

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

**Title:** Solicitation of Interest #20652 – Doctors Across New York Physician Loan Repayment and Physician Practice Support Programs– Cycle XI

**Event ID:** DANYXI2025

**Agency:** NYS Department of Health / Center for Health Care Policy and Resource Development / Division of Workforce Transformation

**Contract Number:** TBD

**Contract Term:** Three Years (October 1, 2025 – September 30, 2028)

**Date of Issue:** June 4, 2025

**Questions**

**Due Date:** June 18, 2025

**Questions and  
Answers**

**Posted Date:** July 2, 2025

**Due Date/Time:** August 20, 2025, prior to 4:00PM

**County(ies):** Statewide

**Location:** Statewide

**Classification:** Medical & Health Care

**Opportunity Type:** Grant or notice of funds availability

## **I. Introduction**

The New York State Doctors Across New York (DANY) initiative includes several programs collectively designed to help train and place physicians in a variety of settings and specialties, to provide health care services to New York's under-served, diverse population thereby increasing access to comprehensive, quality care consistent with the Department of Health's (Department) mission to eliminate health disparities and promote health equity in the state. The DANY Physician Loan Repayment (PLR) and Physician Practice Support (PPS) programs make funds available to help recruit physicians to and encourage them to remain in medically underserved areas of the state. Funding is provided in exchange for a physician's commitment to practice medicine in an underserved area for a three-year period (DANY service obligation period).

This is the eleventh DANY PLR/PPS cycle of funding, referenced herein as Cycle XI. Pursuant to changes made by Public Health Law (PHL) § 2807-m (12) in 2016, both PLR and PPS awards provide up to \$40,000 per year for three (3) years (not to exceed \$120,000 in total funding) to or on behalf of a physician who agrees to practice in an underserved area for the three-year DANY service obligation period. Up to \$15.8 million is currently available under this Solicitation of Interest, which is expected to result in approximately 132 three-year awards. If additional funds become available, the Department may make additional awards.

Pursuant to Public Health Law § 2807-m, DANY funds can be awarded to: (1) a physician to pay qualified educational debt; (2) a physician to submit the costs of establishing or joining medical practices; or (3) a health care facility to recruit or retain a physician by providing the physician with a sign-on bonus, funds to repay outstanding qualified educational debt, or enhanced compensation. In all cases, 100 percent of the funds ultimately must be distributed to the physician or the physician's practice.

As required by Public Health Law § 2807-m, one-third of funding awarded under this Solicitation of Interest must be allocated to physicians practicing in and health care facilities located in New York City (comprised of New York, Bronx, Kings, Queens and Richmond counties) with the remaining two-thirds to individual physicians practicing in and health care facilities located in the rest of the state. The statute further provides that no less than fifty percent of available funds be allocated to physicians who will be working in general hospitals.

## **II. Minimum Qualifications**

Only physicians and health care facilities that meet the criteria set forth below are eligible to apply for Doctors Across New York (DANY) funding through this Solicitation of Interest.

### **A. Eligible Physician Applicants**

A physician, either a Doctor of Medicine (MD) or Doctor of Osteopathy (DO), may be eligible for a DANY award for the period October 1, 2025 – September 30, 2028, to repay qualified educational debt or pay costs of establishing or joining a medical practice if the following requirements are met:

1. The physician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
2. The physician must be a graduate of an allopathic or osteopathic medical school.
3. The physician must be licensed to practice medicine in New York State by the time the three-year DANY service obligation begins.
4. The physician must be in good standing, meaning that they:
  - a. Have not been excluded from or terminated by the federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>);

- b. Have not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>);
  - c. Are not under indictment for, or have not been convicted of any felony as defined by New York State Penal Code (see <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>); and
  - d. Have not had their medical license revoked in any state or territory in the United States.
5. The physician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.
  6. The physician must not have any judgment liens arising from debt to the federal or any state government.
  7. The physician must not be delinquent in child support payments.
  8. The physician must not have previously received DANY PLR or PPS funding.
  9. The physician must not be fulfilling an obligation under any local, state, or federal government loan repayment program which overlaps or coincides with the three-year DANY service obligation (except the Public Service Loan Forgiveness Program).
  10. The physician must have either an employment contract or a business plan, as described below:
    - a. A physician who seeks a DANY award to repay educational debt must have an employment contract with a health care facility requiring the physician to provide physician services for at least the entire DANY service obligation period. For these purposes, a “health care facility” means:
      - i. A general hospital, diagnostic and treatment center (D&TC), or a nursing home licensed by the New York State Department of Health pursuant to PHL Article 28;
      - ii. A facility certified, but not operated, by the New York State Office of Mental Health (OMH) pursuant to Mental Hygiene Law (MHL) Article 31;
      - iii. A facility certified, but not operated, by the New York State Office of Alcoholism and Substance Abuse (OASAS) pursuant to MHL Article 32;
      - iv. A hospital or nursing home operated by the New York State Department of Health, meaning Helen Hayes Hospital, the New York State Veterans Home at Batavia, the New York Veterans Home at Montrose, the New York State Veterans Home at Oxford, or the New York State Veterans Home at St. Albans; or
      - v. A medical practice that is registered with the New York State Department of State as a Professional Corporation (PC), Professional Limited Liability Corporation (PLLC), or Limited Liability Partnership (LLP) at the time of application.

A physician employed by a health care facility operated by a New York State agency, other than the Department of Health or the State University of New York (SUNY), is not eligible to apply under this Solicitation of Interest. A physician employed by a health care facility operated by the federal government is not eligible to apply under this Solicitation of Interest.

- b. A physician who seeks a DANY award to pay costs to establish or join a medical practice must have a business plan for at least the entire DANY service obligation period, where such practice is or will be registered with the New York State Department of State as a PC, PLLC, or LLP.
11. The health care facility or practice where the physician will be employed or the medical practice that the physician will establish, or join must be located in an underserved area, as defined in **Attachment 6 – Tool to Identify an Underserved Area & Support Documentation** of this Solicitation of Interest.
  12. The services that the physician will provide under the employment contract or business plan must constitute full time clinical practice. This is the equivalence of 40 hours of service with a minimum of **32 clinical hours** per week for at least 45 weeks per year. The 32 clinical hours per week should be in direct patient care and therefore does not include time spent conducting teaching or research. The calculation of full time may also be based on working a minimum of 150 hours of service per month when the individual is working in an Emergency Department setting and/or as a Hospitalist. The hours of service may not include time spent in “on-call” status except to the extent that the physician is regularly scheduled and providing patient care at the site(s) identified in **Attachment 6 – Tool to Identify an Underserved Area & Support Documentation**. A portion of the physician’s time may be spent providing telehealth services that are in compliance with applicable NYS regulations. However, telehealth services must be a component of the physician’s traditional practice and may not account for more than 40% of their overall clinical work hours per week.
  13. The date on which the physician’s employment contract or business plan begins must be no later than October 1, 2025.
  14. The start date of the physician’s DANY service obligation under this contract will be October 1, 2025.
  15. The employment contract or business plan, as applicable, must reflect that the physician will provide health services to individuals in the area without discriminating against them:
    - a. Because of their inability to pay for those services; or
    - b. Because of their enrollment in or utilization of insurance provided under Part A “Medicaid” or Part B “State Children’s Health Insurance Program” of Title XVIII of the Social Security Act (42 U.S.C. 1395).
  16. The employment contract or business plan, as applicable, must reflect that the physician:
    - a. Shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42

U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act; and

- b. Shall enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan if no current agreement exists with the employing facility.

## **B. Eligible Health Care Facility Applicants**

A health care facility may be eligible for a Doctors Across New York (DANY) award for the period October 1, 2025 – September 30, 2028, to provide a physician (either an MD or a DO) with a sign-on or retention bonus (**not including bonus offsets**), funds to repay outstanding educational debt, and/or enhanced compensation (**not including salary offsets**) if the following requirements are met:

1. The health care facility must be one of the following:
  - a. A general hospital, D&TC, or a nursing home licensed by the New York State Department of Health pursuant to PHL Article 28;
  - b. A facility certified, but not operated, by the New York State Office of Mental Health pursuant to MHL Article 31;
  - c. A facility certified, but not operated, by the New York State Office of Alcoholism and Substance Abuse Services pursuant to MHL Article 32; or
  - d. A medical practice that is registered with the New York State Department of State as a PC, PLLC, or LLP at the time of application.

A health care facility operated by any other New York State agency, other than SUNY, or by the federal government is not eligible under this Solicitation of Interest. A health care facility operated by SUNY can use a DANY award only to provide a physician with funds for loan repayment.

2. The health care facility must be located in an underserved area, as defined in **Attachment 6 – Tool to Identify an Underserved Area & Support Documentation** of this Solicitation of Interest.
3. The health care facility must have an employment contract with a physician requiring the provision of physician services for the DANY service obligation period.
4. The physician with whom the health care facility has an employment contract for the DANY service obligation period must meet the following criteria:
  - a. The physician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
  - b. The physician must be a graduate of an allopathic or osteopathic medical school.

- c. The physician must be licensed to practice medicine in New York State by the time the three-year DANY service obligation begins.
  - d. The physician must be in good standing, meaning that they:
    - i. Have not been excluded from or terminated by the federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>);
    - ii. Have not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>);
    - iii. Are not under indictment for, or have not been convicted of any crime as defined by New York State Penal Code (see <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>); and
    - iv. Have not had their medical license revoked in any state or territory in the United States.
  - e. The physician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.
  - f. The physician must not have any judgment liens arising from debt owed to the federal or any state government.
  - g. The physician must not be delinquent in child support payments.
  - h. The physician must not have previously received DANY PLR or PPS funding.
  - i. The physician must not be fulfilling an obligation under any local, state, or federal government loan repayment program which overlaps or coincides with the three-year DANY service obligation (except the Public Service Loan Forgiveness Program).
5. The date on which the physician's employment contract or business plan begins must be no later than October 1, 2025.
  6. The start date of the physician's DANY service obligation under this contract will be October 1, 2025.
  7. The services that the physician will provide under the employment contract or business plan must constitute full time clinical practice. This is the equivalence of 40 hours of service with a minimum of **32 clinical hours** per week for at least 45 weeks per year. The 32 clinical hours per week should be in direct patient care and therefore does not include time spent conducting teaching or research. The calculation of full time may also be based on working a minimum of 150 hours of service per month for 12 months of the year when the individual is working in an Emergency Department setting and/or as a Hospitalist. The hours of service may not include time spent in "on-call" status except to the extent that the physician is regularly scheduled and providing patient care at the site(s) identified in **Attachment 6 – Tool to Identify an Underserved Area & Support Documentation**. A portion of the physician's time may be spent providing telehealth

services that are in compliance with applicable NYS regulations. However, telehealth services must be a component of the physician's traditional practice and may not account for more than 40% of their overall clinical work hours per week.

8. The employment contract must reflect that the physician will provide health services to individuals in the area without discriminating against them:
  - a. Because of their inability to pay for those services; or
  - b. Because of their enrollment in or utilization of insurance provided under Part A "Medicaid" or Part B "State Children's Health Insurance Program" of Title XVIII of the Social Security Act (42 U.S.C. 1395).
9. The employment contract must reflect that the physician:
  - a. Shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act; and
  - b. Shall enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan if no current agreement exists with the employing facility.

### III. Project Narrative

Funding for this project is contingent on the availability of State funds and the number of eligible applicants that respond to the advertisement. Available funding to support this initiative will be limited to the amount(s) appropriate in the enacted State Fiscal Year budgets for this purpose. **This advertisement is not a guarantee or promise of funding.**

New York State Department of Health staff will review responses to this Solicitation of Interest in the order in which they are received. Eligible awardees will be selected on a first-come first-served basis if their response meets the requirements of this Solicitation of Interest. When funding has been depleted to a level such that a project's total requested funding amount cannot be met, the eligible awardee will be offered a reduced award amount. If the eligible awardee accepts that amount, no further awards will be made. If the eligible awardee declines that amount, the next eligible awardee will be offered an award until funds are completely exhausted.

#### A. Use of Funds

Doctors Across New York (DANY) funds can be awarded to: (1) a physician to pay qualified educational debt; (2) a physician to pay the costs of establishing or joining medical practices; or (3) a health care facility to recruit or retain a physician by providing that physician with a sign-on or retention bonus, funds to repay outstanding educational debt, or enhanced compensation (except where the award is made to a health care facility operated by SUNY). In all cases, 100 percent of the funds ultimately must be distributed to the physician or the

physician's practice. **No facility/employer should reduce a physician's compensation package because of receiving a DANY grant.** More detailed explanations of how DANY funds can be used are as follows:

- 1. A physician to pay qualified educational debt:** For purposes of this Solicitation of Interest, "qualified educational debt" means any outstanding amounts remaining on student loans that were used by the physician to pay graduate or undergraduate tuition or related educational expenses, where such loans were made by or guaranteed by the federal or state government or made by a lending or educational institution approved under Title IV of the federal Higher Education Act. An applicant seeking to use DANY funds for loan repayment must include educational loan statements dated no more than 30 days prior to submission (to be submitted as **Attachment 3 – Loan Statements for Qualified Educational Debt**). Such statements will be forwarded to the New York State Higher Education Services Corporation to verify the existence and amount of qualified education debt. Applicants must complete **Attachment 4 – Consent to Disclosure** to give consent for the New York State Higher Education Services Corporation to disclose any loan information to the Department. No DANY award shall be made in excess of the outstanding amount of educational debt as verified by the New York State Higher Education Services Corporation. Where a DANY award is made for this purpose, the physician will be required to submit educational loan statements on an annual basis to ensure payments are being applied to the loans.
- 2. A physician to pay the cost of establishing or joining a medical practice:** DANY funding awarded to a physician to pay costs of establishing or joining medical practices can be used for expenses such as acquiring the land or a building where the practice will be located, capital investment, renovation of existing space, minor medical equipment (for a maximum of \$10,000), equipping and furnishing the space, rent, insurance, and payment of salaries of office personnel. Upon claiming an award, the physician will be required to submit vouchers with receipts of qualified expenses for reimbursement.
- 3. A health care facility to recruit or retain physicians:** A DANY award made to a health care facility can be used to provide one physician, who must be identified in the application, with **one (1)** of the following: (a) a sign-on or retention bonus (i.e., additional funding over and above what would have been provided to the physician prior to a DANY award being granted; **funds cannot be used as a bonus offset**), (b) repayment of outstanding qualified educational debt, or (c) enhanced compensation (i.e. additional funding over and above what would have been provided to the physician prior to a DANY award being granted, **the funds cannot not be used as a salary offset**), with one exception: a health care facility operated by SUNY can only use DANY funds for loan repayment of outstanding qualified educational debt. **In all cases, 100 percent of funding provided under the award must go to the physician or the physician's practice.**

**Please note:** Awardees are not allowed to hold their DANY award payments in private or business accounts for an extended period of time. All contract disbursements must be applied to the pre-approved outstanding educational debt, or other pre-approved expenses, within a reasonable time frame. If you are not able or willing to apply these funds, you must return all prior disbursements of grant funds not applied to the State. The Department will not be able to disburse any future funds until verifying prior funds that have been received

are applied accordingly.

## **B. Application Limits**

1. No more than **one (1)** application will be accepted from a single physician. If a physician submits more than **one (1)** application, only the application received first will be reviewed.
2. No more than **five (5)** applications will be accepted from a health care facility with the same operating certificate number or health care facility that is a medical practice with the same Department of State Identification Number. If a health care facility or employed physician of that health care facility, in aggregate, submit more than **five (5)** applications, the sixth award (and any subsequent awards) may be considered only if there are additional funds left over after all Eligible applications are funded.

## **C. Award Limits**

1. A minimum of **one-third 1/3** of DANY funds awarded under this Solicitation of Interest shall be allocated to physicians practicing in and health care facilities located in New York City (comprised of New York, Bronx, Kings, Queens, and Richmond counties) with the remaining **two-thirds (2/3)** to individual physicians practicing in health care facilities located in the rest of the state.
2. No less than **fifty (50) percent** of the funds awarded under this Solicitation of Interest shall be used to support a DANY service obligation to be carried out in a general hospital. This provision shall not apply if less than fifty percent of the eligible funding is requested from such applicants.
3. No more than **five (5) percent** of the funds awarded under this Solicitation of Interest shall be used to support a DANY service obligation to be carried out at a health care facility exclusively certified by OMH.
4. No more than **five (5) percent** of the funds awarded under this Solicitation of Interest shall be used to support a DANY service obligation to be carried out at a health care facility exclusively certified by OASAS.
5. No more than **five (5)** awards will be made to support a DANY service obligation to be carried out at a health care facility with the same operating certificate number or, in the case of a medical practice, the same NYS Department of State registration number, regardless of whether the applications were submitted by physicians or health care facilities. A sixth (and any subsequent awards) award may be considered only if there are additional funds left over after all eligible applications are funded.

## **IV. How to Apply**

**Written questions will be accepted until 4:00 p.m. on June 18, 2025.** All questions should be submitted electronically via email to [DANYProgram@health.ny.gov](mailto:DANYProgram@health.ny.gov) with the subject line "DANY Cycle 11 Question". If any updates and/or clarification of information is warranted for this Solicitation of Interest, the Department will post this information in the

Contract Reporter under the “Documents” tab. **Responses to all questions received by June 18, 2025, 4:00 PM will be posted by the Department on or about July 2, 2025.**

Questions and Answers will be posted on the Department’s funding website and in the New York State Contract Reporter:

<https://www.health.ny.gov/funding/>

<https://www.nyscr.ny.gov/login.cfm>

It is the Applicant’s responsibility to ensure that all materials included in the application have been properly prepared and submitted. The application consists of the completed Attachments (1-12) listed below. **Applicants must submit ONE (1) EMAIL containing each required Attachment as its own PDF file attachment; all application documents must be submitted together in this one email.** Applicants are instructed to name each document accordingly (i.e., Attachment 1, Attachment 2). Applications must be submitted via email to [DANYProgram@health.ny.gov](mailto:DANYProgram@health.ny.gov) no later than 4:00 pm ET on the date and time posted on the cover of this Solicitation of Interest.

**Late Applications Will Not Be Accepted.**

### **Attachments**

The following Attachments (1-12) include both reference materials and items that must be completed and submitted as the Doctors Across New York (DANY) application for this Solicitation of Interest. **If you cannot complete Attachment 1 successfully, do not continue any further, you are not an eligible applicant for the DANY program.** Items in **Attachment 6 – Tool to Identify an Underserved Area & Support Documentation** will require supporting documentation; this documentation will be required for all applicants to justify that the physicians will be working in an underserved area. All mandatory attachments must be completed to have your application be reviewed for a DANY award.

- |                |  |
|----------------|--|
| Attachment 1:  | Minimum Eligibility Requirements (mandatory)   |
| Attachment 2:  | Program Specific Questions (mandatory)   |
| Attachment 3:  | Loan Statements for Qualified Educational Debt<br>(mandatory only for applicants seeking loan repayment) |
| Attachment 4:  | Consent to Disclosure<br>(mandatory only for applicants seeking loan repayment)                          |
| Attachment 5:  | Employment Contract (or Business Plan) & Addendum<br>(mandatory)   |
| Attachment 6:  | Tool to Identify an Underserved Area & Support<br>Documentation (mandatory)                              |
| Attachment 7:  | Rural Counties and Towns (for reference only)  |
| Attachment 8:  | Attestation & Authorized Representative (mandatory)  |
| Attachment 9:  | Default Penalty Attestation (mandatory)  |
| Attachment 10: | Site Information (mandatory only if there are two (2) or more<br>work sites for the physician)           |
| Attachment 11: | Tax Issues (for reference only)  |
| Attachment 12: | Employment Contract Addendum #2, and Exhibit 1<br>(mandatory for health care facility applicants only)   |

## V. Review & Award Process

Applications that meet the minimum qualification requirements and include all mandatory Attachments will be reviewed and evaluated by the Department. Applications will be evaluated on a Pass/Fail basis.

Department staff will review applications in the order in which they are received.

The Department will notify an Applicant by e-mail if their application is complete or incomplete. If the application is complete, no further action by the Applicant is needed. If the application is incomplete, the Department will provide the Applicant with a list of outstanding items. The Applicant will have **one (1) opportunity** to supply the missing information within **10 business days of being notified by the Department via email**. All missing information must be emailed to: [DANYProgram@health.ny.gov](mailto:DANYProgram@health.ny.gov). The due date to submit missing information will be clearly stated in the e-mail communication from the Department advising that the application is incomplete. If an Applicant fails to respond to the missing information request within the time frame specified within the email, their application will not be processed any further and will not be funded. Because of this, it is advantageous to submit a complete application, and to respond to the Department's email regarding missing information as soon as possible. No additional information will be accepted after this due date.

**A complete application does not guarantee that the Applicant will be awarded funding.**

The pool of complete and eligible applications will be awarded in order of the date and time of receipt of initial application according to the funding allocations established in the paragraph below until available funding is exhausted for that region or provider category. When funding has been depleted to a level such that an Applicant's total requested funding amount cannot be met, the Applicant will be offered a reduced award amount. If the Applicant accepts that amount, no further awards will be made. If the Applicant declines that amount, the next eligible Applicant will be offered an award until funds are completely exhausted. The Department reserves the right to allocate funding in ways to best serve the interests of the State.

The Department of Health, acting at the discretion of the Commissioner of Health, reserves the right to postpone, change, or waive the service obligation and/or payment amounts in individual circumstances where there is a compelling need or hardship due to circumstances beyond the control of the Contractor which causes or is likely to cause the Contractor to default in the performance/completion of their service obligation under their Contract.

### **Freedom of Information Law**

All Applications may be disclosed or used by the Department to the extent permitted by law. The Department may disclose an Application to any person for the purpose of assisting in evaluating the Application or for any other lawful purpose. All Applications will become State agency records and will be available to the public in accordance with the New York State Freedom of Information Law (FOIL). **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.** If the Department agrees with the Applicant's claim regarding the proprietary nature of any portion of an Application, the designated portion of the Application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

**The Department anticipates that awards will be announced in Fall 2025. Awardees will have a DANY contract start date of October 1, 2025.**

**Contact Information**

Steven Brooks  
New York State Department of Health Division of Workforce Transformation  
Empire State Plaza Corning Tower Room 1695  
[DANYProgram@health.ny.gov](mailto:DANYProgram@health.ny.gov)

Minimum Eligibility Requirements

Solicitation of Interest #20652

Applicant Name: \_\_\_\_\_

**DANY Physician Loan Repayment/Physician Practice Support Programs**

**Instructions:** The Physician who is completing the DANY service obligation is eligible to participate in this program only if the Applicant can answer “Yes” to questions (1-16) pertaining to the Physician. Applicants are instructed to submit the completed document as Attachment 1 of the application.

1. Is the physician a U.S. citizen or permanent resident alien holding an I-155 or I-551 card?

YES          NO

2. Is the physician a graduate of an allopathic or osteopathic medical school?

YES          NO

3. Will the physician be licensed to practice in New York State by the time the three-year DANY service obligation begins?

YES          NO

4. Is the physician in good standing with the Department, meaning that they have not been excluded from, or terminated by, the Federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>)?

YES          NO

5. Is the physician in good standing with the Department, meaning that they have not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>)?

YES          NO

6. Is the physician in good standing with the Department, meaning that they are not under indictment for, or have not been convicted of any crime as defined by NYS Penal Code (see <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:>)?

YES NO

7. Is the physician in good standing with the Department, meaning the physician has not had their medical license revoked in any state or territory in the United States?

YES NO

8. Does the physician have a three-year employment contract or business plan to provide medical services in a health care facility or practice (defined in Section II A & B of this SOI)?

YES NO

9. Is the health care facility or practice where the physician will be employed, or the medical practice that the physician will establish or join, located in an underserved area (defined in Attachment 6, of the SOI)?

YES NO

10. Will the physician be in full-time clinical practice (defined in Section II A & B of this SOI)?

YES NO

11. Is the date on which the physician's **employment contract** (or business plan) begins no later than October 1, 2025?

YES NO

12. Is the start date of the physician's DANY service obligation under this contract October 1, 2025?

YES NO

13. Does the employment contract or business plan reflect that the physician will provide health services to individuals in the area without discriminating against them because of their inability to pay for those services?

YES NO

14. Does the employment contract or business plan reflect that the physician will provide health services to individuals in the area without discriminating against them because of enrollment in or utilization of insurance provided under Part A "Medicaid" or

Part B “State Children’s Health Insurance Program” of Title XVIII of the Social Security Act (42 U.S.C. 1395)?

YES NO

15. Does the employment contract or business plan reflect that the physician will accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act?

YES NO

16. Does the employment contract or business plan reflect that the physician will enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan? If no current agreement exists, will an agreement be in place by October 1, 2025?

YES NO

**If the Applicant cannot answer “YES” to questions (1-16) listed above STOP. This application cannot be processed.**

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**Instructions: The Physician who is completing the DANY service obligation is eligible to participate in this program only if the Applicant can answer “NO” to questions (17-22) pertaining to the Physician.**

17. Is the physician in breach of a health professional service obligation to the federal government, any state government, or a local government?

YES NO

18. Does the physician have any judgement liens arising from debt owed to the federal or any state government?

YES NO

19. Is the physician delinquent in child support payments?

YES            NO

20. Is the physician a past recipient of DANY PLR or PPS funding?

YES            NO

21. Is the physician fulfilling an obligation under any local, state, or federal government loan repayment program which overlaps or coincides with the three-year DANY service obligation (except the Public Service Loan Forgiveness Program)?

YES            NO

**If the Applicant cannot answer “NO” to questions (17-22) listed above STOP. This application cannot be processed.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Name (printed)**

Program Specific Questions

Solicitation of Interest #20652

DANY Physician Loan Repayment/Physician Practice Support Programs

**Instructions:** *All questions require an answer, and Applicant must ensure all answers are legible.* Applicants are instructed to upload the completed document as Attachment 2 of the application.

**Part 1: Applicant Identification**

*The questions in this section refer to the individual who is applying for the DANY grant (i.e., the Applicant). The Department of Health will be contracting with this entity.*

1a. Name of Applicant. \_\_\_\_\_

1b. Address of Applicant. \_\_\_\_\_

\_\_\_\_\_  
If the applicant is a facility, provide contact information of the person responsible for the submission. If the applicant is an individual physician, enter the contact information for that physician.

1c. Name of Contact Person. \_\_\_\_\_

1d. Phone of Contact Person. \_\_\_\_\_

1e. Email of Contact Person. \_\_\_\_\_

1f. Status of Applicant (circle one):      Not-for-Profit                      For-Profit

*(If you are an individual physician applicant, you should select "For Profit")*

Indicate the type of Applicant. The applicant named above must match the type of applicant selected below [i.e., a physician is an individual physician applicant or (1g). A health care facility applicant is either (1h), (1i), (1j) or (1k)]. **You are not eligible unless you can answer "Yes" to ONE of the following (5) options. Do not select more than ONE option. You must answer all the questions.**

1g. Are you an Individual Physician Applicant?

YES NO

1h. Are you a Health Care Facility Applicant operating as a general hospital, D&TC, or a nursing home licensed by the Department of Health pursuant to PHL Article 28?

YES NO

1i. Are you a Health Care Facility Applicant certified, but not operated, by the Office of Mental Health pursuant to MHL Article 31?

YES NO

1j. Are you a Health Care Facility Applicant certified, but not operated, by the Office of Alcoholism and Substance Abuse Services pursuant to MHL Article 32?

YES NO

1k. Are you a Health Care Facility Applicant operating as a medical practice that is registered with the New York State Department of State as a Professional Corporation (PC), a Professional Limited Liability Corporation (PLLC), or a Limited Liability Partnership (LLP)?

YES NO

**Part 2: Physician Identification**

*The questions in this section refer to the physician who will be completing the DANY service obligation.*

2a. Physician Name: \_\_\_\_\_

2b. Physician Title (circle one): MD DO

2c. Physician Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

2d. Physician Phone: \_\_\_\_\_

2e. Physician Email: \_\_\_\_\_

2f. Physician NPI Number: \_\_\_\_\_

**Part 3: Facility Identification**

*The questions in this section refer to the primary facility where the physician will be practicing when fulfilling their DANY service obligation. One hundred percent of the physician's time must be accounted for at all sites combined.*

3a. How many different facilities will the physician be practicing in while fulfilling their DANY service obligation (circle one)?

One                  Two                  Three                  Other: \_\_\_\_\_

3b. Primary Facility Name: \_\_\_\_\_

3c. Primary Facility Address: \_\_\_\_\_

3d. Primary Facility County: \_\_\_\_\_

3e. Primary Facility Region (circle one):                  New York City    Rest of State

3f. Identify primary facility by type (check one):

- \_\_\_\_\_ Federally Qualified Health Center
- \_\_\_\_\_ Private Practice
- \_\_\_\_\_ Hospital
- \_\_\_\_\_ Nursing Home
- \_\_\_\_\_ Other: \_\_\_\_\_

3g. Primary Facility New York State DOH, OASAS, or OHM Operating Certificate # or Department of State Identification #. This number can be obtained from your employers Administrative Office.

\_\_\_\_\_

3h. Percent of time spent at Primary Facility: \_\_\_\_\_

3i. Is Primary Facility in a HPSA (circle one):    Yes                          No

3j. If yes, provide the HPSA number: \_\_\_\_\_

*If there is more than one facility, fill out Attachment 10 with information on subsequent facility(ies). Then upload Attachment 10 as part of the application.*

**Part 4: Use of Funds**

4a. Identify what the DANY funds will be used for (**check only one of the five options**):

A Physician Applicant using funds to:

- \_\_\_\_\_ (1) Repay outstanding qualified educational debt; or
- \_\_\_\_\_ (2) Establish or join a medical practice; or

Health Care Facility Applicant using funds to retain or recruit a physician via:

- \_\_\_\_\_ (3) A sign-on or retention bonuses, or
- \_\_\_\_\_ (4) Repayment of the physician's outstanding qualified educational debt, or
- \_\_\_\_\_ (5) Enhanced compensation.

4b. State the total amount of funding you are requesting for this DANY application (not to exceed the maximum of \$40,000 per year for three years, or \$120,000 total).

\$ \_\_\_\_\_ Total request for three years

**Part 5: Physician Current Status**

5a. Is the physician currently licensed to practice as a physician in New York State?

**If yes**, provide license number. **If no**, provide the date license application was submitted to the New York State Education Department. If neither, you are not eligible for the DANY funding opportunity.

YES: \_\_\_\_\_  
(License #)

NO: \_\_\_\_\_  
(Date Submitted)

5b. Is the physician a resident?

A **resident** is an individual enrolled in a graduate medical education program that is accredited by a nationally recognized accreditation body and/or an individual enrolled in a medical or osteopathic residency program that is approved by any other nationally recognized organization (i.e., specialty board). This definition

includes fellows, chief residents, and residents. If yes, provide the anticipated date of completion (mm/yy).

YES NO \_\_\_\_\_

5c. What is the physician's medical specialty?

\_\_\_\_\_

5d. What is/was the physician's start date for their employment contract (or business plan) submitted with this application? Provide that start date in the format of (mm/dd/yy).

\_\_\_\_\_

**Part 6: Other Scholarships, Loan Forgiveness, Etc.**

*A physician participating in DANY cannot be fulfilling a public or private obligation under any local, state, or federal government loan repayment program (except the Public Service Loan Forgiveness Program) where the obligation period would overlap or coincide with the DANY obligation period.*

6a. Has the physician received a New York State Regents Health Care Scholarship?

If yes, date of service obligation (mm/dd/yy).

YES NO \_\_\_\_\_

6b. Has the physician received a Regents Physician Loan Forgiveness Award Program?

If yes, date of service obligation (mm/dd/yy).

YES NO \_\_\_\_\_

6c. Has the physician received a National Health Service Corps Scholarship?

If yes, date of service obligation (mm/dd/yy).

YES NO \_\_\_\_\_

6d. Has the physician received a National Health Service Corps Loan Repayment Award?

If yes, date of service obligation (mm/dd/yy).

YES NO \_\_\_\_\_

6e. Has the physician received any other loan repayment program funds other than listed above? If yes, please specify name of program and dates of service obligation (mm/dd/yy).

YES            NO            \_\_\_\_\_

6f. Has the physician **applied for** any scholarships, loan forgiveness, or other funds which are pending a decision? If yes, name the program and when the physician will be notified of their award status (mm/dd/yy).

YES            NO            \_\_\_\_\_

Loan Statements  
For Qualified Educational Debt

Solicitation of Interest #20652

DANY Physician Loan Repayment/Physician Practice Support Programs

**Instructions:** Applicants are instructed to upload the most current Loan Statements for qualified educational debt\* as Attachment 3 of the application. These statements should be no greater than **(30) days** from the date in which the application is submitted. The **date** needs to appear on the statement along with the **physician's name**.

\* Qualified educational debt is defined in Section III (A) of this Solicitation of Interest.

Consent to Disclosure

Solicitation of Interest #20562

DANY Physician Loan Repayment/Physician Practice Support Programs

**Instructions: Applicants are instructed to upload the completed Consent to Disclosure document as Attachment 4 of the application *ONLY IF* the physician will be using funds to repay outstanding educational debt.**

I authorize and provide my consent for any lender, servicer, the U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to disclose to NYS Higher Education Services Corporation (HESC) any information relevant to HESC's review and consideration of my outstanding student loan debt. I give HESC permission to contact and disclose my personal information to any lender, servicer, U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to facilitate HESC's review and consideration of my outstanding student loan debt. I give HESC permission to share my personal information with its agents, business partners, other State and/or federal agencies, and other institutions or individuals necessary for the purpose of evaluating my student loan debt. I give HESC permission to use whatever means it deems necessary to verify any information I have provided, or will provide, to be used for the purpose of evaluating my student loan debt, including but not limited to, documentation submitted or accessed through other parties.

\_\_\_\_\_  
Physician's Name (Print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Employment Contract (or Business Plan) & Addendum

Solicitation of Interest # 20562

DANY Physician Loan Repayment/Physician Practice Support Programs

**Instructions:** Applicants are instructed to provide a copy of their **(1) Employment Contract\* (or Business Plan)** if the physician is not employed and is in a private practice).

- The employment contract should state the start date of the physician's employment with the employer. It must be **dually signed** by the employer and the physician.
- The business plan must include at least a company description, executive summary, and a budget for the proposed use of DANY funds over the full three-year period.

Since employment contracts are not customizable, to ensure all the DANY provisions are addressed, the Department is requesting that you **also provide an (2) Addendum Letter**, on the employer's letterhead along with your employment contract or business plan.

***Both documents may be combined into one PDF and submitted as Attachment 5 of the application.***

The Addendum Letter must be signed by the physician and an employee with the authority to represent the employer with respect to human resources matters, including Human Resources Director, the Chief Executive Officer, or the Chief Operating Officer. The following statements should be contained therein:

- *"It is mutually understood that (physician name) intends to fulfill a DANY service obligation with (name of employer) during the period October 1, 2025 through September 30, 2028.*
- *During that time, (physician name) will be assigned to (name and address of work site), for \_\_\_\_\_ % of their time. (If the physician is working at more than one site this sentence should be repeated as necessary. One hundred percent of the physician's time must be accounted for at all sites combined.)*
- *The physician will work as a (clinical title and specialty) for either (specify which one applies):*
  1. *A minimum of 40 hours of service per week with a minimum of 32 clinical hours (**excluding teaching or research**) for a minimum of 45 weeks per year as a general physician and/or specialist. – **OR-***

*2. A minimum of 150 hours of service per month for 12 months per year when working in an Emergency Department and/or as a Hospitalist.*

- The hours of service will not include time spent in “on-call” status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in Attachment 2 of this application during that time.*
- The physician may work in telehealth services however it will not account for more than 40% of their overall work hours per week.*
- The start date of the physician with this organization is/was: \_\_\_\_\_”*

\* Employment contract is defined in Section II of this SOI.

Tool to Identify an Underserved Area

Solicitation of Interest #20562

DANY Physician Loan Repayment/Physician Practice Support Programs

**Instructions: Choose Options A, B or C as necessary per the instructions below. Note that you MUST complete ONE of these sections for your application to be accepted. Applicants should review all options before proceeding with their response.**

**OPTION A – Primary Care/Psychiatric Physician in a HPSA / MUA / MUP**

Select Option A if:

1. The physician will be practicing in General Internal Medicine, Family Practice, General Pediatrics, Geriatrics, OB/GYN or Adult /Child Psychiatry, **AND**
2. The area or site where the physician will be practicing is in, or serves one or more of the following:
  - Federally Designated Primary Care or Mental Health Professional Shortage Area(s) - HPSA
  - Medically Underserved Area(s) - MUA,
  - Medically Underserved Population(s) – MUP, or
  - Federally Qualified Health Center - FQHC

Instructions:

To identify if a facility is located in a HPSA, MUA or MUP (or is designated as a HPSA) go to:

- <https://data.hrsa.gov/tools/shortage-area/by-address>

Enter the address under consideration. The resulting search should yield all HPSA's, MUA's and MUP's by status, in which the address is located.

- Print a copy of these pages for your records

To identify if a facility is located in an FQHC go to:

- <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

To look up your HPSA ID, Click on “Search” and enter the following:

- State/Territory: Enter New York
- County: Enter your site's county
- Apply Filters: Select your site's HPSA Discipline, HPSA Status

should be “Designated”, HPSA Designation/Population Types select ONLY “Federally Qualified Health Center” and “Federally Qualified Health Center Look-alike”

- Click Submit
- Click the “+” sign next to your correct location, then locate your address (if your address is not listed here, then you are not in a HPSA)
- Copy the HPSA ID for the site in the second column at the top

Once you have your HPSA ID:

- Click on “HPSA ID Search” at the top of the page
- Enter your HPSA ID in the box
- Click Submit
- Click the red PDF button in the upper right corner
- Save the PDF for your records

ACTION:

Applicants must upload documents supporting the HPSA/MUA/MUP/FQHC status as Attachment 6 of the Application.

---

**OPTION B – Primary Care/Psychiatric Physician in a Rural County or Town**

Select Option B if:

1. The physician will be practicing in General Internal Medicine, Family Practice, General Pediatrics, Geriatrics, OB/GYN and Adult or Child Psychiatry, **AND**
2. The area or site where the physician will be practicing is in a rural county or town.

Instructions:

To identify if a facility is in a rural county or town go to:

- Attachment 7 and print off the two-page document.

ACTION:

Circle the rural county or town where the physician will be practicing. Applicants must upload these pages as Attachment 6 of the Application.

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## **OPTION C – Alternate Method to Verify an Underserved Area**

Select Option C if:

1. A physician cannot complete Options A or B, **OR**
2. The physician is a specialist or Hospitalist, or the physician is employed in the Emergency Department.

Instructions:

To identify if the site where the physician is working is an underserved area:

- Applicants must answer YES to any (6) questions from the list below.
- Be sure to review and complete all (17) questions, print off and upload as Attachment 6 of the Application, AND
- Provide supporting documentation for each YES answer.

## **PROPOSED SERVICE AREA**

**Instructions:**

For questions (1-6) go to The United States Census Bureau website:

<https://data.census.gov>

- In the search bar where it says “Find Tables, Maps, and more....” enter **New York State** and hit **Enter**
- Click on the “**Pages**” tab
- Click on **US Census Bureau QuickFacts: Fairview CDP, New York**
- In the search bar, enter the following:
  - For Non-NYC statistics enter: the **Town or County** (i.e. Schenectady, NY) for your proposed service area and click on the “**Select a Fact**” **drop-down box** to choose your search criteria
  - For NYC statistics enter: the county name which matches the **borough** (i.e. Bronx County, NY) for your proposed service area and click on the “**Select a Fact**” **drop-down box** to choose your search criteria
- A table will appear with statistics based on the search criteria chosen
- You may select additional search criteria to add to this table
- The answers to questions (1-5) can be found under the following table headings:
  - Age and Sex
  - Race and Hispanic Origin
  - Income and Poverty
- To print a copy of this table, click on the icon at the top that says **More** and choose **Print**
- Place a **star** and the **question number** next to the row where you found the answer to each of the following questions.

1. The service area contains a high percentage of indigent persons.  
(These were calculated using ACS 2023 5-Year estimates)

Yes                  No

This is demonstrated by (check all that apply):

\_\_\_\_\_ A percentage of individuals below poverty level that exceeds 13.7% of the population of the service area (for non-NYC areas), or 17.4% for NYC; **AND/OR**

\_\_\_\_\_ A median household income level lower than \$84,578  
**AND/OR**

\_\_\_\_\_ A per capita income level lower than \$49,520.

2. The service area contains more than 46.6% (statewide average) of non-white, and non-Hispanic individuals.

Yes                  No

3. The service area contains less than 62.8% (statewide average) of the total percent of population in the civilian labor force (16 years and over).

Yes                  No

4. The service area contains more than 5.6% (statewide average) of children under age 5.

Yes                  No

5. The service area contains more than 17.4% (statewide average) of adults ages 65 or older.

Yes                  No

6. The service area contains more than 30.6% of households with a language other than English spoken at home by persons over 5 years of age.

Yes                  No

PROPOSED SITE

Site Name: \_\_\_\_\_

**Instructions:** For question (7) – obtain facility-specific visit data from your employer for the last 12-month period (i.e., January 2024 – December 2024). Upload data along with this document as Attachment 6 of the Application.

7. Twenty-five percent (25%) or more of the site’s (or if a hospital, department’s) visits are for indigent care (i.e., Medicaid, Child Health Plus, free and sliding scale combined as a percentage of total visits).

Yes                      No

**Instructions:** For question (8) – print out Attachment 7. Circle the rural county or town where the physician will be practicing. Upload Attachment 7 along with this document as Attachment 6 of the Application.

8. For rural health providers: the site is in a rural town or county as listed in Attachment 7.

Yes                      No

**Instructions:** For questions (9-13) – you will affirm to any “YES” answers when you complete the attestation on Attachment 8 of this document. Also, for question (9) attach four full months of ED data from that facility. Upload all supporting data along with this document as Attachment 6 of the Application.

9. For primary care services only, greater than (25%) of all Emergency Department visits in the past four months to the hospital served by this site were for non-urgent care.

Yes                      No

10. Average waiting time for established patients for routine preventative or follow up appointments with a primary care physician is more than (7) days from the initial patient request.

Yes                      No

11. Average waiting time for new patients for routine preventative appointments with a primary care physician is more than (14) days from the initial patient request.

Yes                  No

12.

Average waiting time is greater than (48) hours for patients with urgent appointments or greater than (72) hours for patients with non-urgent "sick visit" appointments related to the specialty requested.

Yes                  No

13. Search for a practice physician in the same specialty at the health care facility has not produced a physician in (12) months.

Yes                  No

PROPOSED SPECIALTY

**Instructions:** For question (14) - attach documentation including a distance map (<http://maps.google.com/>). Upload the data along with this document as Attachment 6 of the Application.

14. The travel distance from the applicant's proposed service site to the next closest provider practicing the listed specialty exceeds 5 miles (NYC) or 20 miles (Rest of State).

Yes                  No

**Instructions:** For questions (15-17) - you will affirm to the "YES" answers when you complete the attestation included in Attachment 8.

15. Currently there are NO other providers offering similar services or there is insufficient capacity of providers for this specialty type at the proposed service site.

Yes                  No

16. Site anticipates a decrease in the number of physicians practicing in the specialty due to announced or anticipated retirements or departures.

Yes                  No

17. Site employed one or more Locum Tenens to provide full time services in the proposed specialty for a minimum of (6) months in the past year.

Yes                  No

## New York State Rural Counties and Towns

Solicitation of Interest # 20652

DANY Physician Loan Repayment/Physician Practice Support Programs**New York State Rural Counties  
(Population less than 200,000)**

<b>Allegany</b>	<b>Cortland</b>	<b>Jefferson</b>	<b>Putnam</b>	<b>Tioga</b>
<b>Broome</b>	<b>Delaware</b>	<b>Lewis</b>	<b>Rensselaer</b>	<b>Tompkins</b>
<b>Cattaraugus</b>	<b>Essex</b>	<b>Livingston</b>	<b>Schenectady</b>	<b>Ulster</b>
<b>Cayuga</b>	<b>Franklin</b>	<b>Madison</b>	<b>Schoharie</b>	<b>Warren</b>
<b>Chautauqua</b>	<b>Fulton</b>	<b>Montgomery</b>	<b>Schuyler</b>	<b>Washington</b>
<b>Chemung</b>	<b>Genesee</b>	<b>Ontario</b>	<b>Seneca</b>	<b>Wayne</b>
<b>Chenango</b>	<b>Greene</b>	<b>Orleans</b>	<b>St. Lawrence</b>	<b>Wyoming</b>
<b>Clinton</b>	<b>Hamilton</b>	<b>Oswego</b>	<b>Steuben</b>	<b>Yates</b>
<b>Columbia</b>	<b>Herkimer</b>	<b>Otsego</b>	<b>Sullivan</b>	

**New York State Counties with Towns of Fewer than 200 Persons Per Square Mile**

<b>Albany</b>	Colden	Tuscarora	Vienna	<b>Saratoga</b>
Berne	Collins	Reservation	Western	Charlton
Coeymans	Concord	Wilson	Westmoreland	Corinth
Knox	Eden			Day
New Scotland	Holland	<b>Oneida</b>	<b>Onondaga</b>	Edinburg
Rensselaerville	Marilla	Annsville	Elbridge	Galway
Westerlo	Newstead	Augusta	Fabius	Greenfield
	North Collins	Ava	LaFayette	Hadley
<b>Dutchess</b>	Sardinia	Boonville	Marcellus	Northumberland
Amenia	Tonawanda	Bridgewater	Onondaga	Providence
Clinton	Reservation	Camden		Saratoga Town
Dover Milan	Wales	Deerfield	Reservation	
North East		Florence	Otisco	<b>Suffolk</b>
Pawling	<b>Monroe</b>	Floyd	Pompey	Shelter Island
Pine Plains	Riga	Forestport	Skaneateles	
Stanford	Rush	Lee	Spafford	
Union Vale	Wheatland	Marshall	Tully	
Washington		Paris		
<b>Erie</b>	<b>Niagara</b>	Remsen	<b>Orange</b>	
Brant	Cambria	Sangerfield	Deerpark	
Cattaraugus	Hartland	Steuben	Greenville	
Reservation	Newfane	Trenton	Minisink	
	Royalton	Vernon	Tuxedo	
	Somerset	Verona		

Attestation and Authorized Representative

Solicitation of Interest # 20652

DANY Physician Loan Repayment/Physician Practice Support Programs

**Instructions: Applicants are instructed to upload the completed document as Attachment 8 of the application.**

**Contact Information of the Person Completing the Application (required):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this report on behalf of: \_\_\_\_\_

**(Applicant Name Required)**

I further certify that the information contained in this report (including all attachments) is accurate, true and complete in all material respects.

**Signature of Applicant or Authorized Applicant Representative:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Title (printed)

Default Penalty Attestation

Solicitation of Interest # 20652

DANY Physician Loan Repayment/Physician Practice Support Programs

**Instructions: Applicants are instructed to upload this signed document as Attachment 9 of the application.**

There are **significant financial consequences** in the event a physician fails to complete their three-year service obligation. These default provisions are defined in the Master Grant Contract as follows:

State Funding: In the event of default, the physician will repay the State of New York according to the following formula:  $A = 3 [\text{phi}] (T - S)/T$ .

- "A" is the amount the State is entitled to recover;
- "[phi]" is the sum of the amounts paid under this contract to or on behalf of the Grantee and the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at a rate equal to that owed on underpayments of New York State personal income tax;
- "T" is the total number of months in the individual's period of obligated service; and
- "S" is the number of months of such period served by them in accordance with the terms of this contract.

**Uncollectable accounts, or failure to fully repay the amounts stated below, will be referred to the New York State Attorney General's Office for possible legal action.**

If the Grantee, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this SOI, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Grantee.

**The most important thing to understand about default is that the financial penalty is always assessed against the individual or organization that holds the DANY contract. Thus, if the Grantee is:**

1. A Health Care Institution: If the physician named in the contract leaves prematurely, the health care institution is responsible for any/all default penalties.

- For this reason, the health care institution may want to pursue a separate agreement with the named physician to establish physician responsibility for default. The separate agreement would not involve the Department.
  - The physician cannot bring the DANY contract with them to a new employer.
2. A Physician: If the physician named in the contract left their DANY approved employment prematurely, the physician is responsible for any/all default penalties.
- The physician *may* be able to bring their contract with them to a new employer, if the employer is located in a DANY approved underserved area. However, all modifications are subject to final approval by the Department.

**I certify that I have reviewed this document and understand how default penalties are applied in relation to this Solicitation of Interest. Signature of Applicant or Authorized Applicant Representative:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name & Title (printed)**

Site Information

Solicitation of Interest # 20652

DANY Physician Loan Repayment/Physician Practice Support Programs

**Instructions:** Complete all sections of this form for the second or other subsequent facility(s). Complete a separate form for each additional site. You will upload the completed pages together as Attachment 10 of the application.

1. Site # \_\_\_\_\_ of \_\_\_\_\_

2. Facility Name:

\_\_\_\_\_

3. Facility Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Facility County: \_\_\_\_\_

5. Facility Region (circle one):    **New York City**                      **Rest of State**

6. Identify Facility by Type (check one)

\_\_\_\_\_ Federally Qualified Health Center,

\_\_\_\_\_ Private Practice

\_\_\_\_\_ Hospital

\_\_\_\_\_ Nursing Home

\_\_\_\_\_ Other: \_\_\_\_\_

7. Primary Facility New York State DOH, OASAS, or OMH Operating Certificate # or Department of State Identification #. This number can be obtained from your employers Administrative Office.

\_\_\_\_\_

8. Percent of time spent at this Facility: \_\_\_\_\_ %

9. Is the Facility in a HPSA (circle one):                      Yes                      No

10. If yes, provide the HPSA number: \_\_\_\_\_

Tax Issues

Solicitation of Interest # 20652

DANY Physician Loan Repayment/Physician Practice Support Programs

Funds to support loan repayment under the DANY Physician Loan Repayment and Physician Practice Support programs may be currently exempt from federal and state taxes. Funds used for purposes other than loan repayment in the Physician Practice Support program are currently not tax exempt. If you receive monies for loan repayment, you should not be issued a 1099 statement. Please consult your tax professional for more information about your specific tax situation.

Section 10908 of the Patient Protection and Affordable Care Act (PL 111-148) addresses federal taxability of state loan repayment programs that are not part of the Federal State Loan Repayment Program. This section puts the state loan repayment programs on par with the Federal State Loan Repayment Programs in terms of federal taxability. The text is as follows:

SEC. 10908. Exclusion for assistance provided to participants in state student loan repayment programs for certain health professionals.

(a) In general —Paragraph (4) of section 108(f) of the Internal Revenue Code of 1986 is amended to read as follows:

"(4) Payments under national health service corps loan repayment program and certain state loan repayment programs.—In the case of an individual, gross income shall not include any amount received under section 338B(g) of the Public Health Service Act, under a State program described in section 338I of such Act, or under any other State loan repayment or loan forgiveness program that is intended to provide for the increased availability of healthcare services in underserved or health professional shortage areas (as determined by such State)."

(b) Effective date — The amendment made by this section shall apply to amounts received by an individual in taxable years beginning after December 31, 2008.

**PLEASE CONSULT YOUR TAX PROFESSIONAL FOR MORE INFORMATION ABOUT YOUR SPECIFIC TAX SITUATION.**

## Healthcare Facility Default & Physician Responsibility

### Solicitation of Interest # 20652

#### DANY Physician Loan Repayment/Physician Practice Support Programs

**Instructions:** Health Care Facility Applicants are instructed to include in the employment contract between the facility and its physician employee who will be the beneficiary of a DANY grant, the Addendum included as Exhibit 1 to this Attachment 12.

As stated in Attachment #9, the most important thing to understand about default is that the financial penalty is always assessed against the **individual or organization that holds the DANY grant contract**. Therefore, if the grantee is the **health care facility**, and the named physician leaves prematurely (electively or is separated for cause), the health care institution is responsible for the repayment of the DANY grant and any/all default penalties.

These default penalties can result in an operational crisis for a health care facility. Thus, to protect the facility, the Department **requires** that they add an Addendum to the employment contract between the facility and the physician. This Addendum states that if the physician ends their employment with the facility (electively or is separated for cause) before the three-year DANY service obligation is fulfilled, the physician is responsible to reimburse the facility for the repayment of the DANY grant and all penalties.

There will be no change in how the default amount is calculated if the health care facility is the DANY grantee. The Department will collect all identified default amounts directly from the facility. The facility is responsible to get reimbursed from the physician separately.

**Any uncollectable accounts, or failure to fully repay the default amounts assessed, will be referred to the New York State Attorney General's Office for possible legal action.**

**I certify that I have reviewed this document and understand how default penalties are applied in relation to this Solicitation of Interest. Signature of Applicant or Authorized Applicant Representative:**

\_\_\_\_\_  
Facility Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Name (printed)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (printed)

ATTACHMENT 12 - EXHIBIT 1

Solicitation of Interest #20652

DANY Physician Loan Repayment/Physician Practice Support Programs

THIS ADDENDUM (“Addendum”), is entered into and made a part of the Employment Contract dated as of \_\_\_\_\_, 20\_\_\_\_ (“Employment Contract”), between \_\_\_\_\_ (“Facility”), and \_\_\_\_\_ (“Physician”).

WHEREAS, pursuant to the New York State Public Health Law (“PHL”) Section 2807-m, the New York State Department of Health (“the Department”) has created the Doctors Across New York (“DANY”) initiative, comprising the Physician Loan Repayment (PLR) and Physician Practice Support (PPS) grant programs, which make funds available to help recruit physicians to and encourage them to remain in medically underserved areas of the State of New York (“State”); and

WHEREAS DANY grant funds are provided to eligible physicians and eligible health care facilities on a first-come-first-served basis in exchange for the physician’s commitment to work in a medically underserved area of the State for a three-year period (the “DANY Service Obligation Period”); and

WHEREAS, pursuant to PHL Section 2807-m, DANY grant funds can be provided to an eligible health care facility to recruit or retain a physician by providing the physician with funds to:

- a. Repay outstanding qualified educational debt, or
- b. Pay a sign-on/retention bonus, or
- c. Provide enhanced compensation; and

WHEREAS, pursuant to the Department, Office of Primary Care and Health Systems Management, Center for Health Care Policy and Resource Development, Division of Workforce Transformation Solicitation of Interest # 20652, DANY Cycle XI, the Facility has received a DANY grant in the amount of \$\_\_\_\_,000 (the “DANY Grant”), to enable the Facility to enhance the financial terms of the Employment Contract for the DANY Service Obligation Period October 1, 2025 through September 30, 2028, by providing Physician the full amount of the DANY Grant, as follows:

\_\_\_\_\_  
\_\_\_\_\_

*(Describe the purpose for which Facility is making DANY Grant funds available to Physician, and manner and schedule of disbursement of DANY Funds)*

*i.e. \$X per year for three years for loan repayment; or  
i.e. \$X per year for three years for retention bonus*

NOW, THEREFORE, in consideration of the foregoing, the Facility and the Physician agree that:

1. The Facility will make the entire amount of the DANY Grant available to the Physician for the purpose(s) described above, in consideration of the Physician's agreement faithfully to fulfill the Physician's obligations under the Employment Contract, including during the DANY Service Obligation Period.
2. If, for any reason, the Physician does not fulfill Physician's obligations under the Employment Contract during the entire DANY Service Obligation Period, the Physician will be legally liable and responsible to repay to the Facility the full amount of the DANY Grant, together with any penalty amounts, required to be repaid by the Facility to the Department, as described in the Default Penalty Attestation attached hereto and previously provided to the Physician and attested to by the Physician and the Facility.

IN WITNESS WHEREOF, this Addendum to the Employment Contract has been entered into by the Physician and on behalf of the Facility as of this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

FACILITY:

PHYSICIAN:

\_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_