deadline to accept them?
 - A. *The LOI form (Attachment 2) was due on 11/19/2025. The LOI is not mandatory but is strongly encouraged. See Section IV. C. of the RFA for submission instructions. LOI will still be accepted after the deadline.*

3. If I did not send an LOI, will my application still be accepted?
 - A. *Yes, your application will still be accepted.*

4. How long should the LOI be? Is one page sufficient?
 - A. *Please see RFA Section IV.C. and utilize Attachment 2 when submitting the LOI.*

5. How do I submit an LOI through SFS? There is no option to submit an LOI.

A. Attachment 2 should be used as the LOI and if completed, it must be emailed to scirb@health.ny.gov not uploaded to SFS.

6. If I am unable to get my SFS credentials before the LOI deadline, can I just send the LOI to EGA directly?

A. As instructed in Section IV.C. of the RFA, Attachment 2 must be emailed to DOH at scirb@health.ny.gov. If you are having difficulty obtaining your SFS credentials, please contact the Grants Management Team using the information provided below:

Grants Management Team

Phone: 518-474-5595

Hours: Monday – Friday 8:00am – 4:00pm

Email: grantsreform@its.ny.gov

7. Can I submit the LOI as a PI, or should I ask a Grants Official to submit the LOI on my behalf?

A. Either a Grants Official or PI may email the LOI to scirb@health.ny.gov.

SFS Accounts and Technical Assistance (RFA Section IV.E.)

8. Can we independently register for SFS accounts? Or should I work with my organization to obtain a user ID? Does the PI need to register for SFS themselves?

A. See Section IV. N.1, Register for the Statewide Financial System, of the RFA for information on registering for SFS:

- Applicants will first need to be registered in SFS and the Grants Management portion of the system. Applicants that need to register their organization should submit the required form(s) found at the following link: Register Your Organization in SFS | Grants Management. Any questions related to current and previously existing SFS accounts should be sent to the SFS Help Desk (HelpDesk@sfs.ny.gov).

- If you have previously registered and do not know your Username, please email helpdesk@sfs.ny.gov. If you do not know your Password, please click the “I Forgot My Password” link from the main log-in page and follow the prompts.

9. I am unable to locate a copy of the RFA in SFS, where is it located... I am in SFS and can view the forms we need to submit but cannot find the RFA. Has it been uploaded?

A. *This RFA has been posted on the NYS Statewide Financial System website at: SFS Public Portal Homepage and additionally, via a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>*

From the SFS Vendor

Portalhttps://esupplier.sfs.ny.gov/psc/fscm/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDINGPAGE.GBL search for Event ID "PART8." Click on the Opportunity link at the bottom of the page. From the "Overview" page, click on the box labeled "View Grant Opportunity". That will open the RFA document which may be saved and/or printed.

10. Do we need to register for the SFS webinars, or can we just go?

A. *Dates and times for webinar instruction are located at the following web address:<https://grantsmanagement.ny.gov/live-webinars> The website indicates "Live, virtual training sessions on how to use the Statewide Financial System (SFS) to perform grants management activities were held in December 2023. Training sessions were recorded and are available in SFS Coach for viewing on demand. SFS Coach can be accessed by logging into SFS."*

Applicant Conference

11. Can I get a copy of the presentation?

A. *The Applicant Conference presentation slides will be included with the Q & A documents published after the Applicant Conference on or about December 17, 2025.*

12. Can we run ideas on shaping our application by DOH staff? It is not clear what "restoration of function" is. It is not defined by the RFA. Can you clarify this?

A. *Department of Health staff cannot provide recommendations on how to shape an application. Staff is also unable to advise what will or will not be accepted by Peer Reviewers or the SCIRB. It is advised that if one type of funding is more applicable to the research that you are conducting to apply for that funding type.*

13. Regarding human studies, you state you are not interested in projects that would lead to “incremental improvement for SCI patients”, but only projects leading to a cure. Can you provide some details about how you came to this decision?

A. *Yes. Public Health Law Article 2, Title 4 Spinal Cord Injury Research Board: The RFA is written under the advisement of the SCIRB. Bearing in mind the purpose of the funds as defined in Article 2, Title 4 of the New York State Public Health Law. Specifically, Sections 250 and 251.*

Eligibility (RFA Section II)

14. As the lead PI can I submit one IDEA and one PART application?

A. *Yes, if they are separate projects. However, if a PI submits more than one PART and/or more than one IDEA application, all those PI's applications will be disqualified.*

15. Is it permissible for an investigator to apply as PI for one PART/IDEA application while simultaneously serving as PI on another PART/IDEA application?

A. *If a PI submits more than one PART and/or more than one IDEA application, all those PI's applications will be disqualified. The PI cannot be listed as a Co-PI on another application. A PI can be listed as a collaborator on other applications.*

16. My project depends roughly equally upon 3 areas of expertise. Is it possible to have three (3) Co-Principal Investigators (Co-PIs), each of whom fulfills one of these areas of expertise? If ‘Yes’, then would I still be considered the ‘Principal Investigator’, and my two colleagues would be Co-PIs, or would all 3 of us be considered Co-PIs?

A. *See Attachment 1 Checklist and Instructions regarding Attachment 3 – Applicant Face Page. “The PI is the individual designated by the applicant organization within New York State who is responsible for planning, coordinating and implementing the program if an award is made. The PI will act as liaison between the awarded organization and Extramural Grants Administration (EGA) and be required to fulfill technical reporting requirements and submit any revised budgets co-signed by an authorized organizational representative.”*

17. One of my colleagues (a Co-PI) is still within 10 years of completing his Residency. Can he be identified as an 'Early-Stage' investigator, even though myself and my other Co-PI do not qualify for this designation?

A. See Attachment 1 Checklist and Instructions regarding Attachment 3 – Applicant Face Page. "An 'Early-Stage Investigator' is a PI who at the time of application, is within ten years of completing a terminal degree or within ten years of completing a medical residency. Early-Stage Investigators will be identified, and their career stage will be considered at the time of review."

18. Please advise if foreign subcontractors/components are allowed on the NY SCIRB grants?

A. Yes, NYS does allow foreign components, such as subcontractors. However, at time of the award, the State may require the subcontractor to provide information the State needs to determine whether a proposed subcontractor is a responsible vendor. See the NYS Master Grant Contract Section IV.B.

Miscellaneous

19. I understand that I must use the forms provided for all portions of our application. Is it OK to delete the italicized instructions on each form, thereby providing more room for our response? Similarly, is it OK to delete the heading 'Attachment 15 - Work Plan Narrative' on all but page #1 of the work plan narrative? Same for the Biosketch form?

A. The Italicized sections of Attachments 7, 8, and 11 instruct applicants to paste the information in that space; as such it may be removed. The heading may be deleted on Attachments 12, 13, and 15.

20. I am attempting to submit the application through SFS and can access the RFA but cannot input any data into the application. How can I obtain assistance with this issue?

A. For technical and navigation assistance with SFS:

State Financial System Technical Support Help Desk

Phone: 1-877-737-4185 toll free / 518-457-7737

Hours: Monday – Friday 8:00am – 8:00pm

Email: helpdesk@sfs.ny.gov

21. What do I do if I accidentally submit my application before it is ready?
- A. Once an application is submitted, it cannot be retrieved or changed. Please ensure all information is correct prior to submitting an application in SFS. If you need to withdraw the application, please notify the SFS Help Desk (above) for guidance.*
22. For the IDEA award, it states for the term contract the following:
IDEA contracts will be awarded for a multi-year term of up to two years during the time period 5/1/27-4/30/29. Can you confirm if the dates are correct? We are applying now in January 2026 but the funds, if awarded, will become available in May 2027, which is over 1 year from the application date?
- A. Yes, the contract dates listed in the RFA are correct and represent the timeline from RFA to contract based on review and approval periods outlined in NYS Procurement Law.*
23. Are there still Salary caps? What limitations are there for State Employees?
- A. The Executive order formerly noted in RFAs is no longer listed in the RFA. Compensation for work on the project is effort based. State Employees would be calculated in the same manner.*
24. How do you define Dependent Research Staff?
- A. Dependent research staff refers to individuals who play a supportive role in the scientific development or execution of a project. These staff members are often listed as senior/key personnel and may include roles such as co-investigators, collaborators, or consultants. They contribute to the project's scientific direction and may receive part of their salary based on their contributions to the project.*
25. Are there any other page restrictions other than the Workplan Narrative?
- A. Please refer to Attachment 1 – Checklist and Instructions for all page limits/restrictions. Each attachment listed in the document will note what page limits if any are related to them.*
26. What type of comments are you expecting on the Lay Abstract (attachment 7)?
- A. Please see Attachment 1 – Checklist and Instructions regarding expectations for the Lay Abstract.*

27. The PART program allows the following: "annual direct costs of up to \$275,000 per year plus Facilities and Administrative costs up to 20% total modified indirect costs.' We plan to include a subaward. Please confirm that sub-awardee's indirect costs are not counted towards the \$275,000 direct cost limit (i.e. the lead organization's direct costs and the sub-awardees direct costs can equal \$275K per year and both organizations indirect costs are on top of this amount).

A. Per the RFA, Section C. Available Funds, Projects to Accelerate Research Translation (PART) will be up to three years with annual direct costs of up to \$275,000 per year plus Facilities and Administrative costs up to 20% total modified direct costs. See RFA Attachment 1 - Application Checklist and Instructions for allowable expenses.

28. We are applying for PART/IDEA Round 8 DOH01-PART82026. We are having an issue with the template provided for Attachment 9. Year 2 operation cost is not populating in the summary page. I've redownloaded it and it still didn't work. Can you please let me know how to work past this issue?

A. An addendum has been published regarding this. The corrected attachment can be found on the [DOH Funding Page](#)



Department of Health
Wadsworth Center

Projects to Accelerate Research Translation (PART) and Innovative, Developmental or Exploratory (IDEA) in Spinal Cord Injury (Round 8) RFA

Extramural Grants Administration

Applicant Conference

December 3, 2025

Today's Agenda

1. Administrative Items
 - Deadlines and Requirements
2. RFA Overview
 - RFA currently posted in the NYS SFS
3. RFA Attachments
 - Attachments 1-25
 - Expenditure Budget
 - Online Work Plan

4. Review and Award Process
5. SFS Overview
6. Your Questions



Administrative Items



Important Dates

See RFA cover sheet

Letter of Intent & COI: Nov 19

Substantive questions due: Dec 10

Questions, answers
and updates posted: Dec 17

Applications due: Jan 07, 2026
by 4PM EST

EMAIL
scirb@health.ny.gov

[https://esupplier.sfs.ny.gov/psc/fscm/SUPPLIER/ERP/
c/NUI_FRAMEWORK.PT_LANDINGPAGE.GBL](https://esupplier.sfs.ny.gov/psc/fscm/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDINGPAGE.GBL)



Department of Health
Wadsworth Center

Administrative Requirements

- Not-for-profits must be Registered and Prequalified in the NYS Grants Gateway (*RFA Section IV.N*)
- Properly prepare and submit all required Forms (*RFA and RFA Attachment 1 – Checklist and Instructions*)
- Freedom of Information Law (*RFA Section V.B*)
- *SCRIB Board Members are not permitted to participate in an application*



RFA Overview



SCIRB's Mission & Goal

Stimulate high-quality, innovative spinal cord injury (SCI) research that will help promote treatment and cure for SCI, including methods for reversing paralysis or restoring function caused by injury, or for minimizing or preventing damage occurring during acute phases of injury.



Who May Apply?

- **Applicant** must be a New York State not-for-profit organization or governmental organization
- The eligible Principal Investigator (PI), designated by the applicant organization, has the skills, knowledge, and resources necessary to carry out the proposed Work Plan, and is not a postdoctoral fellow or other dependent research staff.
- A PI may only submit one (1) application for an IDEA award **and** one (1) application for a PART award.



Eligibility to Apply also includes

- The PI/PD can not be restricted from receiving Public Health Service (PHS) funding or debarred by the United States Food and Drug Administration (FDA) or any other federal or New York State government entity (see RFA Section II.)
- The application cannot propose: support for a research center, support for a Phase III clinical trial, or expansion of enrollment for an ongoing clinical trial



Available Funds

Approximately
\$5 million is available to support
approximately
Five to fourteen (5 -14)
PART & IDEA awards



Anticipated Contract

Three (3) years for **PART**

- Anticipated Contact period: 05/01/2027 through 04/30/2030
- Annual direct costs are capped at \$275,000 per year
 - Facilities and Administrative (F&A) costs up to 20% of modified total

Two (2) year for **IDEA**

- Anticipated Contact period: 05/01/2027 through 04/30/2029
- Annual direct costs are capped at \$150,000 per year
 - Facilities and Administrative (F&A) costs up to 20% of modified total direct costs

Purpose of the PART

- Foster the translation of results from basic (preclinical) research into the next research phase
- Investigate a well-developed problem or research hypothesis focusing on cures for SCI paralysis or the prevention of paralysis following trauma



Successful PART applications should propose

- ★ Investigate a well-developed problem or research hypothesis focusing on cures for SCI paralysis or the prevention of paralysis following trauma.
 - Cohesive and sharply focused
 - At least one Translational aim/goal (animal or human studies)
 - Fundamental and applied approaches



Purpose of the IDEA

- Preliminary testing of novel or high-risk hypotheses
- Applying novel approaches and methods
- Challenging existing paradigms or developing new paradigms
- Considering an existing problem from a new perspective.



Successful IDEA applications should propose

- ★ A high likelihood that the results will yield the opportunity to apply for future funding from other sources.
 - Highly speculative, exploratory, or high-risk
 - Application or development of state-of-the-art technologies, tools or resources for SCI research
 - Innovative or developmental
 - Test new hypotheses based on research grounded in a non-SCI research area



RFA Attachments 1-26



Department of Health
Wadsworth Center

Attachment 1: Application Checklist and Instructions

- Mandatory Pass/Fail Items
- Appendices Information
- Application Penalties
- Prescribed Format

*For Applicant use
only, do not
email or upload*



Attachment 2: Letter Of Intent (LOI)

See RFA p. 10

Provide the following using the LOI Form:

- Descriptive title of the proposed project
- Summary paragraph of the intended project
- List all participants involved in the proposed project

Email to
scirb@health.ny.gov



Department of Health
Wadsworth Center

Attachment 3: Applicant Face Page

Attachment 3 - Applicant Face Page

Project Title	Award Mechanism
	Choose an item.

Early State Investigator	Choose an item.	
Continuation Application	No	
Revised Application (if <u>Yes</u> , please provide previous application number in box to the right)	Choose an item.	

+

Principal Investigator/Program Director/Sponsor	
Last Name:	
First Name:	
Middle Initial:	
Degree:	
Organization:	
Department:	

Co-Principal Investigator/Program Director/Sponsor	
<small>(If different organization, do not complete this section - requires Attachment 4 - Sub-Applicant face page)</small>	
Last Name:	
First Name:	
Middle Initial:	
Degree:	
Organization:	
Department:	

PI Mailing Address	
Street 1:	
Street 2:	
City:	
State:	NY
Zip Code:	

Co-PI Mailing Address	
Street 1:	
Street 2:	
City:	
State:	NY
Zip Code:	

Phone:	
email:	
Fax:	

Phone:	
email:	
Fax:	

Project Start Date:	
Project End Date:	

Year One Total Costs:	
Grand Total Costs:	

Attachment 3 - Applicant Face Page

New York State Applicant Organization (NYO)	
NYO Name	
SFS ID:	
Street 1:	
Street 2:	
City:	
State:	NY
Zip Code:	
Phone:	
email:	
Fax:	

Contracts or Grants Official (GO)	
Last Name:	
First Name:	
Title:	
Street 1:	
Street 2:	
City:	
State:	NY
Zip Code:	
Phone:	
email:	
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Performance Sites

List Names and addresses of any Performance Sites Here



Attachment 4: Sub-Applicant Face Page

Sub-Applicant Face Page

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> + Project Title / Applicant Organization PI </div>																																																					
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Year One Total Costs:																																																					
Grand Total Costs:																																																					



Attachment 5: Staff, Collaborators, Consultants and Contributors

Attachment 5 - Staff, Collaborators, Consultants and Contributors

Last Name	First Name	Title	Institutional Affiliation	Role in Project
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.
				Choose an item.



Attachment 7: Lay Abstract

Attachment 7 - Lay Abstract

Research Category	Comments
Choose an item.	

Paste Lay Abstract Here



Attachment 8: Scientific Abstract

Attachment 8 - Scientific Abstract

Contains Confidential or Proprietary Material	Comments
Choose an item.	

Paste Scientific Abstract Here



Attachment 10: Sub-Applicant(s) Budgets - All Years

RFA Name:	PART & IDEA (Round 8) - #20690			
Contractor / SFS Payee:	SUB-APPLICANT INSTITUTION			
PI:	PI NAME			
	YEAR 1	YEAR 2	YEAR 3 - PART only	OVERALL
Start:	10/1/2026	10/01/27	10/01/28	10/01/26
End:	9/30/2027	09/30/28	09/30/29	09/30/29
Personal Services				
Salary	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -
Subtotal	\$ -	\$ -	\$ -	\$ -
Non Personal Services				
Contractual Services	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -
Space/Property & Utilities				
Operating Expenses	\$ -	\$ -	\$ -	\$ -
Other (F&A Only)	\$ -	\$ -	\$ -	\$ -
Subtotal	\$ -	\$ -	\$ -	\$ -
TOTAL:	\$ -	\$ -	\$ -	\$ -



Attachment 11: Revision Status

Attachment 11 - Revision Status

If this is a revision to a previous application, please list the prior application number here and follow the directions on page 9 of The Application Checklist and Instructions. _____

Paste Revision Info here. (This is a required attachment and must be uploaded to the appropriate Bid Factor in SFS as a PDF. Do not change the font (Times New Roman 11) or margins on this form. A penalty will be applied if it exceeds the page provided.)



Attachment 12: Biographical Sketch(es)

Attachment 12 - Biographical Sketch(es)

This is a required attachment and must be uploaded to the appropriate Bid Factor in SFS as a PDF. Do not change the font (Times New Roman 11) or margins on this form. A penalty will be applied if it exceeds five pages for each.

NAME		POSITION/TITLE		
EDUCATION/TRAINING				
INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY	

A. Personal Statement.

B. Positions and Honors.

C. Selected peer-reviewed publications or manuscripts in press (in chronological order) from a total of _____.

D. Ongoing and completed research for past three (3) years.



Attachment 13: Facilities and Resources

Attachment 13 - Facilities and Resources

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT:

SECTION B – NARRATIVE (use additional pages if necessary)



Attachment 14: Workplan Summary Form

Attachment 14 - WORK PLAN SUMMARY FORM

PROJECT NAME: _____

APPLICANT INSTITUTION: _____

Project Summary:



Attachment 15: Work Plan Narrative

Attachment 15 - Work Plan Narrative

(This is a required attachment and must be uploaded to the appropriate Bid Factor in SFS as a PDF. Do not change the fonts (Times New Roman 11) or margins on this form. Do not exceed the following page limits for Sections a-d of the Work Plan Narrative (applications who exceed the specified page limits will not be peer reviewed):

- Projects to Accelerate Research Translation (PART) – 20 pages
- Innovative, Developmental or Exploratory Activities (IDEA) – 10 pages

A. Specific Aims

B. Significance

C. Background and Preliminary Results

D. Research and Development Plan

E. Literature Cited (not counted against Page limit)

PASS/FAIL PAGE LIMITS Sections A-D:

- **20-page limit
for PART**
- **10-page limit
for IDEA**

A. Specific Aims

B. Significance

C. Background and
Preliminary Results

D. Research Design and
Methods

E. Literature Citations



Attachments 16 & 17: Human & Vertebrate Animal Subjects

Attachment 16 - Human Subjects

Attachment 17 - Vertebrate Animals

This is a required attachment and must be uploaded to the appropriate Bid Factor in SFS as a PDF.

This is a required attachment and must be uploaded to the appropriate Bid Factor in SFS as a PDF.

SECTION A:

1. Applicant/Sub-applicant Institution:

2. Are Human Subjects involved? Yes No

3. Is the project Exempt from federal regulations? Yes No

4. If YES to #3, what is the Exemption number? 1 2 3 4 5 6

5. If NO to #3, is the IRB review Pending? Yes No

6. IRB Approval Date (leave blank only if Yes to #5):

7. IRB Protocol Approval Number (leave blank only if Yes to #5):

SECTION A:

1. Applicant/Sub-applicant Institution:

2. Are Vertebrate Animals involved? Yes No

3. Is the IACUC Review Pending? Yes No

4. IACUC Approval Date (leave blank only if YES to #3):

5. IACUC Protocol Approval Number (leave blank only if YES to #3):

SECTION B – NARRATIVE (use additional pages if necessary)

SECTION B – NARRATIVE (use additional pages if necessary)



Attachment 18: Other Support

Other Support

KEY PERSONNEL:											
Name (Last, First MI.)											
<input type="checkbox"/> - check here if [unclear] or Pending support.											
ACTIVE AWARDS											
Title	Description	Award Number	Funding Agency	Start Date	End Date	Professional Effort	Spinal Cord Injury	If you, include the specific aim.	Overlap?	If you, describe the intended resolution.	
						Total Professional Effort:	0.0%				
PENDING AWARDS											
Title	Description	Principal Investigator	Application Number	Funding Agency	Start Date	End Date	Professional Effort	Spinal Cord Injury	If you, include the specific aim here.	Overlap?	If you, describe the intended resolution.
						Total Effort (Active & Pending):	0.0%				

Enter the name of key personnel here. Complete one sheet for each key person.



Attachment 19: Conflict of Interest Form (COI)

Complete the OPTIONAL Form:

- Up to 3 (three) individuals or organizations they believe may have a conflict of interest
- These forms were due with the LOI by the due date of 11/19/25

*Include in the email
to
scirb@health.ny.gov
if relevant*

Attachment 21: Minority & Women-Owned Business Enterprise Requirement Forms

- MWBE Utilization Plan (3 pages)
- MWBE Utilization Waiver Request
- Staffing Plan
- Equal Opportunity Policy Statement
- Instructions

<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp>

-MWBE Form #1-
New York State Department of
Health MWBE UTILIZATION
PLAN

Applicant/Grantee Name:	
Vendor ID:	Telephone No. Email:
RFA/Contract Title:	RFA/Contract No.

Description of Plan to Meet MWBE Goals
(Use pages 2-3 to provide specific M and W subcontractor information)

PROJECTED MWBE USAGE	%	Amount (over life of the contract)
1. Total Dollar Value of Eligible Expenditures for Life of Contract <ul style="list-style-type: none"> • Not-For Profit Contracts: Any open markets/subcontracts or purchases are eligible • Capital Contracts: Full Value 	█	\$
2. MBE Goal Applied to Eligible Expenditures		\$
3. WBE Goal Applied to Eligible Expenditures		\$
4. MWBE Combined Eligible Expenditure Totals*		\$

*Making false representation or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization.

Form #1 -Page 1 of 3

Attachment 22: Vendor Responsibility Attestation

Attachment 22 - Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, K. Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

- An on-line Vendor Responsibility Questionnaire has been created, updated, and certified at OSC's website: <https://www.osc.state.ny.us/state-vendors/vendrep/vendrep-system> within the last six months.
- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Organization: [Click here to enter text.](#)

Date Signed: [Click here to enter text.](#)



Department of Health
Wadsworth Center

Attachments 23-25 – Contract Terms, Conditions and M/WBE Requirements

ATTACHMENT A-1: AGENCY SPECIFIC TERMS AND CONDITIONS

ATTACHMENT A-2: PROGRAM SPECIFIC TERMS AND CONDITIONS

ATTACHMENT M: PARTICIPATION BY MINORITY GROUP MEMBERS AND WOMEN WITH RESPECT TO STATE CONTRACTS: REQUIREMENTS AND PROCEDURES



Attachments 26 – Gender-Based Violence



Gender-Based Violence and the Workplace Certification

New York State Finance Law §139-M requires bidders on competitive state procurements to certify that they have a written policy addressing gender-based violence and the workplace and that such policy meets the following minimum requirements:

- **Share Information:** Employers must provide information regarding gender-based violence where employees can see and access it, including displaying the NYS Domestic and Sexual Violence Hotline information and a gender-based violence and the workplace poster.
- **Refer Employee-Survivors to Services:** The policy must require that the employer refer employees who disclose current or past victim status to the NYS Domestic and Sexual Violence Hotline and/or a local service provider. For bidders outside of New York State, referrals should be made to a local provider or statewide hotline. While referrals are required to be provided by the employer, it is not required for the employee to access services.
- **Prohibit Retaliation:** The policy must clearly state that discrimination or retaliation against employees who identify as victims or survivors of gender-based violence is prohibited.
- **Comply with Laws:** Ensure your policy follows State law. For employers based in New York State, this means that the policy must follow the SAFE Leave Act, New York State Human Rights Law, and any other relevant laws and regulations.
- **Offer Implementation Support:** OPDV is able to assist employers in developing and implementing this policy. Employers must provide information to supervisors and human resources, where available, about this technical assistance from OPDV. OPDV can be contacted at workplace@opdv.ny.gov.

Review and Award Process



Department of Health
Wadsworth Center

Review and Award Process

- Administrative Pass/Fail
- Peer Review Process
- Spinal Cord Injury Research Board (SCIRB) Review
- Contract Execution



Review Criteria

PART

1. Research Plan **60%**
2. Translational Clinical Potential **20%**
3. Budget **20%**

IDEA

1. Research Plan **60%**
2. Impact **20%**
3. Budget **20%**



Project Narrative / Work Plan Outcomes

- The application may not include any scientific, budgetary or commitment overlap with other awards that will be active beyond the anticipated start date of the award
- Funded projects shall not include program implementation which goes beyond the contract period



Debriefing

- All applicants may request a debriefing by sending an email to scirb@health.ny.gov.
- Requests must be received no later than 15 calendar days from date of award or non-award announcement.



SFS Overview



Create Accounts:

<https://www.osc.ny.gov/state-vendors/portal/enroll-vendor-self-service-portal>

Transition from Grants Gateway:

<https://grantsmanagement.ny.gov/transition-sfs>

Vendor Portal:

https://esupplier.sfs.ny.gov/psc/fscm/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDINGPAGE.GBL

<http://tiny.cc/rf4txz>



Welcome NYS Vendors



Welcome to New York State's Vendor Portal.

Thank you for doing business with New York State. As a vendor who provides goods and services to NYS agencies or a Not for Profit (NFP) working with agencies to fulfill your mission, you can use the SFS Vendor Portal to transact online. From this Portal, you can find, apply for, and manage New York State grants, submit invoices, look up payments, and update your contact information online.

[Learn more about the benefits of the Vendor Portal](#)

Sign in to the Vendor Portal



Vendor Announcements



Search for Grant Opportunities



SignUp for Grant Notifications



Modify Grant Notifications



Search Criteria

Event ID ←

Search by Grant Opportunity

Search by Due Date From To

Search by Status

Search by Eligibility

Search by Funding Agency

Search by Service Area

Search for
Event ID:
PART82026

Search Results

Event ID	Funding Agency	Grant Opportunity	Status
PART82026	DOH01	PART/IDEA Round 8	Available





- View Grant Opportunity
- Log into SFS and Apply for Grant
- Return to Search



Overview

Grant Opportunity ID PART82026

Agency Department of Health

Grant Opportunity PART/IDEA Round 8

Contact Name David Googins

Contact Email scirb@health.ny.gov

Solicitation Profile Projects to Accelerate Research Translation (PART) and Innovative, Developmental or Exploratory Activities (IDEA) in Spinal Cord Injury (Round 8)

The SCIRB wishes to stimulate the growth of SCI research and to accelerate the pace with which basic (preclinical) findings are translated into clinical benefits for spinal cord-injured persons. In addition, SCIRB wishes to fill fundamental gaps in knowledge that are barriers to scientific advances in SCI research. The goal is to expend \$8.5 million for SCI research every State fiscal year.

The SCIRB welcomes basic, translational and clinical neurological research applications on topics bearing on its mission. Although the SCIRB has not formally developed a list of research priorities, projects targeting tissue regeneration, repair, or restoration of function through biomedical and bioengineering research are of strongest interest.

Full Announcement Details

Announcement Link

Applications Due (Date / Time) January 7, 2026 / 04:00 PM

Bidder's Conference(s)/Application Workshop(s) Register here: <https://meetny.gov/webex.com/webex/register/rb64ee761ec0b285c438bf4edddc6bd93>

Anticipated Award Date Monday, February 01, 2027

Anticipated Initial Contract Length 36 Month(s)



Letter of Interest by a prospective Applicant impose any obligation upon the Applicant to submit an Application in response to this RFA. To be clear, an Application may be submitted without first having submitted a Letter of Interest.

Letter of Intent Due

Questions Due Date Wednesday, December 10, 2025

Questions and Answers Narrative All Questions must be received by the date and time specified on the Cover Page of this RFA, under Key Dates, opposite the heading Questions Due.

All questions submitted by email should state the RFA Title and Number set forth on the Cover Page (RFA #20690, Projects to Accelerate Research Translation (PART) and Innovative, Developmental or Exploratory Activities (IDEA) in Spinal Cord Injury (Round 8)) in the subject line of the email.

Questions and Answers Posting Type Upload

Questions and Answers Posting Date 12/17/2025

Questions and Answers Link or Upload [Click here](#)



Eligible Applicants Governmental Entity, Not-For-Profit

Service Areas(s) Health Services



Key Steps – Responding to a Bid Event

As part of a response to a bid event, you will be:

- ✓ Reviewing key dates, information, and instructions provided by the agency.
- ✓ Answering general questions, such as contact information, and an address for where the funds will be used or spent.
- ✓ Responding to application questions setup by the agency.
- ✓ Entering the budget and work plan information (if applicable).
- ✓ Submitting your total bid amount.



Navigating to In-Process Bid Response

- If you have saved your bid response and navigated away from it (e.g., you didn't have time to submit or SFS timed out due to inactivity), you can navigate to the **Event Details** page to pick up where you left off.
- Select the **# In-Process** link.
- On the resulting page, click the **View/Edit** button for the bid response you had worked on.

Event Details

Welcome, [User]

Information On Inquiry Options: Bid on Event

Bidding Shortcuts: View Event Activity, View Event Package, Upload XML Bid Response, View, Edit or Copy from Saved Bids

Event Name: Apartment Treatment Housing for Adults with SMI
Event ID: OMH01-OMH100
Event Format/Type: Sell Event RFX
Event Round: 1
Event Version: 1
Event Start Date: 02/01/2024 9:00AM EST
Event End Date: 04/09/2024 02:00 PM EDT

Event Description: The New York State Office of Mental Health (OMH) is committed to investing in community-based services that will reduce the demand for psychiatric hospitalization and long lengths of stay in inpatient settings. Based on the need for additional residential opportunities to support this mission, OMH is announcing this Request for Proposals (RFP) for the development and operation of up to 171 Treatment Apartment Program (TAP) housing units statewide. Approximately \$4,500,000 is available annually.

Contact: [Redacted] | Payment Terms: My Bids: **1 In-Process**, Edits to Submitted Bids: Not Allowed, Multiple Bids: Allowed

View, Edit or copy from Saved Bids

Welcome, [User]

View, Edit or copy from Saved Bids

Event Name: Apartment Treatment Housing for Adults with SMI
Event ID: OMH01-OMH100
Event Round: 1
Event Format/Type: Sell Event RFX
Event Version: 1
Event Start Date: 02/01/2024 9:00AM EST
Event End Date: 04/09/2024 02:00 PM EDT
Multiple Bids: Allowed
Currency: US Dollar

Bids

Bid ID	Round	Version	Bid Status	Event Status	Bid Last Saved				
1	1	1	Saved	Posted	03/20/2024 5:16PM EDT	View/Edit	Copy	Cancel	Upload

Return to Event Search

Entering Your Budget & Work Plan Information

Once you have saved your in-process response, you can begin entering your budget information.

Select the **Period Details - #** link under the Period column to access budget information.

Lines

☰ 🔍 1-1 of 1 View All

Line	Period	Item ID	Description	Unit	Your Unit Bid Price	Your Total Bid Price	
1	Period Details -1		Line 1	EA	<input type="text"/>		💬



Budget Properties

Select the **Budget properties** link.
Review the **Budget Header Information**.
Review **Budget Category Properties** section (including **Narrative**), noting which rows have **Available in Grant** checked.

Note: This section was completed by the agency to help the grantee understand which Budget Category(s) require a response. Grantees will need to scroll down to view the sections they are responsible for updating.

Budget Required [Budget properties](#)
 Work Plan Required [Work Plan Properties](#)

Budget Properties Header

Event ID: EVT0000064 Max Award Amount: 300000.000
Bid Event Period: 1 Period From Date: 09/01/2024
Bidder/Vendor ID: 1100295193 Period To Date: 08/31/2025
Budget Type: EXPENDITURE

Budget Properties

Apply Match: Not Allowed
Calculate Match:
 Include Match Worksheet

Budget Category Properties

Budget Category	Available in Grant	Use Match	Match Percentage	Use Other	Overage on Claims	Overage Percentage
1 SALARY	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>	
2 FRINGE	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>	
3 CONTRACTUAL	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>	10.00
4 TRAVEL	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>	10.00
5 EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>	10.00

Narrative:

Budget Properties (cont'd)

Under the **Period Budget Summary** section located at the bottom of the page, click the **Category Details** icon for the available budget categories that you are requesting grant funds for and enter the applicable amount.

Click the **Save** button to save your changes.

Click the **Back** button to go back to the previous page.

Period Budget Summary

Budget Category	Grant Funds Requested	Match Funds	Match % Calculated	Match % Required	Other Funds	Total	Category Details
1 SALARY	0.00	0.00	0	0	0.00	0.00	
2 FRINGE	0.00	0.00	0	0	0.00	0.00	
3 CONTRACTUAL	0.00	0.00	0	0	0.00	0.00	
4 TRAVEL	0.00	0.00	0	0	0.00	0.00	
5 EQUIPMENT	0.00	0.00	0	0	0.00	0.00	

Sub Totals

Grants Funds	0.00	Match % Calc	0.00
Match Funds	0.00	Other Funds	0.00
Total	0.00		

Back Save



Submitting Your Bid Amount

Once you return to the Bid Response page, enter **Your Unit Bid Price** which must equal the total Grant Funds Requested amount for the period.

Click the **Submit Bid** button to submit the bid response for agency review.

Lines

☰ 🔍 1-1 of 1 View All

Line	Period	Item ID	Description	Unit	Your Unit Bid Price	Your Total Bid Price	
1	Period Details -1		Line 1	EA	<input type="text"/>		💬

[Event Comments and Attachments](#)

At any point in the bid response process you may save an in-progress bid and resume completion at later time. When your bid response is complete, submit for consideration.

Quick Contacts & Links

Extramural Grants Administration

New York State Department of Health

Phone: 518-474-7002

scirb@health.ny.gov

SFS Technical Support Help Desk

Phone:

Hours: Monday thru Friday 8am-8pm

helpdesk@sfs.ny.gov

Grants Management Team

Phone: 518-474-5595

Hours: Monday thru Friday 8am-4pm

grantsreform@its.ny.gov

(Registration Questions)

<https://esupplier.sfs.ny.gov/psp/fscm/SUPPLIER/?cmd=login>

<https://grantsmanagement.ny.gov/transition-sfs>



Department of Health
Wadsworth Center

Your Questions



Department of Health
Wadsworth Center

Thank You!



Department of Health
Wadsworth Center