

Section 9.3: Financial Forms for RHIOs & CHITAs

FINANCIAL APPLICATION CHECKLIST/FORMAT

1. Financial Application

- _____ Financial Application Cover Page (Applicants should choose correct RHIO or CHITA Cover Page)
- _____ Project Budget
- _____ Project Expenses and Justification
- _____ Project Fund Sources
- _____ Cost Effectiveness
- _____ Project Financial Viability
- _____ Eligible Applicant Financial Stability

2. Packaging the Application

- _____ Ensure no cost information is included in the Technical Application.
- _____ The package contains:
 - _____ Two original, signed, Technical Applications
 - _____ Two CDs, or 2 clearly labeled USB drives that each contain a full copy of the Technical Application
 - _____ Two original, signed, Financial Applications that each contain a full copy of the Financial Application
- _____ The electronic package (CDs or Flash Drives) contents will be organized as follows:
 - _____ One exact PDF file (copy) of the Technical Application that is searchable (on each CD or Flash Drive)
 - _____ One exact PDF file (copy) of the Technical Application attachments, forms and checklists that is searchable (on each CD or Flash Drive)
 - _____ One exact PDF file (copy) of the Financial Application that is searchable (on each CD or Flash Drive)
 - _____ One exact PDF file (copy) of the Financial Application attachments, forms and checklists that is searchable (on each CD or Flash Drive)
- _____ Applications will be accepted if delivered by 3PM on the date shown on the RGA cover page.
- _____ Application package is labeled:
 - HEAL NY Phase 5: Health Information Technology Grants
 - RGA # 0708160258
- _____ Application must be 12 pt. font and no more than 30 pages in length; responses should be in the body of the application (not in attachments); attachments should only supplement, not substitute for application content

4. Please double check that

- Eligible Application Certification is signed and included
- The appropriate match has been clearly documented
- Vendor Responsibility Questionnaire has been submitted (can be submitted electronically), and the certification attesting to submission is signed and included
- Cover pages are signed

HEAL NY Phase 5 Financial Application RHIOs Cover Page

Eligible RHIO Applicant Name _____
 Co-RHIO Applicant* (If Applicable) _____
 Project Name _____

Instructions:

1. Eligible RHIO applicants may seek HEAL NY Phase 5 grant funding in one or more of three categories. Each application must include all mandatory application components in addition to addressing, in detail, category specific clinical investment priorities. Applicants should declare below the category(s) represented by the application. Within each category, the eligible applicant should identify the clinical investment priorities (see section 4.1 for descriptions) for which they are seeking project funding. **If an eligible applicant is seeking funding in multiple categories, a separate application for each category must be submitted.**

<input type="checkbox"/> Category One – Statewide Health Information Network for New York (SHIN-NY) <u>Clinical Investment Priorities (Must Implement 2 Priorities)</u> <input type="checkbox"/> Connecting New Yorkers and Clinicians <input type="checkbox"/> Interoperable EHRs for Medicaid <input type="checkbox"/> HIE for Public Health9 <input type="checkbox"/> Quality Reporting for Outcomes	<input type="checkbox"/> Category Two – Clinical Informatics Services (CIS) <u>Clinical Investment Priorities (Must Implement One Priority)</u> <input type="checkbox"/> Quality Reporting for Outcomes <input type="checkbox"/> Clinical Decision Support in an HIE Environment
<input type="checkbox"/> Category Three – Community-wide EHR <u>Clinical Investment Priorities (Must Implement One Priority)</u> <input type="checkbox"/> Immunization Reporting via EHRs <input type="checkbox"/> Quality Reporting for Prevention <input type="checkbox"/> Interoperable EHRs for Medicaid	

2. Please Select Applicable Region(s)

<input type="checkbox"/> New York City	<input type="checkbox"/> Northern
<input type="checkbox"/> Long Island	<input type="checkbox"/> Central
<input type="checkbox"/> Hudson Valley	<input type="checkbox"/> Western

3. Lead RHIO Applicant is ___ / ___ is not a not-for-profit corporation.
4. Application ___ does / ___ does not contain Stakeholders from at least different stakeholder types as defined in Section 3.1.1.1 in the RGA.

IMPORTANT: The Technical Application, including this cover page, must NOT contain ANY information regarding the Project cost. Information relative to Project cost is to be included in only the Financial Application. Eligible Applicants failing to comply may be eliminated from further review.

Provide the following Contact Information (Lead RHIO)

Name _____ Title _____
 Address _____
 Phone _____ Fax _____ E-mail _____

Signature of an individual who will be authorized to bind the Eligible Applicant to any GDA resulting from this application:

Signature _____ Date _____

* RHIO choosing to co-apply with another RHIO must complete the Consent Form for Co-Applying RHIOs

HEAL NY Phase 5 Financial Application CHITAs Cover Page

Eligible CHITA Applicant Name _____

Project Name _____

Instructions:

5. Eligible CHITA applicants may only seek HEAL NY Phase 5 grant funding in categories two and/or three. Each application must include all mandatory application components in addition to addressing, in detail, category specific clinical investment priorities. Applicants should declare below the category(s) represented by the application. Within each category, the eligible applicant should identify the clinical investment priorities (see section 4.1 for descriptions) for which they are seeking project funding. **If an eligible applicant is seeking funding in multiple categories, a separate application for each category must be submitted.**

<input type="checkbox"/> Category Two – Clinical Informatics Services (CIS) *** For RHIOs and CHITAs *** <u>Clinical Investment Priorities</u> (Must Implement One Priority) <input type="checkbox"/> Quality Reporting for Outcomes <input type="checkbox"/> Clinical Decision Support in an HIE Environment	<input type="checkbox"/> Category Three – Community-wide EHR *** For RHIOs and CHITAs *** <u>Clinical Investment Priorities</u> (Must Implement One Priority) <input type="checkbox"/> Immunization Reporting via EHRs <input type="checkbox"/> Quality Reporting for Prevention <input type="checkbox"/> Interoperable EHRs for Medicaid
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

6. Please Select One Region

- | | |
|-------------------|--------------|
| ___ New York City | ___ Northern |
| ___ Long Island | ___ Central |
| ___ Hudson Valley | ___ Western |

7. Identify Lead Applicant _____

8. Lead Applicant is ___ / ___ is not a legal entity eligible based on the criteria in RGS Sections 3.2.1 and 3.2.1.1

9. Application ___ does / ___ does not include ambulatory care clinicians in solo and small physician offices that are not a part of the same corporate structure as the applicant.

10. Application ___ is / ___ is not comprised of clinically affiliated providers (See RGA Section 3.2.1)

IMPORTANT: The Technical Application, including this cover page, must NOT contain ANY information regarding the Project cost. Information relative to Project cost is to be included in only the Financial Application. Eligible Applicants failing to comply may be eliminated from further review.

Provide the following Contact Information

Name _____ Title _____

Address _____

Phone _____ Fax _____ E-mail _____

Signature of an individual who will be authorized to bind the Eligible Applicant to any GDA resulting from this application:

Signature _____ Date _____

HEAL NY Phase 5 Financial Application Template

Eligible Applicant Name _____

Applicant Type: RHIO or CHITA

Project Name _____

- A. Table of Contents**
- B. Project Budget, including forms and justification**
- C. Cost Effectiveness**
- D. Project Financial Sustainability**
 - **See Section 5.2.6**
- E. Eligible Applicant and Stakeholders' Financial Stability**

HEAL NY Phase 5 Health IT Allowable Costs

One of the objectives of this RGA is that the funded project, when completed, will constitute a capital asset that is consistent with interoperable health IT investment priorities state-wide. Applicant costs in developing or obtaining the capital asset may constitute a capitalized cost. Applicants are encouraged to review the American Institute of Certified Public Accountants (AICPA) Statement of Position 98-1: *Accounting for the Costs of Computer Software Developed or Obtained for Internal Use* when determining whether costs are properly attributable to the HEAL NY Health IT grant.

Project costs associated with activities that occur in the regular course of business are considered indirect costs and cannot count as a reimbursable or matching cost. Direct costs only, i.e., costs associated with the grant project that would not occur absent a grant contract can be considered as reimbursable or matching costs of the applicant. Examples of indirect costs generally include functional categories such as general maintenance and operation expenses.

This funding is intended to provide support for interoperable health IT rather than a brick and mortar capital asset. Within this context a framework is required to establish the costs which will be eligible for funding under this RGA. In establishing the framework, allowable costs are determined based on the nature of the cost rather than the object of expense of the cost.

For purposes of this RGA the following table illustrates the various phases, related activities, and reimbursable and matching costs for the development and implementation of interoperable health IT. The key determinant is the basis of the nature of the cost incurred, not the sequence of the work within each phase.

HEAL NY Phase 5 Health IT RGA
 Section 9.3.4: HEAL NY Phase 5 Health IT Allowable Costs

Phase	Planning	Implementation	Post-Implementation	Evaluation & Collaboration
	Develop Organizational Strategy	Personal Services (Executive Director/Project Director, Other Staff)	Personal Services (Executive Director/Project Director, Other Staff)	Evaluation
	Develop Technical Strategy (Refinement of use cases, technical requirements, and architectural requirements.)	Software & Licenses	Software & Licenses	Participation in Statewide Collaboration Process
	Develop Clinical Strategy	Hardware & Installation	Hardware & Installation	
		Implementation & Integration Services	Implementation & Integration Services	
		Testing & Quality Assurance	Testing & Quality Assurance	
		Training	Training	
		Health IT Adoption & Support Services	Health IT Adoption & Support Services	
		Administrative Tools & Management	Administrative Tools & Management	
		RHIO Scope of Services	RHIO Scope of Services	
		Other (Provide Detail)	Hardware/Software Maintenance	
			Other (Provide Detail)	

Under this RGA, the reimbursable costs can be both capitalizable and non-capitalizable (see budget form 9.3.6) as well as matching funds. Applicant costs incurred prior to the planning phase may not be used for matching.

For the Purposes of this RGA:

- Matching funds can be used for: planning, implementation or post-implementation phases.
- Reimbursable funds can be used for: all expenses listed under the implementation, post implementation and evaluation and collaboration phases subject to limits described in section 9.3.5.

1. There are three budget forms in excel format included as part of the Financial Application Format and Budget Forms as well as a narrative budget justification template.
2. The budget forms are:
 - Form 9.3.6-Expenses
 - Form 9.3.7-Revenue
 - Form 9.3.8-Expenses/Revenue for two years
 - Form 9.3.9-Narrative Budget Justification
3. All budgeted expenses and revenue sources must be accompanied by a written budget justification (maximum of 3 pages).
4. Expenditure amounts should be described in sufficient detail to identify what is being purchased and/or the service being provided.
5. Each revenue source amount should be detailed.
6. Each expenditure and revenue source amount should be detailed in a separate timeline for the two year contract period by quarter of expense (1st Q, 2nd Q, etc.).
7. For the applicant and each stakeholder contributing cash or in-kind services toward the match, attach a corresponding letter of commitment identifying the source and amount of the cash /in-kind services committed, signed by an authorized officer of the corporation/organization. This expressed commitment can be included in the stakeholder commitment letter described in Section 5.2.6 of the RGA. A separate letter is not required.
8. On budget form 9.3.6, the shaded area containing N/A is restricted to the match, HEAL Phase 5 funds will not be available for these items of expense.
9. Reimbursement for non-capitalizable expenses are limited to 40% of total reimbursable expense

HEAL NY Phase 5 Health IT RGA

Section 9.3.6: Expense Budget Form

HEAL NY Phase 5:

Advancing Interoperability & Community-wide EHR Adoption

Eligible Applicant Name: _____

Region(s): _____

Category #: _____

If this project will serve multiple HEAL regions, you must identify the distribution of costs:

Region Covering: _____ Regional Allocation: \$ _____
 Region Covering: _____ Regional Allocation: \$ _____
 Total Project Costs: _____
 (Must equal total project cost below)

Summary Budget (Expenses)

Cost Category	Anticipated HEAL Funds (Reimbursable Costs)				(E) Total Project Expenses
	(A) Capitalizable Expense	(B) Non-Capitalizable Expense (Maximum 40% of Total Reimbursable Expense)	(C) Applicant/ Stakeholder Matching Funds Cash	(D) Applicant/ Stakeholder Matching Funds In-Kind	
Planning Phase					
Develop Organizational Strategy	N/A				
Develop Technical Strategy (<i>Refinement of use cases, technical requirements, architectural requirements.</i>)					
Develop Clinical Strategy					
Sub Total:					
Implementation Phase					
Personal Services:					
Executive Director/Project Director					
Other Staff (Provide Detail)					
Software & Licenses					
Hardware & Installation					
Implementation & Integration Services					
Testing & Quality Assurance					
Training					
Health IT Adoption & Support Services					
Administrative Tools & Management					
RHIO Scope of Services					
Other (Provide Detail)					
Sub Total:	-				
Post Implementation Phase					
Personal Services:					
Executive Director/Project Director					
Other Staff (Provide Detail)					
Testing & Quality Assurance					
Training					
Health IT Adoption & Support Services					
Administrative Tools & Management					
Hardware/Software Upgrades					
Hardware/Software Maintenance					
RHIO Scope of Services					
Other (Provide Detail)					
Sub Total:					
Evaluation & Collaboration Process Phase (Required Budget Items):					
Evaluation (<i>Must be at least 5% of total project expense.</i>)					
Participation in Statewide Collaboration Process (<i>Must be at least 5% of total project expense.</i>)					
Sub Total:	-				
GRAND TOTAL :	\$ -				

Total Capitalizable Expense: _____ (A) (B) / (A + B) = _____
 Total Non-Capitalizable Expense: _____ (B) (Must be 40% or less)
 Total Anticipated HEAL Funds: _____ (A) + (B)

HEAL NY Phase 5 Health IT RGA
 Section 9.3.7: Revenue Budget Form

HEAL NY Phase 5: *Advancing Interoperability & Community-wide EHR Adoption*

Eligible Applicant Name: _____

Region(s): _____

Category #: _____

Totals should correlate from budget page.

Total HEAL NY Requested Funding \$ (A) + (B)
 Total Proposed Matching Funds \$ (C) + (D)
 Total Project Expense \$ (E)

Applicant must calculate the Matching Funds as Percent of Total Funds: $(C+D) / (E) = \text{_____} \%$

PROJECT FUND SOURCE (Revenue)

(Insert Stakeholder Name)

Source	Total Cash	Total In Kind	Total
Applicant			
Stakeholder 1			
Stakeholder 2			
Stakeholder 3			
Stakeholder 4			
Stakeholder 5			
Stakeholder 6			
Other Grant Funding (non-NYS gov)			
HEAL Grant Funding			
Other (please detail)			
Grand Total:			

HEAL NY Phase 5 Health IT RGA
 Section 9.3.8: Revenue & Expense 2 Year Projection Budget Form

HEAL NY Phase 5: **Advancing Interoperability & Community-wide EHR Adoption**

Eligible Applicant Name: _____

Region(s): _____

Category #: _____

EXPENSE & REVENUE TWO YEAR PROJECTION BUDGET FORM

		Revenue	Expense	Net
Year 1	Quarter 1			
	Quarter 2			
	Quarter 3			
	Quarter 4			
	Total			
Year 2	Quarter 1			
	Quarter 2			
	Quarter 3			
	Quarter 4			
	Total			
	Grand Total			

1. Provide applicant name and grant category.
2. The budgeted expenses and revenue sources must be accompanied by a written justification for each item of expense and revenue (maximum of 3 pages).
3. Expenditure amounts should be described in detail, sufficient to identify what is being purchased the service being provided.
4. Each revenue source amount should be detailed.
5. Each capitalized expense listed on form 9.3.6 must include a detailed explanation as to how the determination was made that the expense is capitalizable.