# Announcement of Funding Opportunity

***2023-2025 New York State RECOVS: Recover from COVID School Program***

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| **Legislative Authority** | New York State’s enacted budget for State Fiscal Year (SFY) 2022-2023 provided a $100 million appropriation over a two-year period to establish the **2023-2025 New York State Recover from COVID School Program Grants (RECOVS)**. The competitive funding, awarded between *Mental Health RECOVS Grants* and *Learning Loss RECOVS Grants*, combined with the required applicant-provided 100% matching funds and/or in-kind contributions, will allow for school districts and boards of cooperative educational services (BOCES) to address student well-being and learning loss in response to the trauma brought about by the COVID-19 pandemic. |
| **Purpose and Objectives** | Accomplished through the distribution of *Mental Health RECOVS Grants and Learning Loss RECOVS Grants* that are 100% matched with applicant-provided funds and/or in-kind contributions, the purpose of the **2023-2025 New York State RECOVS: Recover from COVID School Program** is to support schools in addressing student well-being through expanding mental health supports in schools and/or addressing learning loss exacerbated by the pandemic.  Individual school districts, individual BOCES, a consortium of school districts, a consortium of BOCES, or any combination of these entities may apply for **either or both** *Mental Health RECOVS Grant and Learning Loss RECOVS Grant.* *If applying for both,* ***a separate and complete application*** *must be submitted for each grant.*  School district and BOCES applicants will use NYSED’s prescribed criteria to propose activities that are aligned with each *RECOVS* grant’s required objectives, sub-objectives, outcomes and reporting. The required *Mental Health RECOVS Grant* objectives charge school district and BOCES applicants to:   * [**MH.Obj.1)**](#MHObj1) Expand student access to school-based mental health professionals, evidence-based and evidence-informed interventions, programming, services, supports and practices that promote mental health and wellness; * [**MH.Obj.2)**](#MHObj2) Improve capacity for school staff and students to identify mental health concerns and increase help-seeking behaviors; * [**MH.Obj.3)**](#MHObj3) Implement a variety of evidence-based and evidence-informed school-based mental health interventions and practices that are culturally, linguistically, and trauma responsive while promoting student diversity, equity, and inclusion; and * [**MH.Obj.4)**](#MHObj4) Ensure financial stability and continuation of student access to evidence-based and evidence-informed school-based mental health interventions, programs services, and supports beyond the second and final year of the *RECOVS Mental Health Grant Program*.   The required *Learning Loss RECOVS Grant* objectives charge school district and BOCES applicants to:   * [**LL.Obj.1)**](#LLObj1) Expand student access to academic recovery professionals, evidence-based and evidence-informed interventions, programming, services, supports and promising practices that counter learning loss; * [**LL.Obj.2)**](#LLObj2) Improve capacity for school staff and students to identify learning loss, and increase student and staff resourcefulness and skills in seeking, receiving, and providing academic recovery supports; * [**LL.Obj.3)**](#LLObj3) Implement a variety of evidence-based and evidence-informed school-based learning loss and academic recovery practices that are culturally, linguistically, and trauma responsive while promoting student diversity, equity, and inclusion; and * [**LL.Obj.4)**](#LLObj4) Ensure financial stability and continuation of evidence-based and evidence-informed school-based academic recovery opportunities for students continuing to experience learning loss beyond the second and final year of the *RECOVS Learning Loss Grant Program*. |
| **Project Period** | The project period for the **2023-2025 New York State RECOVS: Recover from COVID School Program’s** *Mental Health RECOVS Grant* and *Learning Loss RECOVS Grant* is two (2) years beginning November 1, 2023 and ending October 31, 2025. Only expenses incurred during this period will be eligible for coverage with these State funds. |
| **Eligible and Prioritized Applicants** | All New York State public school districts and boards of cooperative educational services (BOCES) are eligible to submit single or joint applications for **either or both** *Mental Health RECOVS Grant* and *Learning Loss RECOVS Grant*.  In the form of applicant-provided funding and/or in-kind contributions, a minimum **100% match** of the applicant’s requested *RECOVS* grant award is required to be eligible to apply for either grant. *A grant application will be disqualified that requests more funding than the applicant is able to match.*  An eligible applicant may be an individual school district, an individual BOCES, a consortium of school districts, a consortium of BOCES, or any combination of these entities.   * The lead applicant of a consortium functions as the fiscal agent and fiscal manager of the participating school districts and/or BOCES. * If a BOCES applies as the lead applicant of a consortium, it is required to also function as the consortium’s coordinator of data collection, reporting, monitoring, technical assistance and professional learning.   **Prioritized Applicants:**  Awards will be prioritized for eligible applicants proposing to serve students from high-needs school districts as per 2021-2022 economically disadvantaged student data reported to NYSED by school districts in the Student Information Repository System (SIRS.)   * At or above 70% economically disadvantaged, applicant will score 10 of 10 points; * Between 54% and 69.9% economically disadvantaged, applicant will score 6 of 10 points; * Between 0% and 53.9% economically disadvantaged, applicant will score 0 of 10 points; * Data not provided, applicant will score 0 of 10 points.   If applying for both grants, **a separate and complete application** must be submitted for each *Mental Health RECOVS Grant* and *Learning Loss RECOVS Grant.*  *For the purposes of this grant, charter schools, nonpublic schools, and community-based organizations (CBOs) are not eligible to apply for these funding opportunities. CBOs interested in collaborating with school districts and/or BOCES to deliver collaborative programming and/or services may inquire with potential school district and BOCES applicants.* |
| **Amount of Funding** | **Grant Awards:** Approximately $100 million over two years , subject to continued availability of state RECOVS funding.  **100% Match Requirement:** Used for the same purposes as requested RECOVS grant funds, a minimum **100% funding match** is required from any combination of each applicant’s federal, state, local, and/or other resources. An applicant may not apply for a grant award amount higher than the applicant is able to match.  For each *Mental Health RECOVS Grant* and *Learning Loss RECOVS Grant*, applicants may apply for **up to $1,200 per student** **per program year** for two years in grant award funds described in the corresponding application; the total of which the applicant will 100% match.  Distribution of the $100 million grant award funding over the two-year project period will be as follows:   * $50 million over two years will be allocated for *Mental Health RECOVS Grant* and $50 million over two years will be allocated for *Learning Loss RECOVS Grant* for a total of $100 million. * At least 60% of the total funding ($60 million) will be awarded to school districts and BOCES (if applying as a school district consortium lead) within New York State – outside of New York City:\*   + *Mental Health RECOVS Grant*: $30 million over the two-year project period; and   + *Learning Loss RECOVS Grant*: $30 million over the two-year project period.   *\*No single or consortium applicant within New York State outside of New York City will be awarded more than $5 million in either grant program.*   * Up to 40% of total funding (up to $40 million) will be awarded to school districts within the New York City Department of Education:   + *Mental Health RECOVS Grant*: $20 million over the two-year project period; and   + *Learning Loss RECOVS Grant*: $20 million over the two-year project period.   Any grant funds remaining after all grant applications within one grant program have been reviewed and awarded or disqualified will be transferred to the other grant program should awards still be pending in the other program.  Awards are only to be used to **supplement, and not supplant** current local expenditures of federal, state or local funds.  With this application proposal, requested grant award expenses (maximum grant award) are outlined and justified in the Budget Narrative and [FS-10 Proposed Budget](https://www.oms.nysed.gov/cafe/forms/) form for the project period. Proposed budgets will be evaluated on number of students to be served, quality of program design, and efficient use of funds.   * An application will contain one FS-10 Proposed Budget if the requested grant award is equal in the first year and second year; or * An application will contain two FS-10 Proposed Budgets if the requested grant award amounts differ in the first year and second year of the two-year project period. * *Year 1 and Year 2 grant award amounts may differ by no more than 20%. For example, either year may not be less than 40%, or more than 60% of the two year total.*   Awarded grantees are not guaranteed the maximum possible grant award. Grantees can draw down funds throughout each program year by submitting [FS-25s (Request for Funds.)](https://www.oms.nysed.gov/cafe/forms/). At the end of each program year, final reconciliation and annual reimbursement of actual grant expenditures will be determined from a grantee-submitted [FS-10F Final Expenditure Report](https://www.oms.nysed.gov/cafe/forms/) that is reviewed and approved by NYSED. |
| **Application Due Date and Mailing Address** | Submit an electronic version of the complete application in Microsoft Word (.docx) or portable document format (.pdf) to the [**Survey Monkey Apply portal**](https://nysed-osss.smapply.io/prog/lst/)**.** The due date for complete electronic application submissions is **September 19, 2023 at 5:00 p.m. Eastern Time.** Instructions for submission are also available through this portal.  **Postmarked by the due date, applicants must also mail in one original and two hard copies of the signed FS-10 Proposed Budget to:**  New York State Education Department  Attn: Carri Manchester  Re: **2023-2025 RECOVS Program Grants**  Office of Student Support Services  89 Washington Avenue, EB 318M  Albany, NY 12234  Please see additional instructions for applying for each grant program under submission instructions. |
| **Questions and Answers** | Questions regarding this Request for Proposals (RFP) must be submitted by email to [**RECOVSRFP@nysed.gov**](mailto:RECOVSRFP@nysed.gov) by August 25, 2023. A questions and answers summary will be posted to [P12 Funding Opportunities](https://www.p12.nysed.gov/funding/currentapps.html) no later than August 30, 2023. |
| **Non-Mandatory Notice of Intent** | The Notice of Intent (NOI) is not a requirement for submitting a complete application by the application date. However, NYSED strongly encourages all prospective applicants to submit an NOI to ensure a timely and thorough review and rating process. The notice of intent is a simple email notice stating the school district’s or BOCES’ intent to submit an application as an individual or consortium applicant for either or both *Mental Health* ***and/or*** *Learning Loss RECOVS Grants*. Please include the BEDS code for the school district or BOCES. The NOI due date is August 25, 2023. Please email the NOI to [RECOVSRFP@nysed.gov](mailto:RECOVSRFP@nysed.gov). |
| **NYSED Designated Contacts** | Program: **Carri Manchester**  Fiscal: **Adam Kutryb**  M/WBE: **Brian Hackett**  Email: [**RECOVSRFP@nysed.gov**](mailto:RECOVSRFP@nysed.gov) |

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# Application Guidance

Individual school districts, individual BOCES, a consortium of school districts, a consortium of BOCES, or any combination of these entities are eligible to apply for **either or both** *Mental Health RECOVS Grant and Learning Loss RECOVS Grant.* *If applying for both,* ***a separate and complete application*** *must be submitted for each grant.*

1. **Purpose and Objectives**

### I.A) Purpose

The purpose of the **2023-2025 New York State RECOVS: Recover from COVID School Program** is to support schools in addressing student well-being through expanding mental health supports in schools and/or addressing learning loss exacerbated by the pandemic. This will be accomplished through the distribution of *Mental Health RECOVS Grant* and *Learning Loss RECOVS Grants* that are 100% matched with applicant-provided funds and/or in-kind contributions.

The global pandemic has affected every aspect of students’ lives. The disruption to schools has led to significant student learning loss, social disconnection, and an unprecedented detriment to youth mental health. Even though all students have been affected by the pandemic, not all were impacted equally. The pandemic has exacerbated existing access and equity issues in many communities. Schools are a prime arena to offer fair and equitable access to mental health and learning loss support to begin to counter the pandemic’s overwhelmingly negative impacts on New York State’s students, families, and communities.

The Centers for Disease Control and Prevention (CDC) released data from the Adolescent Behaviors and Experiences Survey (ABES) completed online by US high school students in 2021. The ABES findings highlighted the significant impact of the pandemic on student mental health and wellness. Approximately one-third, or 37%, of high school students experienced poor mental health during the COVID-19 pandemic. During the twelve months before the survey, approximately 45% experienced persistent feelings of sadness or hopelessness, 20% had seriously considered suicide, and 9% had attempted suicide. In addition, more than one-third of all high school students reported being treated unfairly due to their race or ethnicity. The students who reported experiencing racism at school also acknowledged poorer mental health and were less likely to feel connected to the school community.

Supplying mental health services and support in schools addresses a multitude of access issues, especially for diverse students from underserved communities. School-based comprehensive mental health services provide an array of supports and services that promote a positive school climate, social and emotional learning, mental health and well-being, and a reduction in the prevalence and severity of mental illness. School-based comprehensive mental health services promote students’ help-seeking behaviors, connections to trusted adults and supportive peers, and engagement in community activities. Results include improved feelings of connectedness, better mental health, reduced risk for suicide, reduced prevalence of health risk behaviors, and improved academic achievement. ([[1]](#footnote-2))

There is considerable evidence that the COVID-19 pandemic has had tremendous impact on student achievement and learning loss. Learning loss is generally defined as the loss of knowledge and skills, or academic progress, when students are not in school, or schooling has been interrupted. National data reveals that students in the fall of 2021 scored 9 to11 points lower in math and 3 to 7 points lower in reading compared to previous years. ([[2]](#footnote-3)) Deficits in math were consistently higher than deficits in reading. In addition, younger grades were affected more than older grades. As seen in pre-pandemic evidence, relative declines were disproportionately higher for students of color and those in high-poverty schools.

Recent data reveals that learning losses are likely to show up differently across grades and content areas, with intensive recovery needs concentrated in the early grades and among already struggling students. However, several strategies have been identified to mitigate the impact of lost instructional time. ([[3]](#footnote-4)) High-dosage tutoring that is directly tied to classroom content can substantially accelerate learning in both math and reading for most struggling students. Extended learning time interventions, including week-long acceleration academies staffed with highly effective teachers and some double dose math structures, show strong evidence of effectiveness. Supportive school environments and strong teacher-student relationships speed up recovery from learning loss. In addition, systems to monitor for early warning signs paired with strong norms and routines help students recover emotionally and engage academically. Finally, compressed content, grade retention, and enhanced Response to Intervention show less evidence that they significantly shift outcomes for struggling students and may even have long-term negative consequences.

The COVID-19 pandemic has caused significant emotional trauma and substantial learning loss as a result of extended school closures, high student and teacher absenteeism, social isolation and disconnection, job loss, and unprecedented loss of life. The *Mental Health RECOVS Grant* and *Learning Loss RECOVS Grant* awards provide aid and support for districts to address student well-being and mental health as well as learning loss from the pandemic.

Successful applicants will propose utilizing grant and applicant-provided 100% matched funding to expand opportunities that positively impact student mental health and academic recovery. Successful applicants will propose evidence-based and evidence-informed practices such as supplementing current mental health literacy initiatives, creating student support groups, developing crisis response plans, and expanding methods of identifying students who may need mental health or academic support. Successful applicants will demonstrate the provision of culturally responsive services and supports for staff and students that assist in addressing the long-standing disparities in access to mental health services and out-of-school learning opportunities exacerbated by the pandemic.

### I.B) Mental Health RECOVS Grant Objectives

Applicants will use NYSED’s prescribed criteria to propose activities that are aligned with each *RECOVS* grant’s required objectives, required sub-objectives, required outcomes, and required reporting. The *Mental Health RECOVS Grant* objectives charge applicants to:

* [**MH.Obj.1)**](#MHObj1) Expand student access to school-based mental health professionals, evidence-based and evidence-informed interventions, programming, services, supports and practices that promote mental health and wellness;
* [**MH.Obj.2)**](#MHObj2) Improve capacity for school staff and students to identify mental health concerns and increase help-seeking behaviors;
* [**MH.Obj.3)**](#MHObj3) Implement a variety of evidence-based and evidence-informed school-based mental health interventions and practices that are culturally, linguistically, and trauma responsive while promoting student diversity, equity, and inclusion; and
* [**MH.Obj.4)**](#MHObj4) Ensure financial stability and continuation of student access to evidence-based and evidence-informed school-based mental health interventions, programs services, and supports beyond the second and final year of the *RECOVS Mental Health Grant Program*.

### I.C) Learning Loss RECOVS Grant Objectives

The required *Learning Loss RECOVS Grant* objectives charge eligible applicants to:

* [**LL.Obj.1)**](#LLObj1) Expand student access to academic recovery professionals, evidence-based and evidence-informed interventions, programming, services, supports and promising practices that counter learning loss;
* [**LL.Obj.2)**](#LLObj2) Improve capacity for school staff and students to identify learning loss, and increase student and staff resourcefulness and skills in seeking, receiving, and providing academic recovery supports;
* [**LL.Obj.3)**](#LLObj3) Implement a variety of evidence-based and evidence-informed school-based learning loss and academic recovery practices that are culturally, linguistically, and trauma responsive while promoting student diversity, equity, and inclusion; and
* [**LL.Obj.4)**](#LLObj4) Ensure financial stability and continuation of evidence-based and evidence-informed school-based academic recovery opportunities for students continuing to experience learning loss beyond the second and final year of the *RECOVS Learning Loss Grant Program*.

### I.D) Definitions

The following mental health and learning loss terms and resources are defined and provided for the purposes of better understanding the objectives and requirements of the *Mental Health RECOVS Grant* and *Learning Loss RECOVS Grant*:

[Academic Recovery Professionals](https://www2.ed.gov/documents/coronavirus/lost-instructional-time.pdf) – Defined for the purposes of the *Learning Loss RECOVS Grant* to mean certified teachers, teaching assistants, teacher candidates enrolled at institutions of higher education (IHEs), recently retired educators, educators with prior AmeriCorps and/or Teacher for America experience, college students and graduates with high-quality training to serve as tutors. NYS-certified school district or BOCES teachers and/or administrators are required to provide learning loss training and oversight to uncertified academic recovery professionals.

[Economically Disadvantaged](https://data.nysed.gov/glossary.php?report=enrollment) – Defined as students who participate in, or whose family participates in economic assistance programs, such as the free or reduced-price lunch programs, Social Security Insurance (SSI), Food Stamps, Foster Care, Refugee Assistance (cash or medical assistance), Earned Income Tax Credit (EITC), Home Energy Assistance Program (HEAP), Safety Net Assistance (SNA), Bureau of Indian Affairs (BIA), or Family Assistance: Temporary Assistance for Needy Families (TANF). If one student in a family is identified as low income, all students from that household (economic unit) are identified as low income. During the 2021-2022 school year, an average of 54% of New York State students were reported to be economically disadvantaged.

[Evidence-based](https://www.edglossary.org/evidence-based/) – Defined as any concept or strategy that is derived from or informed by objective evidence; most commonly, educational research or metrics of school, teacher, and student performance. The related modifiers, *data-based, research-based*, and *scientifically based*are also widely used when the evidence in question consists largely or entirely of data, academic research, or scientific findings. If an educational strategy is evidence-based, data-based, or research-based, educators compile, analyze, and use objective evidence to inform the design of an academic program or guide the modification of instructional techniques.

[Evidence-informed](https://aifs.gov.au/resources/short-articles/what-evidence-informed-approach-practice-and-why-it-important) – Defined as the “integration of research evidence alongside practitioner expertise and the people experiencing the practice,” evidence-informed approaches are supported by research, but not limited to it. In this way, evidence-informed is more inclusive than evidence-based.

[Learning Loss](https://www.edglossary.org/learning-loss/) – Defined as the loss of knowledge and skills or academic progress when students are not in school, or schooling is interrupted.

[Mental Health](https://www.mentalhealth.gov/basics/what-is-mental-health) – Defined as the social, emotional, and behavioral well-being of students. Our mental health affects how we think, feel, and act. It impacts how we handle stress, relate to others, and make decisions for the social, emotional, and behavioral well-being of students. Young people face a variety of life challenges that can affect their mental health, use or abuse of alcohol and other drugs.

[Mental Health Professional](https://www.nami.org/About-Mental-Illness/Treatments/Types-of-Mental-Health-Professionals) – Defined for the purposes of the *Mental Health RECOVS Grant* as a mental health professional qualified under State law to provide mental health services to children and adolescents. Mental health professionals employed by a:

* School district or BOCES include a State-licensed or -certified school counselor, school psychologist, school social worker, or other State licensed or certified mental health professional qualified under State law to provide mental health services to children and adolescents; and/or
* Community mental health provider collaborating with a school district or BOCES include a licensed psychiatrist, psychologist, clinical social worker, mental health counselor or nurse mental health specialist.

[Multi-Tiered System of Supports](http://www.nysed.gov/essa/information-educators-and-schools#:~:text=The%20New%20York%20State%20ESSA,behavioral%20needs%20of%20all%20students.) (MTSS) – MTSS is grounded in the belief that all students can learn, and all school professionals are responsive to the academic and behavioral needs of all students. MTSS is a framework of support with a [tiered infrastructure](https://www.illuminateed.com/blog/2019/09/mtss-tiers-mtss-interventions-101/) that uses data to help match academic and [social-emotional behavior](https://www.illuminateed.com/blog/2020/08/what-is-social-emotional-behavior/) assessment and instructional resources to each student’s needs.

* Tier 1 - Universal prevention and psychoeducation programs for all students (Social Emotional Learning);
* Tier 2 – Evidence-based interventions for targeted small groups of students with similar needs;
* Tier 3 - Intensive interventions for individual students with high needs, including crisis intervention.

Through its State Systemic Improvement Plan (SSIP), NYSED is piloting the implementation of MTSS in 14 New York State schools. This pilot is designed to increase the capacity of school districts to implement, scale-up, and sustain evidence-based practices to improve outcomes for students. The SSIP focuses on providing tiered intervention based upon students’ unique needs, using a lens that is responsive to each student’s social identity, culture, and language.

[Promising Practice](https://www.lawinsider.com/dictionary/promising-practice) – Defined as a successful method or process resulting from at least one well-designed and well-implemented study that demonstrates potential for becoming an evidence-based practice.

[Restorative Practices](https://www.nyscfss.org/restorative-practices) – Providing alternatives to traditional responses to student misbehavior, restorative practices such as [restorative circles](https://www.edutopia.org/article/building-community-restorative-circles) and [restorative justice](https://www.wested.org/wp-content/uploads/2019/04/resource-restorative-justice-in-u-s-schools-an-updated-research-review.pdf) build healthy relationships and a sense of community that prevent and address conflict and wrongdoing in healthy, protective, and respectful ways.

[Social Emotional Learning (SEL)](https://casel.org/fundamentals-of-sel/) – Defined as the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions. The [Social Emotional Learning MTSS Toolkit for State & District Leaders](https://753a0706.flowpaper.com/CCSSOSELMTSSToolkit/#page=1) provides information and resources for those interested in engaging in the work of integrating equity-focused SEL into an MTSS.

[Trauma-Responsive](https://traumasensitiveschools.org/tools-and-resources/what-is-a-trauma-sensitive-school/) –Trauma-responsive practices address trauma’s impact on learning by creating an educational environment where all students feel safe, welcomed, supported, and empowered to participate fully in their learning. The [Comprehensive Center Network’s](https://www.compcenternetwork.org/resources/resource/6712/trauma-informed-practices-resource-list-dashboard) [Trauma Responsive Services Resource Directory](https://app.smartsheet.com/b/publish?EQBCT=f09ebb34b3ca4e78a04818bd90b0a002) provides a list of resources for trauma-informed and -responsive practices.

1. **Program and Fiscal Requirements**

### II.A) Description

New York State’s enacted budget for State Fiscal Year (SFY) 2022-2023 provided a $100 million appropriation over a two-year period to establish the **2023-2025 New York State Recover from COVID School Program Grants (RECOVS)**. The competitive funding awarded between *Mental Health RECOVS Grants* and *Learning Loss RECOVS Grants* will allow school districts and BOCES to address student well-being and learning loss in response to the trauma brought about by the COVID-19 pandemic.

This unprecedented investment of State funds acknowledges that the effects of the COVID-19 pandemic have been and will continue to be felt by students and educators for many years. The RECOVS competitive grant program proposes to focus applicants on the expansion of school-based comprehensive mental health services, and evidence-based and -informed interventions to address learning loss.

### II.B) Project Period

The project period for the **2023-2025 New York State RECOVS: Recover from COVID School Program’s** *Mental Health RECOVS Grant* and *Learning Loss RECOVS Grant* is two (2) years beginning November 1, 2023 and ending October 31, 2025. Only expenses incurred during this period will be eligible for coverage with these State funds.

The program is operated on a two-year funding cycle. Funds are appropriated by the legislature and Governor based on the State fiscal year; however, funds are obligated based upon the program year.

### II.C) Eligible and Prioritized Applicants

All New York State public school districts and boards of cooperative educational services (BOCES) are eligible to submit single or joint applications for **either or both** *Mental Health RECOVS Grant* and *Learning Loss RECOVS Grant*.

In the form of applicant-provided funding and/or in-kind contributions, a minimum **100% match** of the applicant’s requested *RECOVS* grant award is required to be eligible to apply for either grant. *A grant application will be disqualified that requests more funding than the applicant is able to match.*

An eligible applicant may be an individual school district, an individual BOCES, a consortium of school districts, a consortium of BOCES, or any combination of these entities.

* The lead applicant of a consortium functions as the fiscal agent and fiscal manager of the participating school districts and/or BOCES.
* If a BOCES applies as the lead applicant of a consortium, it is required to also function as the consortium’s coordinator of data collection, reporting, monitoring, technical assistance and professional learning.

If applying for both grants, **a separate and complete application** must be submitted for each *Mental Health RECOVS Grant* and *Learning Loss RECOVS Grant.*

For the purposes of this grant, charter schools, nonpublic schools, and community-based organizations (CBOs) are not eligible to apply for these funding opportunities. CBOs interested in collaborating with school districts and/or BOCES to deliver collaborative programming and/or services may inquire with potential school district and BOCES applicants.

#### *II.C.1) NYSED Consortium Policy for State and Federal Discretionary Grant Programs*

Eligible applicants may form a consortium to apply for either or both *Mental Health* and *Learning Loss RECOVS Grants*. To do so, the consortium must meet the following requirements:

1. The consortium must designate one of the members to serve as the applicant and fiscal agent for the grant. The applicant agency must be an eligible grant recipient. All other consortium members must be eligible grant participants, as defined by the program statute or regulation.
2. In the event a grant is awarded to a consortium, the grant or grant contract will not be prepared in the name of the consortium, since the group is not a legal entity. The grant or grant contract will be prepared in the name of the lead applicant agency serving as the consortium’s fiscal agent and fiscal manager.
3. The applicant agency serving as the fiscal agent must meet the following requirements:
4. Must be an eligible grant recipient as defined by statute;
5. Must receive and administer the grant funds and submit the required reports to account for the use of grant funds;
6. Must require consortium partners to sign an agreement with the fiscal agent that specifically outlines all services each partner agrees to provide.
7. Must be an active member of the partnership or consortium.
8. Cannot act as a flow-through for grant funds to pass to other recipients. NYSED has established a minimum level of direct service of 20% to be provided by the fiscal agent.
9. Is PROHIBITED from sub-granting funds to other recipients. The fiscal agent is permitted to contract for services with other consortium partners or consultants to provide services that the fiscal agent cannot provide itself.
10. Must be responsible for the performance of any services provided by the partners, consultants, or other organizations and must coordinate how each plan to participate.

#### *II.C.2) Prioritized Applicants*

Awards will be prioritized for eligible applicants proposing to serve students from high-needs school districts as per 2021-2022 economically disadvantaged student data reported to NYSED by school districts in the Student Information Repository System (SIRS.)

* At or above 70% economically disadvantaged, applicant will score 10 of 10 points;
* Between 54% and 69.9% economically disadvantaged, applicant will score 6 of 10 points;
* Between 0% and 53.9% economically disadvantaged, applicant will score 0 of 10 points;
* Data not provided, applicant will score 0 of 10 points.

Rates will be averaged for consortia applicants. For details, see Mental Health [MH.2.Need.A instructions](#MH2NeedAEconomicallyDisadvantaged) and associated [MH.2.Need.A rubric](#MH2NeedAEDRubric) and/or Learning Loss [LL.2.Need.A instructions](#LL2NeedAEconomicallyDisadvantaged) and associated [LL.2.Need.A rubric](#LL2NeedAEDRubric).

### II.D) Grant Award and 100% Match Requirement

New York State’s enacted budget for State Fiscal Year (SFY) 2022-2023 provided a $100 million appropriation over two years to establish the **2023-2025 New York State Recover from COVID School Program Grants (RECOVS)**. The competitive funding awarded between *Mental Health RECOVS Grants* and *Learning Loss RECOVS Grants,* this funding combined with the required applicant-provided 100% matching funds and/or in-kind contributions, will allow for school districts and BOCES to address student well-being and learning loss in response to the trauma brought about by the COVID-19 pandemic.

**100% Match Requirement:** Used for the same purposes as requested *Mental Health* and/or *Learning Loss RECOVS Grant* funds, a minimum **100% funding match** is required from any combination of each applicant’s federal, state, local, and/or other resources. An applicant may not apply for a grant award amount higher than the applicant is able to match.

In addition to cash funds, the 100% match requirement allows for *in-kind contributions*; the reasonable value of donated goods, services, and/or time that would have otherwise been purchased to support grant-aligned programming and activities. Prior to submitting this application, applicants are required to obtain documented approval from program/funding managers of sources of matched funds and/or in-kind contributions.

The RECOVS program office at *NYSED does not have approval authority* on behalf of other federal, state, local school district and/or BOCES funding directly generated or contributed in-kind by the school district and/or BOCES, or other funding sources, including any private source other than school district or federal, state or local government.

Cash contributions provided by a third party are not typically considered in-kind contributions, however, for the explicit purposes of the *Mental Health* and *Learning Loss RECOVS Grants*, *cash contributions by a third party can fulfill part or all of the 100% match requirement*. For example, grant-aligned donations may be accepted from philanthropies and/or foundations. Donated services by collaborating CBOs can be matched as an in-kind contribution as long as there is an agreement between the collaborating CBO and the school district(s) and/or BOCES, documenting that the donated mental health or academic recovery services are grant-aligned.

For each *Mental Health RECOVS Grant* and *Learning Loss RECOVS Grant*, applicants may apply for **up to $1,200 per student** **per program year** for two years in grant award funds described in the corresponding application; the total of which the applicant will 100% match.

Distribution of the $100 million grant award funding over the two-year project period, subject to continued availability of state funds, will be as follows:

* $50 million will be allocated for *Mental Health RECOVS Grant* over the two years and $50 million will be allocated for *Learning Loss RECOVS Grant* over the two years for a total of $100 million. Any grant funds remaining after all grant applications within one grant program have been reviewed and awarded or disqualified will be transferred to the other grant program should awards still be pending in the other program.
* At least 60% of the total funding (at least $60 million) will be awarded to school districts and BOCES (if applying as a school district consortium lead) within New York State – outside of New York City;
  + *Mental Health RECOVS Grant*: $30 million over the two-year project period; and
  + *Learning Loss RECOVS Grant*: $30 million over the two-year project period.

*No single or consortium applicant within New York State outside of New York City will be awarded more than $5 million in either grant program.*

* Up to 40% of total funding (up to $40 million) will be awarded to school districts within the New York City Department of Education;
  + *Mental Health RECOVS Grant*: $20 million over the two-year project period; and
  + *Learning Loss RECOVS Grant*: $20 million over the two-year project period.

With this application proposal, requested grant award expenses (maximum grant award) are outlined and justified in the Budget Narrative and [FS-10 Proposed Budget](https://www.oms.nysed.gov/cafe/forms/) form. Proposed budgets will be evaluated on number of students to be served, quality of program design, and efficient use of funds.

Awarded grantees are not guaranteed the maximum possible grant award each year. Grantees can draw down funds throughout the program year by submitting [FS-25s (Request for Funds.)](https://www.oms.nysed.gov/cafe/forms/) At the end of each program year, final reconciliation and annual reimbursement of actual grant expenditures will be determined from a grantee-submitted [FS-10F Final Expenditure Report](https://www.oms.nysed.gov/cafe/forms/) that is reviewed and approved by NYSED.

Awards, matching funds and/or in-kind contributions are only to be used to **supplement, and not supplant** current local expenditures of federal, state or local funds. Serving the *same number of students* in *existing grant-aligned programs and activities* would be considered *supplanting, thus not allowable* to be proposed in the *Mental Health* and/or *Learning Loss RECOVS Grant* applications. It *is allowable* to propose using grant awards and matching funds and/or in-kind contributions in any of the supplemental combinations by serving:

* A new number of students served by new grant-aligned programs and activities;
* The same number of students served by new grant-aligned programs and activities; and/or
* An increased number of students served by existing grant-aligned programs and activities.
  + If, prior to submitting this grant application, an applicant has already expended or obligated 2023-2024 funds and/or in-kind contributions on existing activities that align with the applicant’s *Mental Health* and/or *Learning Loss RECOVS Grant* objectives **and** intends to expand those activities to serve additional students throughout the grant period, the applicant may include those expended funds, obligated funds and/or in-kind contributions in the 100% match.

For proposal application instructions related to matching funds, see [Section 5) Budget Narrative.](#_Section_5)_Budget)

### II.E) Oversight, Management and Reporting

Within each *Mental Health RECOVS Grant* and *Learning Loss RECOVS Grant*, there are program and fiscal management, implementation, and reporting requirements that correspond with each grant’s purpose, required objectives, required sub-objectives and required outcomes.

**Entities’ Responsibility**

Projects must operate under the jurisdiction of the local board of education, or other appropriate governing body, and are subject to at least the same degree of accountability as all other expenditures of the local agency. The local board of education, or other appropriate governing body, is responsible for the proper disbursement of, and accounting for, project funds. Written agency policy concerning wages, mileage and travel allowances, overtime compensation, or fringe benefits, as well as State rules pertaining to competitive bidding, safety regulations and inventory control must be followed. Supporting or source documents are required for all grant-related transactions entered into the local agency’s recordkeeping systems. Source documents that authorize the disbursement of grant funds consist of purchase orders, contracts, time and effort records, delivery receipts, vendor invoices, travel documentation and payment documents.

Supporting documentation for grants and grant contracts must be kept for at least six years after the last payment was made unless otherwise specified by program requirements. Additionally, audit or litigation will “freeze the clock” for records retention purposes until the issue is resolved. All records and documentation must be available for inspection by State Education Department officials or their representatives.

For additional information about grants, please refer to the [Fiscal Guidelines for Federal and State Aided Grants](http://www.oms.nysed.gov/cafe/guidance/guidelines.html).

#### *II.E.1) Organizational Capacity*

Applicants will demonstrate adequate staffing levels and experience to administer the proposed grant program, including, but not limited to, management structure, key staff positions and a plan for program oversight that reflects the capacity to establish and maintain student privacy through parental consent and student assent procedures and documentation. If opting to collaborate, applicants will demonstrate successful collaborations between school districts and community mental health and/or learning loss professionals that meet safety and health requirements, facilitate broad professional learning, and increase capacity for mental health and/or learning loss literacy and programmatic service delivery. Applicants will detail how all program requirements will continue to be met by providing any successor to key fiscal or programmatic positions with all compliance and reporting requirements of the grant.

A successful applicant will describe the organizational capacity of their school district(s) and/or BOCES to appropriately staff mental health and/or learning loss services to students and families. If choosing to collaborate with CBOs, applicants will identify organization(s) that will collaborate with them in the proposed project, including their experience providing pandemic-related mental health or learning loss services to students, and their specific roles and responsibilities for this project.

If opting to collaborate, the [School and Mental Health Partnerships](https://omh.ny.gov/omhweb/childservice/docs/school-based-mhservices.pdf" \l ":~:text=Partnerships%20between%20schools%20and%20mental%20health%20providers%20can,community-based%20services%20to%20support%20the%20child%20and%20family.) guidance developed by the New York State Office of Mental Health in assists school leaders and community mental health providers explore the benefits of partnerships and establish school-based collaborations. The guidance presents practical issues and steps to take related to creating and operating school-based mental health programs. It is intended to help leadership begin the dialogue leading to the establishment of school and mental health partnerships.

Once collaborations are created, grantee school districts and/or BOCES will be responsible for the programmatic and fiscal oversight of any collaborating community mental health or learning loss providers receiving RECOVS grant funds.

For related proposal application instructions, see [Section 3) Oversight, Management and Reporting](#_Section_3)_Oversight,).

#### *II.E.2) Qualifications, Roles, and Responsibilities of RECOVS Program Coordinator(s)*

Grantees of both *Mental Health* and *Learning Loss RECOVS Program Grants* are required to assign or hire a staff member or members to function as the program coordinator(s).

Minimally, each mental health and learning loss program coordinator must have a bachelor’s degree, three years of relevant experience, and be adept in software including, but not limited to, Survey Monkey Apply, Microsoft Word, Excel, PowerPoint, and WebEx.

Program coordinators are responsible for managing, overseeing, and implementing all aspects of grant planning, staffing, oversight, implementation, collaboration with collaborating providers, communicating with, and reporting to NYSED. Program coordinators ensure all required grant objectives, activities, tasks, outcomes, deliverables, reporting, and monitoring are met by the school district grantees and their collaborating providers. Program coordinators are responsible for ensuring compliance with all aspects of:

* Parents’ rights and student privacy in the form of policies, procedures, and recordkeeping for parental consent and student assent to mental health screening, assessments, programming, services, and supports;
* Safety and health requirements, including, but not limited to, possible School-Age Child Care registration with the New York State Office of Children and Family Services (OCFS);
* Equitable access to mental health and academic recovery programs, services, and supports for diverse students experiencing learning loss, including, but not limited to students who are economically disadvantaged, students with disabilities, English Language Learners, migrant students, homeless students, students in foster care, and students with a parent or parents in the Armed Forces.

Program coordinators regularly communicate with (lead) grantee fiscal managers to align grant programming with budgeting and spending. By communicated deadlines, fiscal managers are responsible for submitting to NYSED all grant [award FS-10 Proposed Budgets, FS-10A Budget Amendments, FS-25 Request for Funds, and FS-10F Final Expenditure Reports](https://www.oms.nysed.gov/cafe/forms/). RECOVS fiscal managers and program coordinators are required to work closely together and with NYSED throughout the entire grant period to meet all fiscal requirements of the grant award and matched funding. The fiscal manager’s initial task *before applying* for either or both RECOVS grant programs will be securing funding and/or in-kind contribution sources to meet the [100% matching requirement](#_II.D)_Amount_of)**.**

**If a BOCES is applying as lead applicant** for either or both RECOVS grants, BOCES also functions for each grant program as the consortium’s program coordinator, fiscal agent and manager. ***In addition to meeting all program coordinator and fiscal manager requirements outlined above***, the BOCES Program Coordinator role includes the additional requirements below:

*Mental Health RECOVS Grant BOCES Program Coordinator(s)*

* Coordinate programmatic and fiscal oversight, implementation, data collection, reporting, and monitoring of *Mental Health RECOVS Grant* objectives for participating school districts and/or BOCES, including, but not limited to, coordination of:
  + Mental health professional learning in participating school districts, and/or
  + Optional collaborations between participating school districts and community mental health providers.
* Provide mental health technical assistance to participating school districts and/or BOCES through:
  + Employment of mental health professionals, and/or
  + Optional collaborations with community mental health providers.
* BOCES lead applicants may propose additional program coordinator responsibilities for mental health that NYSED will review for approval.

*Learning Loss RECOVS Grant BOCES Program Coordinator(s)*

* Coordinate programmatic and fiscal oversight, grant management, implementation, data collection, reporting, and monitoring of *Learning Loss RECOVS Grant* objectives for participating school districts, including, but not limited to, coordination of:
  + Learning loss professional learning in participating school districts and/or BOCES, and/or
  + Optional collaborations between participating school districts and community academic support providers.
* Provide learning loss technical assistance to participating school districts and/or BOCES through:
  + Employment of learning loss professionals, and/or
  + Optional collaborations with community academic support providers.
* BOCES lead applicants may propose additional program coordinator responsibilities for learning loss that NYSED will review for approval.

#### *II.E.3) Safety and Health Requirements*

RECOVS grantee program coordinators ensure that when program activities take place outside of a school building, the facility is safe and easily accessible.

School district and BOCES lead applicants adhere to laws and requirements related to [New York State Safe Schools Against Violence in Education (SAVE)](https://www.p12.nysed.gov/sss/ssae/schoolsafety/save/), including, but not limited to provisions related to fingerprinting of staff. Programs located in school buildings will be governed by the district’s [School Safety Plan](https://www.p12.nysed.gov/sss/ssae/schoolsafety/save/#schoolsafetyplans) and any related building-level plans. If the proposed program is located at a site other than the school building, the [provisions for New York State’s Office of Children and Families’ School-Age Child Care (SACC)](https://ocfs.ny.gov/programs/childcare/regulations/414-SACC.pdf) registration detailed below for community organization applicants shall apply.

If proposed RECOVS activities will take place in a school district or BOCES building, all staff (including those employed by subcontractors and/or collaborating community mental health and/or academic recovery providers) must be trained in and demonstrate understanding of the [School Emergency Response Plan](https://www.p12.nysed.gov/sss/documents/QuickGuideEmerPlanning2022.pdf) and its emergency procedures. If the proposed program is located at a site other than a school district or BOCES building, an Emergency Response Plan must be developed as per New York State’s SACC regulations (see below for more information). Program staff members must be trained to follow its procedures prior to commencing programming at the site(s). Programs in a school district or BOCES building that are run by a community provider who does not have a SACC registration must also comply with NYSED laws and regulations for schools concerning health, including, but not limited to, medication administration, and training requirements for unlicensed staff to administer epinephrine auto-injectors and glucagon to students with orders for such.

#### *II.E.4) School-Age Child Care (SACC) Registration*

In accordance with [New York State Office of Children and Family Services (OCFS)](https://ocfs.ny.gov/main/about/) [Regulations at 18 NYCRR Part 414](https://ocfs.ny.gov/programs/childcare/regulations/414-SACC.pdf), an applicant school district, BOCES, and/or its collaborating community-based organization (CBO) intending to provide grant-aligned programming and services to ***seven or more children under the age of 13*** *beyond school hours at a location other than the school district or BOCES building*, is required to obtain and submit to NYSED evidence of [School-Age Child Care (SACC) registration](https://ocfs.ny.gov/programs/childcare/become-a-provider.php) prior to the first day of serving students.

Whether a program operates in a school district or BOCES building or community site, it must meet [SACC registration and regulatory requirements](https://ocfs.ny.gov/programs/childcare/regulations/414-SACC.pdf), that include, but are not limited to: buildings and equipment, discipline, fire protection and safety, sanitation, staff background checks and clearances, staff to child ratios, staff credentials, staff training and supervision of children and youth.

**A copy of the SACC registration must be submitted to NYSED’s program office prior to receiving RECOVS funds and prior to providing services to students**. As the process of obtaining a **SACC registration is lengthy and could cause delays in grant funding**, applicants are encouraged to confirm if SACC registration is required and, if so, how to begin the process, by immediately contacting their [OCFS Division of Child Care Services (DCCS) regional office](http://www.p12.nysed.gov/sss/documents/OCFSRegionalOffices.pdf)and/or regional [OCFS Child Care Resource and Referral Agency](https://ocfs.ny.gov/programs/childcare/referral-agencies.php).

**If SACC registration is necessary, applicants must submit with this application a copy of the SACC registration or evidentiary documentation of where the applicant is with OCFS in the SACC registration process.**

There are two scenarios where a SACC registration *is not required*:\*

* The applicant proposes to serve only *students ages 13 and older*. Under such circumstances, the school district or BOCES would oversee its collaborating CBOs in ensuring the safety and health of all participants, including reasonable staff-to-student ratios and background clearances for staff; and/or
* The applicant proposes for its collaborating CBO to provide grant-aligned programming and/or services in the school district or BOCES building during mandatory school hours.

\*Programs with a *mixture of children and youth under and over 13 years of age* must complete the SACC registration process, as all students, including those over 13 years of age, will be considered part of the program. This provision applies to out of school time programs operated by any entity other than a school district or BOCES, whether situated in schools or community locations.

All SACC registration renewals are also submitted to NYSED’s program office when current registrations expire so that NYSED has ongoing assurance that all programs that require a SACC registration have a current registration. Applicants are encouraged to notify the appropriate OCFS regional office of their intent to seek registration once proposed sites have been identified. This will expedite the approval process subsequent to award notification.

#### *II.E.5) Parent Rights, Student Privacy, Parental Consent, and Student Assent*

Due to the confidential nature of the programming in which many RECOVS program participants will be involved, it is important to have safeguards protecting students from any possible risks, such as confidentiality, associated with their participation. RECOVS applicant program coordinators are responsible for ensuring that their school district(s) demonstrate the ability to comply with [New York State Student Privacy Laws, Regulations, and Guidance](http://www.nysed.gov/data-privacy-security/laws-regulations-and-guidance) relevant to the [collection, protection,](http://www.nysed.gov/common/nysed/files/programs/data-privacy-security/fact-sheet-for-parents.pdf) and [sharing](https://www.nysenate.gov/legislation/laws/EDN/2-D) of [confidential student data](http://www.nysed.gov/data-privacy-security/frequently-asked-questions-about-data-privacy-and-security). Additional RECOVS program coordinator responsibilities, include, but are not limited to:

* Addressing any foreseeable physical, medical, psychological, social and legal risks or potential adverse effects as a result of the project itself or any data collection activity;
* Providing guidance and assistance in the event there are adverse effects to participants;
* Creating, implementing, and overseeing methods and procedures that ensure student and health related data is kept secure and private;
* Per the [Protection of Pupil Rights Amendment (PPRA)](https://studentprivacy.ed.gov/faq/what-protection-pupil-rights-amendment-ppra), creating, implementing, and overseeing documented policies and procedures for obtaining, maintaining, and securing **written active parental consent and informed student assent** for program participation, including the following: assessments, surveys, screenings, referrals, exchange of health or mental health information between schools and partners, transfer of demographic information, diagnosis and mental health treatment.
  + Written [active parental consent](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5963279/) is required for participants deemed not age appropriate to be able to give informed consent or assent to any assessments, surveys, screenings, referrals, services, exchange of health or mental health information between schools and partners, transfer of demographic information, diagnosis, and mental health treatment.
  + Written [informed student assent](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8307200/) expresses willingness to participate in any assessments, surveys, screenings, referrals, programming and activities – and for the purposes of this funding opportunity, activities related to mental health services – by persons who are, by definition, too young to give informed consent, but old enough, with parental consent, to understand the proposed activity, program, or service in general, the student’s expected participation, and the activities’ possible risks and possible benefits.

Program coordinators ensure written active parental consent and informed student assent policies and processes are documented and in place to ensure privacy protections which, at a minimum, must include some, but is not specifically limited to, permission for information (school climate surveys, discipline referrals, behavioral reports, etc.) to be shared by the school district with community collaborations, and for State monitoring and compliance purposes. (See Section VIII, Appendix R: Parents’ Bill of Rights for Data Privacy and Security.)

Written parental consent, student assent, student privacy, and data security are required to be upheld when managing and implementing all aspects of the *Mental Health* and *Learning Loss RECOVS Grants*. All grantees and their collaborating CBOs must adhere to security and privacy requirements with collecting, maintaining, and submitting evidentiary documentation and reporting aggregate data to NYSED. Student-level data will not be requested by NYSED. All grantee program coordinators must possess and convey to grantee school districts, their parents and students, a strong working knowledge of applicable state and federal laws relating to privacy and confidentiality:

* [Protection of Pupil Rights Amendment (PPRA)](https://studentprivacy.ed.gov/faq/what-protection-pupil-rights-amendment-ppra), a federal law that affords certain rights to parents of minor students with regard to surveys that ask questions of a personal nature. Briefly, the law requires that schools obtain written consent from parents before minor students are required to participate in any survey, analysis, or evaluation that reveals information concerning the following areas:
  + Political affiliations;
  + Mental and psychological problems potentially embarrassing to the student and family;
  + Sex behavior and attitudes;
  + Illegal, anti-social, self-incriminating and demeaning behavior;
  + Critical appraisals of other individuals with whom respondents have close family relationships;
  + Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers;
  + Religious practices, affiliations, or beliefs of the student or student’s parent; or
  + Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program.)
* The [Family Education Rights and Privacy Act (FERPA)](https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html), a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the US Department of Education. FERPA gives parents certain rights with respect to their children’s education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are “eligible students.”
* The [Health Insurance Portability and Accountability Act (HIPAA)](https://www.hhs.gov/hipaa/index.html), is a federal law that requires applicable entities to protect the privacy of individuals’ health records and other personal health information, including, but not limited to conditions on the uses and disclosures that may be made of such information without patient authorization. The rule also gives patients certain rights with respect to their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

[In a few limited circumstances](https://studentprivacy.ed.gov/sites/default/files/resource_document/file/2019%20HIPAA%20FERPA%20Joint%20Guidance%20508.pdf), an educational agency or institution subject to FERPA can also be subject to HIPAA. For instance, a school that provides health care to students in the normal course of business, such as through its health clinic, is also a “health care provider” under HIPAA. If a school that is a “health care provider” transmits any personal health information (PHI) electronically in connection with a transaction for which HHS has adopted a transaction standard, it is then a covered entity under HIPAA. As a covered entity, the school’s health care transactions must comply with the [HIPAA Transactions and Code Sets Rule (or Transactions Rule)](https://www.hhs.gov/hipaa/for-professionals/other-administration-simplification-rules/index.html#:~:text=Transactions%20and%20Codes%20Set%20Standards&text=Under%20HIPAA%2C%20if%20a%20health,to%20identify%20diagnoses%20and%20procedures.). However, many schools that meet the definition of a HIPAA covered entity do not have to comply with the requirements of the HIPAA Rules because the school’s only health records are considered “education records” or “treatment records” under FERPA[. See 45 CFR § 160.103 (definition of “protected health information” (2)(i), (ii)](https://www.govinfo.gov/content/pkg/CFR-2013-title45-vol1/pdf/CFR-2013-title45-vol1-sec160-103.pdf). The HIPAA Privacy Rule specifically excludes from its coverage those records that are protected by FERPA by excluding such records from the definition of “protected health information.

Additional information provided by the New York State Education Department can be found in, [Mental Health Education Literacy in Schools: Linking to a Continuum of Well-being](http://www.nysed.gov/common/nysed/files/programs/curriculum-instruction/educationliteracyinschoolsfinal.11.2018.pdf). This NYSED guidance document provides educators, school district staff, parents, families, students, and community organizations with information on mental health education in schools pursuant to [Education Law §804](https://www.nysenate.gov/legislation/laws/EDN/804) and [Commissioner’s Regulation §135.3](https://casetext.com/regulation/new-york-codes-rules-and-regulations/title-8-education-department/chapter-ii-regulations-of-the-commissioner/subchapter-g-health-and-physical-education/part-135-health-physical-education-and-recreation/section-1353-health-education). This document provides guidance for developing effective mental health education instruction while embedding mental health well-being within the broader context of the entire school’s environment.

A resource provided by the United States Department of Health and Human Services (HHS) can be found in, [Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools](https://www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf); guidance published by HHS’ [Substance Abuse and Mental Health Services Administration (SAMHSA)](https://www.samhsa.gov/). SAMHSA supports efforts to promote mental health and substance use prevention in schools and on campuses and to provide safe learning environments.

#### *Requirements of Education Law Section 2-d*

The grantee agrees to comply with FERPA, New York State Education Law § 2-d and the New York State Data Security and Privacy Plan (Appendix R), annexed to this RFP, the terms of which are incorporated herein by reference, and which shall also be part of the Contract. See legal requirements related to privacy and security appended to this RFP:

* + [Appendix A: Standard Clauses for New York State Contracts](#_Appendix_A:_Standard),
  + [Appendix R: Data Security and Privacy Plan](#_Appendix_R:_Data),

Failure to abide by or violation of the above legal requirements may result in disqualification or termination from the RECOVS grant program.

#### *II.E.6) Reporting and Monitoring*

In the form of semi-annual and annual program progress reports completed by each grantee’s program coordinator, individual and lead school district and BOCES grantees will be subject to data collection and reporting to NYSED. Each mid-year and end-of year progress report will demonstrate the progress made to date toward meeting each grant’s corresponding objectives, outcomes, and deliverables.

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| **RECOVS Grant Progress Report : ¨ Mental Health or ¨ Learning Loss** | | | | | | |
| **Required**  **Objective:** | | **MH.Obj.#) or LL.Obj.#)** |  | | | |
| **Required Sub-Objective** | | | |  | | |
| **Applicant Proposed and**  **NYSED Approved Activities:** | | | | |  | |
|  | **Year 1 Mid-year Update** | | | | | **Year 1 End-of-Year Update** |
| Date and Narrative: | | | | | Date and Narrative: |
|  | **Year 2 Mid-year Update** | | | | | **Year 2 End-of-Project Outcome** |
| Date and Narrative: | | | | | Narrative Date: |
| **Appended Evidentiary Documentation** | | | | | | |
| File Name:  File Name: | | | | | | Document Title:  Document Title: |
| **Appended Aggregate Data Reporting** | | | | | | |
| File Name:  File Name: | | | | | | Document Title:  Document Title: |

In addition to reporting requirements, grantees may be subject to a site visit from NYSED to ensure grant implementation, compliance, and accountability, and to gather information regarding best practices.

Grantees who do not demonstrate adequate progress may have their funding discontinued.

### II.F) Structure and Implementation

Within each *Mental Health* and *Learning Loss RECOVS Grant* application, there are required objectives, required sub-objectives with applicant-proposed activities that align with required outcomes and required reporting. NYSED will score the applicant-proposed activities as they align with the requirements. Upon award, school district and BOCES grantees will manage and be accountable to NYSED via reporting and monitoring for each grant’s objectives, sub-objectives, NYSED-approved activities, outcomes, and reporting.

For related proposal application instructions, see [Section 4) Structure and Implementation](#_Section_4:_Structure).

#### *II.F.1) Mental Health Objectives, Activities, Outcomes and Reporting*

**Required Mental Health Objective MH.Obj.1)**

**Expand student access to school-based mental health professionals, evidence-based and evidence-informed interventions, programming, services, supports and practices that promote mental health and wellness.**

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| **Required Sub-Objective MH.Obj.1.a: Expand school-based student access to and utilization of school employed and/or community contracted mental health professionals specializing in student mental health and wellness.** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with sub-objective MH.Obj.1.a that will expand the number of school-based mental health professionals employed by the school district(s), BOCES, and/or collaborating community mental health provider(s) who will:   * Operate school-based mental health centers or satellite clinics; * Provide on-demand school-based mental health services; *and/or* * Provide other school-based mental health programming and supports that are evidence-based or evidence-informed. | Required direct outcomes will result in:   * An improved ratio of the number of school-based mental health professionals to number of school district or BOCES students; and * An increased number of school-based mental health professionals employed by the school district(s), BOCES, and/or collaborating community mental health provider(s) who: * Operate school-based mental health centers or satellite clinics; * Provide on-demand school-based mental health services; and/or * Provide other school-based mental health programming and supports that are evidence-based or evidence-informed. | Required reporting narrative and evidentiary documentation will demonstrate status and progress made to expand employment of school-based mental health professionals, including their roles:   * Operating school-based mental health centers; * Providing on-demand school-based mental health services; *and/or* * Providing other school-based mental health programming and supports that are evidence-based or evidence-informed.   Required aggregate data reporting will include data before, during, and after implementation of *RECOVS Mental Health Grant* initiatives.  School district and BOCES grantees will report:   * Number and percentage of school-based mental health professionals currently staffed, hired, and to be hired by the school district(s), BOCES, and/or community mental health provider(s) collaborating with the school district(s) or BOCES; *and/or* * Ratio of school-based mental health professionals to school district or BOCES students. |

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| **Required Sub-Objective MH.Obj.1.b: Expand school-based student access to and utilization of school-based mental health centers operated by the school district or BOCES and / or satellite clinics operated by collaborating community mental health providers that offer evidence-based and evidence-informed programming, services, supports and practices promoting student mental health and wellness.** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with sub-objective MH.Obj.1.b by expanding student access to and utilization of:   * School-based mental health centers or satellite clinics; * On-demand school-based mental health services; *and/or* * Other applicant-proposed school-based mental health interventions programming, services, and/or supports that are evidence-based or evidence-informed. | Required direct outcomes will result in increased student access to and utilization of:   * School-based mental health centers or satellite clinics; * On-demand school-based mental health services; *and/or* * Other applicant-proposed school-based mental health interventions programming, services, and/or supports that are evidence-based or evidence-informed. | Requiring reporting narrative and evidentiary documentation will demonstrate status and progress made to expand student access to and utilization of:   * School-based mental health centers or satellite clinics; * On-demand school-based mental health services; *and/or* * Other applicant-proposed school-based mental health interventions programming, services, and supports that are evidence-based or evidence-informed.   Required aggregate data reporting will include data before, during, and after implementation of *RECOVS Mental Health Grant* initiatives.  School district and BOCES grantees will report number and percentage of students accessing:   * School-based mental health centers or satellite clinics; * On-demand school-based mental health services; *and/or* * Other school-based mental health interventions programming, services, and/or supports . |

Note: To implement a need analysis, NYSED suggests for applicants to refer to [The SHAPE System](https://nyssoc.com/shape-how-to-get-started/) assessment tool. The [New York State Office of Mental Health Division of Integrated Community Services for Children and Families](https://omh.ny.gov/omhweb/childservice/support-services.htm) coordinates a [learning collaborative](https://nyssoc.com/shape-learning-collaborative/) of New York State school districts that are evaluating and expanding their districts’ mental health offerings utilizing the SHAPE assessment.

**Required Mental Health Objective MH.Obj.2)**

**Improve capacity for school staff and students to identify mental health concerns and increase help-seeking behaviors.**

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| **Required Sub-Objective MH.Obj.2.a: Improve capacity for school *staff* to identify student mental health concerns and increase help-seeking behaviors.** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with sub-objective MH.Obj.2.a by expanding mental health professional learning opportunities for school district staff to improve mental health literacy, including but not limited to an overall understanding of child and adult mental health and wellness, help-seeking behaviors, coping skills, support, and resourcefulness that would positively impact staff members’ understanding of and participation in the school district’s student mental health intervention referral process. | Required direct outcomes will result in increased quality and quantity of school district and/or BOCES *staff*:   * Mental health professional learning opportunities; * Participation in mental health professional learning opportunities. * Mental health literacy for children and adults, including an overall understanding of mental health and wellness, help-seeking behaviors, coping skills, and resourcefulness; *and* * Improved understanding, participation and utilization of the school district’s or BOCES’ student mental health intervention referral process. | Required reporting narrative and evidentiary documentation will demonstrate status and progress made to expand quantity and quality of mental health and wellness professional learning opportunities. Include progress made on outcomes for school district and/or BOCES *staff*, such as increased participation in the school district’s or BOCES’ student mental health intervention referral process.  Required aggregate data reporting will include data before, during, and after implementation of *RECOVS Mental Health Grant* initiatives.  School district and BOCES grantees will report number and percentage of:   * Professional learning opportunities focused on and/or incorporating mental health; * Staff members attending mental health-related professional learning activities; * School district staff members making student mental health referrals; and * Student mental health referrals made by school district staff members. |
| **Required Sub-Objective MH.Obj.2.b: Improve capacity for *students* to identify student mental health concerns and increase help-seeking behaviors.** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with Sub-objective MH.Obj.2.b that increase mental health learning opportunities for *students* to improve mental health literacy, an overall understanding of mental health and wellness, help-seeking behaviors, coping skills, support, and resourcefulness. | Required outcomes will result in increased quality and quantity of *student*:   * Mental health activities and learning opportunities; * Participation in mental health activities and learning opportunities; * Mental health literacy, including an overall understanding of mental health and wellness; *and* * Improved help-seeking behaviors, coping skills, and resourcefulness. | Reporting Narrative and evidentiary documentation demonstrating status and progress made to expand quantity and quality of mental health and wellness learning activities and outcomes for *students*. School district and BOCES grantees will include the observable impact and results on improved student help-seeking behaviors, coping skills, and resourcefulness.  Aggregate data reporting includes data before, during, and after implementation of *RECOVS Mental Health Grant* initiatives. Report number and percentage of students participating in:   * Each mental health learning activity; * All mental health learning activities; *and* * Improved help-seeking behaviors, coping skills, and resourcefulness. |

Note: Applicants are encouraged to refer to [peer support training](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf) and [Youth Mental Health First Aid](https://mhanys.org/products/mhfa/) and other offerings of the [School Mental Health Resource and Training Center (SMHRTC)](https://www.mentalhealthednys.org/) of the [Mental Health Association in New York State (MHANYS)](https://mhanys.org/). Mental health trainings are designed for parents, family members, caregivers, teachers, school staff, and peers on how to help adolescents (age 12-18) who are experiencing a mental health challenge or crisis.

##### **Required Mental Health Objective MH.Obj.3)**

**Implement a variety of evidence-based and evidence-informed school-based mental health interventions and practices that are culturally, linguistically, and trauma responsive while promoting student diversity, equity, and inclusion.**

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| **Required Sub-Objective MH.Obj.3.a: Expand equitable access to school-based mental health and wellness opportunities serving the diverse needs of all students, including focused outreach to and engagement of diverse students.** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with sub-objective MH.Obj.3.a by expanding equitable access to school-based mental health activities programs, services, and supports for *all students*, including focused outreach to and engagement of *diverse students*, such as:   * Students who are economically disadvantaged; * Students with disabilities; * English Language Learners; * Migrant students; * Students experiencing homelessness; * Students with a parent or parents in the Armed Forces; * Students who are chronically absent; * Students who regularly experience discipline referrals; * Students of color; * LGBTQ students; and * Transgender and gender expansive students. | Required direct outcomes will result in increased quantity, quality and diversity of strategies used for inclusive student outreach, accessibility, attendance, and engaged participation in school-based mental health activities, services and supports that serve the *diverse mental health needs of all students*.  Required indirect outcomes for all, including diverse students, will include school-wide:   * Increase in attendance; * Decrease in chronic absenteeism; & * Decrease in disciplinary referrals. | Required reporting narrative and evidentiary documentation will demonstrate status and progress made to expand quantity, quality and diversity of inclusive student outreach strategies, accessibility, attendance, and engaged participation in school-based mental health initiatives that serve the *diverse mental health needs of all students.*  Required aggregate data reporting will include data before, during, and after implementation of *RECOVS Mental Health Grant* initiatives. School district and BOCES grantees will report:   * Number and percentage of total and diverse students participating in each and all mental health opportunities; and * School, district, and/or BOCES: * Attendance data; * Chronic absenteeism data; *and* * Disciplinary referral data. |

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| **Required Sub-Objective MH.Obj.3.b: Collaborate with school and community stakeholders to update documented student mental health and wellness board policies, school practices and procedures that promote student diversity, equity, and inclusion while being evidence-based, evidence-informed, trauma-responsive, restorative, culturally and linguistically responsive and sustaining.** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with sub-objective MH.Obj.3.b by expanding collaboration between the school district and/or BOCES board, school staff, students, families and community mental health providers to review and update documented school district and/or BOCES policies and documented school district practices and procedures to reflect the provision of evidence-based, evidence-informed, trauma-responsive, restorative, culturally and linguistically responsive and sustaining mental health referrals, interventions and practices that promote student diversity, equity, and inclusion. | Required outcomes will result in increased quantity and quality of collaboration between the school district and/or BOCES board, school staff, students, families and community mental health providers including updated school board policies and documented practices and procedures reflecting the incorporation of evidence-based, evidence-informed, trauma-responsive, restorative, culturally and linguistically responsive and sustaining mental health referrals, interventions and practices that promote student diversity, equity, and inclusion. | Required reporting narrative and evidentiary documentation will demonstrate the status and progress made to collaboratively update documented school district and/or BOCES board policies and documented procedures to reflect student diversity, equity, and inclusion in school mental health referrals, interventions, and practices.  Required aggregate data reporting will include data before, during, and after implementation of *RECOVS Mental Health Grant* initiatives.  School district and BOCES grantees will cite and report number of student mental health:   * Updated and adopted board policies; * Board policies in process of being updated; * Documented school practices and procedures that have been updated; *and* * Documented school practices and procedures in in process of being updated. |

##### **Required Mental Health Objective MH.Obj.4)**

**Ensure financial stability and continuation of student access to evidence-based and evidence-informed school-based mental health interventions, programs services, and supports beyond the second and final year of the *RECOVS Mental Health Grant Program*.**

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| **Required Sub-Objective MH.Obj.4.a: Expand collaborations and planning for the continued provision of student mental health and wellness programming, services and supports beyond the second and final year of the *RECOVS Mental Health Grant Program*.** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with sub-objective MH.Obj.4.a by expanding collaborations and planning between school districts, BOCES, and/or community mental health providers to establish long-term documented agreements for the provision of school-based mental health interventions, programming, services and supports beyond the second and final year of the *RECOVS Mental Health Grant* program. | Required direct outcomes will result in increased quantity and quality of collaborations between school districts, BOCES, and/or and community mental health providers leading to long-term documented agreements with for the provision of school-based mental health interventions, programming, services and supports beyond the second and final year of the *RECOVS Mental Health Grant* program.  Indirect outcomes may result in opportunities to match and/or braid accessible local, state, and federal funds and/or other resources for the continued provision of school-based mental health programming beyond the second and final year of the *RECOVS Mental Health* G*rant* program. | Required reporting narrative and evidentiary documentation will demonstrate the status and progress made to expand collaborations between school districts, BOCES and/or community mental health providers to establish long-term documented agreements for the provision of school-based mental health interventions, programming, services and supports beyond the second and final year of the *RECOVS Mental Health* *Grant* program.  Required aggregate data reporting will include data before, during, and after implementation of *RECOVS Mental Health Grant* initiatives.  School district and BOCES grantees will report the number of community mental health providers:   * Within 20 miles of school district and/or BOCES boundaries; * With whom each school district and/or BOCES is currently collaborating to provide school-based mental health programming and services for students; *and* * With whom each school district and/or BOCES is communicating for potential future collaboration. |
| **Required Sub-Objective MH.Obj.4.b: Develop a sustainability plan for the continued provision of mental health and wellness programming, services and supports that will beyond the second and final year of the *RECOVS Mental Health Grant Program.*** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with sub-objective MH.Obj.4.b by each school district board of education and/or BOCES board developing and adopting a sustainability plan that continues providing funding and resources for school-based mental health interventions, programming, services and supports that equitably and inclusively continue to meet the diverse mental health needs of school staff and students beyond the second and final year of *RECOVS Mental Health* grant funding. | Required outcomes will include a well-developed and documented sustainability plan adopted by each school district board of education and/or BOCES board that continues funding and resources for the provision of school-based mental health interventions, programming, services and supports that equitably and inclusively meet the diverse mental health needs of school district staff and students beyond the second and final year of *RECOVS Mental Health* grant funding. | Required reporting narrative and evidentiary documentation will demonstrate the status and progress made toward each school district board of education and/or BOCES board’s development and adoption of a sustainability plan that continues funding and resources for the provision of school-based mental health interventions, programming, services and supports equitably and inclusively meeting the diverse mental health needs of school district staff and students beyond the second and final year of *RECOVS Mental Health* grant funding. |

Note: NYSED suggests referring to [School Mental Health Funding and Sustainability](https://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Funding-and-Sustainability-1.27.20.pdf) January 2020 guidance from the [National Center for School Mental Health](https://www.schoolmentalhealth.org/), funded by the [U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA)](https://www.samhsa.gov/).

#### *II.F.2) Learning Loss Objectives, Activities, Outcomes, and Reporting*

**Required Learning Loss Objective LL.Obj.1)**

**Expand student access to academic recovery professionals, evidence-based and evidence-informed interventions, programming, services, supports and promising practices that counter learning loss.**

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| **Required Sub-Objective LL.Obj.1.a: Expand school-based student access to and utilization of school-employed and/or community-contracted educators specializing in countering learning loss and promoting academic recovery.** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with Sub-objective LL.Obj.1.a by expanding the number of school-based academic recovery professionals employed by the school district(s), BOCES, *and/or* collaborating community academic support provider(s) who will address student learning loss by:   * Operating school-based learning loss centers; * Providing on-demand school-based learning loss services, *and/or* * Providing other school-based learning loss programming and supports that are evidence-based or evidence-informed. | Required direct outcomes will result in an increased number of school-based academic recovery professionals employed by the school district(s), BOCES, *and/or* collaborating community academic support provider(s) who:   * Operate school-based learning loss centers; * Provide on-demand school-based learning loss services; *and/or* * Provide other school-based learning loss programming and supports that are evidence-based or evidence-informed. | Required reporting narrative and evidentiary documentation will demonstrate status and progress made to expand employment of school-based learning loss professionals employed by the school district(s), BOCES, *and/or* collaborating community academic support provider(s), including each professional’s role:   * Operating school-based learning loss centers, * Providing on-demand school-based learning loss services, *and/or* * Providing other school-based learning loss programming and supports that are evidence-based or evidence-informed.   Required aggregate data reporting will include data before, during, and after implementation of *RECOVS Learning Loss Grant* initiatives.  School district and BOCES grantees will report the number and percentage of school-based academic recovery professionals currently employed or in the hiring process by:   * Each school district and/or BOCES; *and/or* * Community academic support provider(s) collaborating with each school district and/or BOCES. |

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| **Required Sub-objective LL.Obj.1.b: Expand school-based student access to and utilization of educational environments dedicated to the delivery of evidence-based and evidence-informed interventions, programming, services, supports and promising practices that counter learning loss and promote academic recovery.** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with Sub-objective LL.Obj.1.b by expanding student access to and utilization of:   * School-based academic support centers that address learning loss; * On-demand school-based learning loss services, *and/or* * Other school-based learning loss programming and supports that are evidence-based or evidence-informed. | Required direct outcomes will demonstrate increased student access to and utilization of:   * School-based academic support centers that address learning loss; * On-demand school-based learning loss services, *and/or* * Other applicant-proposed school-based learning loss interventions programming, services, and/or supports that are evidence-based or evidence-informed. | Required reporting narrative and evidentiary documentation will demonstrate status and progress on the expansion of student access to and utilization of:   * School-based learning loss centers operated by school staff and/or operated by collaborating community academic support providers; * On-demand school-based learning loss services; *and/or* * Other applicant-proposed school-based learning loss interventions programming, services, and supports that are evidence-based or evidence-informed.   Required aggregate data reporting will include data before, during, and after the implementation of *RECOVS Learning Loss Grant* initiatives.  School district and BOCES grantees will report the number and percentage of students accessing:   * School-based learning loss centers, * On-demand school-based learning loss services, *and/or* * Other school-based learning loss interventions programming, services, and/or supports. |

**Required Learning Loss Objective LL.Obj.2)**

**Improve capacity for school staff and students to identify learning loss, and increase student and staff resourcefulness and skills in seeking, receiving, and providing academic recovery supports.**

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| **Required Sub-Objective LL.Obj.2.a: Improve school staff members’ capacity to identify learning loss and increase resourcefulness and skills in providing academic recovery supports.** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with Sub-objective LL.Obj.2.a by expanding learning loss and academic recovery professional learning opportunities for school *staff* to improve learning loss literacy, including capacity to identify learning loss, and increase resourcefulness and skills in providing and referring student for additional academic recovery supports. | Required direct outcomes will result in increased quality and quantity of school district and/or BOCES *staff*:   * Learning loss and academic recovery professional learning opportunities; *and* * Participation in learning loss professional learning opportunities.   Required indirect outcomes will result in increased quality and quantity of school *staff*:   * Ability to identify learning loss; * Provision of academic recovery support; *and* * Participating in the referral process to provide the student additional academic recovery support. | Required reporting narrative and evidentiary documentation will demonstrate status and progress made to expand quantity and quality of learning loss and academic professional learning opportunities. School district and BOCES grantees will include progress made on direct and indirect outcomes for school *staff* such as increased participation in the school district’s student learning loss intervention referral process.  Required aggregate data reporting will include data before, during, and after implementation of *RECOVS Learning Loss Grant* initiatives. School district and BOCES grantees will report the number and percentage of:   * Professional learning opportunities focused on and/or incorporating learning loss; * School staff members attending learning loss and academic recovery professional learning activities; * School staff members making student academic recovery support referrals; *and* * Student academic recovery support referrals made by school staff members. |

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| **Required Sub-Objective LL.Obj.2.b: Improve students’ capacity to understand learning loss and academic recovery, increase help-seeking skills, resourcefulness, and participation in academic recovery opportunities.** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required Applicant-proposed activities will align with Sub-objective LL.Obj.2.b by expanding *students’* ability to   * Understand learning loss and academic recovery; * Develop help-seeking behaviors, coping skills, and resourcefulness; * Access and participate in receiving and providing (peer tutor) academic recovery opportunities. | Required outcomes will demonstrate increased quality and quantity of *student*:   * Understanding of learning loss and academic recovery; * Help-seeking behaviors, coping skills, and resourcefulness; * Accessibility to and participation in academic recovery opportunities such as providing (peer tutoring) and receiving academic recovery supports. | Required reporting narrative and evidentiary documentation will demonstrate status and progress made to expand quantity and quality of learning loss learning activities and academic recovery outcomes for *students*. In addition, school district and BOCES grantees will report the observable impact and results on student help-seeking behaviors, coping skills, and resourcefulness.  Required aggregate data reporting will include data before, during, and after implementation of *RECOVS Learning Loss Grant*.  School district and BOCES grantees will report the number and percentage of total and diverse students participating in each and all academic recovery activities.  If implementing peer tutoring, grantees will provide:   * Number and percentage of students providing peer tutoring; and * Number and percentage of students receiving peer tutoring. |

**Required Learning Loss Objective LL.Obj.3)**

**Implement a variety of evidence-based and evidence-informed school-based learning loss and academic recovery practices that are culturally, linguistically, and trauma responsive while promoting student diversity, equity, and inclusion.**

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| **Required Sub-Objective LL.Obj.3.a: Expand equitable access to school-based learning loss opportunities serving the diverse learning loss needs of all students, including focused outreach to and engagement of diverse students.** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with sub-objective LL.Obj.3.a by expanding equitable access to school-based learning loss activities, programs, services, and supports for *all students*, including focused outreach to and engagement of *diverse students*, such as:   * Students who are economically disadvantaged; * Students with disabilities; * English Language Learners; * Migrant students; * Students experiencing homelessness; * Students with a parent or parents in the Armed Forces; * Students who are chronically absent; * Students who regularly experience discipline referrals; * Students of color; * LGBTQ students; *and* * Transgender and gender expansive students. | Required direct outcomes will result in increased quantity, quality and diversity of strategies used for inclusive student outreach, accessibility, attendance, and engaged participation in school-based learning loss activities, services and supports that serve the *diverse learning loss needs of all students*.  Required indirect outcomes for all, including diverse students, will respond to the underlying causes of student learning loss such as chronic absenteeism. Indirect results will demonstrate:   * Increase in student attendance; * Decrease in student chronic absenteeism; *and* * Decrease in student disciplinary referrals. | Required reporting narrative and evidentiary documentation will demonstrate status and progress made to expand quantity, quality and diversity of inclusive student outreach strategies, accessibility, attendance, and engaged participation in school-based learning loss activities, programs, services, and supports that serve the *diverse learning loss needs of all students*.  Required aggregate data reporting will include data before, during, and after implementation of *RECOVS Learning Loss Grant* initiatives.  School district and BOCES grantees will report:   * Number and percentage of total and diverse students participating in each and all academic recovery opportunities; * School, district and/or BOCES: * Attendance data; * Chronic absenteeism data; *and* * Disciplinary referral data. |

|  |  |  |
| --- | --- | --- |
| **Required Sub-Objective LL.Obj.3.b: Collaborate with school and community stakeholders to update documented learning loss and academic recovery board policies, practices and procedures that promote student diversity, equity, and inclusion while being evidence-based, evidence-informed, trauma-responsive, restorative, culturally and linguistically responsive and sustaining.** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with Sub-objective LL.Obj.3.b by expanding collaboration between the school district board of education and/or BOCES board, school staff, students, families and community academic support providers to review and update school board policies and documented school district and/or BOCES practices and procedures reflecting the provision of evidence-based, evidence-informed, trauma-responsive, restorative, culturally and linguistically responsive and sustaining learning loss referrals, interventions and practices that promote student diversity, equity, and inclusion. | Required outcomes will result in increased quantity and quality of collaboration between the school district board of education and/or BOCES board, school staff, students, families, and community academic support providers, including updated school board policies and documented practices and procedures reflecting the incorporation of evidence-based, evidence-informed, trauma-responsive, restorative, culturally and linguistically responsive and sustaining learning loss referrals, interventions and practices that promote student diversity, equity, and inclusion. | Required reporting narrative and evidentiary documentation will demonstrate the status and progress made to collaboratively update documented school district board of education and/or BOCES board policies, practices, and procedures to reflect student diversity, equity, and inclusion in school learning loss referrals, interventions, and practices.  Required aggregate data reporting will include data before, during, and after implementation of *RECOVS Learning Loss Grant* initiatives.  School district and BOCES grantees will cite and report the number of learning loss-related:   * Updated and adopted board policies; * Board policies in process of being updated; *and* * Documented school practices and procedures that have been updated; *and*. * Documented school practices and procedures in in process of being updated. |

**Required Learning Loss Objective LL.Obj.4)**

**Ensure financial stability and continuation of evidence-based and evidence-informed school-based academic recovery opportunities for students continuing to experience learning loss beyond the second and final year of the *RECOVS Learning Loss Grant Program.***

|  |  |  |
| --- | --- | --- |
| **Required Sub-Objective LL.Obj.4.a: Expand collaborations and planning for the continued provision of academic recovery programming, services and supports that will address student learning loss beyond the second and final year of the *RECOVS Learning Loss Grant Program.*** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with Sub-objective LL.Obj.4.a by expanding collaborations and planning between school districts, BOCES, and/or community academic support providers to establish long-term documented agreements, policies, and procedures for the continued provision of academic recovery programming, services and supports that will address student learning loss beyond the second and final year of the *RECOVS Learning Loss* grant program. | Required direct outcomes will result in increased quantity and quality of collaborations and planning leading to long-term documented agreements, policies, and procedures for the continued provision of school-based academic recovery programming, services and supports that will address student learning loss beyond the second and final year of *RECOVS Learning Loss* grant program.  Indirect outcomes may result in opportunities to match and/or braid accessible local, state, and federal funds and/or other resources for the continued provision of academic recovery programming beyond the second and final year of the *RECOVS Learning Loss* grant program. | Required narrative and evidentiary documentation will demonstrate the status and progress made to expand collaboration and planning between school districts, BOCES, and/or community academic support providers for the continued provision of academic recovery opportunities beyond the second and final year of *RECOVS Learning Loss* grant funding,  Required aggregate data reporting will include data before, during, and after implementation of *RECOVS Learning Loss* G*ran*t initiatives.  School district and BOCES grantees will report the number of community academic support providers:   * Within 20 miles of each school district and/or BOCES boundaries; * With whom each school district and/or BOCES is currently collaborating to provide school-based learning loss programming and services for students; and * With whom each school district and/ or BOCES is communicating for potential future collaboration. |
| **Required Sub-Objective LL.Obj.4.b: Develop a sustainability plan for the continued provision of academic recovery programming, services and supports addressing student learning loss beyond the second and final year of the *RECOVS Learning Loss Grant Program.*** | | |
| **Required Applicant-Proposed Activities** | **Required Outcomes** | **Required Reporting**  **(2x each program year)** |
| Required applicant-proposed activities will align with Sub-objective LL.Obj.4. by each school district board of education and/or BOCES board’s development and adoption of a sustainability plan that will document the continued provision of funding and resources for learning loss services, supports, interventions and academic recovery programming equitably and inclusively continuing to meet the diverse learning loss needs of school staff and students beyond the second and final year of *RECOVS Learning Loss Grant* funding. | Required outcomes will result in a well-developed and documented sustainability plan adopted by each school district board of education and/or BOCES board that continues funding and resources for the provision of school-based learning loss services, supports and academic recovery programming that equitably and inclusively meet the diverse learning loss needs of school staff and students beyond the second and final year of *RECOVS Learning Loss* *Grant* funding. | Required reporting narrative and evidentiary documentation will demonstrate the status and progress made toward each school district board of education and/or BOCES board’s development and adoption of sustainability plan that continues funding and resources for the provision of school-based learning loss interventions, programming, services and supports equitably and inclusively meeting the diverse loss needs of school staff and students beyond the second and final year of *RECOVS Learning Loss* *Grant* funding. |

1. **Proposal Submission Instructions**

Individual school districts, individual BOCES, a consortium of school districts, a consortium of BOCES, or any combination of these entities may apply for **either or both** *Mental Health RECOVS Grant and Learning Loss RECOVS Grant.* Each grant has its own electronic application location on the Survey Monkey Apply portal. *If applying for both,* ***a separate and complete application*** *must be submitted for each grant.*

### III.A) Page Formatting Specifications

Uploaded documents to Survey Monkey Apply should be complete while adhering to the following formatting and submission standards:

* File Format: Microsoft Word/Office or PDF
* Paper size: 8.5” x 11”
* Orientation: Portrait
* Margins: 1.0 inch
* Line spacing: Multiple @ 1.50 lines (Single line spacing is permissible in charts and tables)
* Font: Arial 12 point (10-point font size is permissible in charts and tables)
* Page Numbering (Page # of Total Pages).

### III.B) Web-based Application Portal: Survey Monkey Apply

Online applications are submitted through the [Survey Monkey Apply website](https://nysed-osss.smapply.io/prog/lst/) by the due date and time indicated above. Once at the Survey Monkey Apply website, click “Register” on the right-hand side of the page. You will be redirected to the account creation page. Once you are on this page, you will be asked to create your account by specifying a few details such as your email address and your desired password. An email will be sent to you, after which you may simply log into your email and click on the activation link to activate your account.

Once you have created and activated your account, you can log in and will be brought to your main dashboard where you will get additional instructions and be informed of tasks that you need to complete to submit your application. You will be able to sign in and out of the room as often as desired.

*Once you have completed all the required Survey Monkey Apply tasks, you must click on the Submit button at the bottom of the page to have your application sent on to the NYSED review portal. Here, you may also download the entire document to your files.*

Additional instructions for submission through this portal are available at the Survey Monkey Apply website. If you need any help or have questions during the application process, please click on the question mark symbol in the upper right-hand side of your page.

To log back into your account in the future, go to the Survey Monkey Apply website and sign in using the email and the password you previously created.

To complete a task, click on it. From there, follow the instructions as given to fill out an online form or to upload a document. Once you have completed a task, you may review it or download it to your files.

**Accessibility of Web-Based Information and Applications**

Any documents, web-based information and applications development, or programming delivered pursuant to the contract or procurement, will comply with New York State Education Department IT Policy NYSED-WEBACC-001, Web Accessibility Policy as such policy may be amended, modified or superseded, which requires that state agency web-based information, including documents, and applications are accessible to persons with disabilities. Documents, web-based information and applications must conform to NYSED-WEBACC-001 as determined by quality assurance testing. Such quality assurance testing will be conducted by NYSED employee or contractor, and the results of such testing must be satisfactory to NYSED before web-based information and applications will be considered a qualified deliverable under the contract or procurement.

### III.C) Proposal Application Instructions

Individual school districts, individual BOCES, a consortium of school districts, a consortium of BOCES, or any combination of these entities may apply for **either or both** *Mental Health RECOVS Grant and Learning Loss RECOVS Grant.* *If applying for both,* ***a separate and complete application*** *must be submitted for each grant.*

Proposals submitted must comply with the requirements outlined in this RFP. Items submitted that are outside the scope of this RFP will not be considered. Successful applications that include items outside the scope of the RFP may require revisions to ensure that any unacceptable components come into compliance.

Outlined below are the required Application Cover Page, Application Checklist, Table of Contents, and additionally required application sections and documents, their manner of submission, associated page limits, and assigned points. If any section exceeds the page limit, the excess will not be read, reviewed, or scored. Do not include any additional attachments, appendices, or addenda.

Provide a comprehensive description of the proposed project. Be clear, precise and adhere to the required format, instructions, and page limits. The proposal will be reviewed and scored in accordance with the following points and according to the corresponding [*Mental Health RECOVS Grant* evaluation rubric](#_IV.A)_Proposal_Evaluation) or [*Learning Loss RECOVS Grant* evaluation rubric](#_IV.A)_Proposal_Evaluation_1) found in this RFP.

Organize each application proposal into sections following the sequence in the table below.

* Do not combine sections.
* To be scored, required components and associated information must be in their designated sections.
* Proposal content exceeding each section’s page limit will not be read or scored by the reviewers.
* All applicants must receive a minimum score of 60 points to be considered for funding.
* Do not include any additional attachments, appendices, or addenda. They will not be reviewed or scored.

#### App.A) Application Cover Page

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **App.A)** | **Required Documents** | **Submit via** | **Page Limit** | **Points** |
| [Application Cover Page](#_Attachment_1:_Application) (with Original Signature of  Chief Administrative Officer) | | SMA\* | No Page Limit | Required, but not scored. |

\*SMA = Survey Monkey Apply

By signing the certification on the application cover page, the individual or consortium lead applicant is ensuring accountability and compliance with applicable State and federal laws, regulations, and grants management requirements outlined in [Appendix Z: Required Assurances and Certifications](#_Appendix_Z:_Required); a required component of each grant application.

#### App.B) Application Package Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **App.B)** | **Required Documents** | **Submit via** | **Page Limit** | **Points** |
| [Application Package Checklist](#_Attachment_2:_Application) (with completed  “Applicant-Checked” column.) | | SMA | No Page Limit | Required, but not scored. |

Ensure that the “Applicant-Checked” column is completed on the Application Package Checklist.

#### App.C) Table of Contents

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **App.C)** | **Required Documents** | **Submit via** | **Page Limit** | **Points** |
| [Table of Contents](#_Section_TOC)_Table) | | SMA | No Page Limit | Required, but not scored. |

Create a Table of Contents that organizes the *Mental Health RECOVS Grant* or *Learning Loss RECOVS Grant* proposal into the prescribed sequence of sections (*Mental Health* and *Learning Loss* RECOVS grant applications can NOT be combined):

* App.A) Application Cover Page
* App.B) Application Package Checklist
* App.C) Table of Contents
* App.D) Application Sections
  + Section 1) Abstract
    - MH or LL.1.Abstract.A
    - MH or LL.1.Abstract.B
    - MH or LL.1.Abstract.C
    - MH or LL.1.Abstract.D
    - MH or LL.1.Abstract.E
    - MH or LL.1.Abstract.F
  + Section 2) Need Narrative
    - MH or LL.2.Need.A
    - MH or LL.2.Need.B
    - MH or LL.2.Need.C
    - MH or LL.2.Need.D
  + Section 3) Oversight, Management, and Reporting
    - MH or LL.3.Oversight.A
    - MH or LL.3.Oversight.B
    - MH or LL.3.Oversight.C
    - MH or LL.3.Oversight.D
    - MH or LL.3.Oversight.E
    - MH or LL.3.Oversight.F
  + Section 4) Structure and Implementation
    - MH or LL.4.Structure.A
    - MH or LL.4.Structure.B
    - MH or LL.4.Structure.C
    - MH or LL.4.Structure.D
    - MH or LL.4.Structure.E
    - MH or LL.4.Structure.F
    - MH or LL.4.Structure.G
    - MH or LL.4.Structure.H
    - MH or LL.4.Structure.I
  + Section 5) Budget Narrative
    - MH or LL.5.Budget.A
    - MH or LL.5.Budget.B
    - MH or LL.5.Budget.C
    - MH or LL.5.Budget.D
    - MH or LL.5.Budget E
* App E) M/WBE Documents for  Full Participation,  Partial Waiver Request, or  Total Waiver Request

#### App.D) Application Narrative Sections

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **App.D)** | **Required Documents** | **Submit via** | **Page Limit** | **Points** |
| [1) Abstract](#_Section_1)_Abstract)  [2) Need Narrative](#_Section_2)_Need)  [3) Oversight, Management, and Reporting](#_Section_3)_Oversight,)  (School-Aged Child Care SACC documentation included, if applicable.)  [4) Structure and Implementation](#_Section_4:_Structure)  [5) Budget Narrative](#_Section_MH.5)_Budget), including | | Survey Monkey  Apply (SMA)  SMA  SMA  SMA  SMA | No Page Limit  5 Pages  10 Pages  SACC documentation is not included in page count.  10 Pages  5 Pages  ê | Abstract required, but not scored.  25 Points  25 Points  SACC documentation is reviewed and scored.  25 Points  25 Points  ê |
| [FS-10 Proposed Budget](http://www.oms.nysed.gov/cafe/forms/)(s)  Please see note below ê: | | SMA  and  Mail  FS-10(s) are submitted online and by mail. (3 signed hard copies.) | FS-10 pages do not count toward page limit. | FS-10 pages are reviewed and scored. |

**Please note:**

* An application will contain one FS-10 Proposed Budget if the requested grant award is equal in the first year and second year; or
* An application will contain two FS-10 Proposed Budgets if the requested grant award amounts differ in the first year and second year of the two-year project period.
* *Year 1 and Year 2 grant award amounts may differ by no more than 20%. For example, either year may not be less than 40%, or more than 60% of the two year total.*

#### Section 1) Abstract (0 of 100 Points)

##### *General Instructions for* **Section 1) Abstract**:

Each *Mental Health* and *Learning Loss RECOVS Grant* has its own application. Thus, each has its own abstract. This abstract summarizes fiscal and programmatic aspects of each grant program. The requested information in the tables and summary is required, but not scored in this section. There is no page limit.

##### *Specific Instructions for Mental Health RECOVS Grant* ***Section MH.1.Abstract***

[**MH.1.Abstract.A)**](#MH1AbstractARubric) Copy, paste, and complete the following table that provides *Mental Health RECOVS Grant* applicant information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MH.1.Abstract.A: RECOVS Mental Health Grant Applicant Information | | | | | |
| Applicant Name: | |  | | | |
| Applicant BEDS Code: | |  | | | |
| Applicant Address: | |  | | | |
| Is applicant within the New York City Department of Education? | | | | | Yes or  No |
| Double-click on one checkbox ( > ) below to indicate type of *RECOVS Mental Health Grant* applicant: | | | | | |
| Individual  School District  Applicant | Individual  BOCES  Applicant | | Consortium  School District  Lead Applicant | Consortium  BOCES  Lead Applicant | |

[**MH.1.Abstract.B)**](#MH1AbstractBRubric) Copy, paste, and complete the following tables that provide contact information. If additional contacts are necessary, copy, paste, and complete additional tables.

|  |  |
| --- | --- |
| **MH.1.Abstract.B: Applicant School District or BOCES**  **Superintendent** | |
| **Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone Number:** |  |

|  |  |
| --- | --- |
| **MH.1.Abstract.B: Applicant School District or BOCES**  **Administrator Providing Direct RECOVS Mental Health Grant Oversight** | |
| **Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone Number:** |  |

|  |  |
| --- | --- |
| **MH.1.Abstract.B: Applicant RECOVS Mental Health**  **Grant Writer** | |
| **Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone Number:** |  |

|  |  |
| --- | --- |
| **MH.1.Abstract.B: Applicant RECOVS Mental Health Grant**  **Program Coordinator** | |
| **Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone Number:** |  |

|  |  |
| --- | --- |
| **MH.1.Abstract.B: Applicant RECOVS Mental Health Grant**  **Fiscal Manager** | |
| **Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone Number:** |  |

If additional contacts are necessary, copy, paste, and complete additional tables.

[**MH.1.Abstract.C)**](#MH1AbstractCRubric) Copy, paste, and complete the following table only if Section MH.1.Abstract.A indicates the applicant is a *Consortium* School District Lead Applicant or *Consortium* BOCES Lead Applicant. An individual applicant leaves this section blank.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MH.1.Abstract.C: Applicant RECOVS Mental Health Grant**  **Consortium Members** | | | | |
| **Consortium School District or BOCES Name and Address** | **School District (SD) or BOCES** | **BEDS Code** | **Superintendent Name** | **Superintendent Email** |
| [Lead Applicant] | SD  BOCES | ############ |  |  |
| [Participating School District or BOCES Consortium Member] | SD  BOCES | ############ |  |  |
| [Participating School District or BOCES Consortium Member] | SD  BOCES | ############ |  |  |
| [Participating School District or BOCES Consortium Member] | SD  BOCES | ############ |  |  |
| [Participating School District or BOCES Consortium Member] | SD  BOCES | ############ |  |  |

Continue adding rows as needed.

[**MH.1.Abstract.D)**](#MH1AbstractDRubric) Copy, paste, and complete the following table if the individual or consortium applicant (type of applicant is irrelevant) intends to collaborate with community-based mental health providers for the provision of school-based programming, services, and/or support: (If not collaborating, leave this section blank.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MH.1.Abstract.D: Applicant RECOVS Mental Health Grant**  **Collaborating Mental Health Providers** | | | | |
| **Mental Health Provider Name** | **Address** | **Website** | **Contact Name and Email** | **Contact Phone Number** |
|  |  |  |  |  |
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Continue added rows as needed.

[**MH.1.Abstract.E)**](#MH1AbstractERubric) Copy, paste, and complete the following table that provides fiscal information for the two-year project period.

Note that applications received prior to August 11th will contain a previous version of the fiscal information table and the differences between the versions will not affect your grant application. If you choose to resubmit your application after August 11th please use the new fiscal information table below.

|  |  |
| --- | --- |
| **MH.1.Abstract.E: Applicant RECOVS Mental Health Grant**  **Two-Year Project Period Fiscal Information** | |
| 1. **Total Two-year Requested RECOVS Mental Health Grant Award Amount:** | $ |
| 1. **Total Two-year Required Applicant-provided Grant Award 100% Match Amount :** | $ |
| 1. **Source(s) and Amount(s) of 100% Match Requirement for Two-year project period:** | $ (Source)  $ (Source)  Etc. |
| 1. **Is the applicant able to meet the 100% match requirement of the requested grant amount for the two-year project period?** | Yes or No |
| 1. **Year 1 FS-10 Proposed Budget Grand Total (from Budget Summary Page):** | $ |
| 1. **Year 1 Proposed Number of Students to be Served:** | # |
| 1. **Divide Row e) Year 1 FS-10 Proposed Budget Grand Total by Row f) Year 1 Proposed Number of Students to be Served = Year 1 Requested Award Amount per Student Rate:** | $ |
| 1. **Is Row g) Year 1 Requested Award Amount per Student Equal to or Less than $1,200?** | Yes or No |
| 1. **Year 2 FS-10 Proposed Budget Grand Total (from Budget Summary Page):** | $ |
| 1. **Year 2 Proposed Number of Students to be Served:** | # |
| 1. **Divide Row i) Year 2 FS-10 Proposed Budget Grant Total by Row j) Year 2 Proposed Number of Students to be Served = Year 2 Requested Award Amount per Student:** | $ |
| 1. **Is Row k) Year 2 Requested Award Amount per Student Equal to or Less than $1,200?** | Yes or No |
| 1. **Add Row e)Year 1 FS-10 Proposed Budget Grant Total and Row i) Year 2 FS-10 Proposed Budget Grant Total = Total Two-Year Requested *Mental Health RECOVS Grant* Award :** | $ |

[**MH.1.Abstract F)**](#MH1AbstractFRubric) Summarize the proposed two-year mental health project that will meet the *Mental Health RECOVS Grant* program’s required objectives, sub-objectives, and outcomes.

##### *Specific Instructions for Learning Loss RECOVS Grant* ***Section LL.1.Abstract***

[**LL.1.Abstract.A)**](#LL1AbstractARubric) Copy, paste, and complete the following table that provides *Learning Loss RECOVS Grant* applicant information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LL.1.Abstract.A: RECOVS Learning Loss Grant Applicant Information | | | | | |
| Applicant Name: | |  | | | |
| Applicant BEDS Code: | |  | | | |
| Applicant Address: | |  | | | |
| Is applicant within the New York City Department of Education? | | | | | Yes or  No |
| Double-click on one checkbox ( > ) below to indicate type of *RECOVS Learning Loss Grant* applicant: | | | | | |
| Individual  School District  Applicant | Individual  BOCES  Applicant | | Consortium  School District  Lead Applicant | Consortium  BOCES  Lead Applicant | |

[**LL.1.Abstract.B)**](#LL1AbstractBRubric) Copy, paste, and complete the following tables that provide contact information. If additional contacts are necessary, copy, paste, and complete additional tables.

|  |  |
| --- | --- |
| **LL.1.Abstract.B: Applicant School District or BOCES**  **Superintendent** | |
| **Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone Number:** |  |

|  |  |
| --- | --- |
| **LL.1.Abstract.B: Applicant School District or BOCES**  **Administrator Providing Direct RECOVS Learning Loss Grant Oversight** | |
| **Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone Number:** |  |

|  |  |
| --- | --- |
| **LL.1.Abstract.B: Applicant RECOVS Learning Loss**  **Grant Writer** | |
| **Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone Number:** |  |

|  |  |
| --- | --- |
| **LL.1.Abstract.B: Applicant RECOVS Learning Loss Grant**  **Program Coordinator** | |
| **Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone Number:** |  |

|  |  |
| --- | --- |
| **LL.1.Abstract.B: Applicant RECOVS Learning Loss Grant**  **Fiscal Manager** | |
| **Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone Number:** |  |

If additional contacts are necessary, copy, paste, and complete additional tables.

[**LL.1.Abstract.C)**](#LL1AbstractCRubric) Copy, paste, and complete the following table only if Section LL.1.Abstract.A indicates the applicant is a *Consortium* School District Lead Applicant or *Consortium* BOCES Lead Applicant. An individual applicant leaves this section blank.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LL.1.Abstract.C: Applicant RECOVS Learning Loss Grant**  **Consortium Members** | | | | |
| **Consortium School District or BOCES Name and Address** | **School District (SD) or BOCES** | **BEDS Code** | **Superintendent Name** | **Superintendent Email** |
| [Lead Applicant] | SD  BOCES | ############ |  |  |
| [Participating School District or BOCES Consortium Member] | SD  BOCES | ############ |  |  |
| [Participating School District or BOCES Consortium Member] | SD  BOCES | ############ |  |  |
| [Participating School District or BOCES Consortium Member] | SD  BOCES | ############ |  |  |
| [Participating School District or BOCES Consortium Member] | SD  BOCES | ############ |  |  |

Continue adding rows as needed.

[**LL.1.Abstract.D)**](#LL1AbstractDRubric) Copy, paste, and complete the following table if the individual or consortium applicant (type of applicant is irrelevant) intends to collaborate with community-based academic recovery providers for the provision of school-based programming, services, and/or support: (Otherwise, leave this section blank.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LL.1.Abstract.D: Applicant RECOVS Learning Loss Grant**  **Collaborating Academic Recovery Providers** | | | | |
| **Academic Recovery Provider Name** | **Address** | **Website** | **Contact Name and Email** | **Contact Phone Number** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

Continue adding rows as needed.

[**LL.1.Abstract.E)**](#LL1AbstractERubric) Copy, paste, and complete the following table that provides fiscal information for the two-year project period.

Note that applications received prior to August 11th will contain a previous version of the fiscal information table and the differences between the versions will not affect your grant application. If you choose to resubmit your application after August 11th please use the fiscal information table below.

|  |  |
| --- | --- |
| **LL.1.Abstract.E: Applicant RECOVS Learning Loss Grant**  **Two-Year Project Period Fiscal Information** | |
| 1. **Total Two-year Requested RECOVS Learning Loss Grant Award Amount:** | $ |
| 1. **Total Two-year Required Applicant-provided Grant Award 100% Match Amount :** | $ |
| 1. **Source(s) and Amount(s) of 100% Match Requirement for Two-year project period:** | $ (Source)  $ (Source)  Etc. |
| 1. **Is the applicant able to meet the 100% match requirement of the requested grant amount for the two-year project period?** | Yes or No |
| 1. **Year 1 FS-10 Proposed Budget Grand Total (from Budget Summary Page):** | $ |
| 1. **Year 1 Proposed Number of Students to be Served:** | # |
| 1. **Divide Row e) Year 1 FS-10 Proposed Budget Grand Total by Row f) Year 1 Proposed Number of Students to be Served = Year 1 Requested Award Amount per Student Rate:** | $ |
| 1. **Is Row g) Year 1 Requested Award Amount per Student Equal to or Less than $1,200?** | Yes or No |
| 1. **Year 2 FS-10 Proposed Budget Grand Total (from Budget Summary Page):** | $ |
| 1. **Year 2 Proposed Number of Students to be Served:** | # |
| 1. **Divide Row i) Year 2 FS-10 Proposed Budget Grant Total by Row j) Year 2 Proposed Number of Students to be Served = Year 2 Requested Award Amount per Student:** | $ |
| 1. **Is Row k) Year 2 Requested Award Amount per Student Equal to or Less than $1,200?** | Yes or No |
| 1. **Add Row e)Year 1 FS-10 Proposed Budget Grant Total and Row i) Year 2 FS-10 Proposed Budget Grant Total = Total Two-Year Requested *Mental Health RECOVS Grant* Award :** | $ |

[**LL.1.Abstract F)**](#LL1AbstractFRubric) Summarize the proposed two-year learning loss project that will meet the *Learning Loss RECOVS Grant* program’s required objectives, sub-objectives, and outcomes.

#### Section 2) Need Narrative (25 of 100 Points)

*Any text beyond 5 pages will not be read or scored by reviewers.*

##### *General Instructions for Section 2) Need Narrative:*

The need narrative section is a key element of the proposal to make a clear, concise, and well supported statement of the need to be addressed. This section presents the case for the project and is clear, factual, and compelling. The need statement indicates who is impacted, what caused the need, barriers that exist to meeting the need, and what will happen if the need is not met.

##### *Specific Instructions for Mental Health RECOVS Grant* ***Section MH.2)*** *Need Narrative:*

**[MH.2.Need.A)](#MH2NeedAEDRubric)** As reported by school districts to NYSED via the Student Information Repository System (SIRS), copy, paste, and complete the following table that provides the 2021-2022 **Economically Disadvantaged (ED)** student rate for each school district the single or lead applicant proposes to serve:

*Please note: Due to the nature of BOCES serving school districts, BOCES does not report ED student rates to NYSED. Therefore, the following table should contain BOCES information only in “Applicant Name,” if BOCES is the single or lead applicant. To avoid duplicate data, BOCES should not calculate its own ED student rate as a single entity. ED student rate(s) will have already been captured in the school district(s) proposed to be served.*

|  |  |  |
| --- | --- | --- |
| **APPLICANT NAME:**  **2021-2022 Economically Disadvantaged (ED) Student Rate** | | |
| 1. School District Proposed to be Served: | School District  BEDS Code: | School District  2021-2022 ED Rate:  % |
| *If proposing to serve students from only one school district, stop here.*  *If proposing to serve students from additional school districts, continue below. Delete and insert rows as needed.* | | |
| 1. School District Proposed to be Served: | School District  BEDS Code: | School District  2021-2022 ED Rate:  % |
| 1. School District Proposed to be Served: | School District BEDS Code: | School District  2021-2022 ED Rate:  % |
| 1. Etc. | Etc. | Etc. |
| *If proposing to serve students from more than one school district, calculate the 2021-2022 Average ED Student Rate of all school districts proposed to be served:* | | **%** |

If the individual or average ED Student Rate is:

* At or above 70% economically disadvantaged, the applicant will score 10 of 10 points;
* Between 54% and 69.9% economically disadvantaged, the applicant will score 6 of 10 points;
* Between 0% and 53.9% economically disadvantaged, the applicant will score 0 of 10 points;
* Data not provided, the applicant will score 0 of 10 points.

[**MH.2.Need.B)**](#MH2NeedBRubric)Citing 2021-2022 and available 2022-2023 data, describe the measures used and associated results in determining and evaluating the mental health needs of the students proposed to be served, including the unique mental health needs of diverse students. Provide total results by individual school district or BOCES and, if applicable, collectively by consortium. Provide aggregate mental health data representing student diversity, including, but not limited to students who are economically disadvantaged, students with disabilities, English Language Learners, migrant students, homeless students, students in foster care, and students with a parent or parents in the Armed Forces. If data is not provided and/or data sources are not cited, applicants will score zero (0) points for this section of the need narrative.

[**MH.2.Need.C)**](#MH2NeedCRubric) Describe current gaps in school-based mental health staffing, services and resources, and how the grant award would address identified gaps. Include student to school-based mental health professional ratio data at the individual school district or BOCES level, and, if applicable, consortium levels. Mental health professionals include social workers, psychologists, licensed mental health clinicians, and counselors providing school-based services employed directly by the school district(s) or BOCES, or employed by a community mental health provider collaborating with a school district. If data is not provided and/or data sources are not cited, applicants will score zero (0) points for this part of the need narrative.

[**MH.2.Need.D)**](#MH2NeedDRubric) Describe the extent to which the applicant would prioritize the total grant award and required 100% matching funds to identify and maximize the number and percentage of total and diverse students served in the community’s highest need schools.

##### *Specific Instructions for Learning Loss RECOVS Grant* ***Section LL.2)*** *Need Narrative:*

**[LL.2.Need.A)](#LL2NeedAEDRubric)** As reported by school districts to NYSED via the Student Information Repository System (SIRS), copy, paste, and complete the following table that provides the 2021-2022 **Economically Disadvantaged (ED)** student rate for each school district the single or lead applicant proposes to serve:

*Please note: Due to the nature of BOCES serving school districts, BOCES does not report ED student rates to NYSED. Therefore, the following table should contain BOCES information only in “Applicant Name,” if BOCES is the single or lead applicant. To avoid duplicate data, BOCES should not calculate its own ED student rate as a single entity. ED student rate(s) will have already been captured in the school district(s) proposed to be served.*

|  |  |  |
| --- | --- | --- |
| **APPLICANT NAME:**  **2021-2022 Economically Disadvantaged (ED) Student Rate** | | |
| 1. School District Proposed to be Served: | School District  BEDS Code: | School District  2021-2022 ED Rate:  % |
| *If proposing to serve students from only one school district, stop here.*  *If proposing to serve students from additional school districts, continue below.*  *Delete and insert rows as needed.* | | |
| 1. School District Proposed to be Served: | School District  BEDS Code: | School District  2021-2022 ED Rate:  % |
| 1. School District Proposed to be Served: | School District BEDS Code: | School District  2021-2022 ED Rate:  % |
| 1. Etc. | Etc. | Etc. |
| *If proposing to serve students from more than one school district, calculate the 2021-2022 Average ED Student Rate of all school districts proposed to be served:* | | **%** |

If the individual or average ED Student Rate is:

* At or above 70% economically disadvantaged, the applicant will score 10 of 10 points;
* Between 54% and 69.9% economically disadvantaged, the applicant will score 6 of 10 points;
* Between 0% and 53.9% economically disadvantaged, the applicant will score 0 of 10 points;
* Data not provided, the applicant will score 0 of 10 points.

[**LL.2.Need.B)**](#LL2NeedBRubric) Citing 2021-2022 and available 2022-2023 data, describe the measures used and associated results in determining and evaluating the learning loss needs of the students proposed to be served, including the unique learning loss needs of diverse students. Provide total results by individual school district or BOCES and, if applicable, collectively by consortium. Provide aggregate learning loss data representing student diversity, including, but not limited to students who are economically disadvantaged, students with disabilities, English Language Learners, migrant students, homeless students, students in foster care, and students with a parent or parents in the Armed Forces. If data is not provided and/or data sources are not cited, applicants will score zero (0) points for this section of the need narrative.

[**LL.2.Need.C)**](#LL2NeedCRubric) Identify and describe current gaps in school-based academic recovery programming, services and staffing, and how the grant award would resolve identified resource gaps in countering student learning loss.

[**LL.2.Need.D)**](#LL2NeedDRubric) Describe the extent to which the applicant would prioritize the grant award and required 100% matching funds to identify and maximize the number and percentage of total and diverse students experiencing learning loss served in the community’s highest need schools.

#### Section 3) Oversight, Management and Reporting (25 of 100 Points)

*Any text beyond 10 pages will not be read or scored by reviewers. School-aged Child Care (SACC) documentation is not included in page count, but, if applicable, will be reviewed and scored.*

##### *General Instructions for* ***Section 3)*** *Oversight, Management, and Reporting:*

The oversight, management, and reporting section describes the programmatic and fiscal organizational capacity to oversee, manage, and report on the grant’s objectives, sub-objectives, activities and outcomes. The description includes the roles and responsibilities of the required program coordinator and fiscal manager position(s) such as implementation and oversight processes that ensure compliance to safety and health requirements, fiscal processes that ensure compliance to the [100% matching](#_II.D)_Amount_of) and [other fiscal requirements,](#_II.D)_Amount_of) rights of parents, privacy of students, meeting the needs of diverse students, data collection, evaluation and application to program improvement, and reporting to and monitoring by NYSED. For more details and resources, see [II.E) Oversight Management, and Reporting](#_II.E)_Oversight,_Management) within this RFP.

##### *Specific Instructions for Mental Health RECOVS Grant* ***Section MH.3)*** *Oversight, Management, and Reporting*

[**MH.3.Oversight.A)**](#MH3OversightARubric) Describe the qualifications, roles, responsibilities, location, and full-time equivalency (FTE) of the applicant’s grant program coordinator(s) and fiscal manager(s) based on application type:

* Individual school district;
* Individual BOCES;
* School district lead for a consortium of participating districts and/or BOCES; or
* BOCES lead for a consortium of participating school districts and/or BOCES (BOCES lead applicant [also outlines additional BOCES-specific program coordinator responsibilities](#BOCESPC) related to grant management, technical assistance, and professional learning.)

[**MH.3.Oversight.B)**](#MH3OversightBRubric)Describe the applicant’s staffing, material, and informational mental health resources and organizational capacity to manage the grant requirements. Include the applicant’s organization, structure, and all proposed full- and part-time mental health professionals assigned to the project employed by each school district, BOCES, and/or collaborating community mental health provider. Identify and define roles and scope of work for all positions designated in school-based and/or collaborating community-based settings, excluding the program coordinator and fiscal manager positions which have already been described above in MH.3.Oversight.A.

[**MH.3.Oversight.C)**](#MH3OversightCRubric)Describe the oversight process of the applicant’s program coordinator(s) to ensure the school district(s) and/or BOCES, along with their collaborating mental health providers meet safety and health requirements, including, but not limited to, possible School-Age Child Care (SACC) registration with the NYS Office of Child and Family Services (OCFS). If SACC registration is necessary, applicants must submit with this application, a copy of the SACC registration or evidentiary documentation of where the applicant is with OCFS in the SACC registration process.

[**MH.3.Oversight.D)**](#MH3OversightDRubric)Describe the oversight process of the applicant’s program coordinator(s) to ensure that the school district(s) and/or BOCES are compliant with state and federal parents’ rights and student privacy laws, including, but not limited to, implementing parental consent, student assent, and privacy processes and recordkeeping for mental health screenings, assessments, programming, supports, and services.

[**MH.3.Oversight.E)**](#MH3OversightERubric)Describe the oversight process of the applicant’s program coordinator(s) to ensure that the school district(s) and/or BOCES provide equitable access to mental health programs, services, and supports for diversity, including, but not limited to, students who are economically disadvantaged, students with disabilities, English Language Learners, migrant, homeless, in foster care, and/or with a parent or parents in the Armed Forces.

[**MH.3.Oversight.F)**](#MH3OversightFRubric)Describe the measures, data collection, and reporting process of the applicant’s program coordinator(s) and fiscal manager(s) that ensure the school district(s) and/or BOCES meet all semi-annual and annual NYSED reporting and monitoring requirements, including number and percentage of total and diverse students served, progress made on objectives, sub-objectives, activities and outcomes. Describe how information collected and reported will be evaluated and applied to mental health program improvement.

See [general reporting and monitoring requirements](#RepAndMon) and those specifically for mental health objectives:

* [MH.Obj.1](#MHRep1)
* [MH Obj.2](#MHRep2)
* [MH.Obj.3](#MHRep3)
* [MH.Obj.4](#MHRep4)

##### *Specific Instructions for Learning Loss RECOVS Grant* ***Section LL.3)*** *Oversight and Management*

[**LL.3.Oversight.A)**](#LL3OversightARubric) Describe the qualifications, roles, responsibilities, location, and full-time equivalency (FTE) of the applicant’s grant program coordinator(s) and fiscal manager based on application type:

* Individual school district;
* Individual BOCES;
* School district lead for a consortium of participating districts and/or BOCES; or
* BOCES lead for a consortium of participating school districts and/or BOCES (BOCES lead applicant [also outlines additional BOCES-specific program coordinator responsibilities](#BOCESPC) related to grant management, technical assistance, and professional learning.)

[**LL.3.Oversight.B)**](#LL3OversightBRubric)Describe the organizational capacity including, but not limited to, the applicant’s learning loss and academic recovery staffing, material, and information resources. Describe the applicant’s organization, structure, and all full- and part-time proposed academic recovery professionals employed by the school district, BOCES, and/or collaborating community academic support provider(s) assigned to the project. Identify and define roles and scope of work for all positions designated in school-based and/or collaborating community-based settings, *excluding* the program coordinator and fiscal manager positions which have already been described above in LL.3.Oversight.A.

[**LL.3.Oversight.C)**](#LL3OversightCRubric)Describe the oversight process of the applicant’s program coordinator(s) to ensure the school district(s) and collaborating academic support professionals who specialize in addressing learning loss meet safety and health requirements, including, but not limited to, possible School-Age Child Care (SACC) registration with the NYS Office of Child and Family Services (OCFS). If SACC registration is necessary, applicants must submit with this application a copy of the SACC registration or evidentiary documentation of where the applicant is with OCFS in the SACC registration process.

[**LL.3.Oversight.D)**](#LL3OversightDRubric)Describe the oversight process of the applicant’s program coordinator(s) to ensure that the school district or participating school districts are compliant with state and federal parents’ rights and student privacy laws, including, but not limited to, implementing parental consent, student assent, and privacy processes and recordkeeping for learning loss screenings, academic recovery progress monitoring assessments, programming, supports, and services.

[**LL.3.Oversight.E)**](#LL3OversightERubric)Describe the oversight process of the applicant’s program coordinator(s) to ensure that the school district or participating school districts provide equitable access to learning loss and academic recovery programs, services, and supports for diversity, including, but not limited to students who are economically disadvantaged, students with disabilities, English Language Learners, migrant, homeless, in foster care, and/or with a parent or parents in the Armed Forces.

[**LL.3.Oversight.F)**](#LL3OversightFRubric)Describe the measures, data collection, and reporting process of the applicant’s program coordinator(s) and fiscal manager(s) to ensure that the school district or participating school districts meet all semi-annual and annual NYSED reporting and monitoring requirements, including number and percentage of total and diverse students served, progress made on objectives, activities, and outcomes. Describe how information collected and reported will be evaluated and applied to learning loss and academic recovery program improvement.

See [general reporting and monitoring requirements](#RepAndMon) and those specifically for learning loss objectives:

* [LL.Obj.1](#LLRep1)
* [LL Obj.2](#LLRep2)
* [LL.Obj.3](#LLRep3)
* [LL.Obj.4](#LLRep4)

#### Section 4) Structure and Implementation (25 of 100 Points)

*Any text beyond 10 pages will not be read or scored by reviewers.*

##### *General Instructions for* ***Section 4)*** *Structure and Implementation*

The structure and implementation section describes how the applicant-proposed school-based programming, services, and supports will be structured, and how the combination of activities will meet the purpose, objectives, and sub-objectives of the *Mental Health or* *Learning Loss RECOVS Grant*. For more details and resources, see [II.F) Structure and Implementation](#_II.F)_Structure_and) within this RFP.

##### *Specific Instructions for Mental Health RECOVS Grant* ***Section******MH.4)*** *Structure and Implementation*

The structure and implementation section describes how school-based mental health programming, services, and supports are proposed to be structured, and how the combination of activities will meet the purpose, objectives, and sub-objectives of the *Mental Health RECOVS Grant*.

[**MH.4.Structure.A)**](#MH4StructureARubric) Describe the overall structure of the applicant’s proposed school-based direct and collaborative mental health programming, services, and supports. Include how the program’s structure and activities will collectively meet the purpose and objectives of the *Mental Health RECOVS Grant*.

[**MH.4.Structure.B)**](#MH4StructureBRubric) Describe the applicant’s proposed activities for required Mental Health Sub-Objective [MH.Obj.1.a](#MHObj1), and describe how the activities will result in the sub-objective’s required outcomes.

[**MH.4.Structure.C)**](#MH4StructureCRubric) Describe the applicant’s proposed activities for required Mental Health Sub-Objective [MH.Obj.1.b](#MHObj1), and describe how the activities will result in the sub-objective’s required outcomes.

[**MH.4.Structure.D)**](#MH4StructureDRubric) Describe the applicant’s proposed activities for required Mental Health Sub-Objective [MH.Obj.2.a](#MHObj2), and describe how the activities will result in the sub-objective’s required outcomes.

[**MH.4.Structure.E)**](#MH4StructureERubric) Describe the applicant’s proposed activities for required Mental Health Sub-Objective [MH.Obj.2.b](#MHObj2), and describe how the activities will result in the sub-objective’s required outcomes.

[**MH.4.Structure.F)**](#MH4StructureFRubric) Describe the applicant’s proposed activities for required Mental Health Sub-Objective [MH.Obj.3.a](#MHObj3), and describe how the activities will result in the sub-objective’s required outcomes.

[**MH.4.Structure.G)**](#MH4StructureGRubric) Describe the applicant’s proposed activities for required Mental Health Sub-Objective [MH.Obj.3.b](#MHObj3), and describe how the activities will result in the sub-objective’s required outcomes.

[**MH.4.Structure.H)**](#MH4StructureHRubric) Describe the applicant’s proposed activities for required Mental Health Sub-Objective [MH.Obj.4.a](#MHObj4), and describe how the activities will result in the sub-objective’s required outcomes.

[**MH.4.Structure.I)**](#MH4StructureiRubric) Describe the applicant’s proposed activities for required Mental Health Sub-Objective [MH.Obj.4.b](#MHObj4), and describe how the activities will result in the sub-objective’s required outcomes.

##### *Specific Instructions for Learning Loss RECOVS Grant* ***Section LL.4****) Structure and Implementation*

The structure and implementation section describes how the applicant-proposed school-based academic recovery programming, services, and supports countering learning loss will be structured, and how the combination of activities will meet the purpose, objectives, and sub-objectives of the *Learning Loss RECOVS Grant*.

[**LL.4.Structure.A)**](#LL4StructureARubric) Describe the overall structure of the applicant’s proposed school-based direct and collaborative learning loss programming, services, and supports. Include how the program’s structure and combined activities will collectively meet the purpose and objectives of the *Learning Loss RECOVS Grant*.

[**LL.4.Structure.B)**](#LL4StructureBRubric) Describe the applicant’s proposed activities for required Learning Loss Sub-Objective [LL.Obj.1.a](#LLObj1), and describe how the activities will result in the sub-objective’s required outcomes.

[**LL.4.Structure.C)**](#LL4StructureCRubric) Describe the applicant’s proposed activities for required Learning Loss Sub-Objective [LL.Obj.1.b](#LLObj1), and describe how the activities will result in the sub-objective’s required outcomes.

[**LL.4.Structure.D)**](#LL4StructureDRubric) Describe the applicant’s proposed activities for required Learning Loss Sub-Objective [LL.Obj.2.a](#LLObj2), and describe how the activities will result in the sub-objective’s required outcomes.

[**LL.4.Structure.E)**](#LL4StructureERubric) Describe the applicant’s proposed activities for required Learning Loss Sub-Objective [LL.Obj.2.b](#LLObj2), and describe how the activities will result in the sub-objective’s required outcomes.

[**LL.4.Structure.F)**](#LL4StructureFRubric) Describe the applicant’s proposed activities for required Learning Loss Sub-Objective [LL.Obj.3.a](#LLObj3), and describe how the activities will result in the sub-objective’s required outcomes.

[**LL.4.Structure.G)**](#LL4StructureGRubric) Describe the applicant’s proposed activities for required Learning Loss Sub-Objective [LL.Obj.3.b](#LLObj3), and describe how the activities will result in the sub-objective’s required outcomes.

[**LL.4.Structure.H)**](#LL4StructureHRubric) Describe the applicant’s proposed activities for required Learning Loss Sub-Objective [LL.Obj.4.a](#LLObj4), and describe how the activities will result in the sub-objective’s required outcomes.

[**LL.4.Structure.I)**](#LL4StructureIRubric) Describe the applicant’s proposed activities for required Learning Loss Sub-Objective [LL.Obj.4.b](#LLObj4), and describe how the activities will result in the sub-objective’s required outcomes.

#### Section 5) Budget Narrative (25 of 100 Points)

*All required components of the budget narrative will be reviewed and scored, but* *the* [*FS-10 Proposed Budget*](https://www.oms.nysed.gov/cafe/forms/) *pages reflecting expenditures for the project period do not count toward the maximum 5 pages.*

The components of the budget narrative include the:

1. Proposed Funding Table documenting the requested **first-year, second-year, and total two-year grant** award amounts, proposed number of students to be served, the requested grant award’s per student amount, the required 100% matched funding and/or in-kind contributions provided by the applicant, and attestations.
   * + Note that applications received prior to August 11, 2023 will contain a previous version of the Proposed Funding Table and the differences between the versions will not impact scoring or otherwise affect an applicant’s grant application. If an applicant chooses to resubmit an application after August 11,2023, please use the new Proposed Funding Table below on Page 78.
2. Excluding applicant-provided matching funds and/or in-kind contributions, one or two FS-10 Proposed Budget(s).
   * + An application contains one FS-10 Proposed Budget if the requested grant award is equal in the first year and second year; or
     + An application contains two FS-10 Proposed Budgets if the requested grant award amounts differ in the first year and second year of the two-year project period
     + *Year 1 and Year 2 grant award amounts may differ by no more than 20%. For example, either year may not be less than 40%, or more than 60% of the two-year total.*
3. Narrative documenting that proposed **one or two-year** FS-10 Proposed Budget grant award expenditures (excluding matched funds and/or in-kind contributions) are appropriate, reasonable, and necessary to support the *Mental Health* or *Learning Loss RECOVS Grant* objectives, sub-objectives, activities, outcomes and reporting, while [supplementing, and not supplanting](#Supplant) existing grant-aligned funds;
4. The 100% Match narrative describing how **two-year** mental health or learning loss expenditures funded by matching funds and/or in-kind contributions (excluding requested grant award) are appropriate, reasonable, and necessary to support the *Mental Health* or *Learning Loss RECOVS Grant* purpose, objectives, sub-objectives, activities and outcomes, while supplementing, and not supplanting existing grant-aligned funds;
5. Narrative describing the system the applicant will use, if awarded, to track costs allocated specifically for the *Mental Health* or *Learning Loss RECOVS Grant*, ensuring funding and expenditures such as those associated with matched funds and/or in-kind contributions are not commingled with requested grant award funding.

**[MH.5.Budget.A](#MH5BudgetARubric)** **/** [**LL.5.Budget.A**](#LL5BudgetARubric)**)**

*(The Proposed Funding Table is reviewed, scored, and included in the maximum count of 5 pages.)*

For additional fiscal requirement details, see [II.A) Description](#_II.A)_Description), [II.B) Project Period](#_II.B)_Project_Period), [II.C) Eligible and Prioritized Applicants](#_II.C)_Eligible_and), and [II.D) Grant Award and 100% Match Requirement](#_II.D)_Amount_of), and [II.E) Oversight, Management, and Reporting](#_II.E)_Oversight,_Management) of this RFP.

For the *Mental Health RECOVS* *Grant* or *Learning Loss RECOVS Grant*, copy, paste, and complete the below Proposed Funding Table in the corresponding application:

|  |  |  |  |
| --- | --- | --- | --- |
| **PROPOSED FUNDING TABLE**  ***Mental Health RECOVS Grant or  Learning Loss RECOVS Grant***  (Double-click to check one box.) | | | |
|  | | | |
| **Requested Grant Award Amount:**   * *Amounts exclude matched funding and/or in-kind contributions.* * *Year 1 and Year 2 grant award amounts may differ by no more than 20%. For example, either year may not be less than 40%, or more than 60% of the two year total.* | Requested Grant Award  Year 1 (Y1):  **$** | Requested Grant Award  Year 2 (Y2):  **$** | Requested  Grant Award  Y1+Y2:  **$** |
| **Proposed Number of Students to be Served by Requested Grant Award:**   * *Amounts exclude matched funding and/or in-kind contributions.* | Proposed Students Served  Y1:  **#** | Proposed Students Served  Y2:  **#** | Proposed Students Served  Y1+Y2:  **#** |
| **Requested Grant Award’s Per Student Amount**   * *Amounts exclude matched funding and/or in-kind contributions.* * *Divide the Requested Grant Award Amount by the*   *Proposed Number Students to be Served by Requested Grant Award.*   * *Applicants may apply for up to $1,200 per student per program year in grant award funds.* | Grant Award Per Student Rate  Y1:  **$** | Grant Award Per Student  Rate  Y2:  **$** | Grant Award Per Student  Rate  AVG Y1&Y2:  **$** |
| **Required 100% Match Amount Provided by Applicant:**   * *Amounts exclude requested grant award.* * *In addition to the grant award amount, applicants are required to provide 100% matching funds and/or in-kind contributions.* * *To meet the 100% match requirement, applicants may not apply for more than can be matched over the two-year grant award period.* * *Year 1 and Year 2 match amounts may differ* | Matched Funding  Y1:  **$** | Matched Funding  Y2:  **$** | Matched Funding Y1+Y2:  **$** |
| Matched  In-Kind Contributions:  Y1:  **$** | Matched  In-Kind Contributions:  Y2:  **$** | Matched  In-Kind Contributions:  Y1+Y2:  **$** |
| Total Applicant-Provided Match:  Y1:  **$** | Total Applicant-Provided Match:  Y2:  **$** | Total Applicant-Provided Match:  Y1+Y2:  **$** |
| Attestation #1) Check here to confirm that the applicant is requesting a total, two-year, grant award that is equal to or lower than the total, two-year amount the applicant is matching with federal, state, local, and/or other cash funds and/or in-kind contributions. If the applicant cannot demonstrate meeting the [100% match requirement](#_II.D)_Grant_Award), the application is disqualified. | | | | |
| Attestation #2) Check here to confirm that each matching source is approved to provide the cash or in-kind contributions to the RECOVS grant program. | | | | |

**[MH.5.Budget.B](#MH5BudgetBRubric)** **or** [**LL.5.Budget.B**](#LL5BudgetBRubric)**)**

*(FS-10 Proposed Budget is reviewed and scored, but its pages do not count toward the maximum 5 pages.)*

*Excluding* matched funding, complete one or two[FS-10 Proposed Budget](https://www.oms.nysed.gov/cafe/forms/) form(s) for each requested grant award:

* An application contains one FS-10 Proposed Budget if the requested grant award is equal in the first year and second year, or
* An application contains two FS-10 Proposed Budgets if the requested grant award amounts differ in the first year and second year of the two-year project period.
* *Year 1 and Year 2 grant award amounts may differ by no more than 20%. For example, either year may not be less than 40%, or more than 60% of the two year total.*

All proposed grant award expenditures must fund allowable activities that are directly aligned with each corresponding grant’s objectives, sub-objectives, and outcomes. Allowable activities are those that are related to meeting the overall and individual *Mental Health* or *Learning Loss RECOVS Grant* requirements. Provide and ensure accuracy of all calculations. Entries such as, “TBD,” “Pending,” ‘Various” and “Unknown” are not acceptable, and will adversely affect scoring of this section. Ensure the FS-10’s final Budget Summary page is signed and dated.

Budgeted grant award costs must comply with applicable state and federal laws and regulations and the Department’s Fiscal Guidelines. These guidelines, as well as the FS-10 Proposed Budget form, are available online on the [Grants Finance website](http://www.oms.nysed.gov/cafe).

Requested grant awards must [supplement, not supplant](#Supplant),existing services and may not be used to supplant federal, state, or local funds.

To be considered allowable for reimbursement, costs must meet the following general criteria:

* Be necessary and reasonable for proper and efficient operation of the program;
* Be permissible under applicable state and/or federal laws and regulations;
* Conform to any limitations or exclusions set forth in these guidelines, laws or regulations, or other governing limitations as to types or amounts of cost items;
* Be the net amount after applying all applicable credits, such as purchase discounts, project-generated income, and adjustments of overpayments; and
* Must not be included as a cost in any other project or grant.

**Non-allowable Activities and Costs**

* [Supplanting](#Supplant) of existing funding and efforts, including costs otherwise necessary to operate a school without this grant;
* Sub-grants to members of the partnership or other agencies. This includes mini-grants, which are different than purchase service contracts;
* Acquisition of equipment for administrative or personal use;
* Acquisition of furniture (e.g., bookcases, chairs, desks, filing cabinets, tables) unless an integral part of an equipment workstation or to provide reasonable accommodation to students with disabilities;
* Food services, refreshments, banquets, and/or meals;
* Payment for memberships in professional organizations;
* Subscriptions to journals or magazines; and
* Travel outside United States is prohibited, and travel outside of New York State must be pre-approved.

Additional guidance on allowable costs may be found at the [Grants Finance website](http://www.oms.nysed.gov/cafe/guidance/).

Additional *RECOVS Grant* fiscal information can be found in [Section II.D) Grant Award and 100% Match Requirement](#_II.D)_Amount_of) and within Section II) Program and Fiscal Requirements.

Information about the categories of expenditures and general information on allowable costs, applicable cost principles and administrative regulations are available in the [Fiscal Guidelines for Federal and State Aided Grants](http://www.oms.nysed.gov/cafe/guidance/guidelines.html).

Any FS-10 Proposed Budget’s itemized expenses that are deemed non-allowable, excessive, or inappropriate will be eliminated, and the budget will be reduced accordingly. Budgets that include non-allowable, excessive, or inappropriate itemized expenses will receive a lower score.

The final Budget Summary page of the FS-10 Proposed Budget must be signed and dated.

**[MH.5.Budget.C](#MH5BudgetCRubric)** **or** [**LL.5.Budget.C**](#LL5BudgetCRubric)**)**

*(Requested grant award narrative counts toward maximum 5 pages.)*

FS-10 Proposed Budget Categories:

* Code 15 – Salaries for Professional Staff;
* Code 16 – Salaries for Support Staff;
* Code 40 – Purchased Services;
* Code 45 – Supplies and Materials;
* Code 46 – Travel Expenses;
* Code 40 – Purchased Services;
* Code 80 - Employee Benefits;
* Code 49 – BOCES Purchased Services;
* Code 30 – Minor Remodeling; and
* Code 20 – Equipment;

Provide a narrative describing how requested grant award expenditures outlined in each of FS-10 Proposed Budget(s) (excluding those funded by matching funds or in-kind contributions):

* + Are reasonably and accurately calculated in relation to fair market value and number of students proposed to be served;
  + Are appropriate and necessary to achieve the [Mental Health RECOVS Grant objectives](#_I.B)_Mental_Health) or [Learning Loss RECOVS Grant objectives](#_I.C)_Learning_Loss) that target the provision of grant-aligned activities, services, and supports for students;
  + Will contribute to desired results and benefits leading to achievement of required [Mental Health RECOVS Grant outcomes and deliverables](#_IV.B.1)_Mental_Health) or [Learning Loss RECOVS Grant outcomes and deliverables](#_II.F.2)_Learning_Loss); and
  + Will be only used to [supplement, and not supplant](#Supplant) current local expenditures of federal, state, or local funds, as presented in [Section II.D of this RFP](#_II.D)_Amount_of).

Entries such as, “TBD,” “Pending,” and “Unknown” are not acceptable, and will adversely impact scoring of this section.

**[MH.5.Budget.D](#MH5BudgetDRubric)** **or** [**LL.5.Budget.D**](#LL5BudgetDRubric)**)**

*(Match Narrative counts toward the maximum 5 pages.)*

In addition to the requested grant award of up to $1,200 per student per program year, for each *Mental Health RECOVS Grant* and *Learning Loss RECOVS Grant*, applicants must provide 100% per student in matching funds and/or in-kind contributions.

Provide a narrative describing how **two-year** mental health or learning loss expenditures funded by matching funds and/or in-kind contributions (excluding requested grant award):

* Are appropriate and necessary to achieve the [Mental Health RECOVS Grant objectives](#_I.B)_Mental_Health) or [Learning Loss RECOVS Grant objectives](#_I.C)_Learning_Loss) that target the provision of grant-aligned activities, services, and supports for students;
* Will contribute to desired results and benefits leading to achievement of required [Mental Health RECOVS Grant outcomes and deliverables](#_IV.B.1)_Mental_Health) or [Learning Loss RECOVS Grant outcomes and deliverables](#_II.F.2)_Learning_Loss);
* Will be only used to [supplement, and not supplant](#Supplant) current local expenditures of federal, state or local funds, as presented in [Section II.D of this RFP](#_II.D)_Amount_of).

**[MH.5.Budget.E](#MH5BudgetERubric)** **or** [**LL.5.Budget.E**](#LL5BudgetERubric)**)**

*(Narrative describing system of tracking funding and costs counts toward maximum 5 pages.)*

Describe the system the applicant would use to track costs that are allocated specifically for *Mental Health RECOVS Grant* or *Learning Loss RECOVS Grant program*, ensuring funding and expenditures such as those associated with matched funds and/or in-kind contributions are not commingled with requested grant award funding.

#### App.E) M/WBE Documents Package (Required, but not scored.)

**Minority and Women-Owned Business Enterprise (M/WBE) Participation Goals Pursuant to Article 15-A of the New York State Executive Law**

*No page maximum, and not included in page count.*

|  |  |  |  |
| --- | --- | --- | --- |
| [M/WBE Documents Package](#VIIIMWBE) | **M/WBE Forms Required:** | | |
| **Type of M/WBE Form**  (Original Signatures Required) | **Full Participation Documents:** | **Partial Waiver Request Documents:** | **Total**  **Waiver Request Documents** |
| [Attachment 3: M/WBE Goal Calculation Worksheet](#_Attachment_3:_M/WBE_1) | **(Required)** | **(Required)** | **(Required)** |
| [Attachment 4: M/WBE Cover Letter](#_Attachment_4:_M/WBE) | **(Required)** | **(Required)** | **(Required)** |
| [Attachment 5: M/WBE 100 Utilization Plan](#_Attachment_5:_M/WBE) | **(Required)** | **(Required)** | (Not Required) |
| [Attachment 6: M/WBE 102 Notice of Intent to Participate](#_Attachment_6:_M/WBE) | **(Required)** | **(Required)** | (Not Required) |
| [Attachment 7: M/WBE 105 Contractor’s Good Faith Efforts](#_Attachment_7:_M/WBE) | (Not Required) | **(Required)** | **(Required)** |
| [Attachment 8. M/WBE Contractor Unavailable Certification](#_Attachment_8:_M/WBE) | (Not Required) | **(Required)** | **(Required)** |
| [Attachment 9: M/WBE 101 Request for Waiver Form and Instructions](#_Attachment_9:_M/WBE) | (Not Required) | **(Required)** | **(Required)** |
| [Attachment 10: EE0 100 Staffing Plan and Instructions](#_Attachment_10:_Equal) | **(Required)** | **(Required)** | **(Required)** |

***The following M/WBE requirements apply when an applicant submits an application for grant funding that exceeds $25,000 for the full grant period.***

***All M/WBE documents referenced here can be found in Attachments 3 through 10 at the end of this RFP.***

All applicants are required to comply with NYSED’s Minority and Women-Owned Business Enterprises (M/WBE) policy. Compliance can be achieved by one of the three methods described below. Full participation by meeting or exceeding the M/WBE participation goal for this grant is the preferred method.

M/WBE participation includes services, materials, or supplies purchased from minority- and women-owned firms certified with the NYS Division of Minority and Women Business Development. Not-for-profit agencies are not eligible for this certification. For additional information and a listing of currently certified M/WBEs, see the [NYS MWBE Directory](https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687).

The M/WBE participation goal for this grant is 30% of each applicant’s total discretionary non-personal service budget each year of the grant. Discretionary non-personal service budget is defined as total annual budget, excluding the sum of funds budgeted for:

1. direct personal services (i.e., professional and support staff salaries) and fringe benefits; and

2. rent, lease, utilities and indirect costs if these items are allowable expenditures.

The M/WBE Goal Calculation Worksheet is provided for use in calculating the dollar amount of the M/WBE goal for this grant application.

All requested information and documentation should be provided at the time of submission. If this cannot be done, the applicant will have to submit the necessary documents and respond satisfactorily to any follow-up questions from the Department. Failure to do so may result in loss of funding.

##### **M/WBE – Methods to Comply** (Full, Partial, or No Participation)

An applicant can comply with NYSED’s M/WBE policy by one of three methods:

**1. Full Participation** - This is the preferred method of compliance. Full participation is achieved when an applicant meets or exceeds the participation goals for this grant. Full M/WBE participation requires completion of the following forms:

* M/WBE Goal Calculation Worksheet;
* M/WBE Cover Letter;
* M/WBE 100 Utilization Plan;
* M/WBE 102 Notice of Intent to Participate; and
* EEO 100: Staffing Plan.

**2. Partial Participation, Partial Request for Waiver** - This is acceptable only if good faith efforts to achieve full participation are made and documented, but full participation is not possible. Requesting partial M/WBE participation requires completion of the following forms:

* M/WBE Goal Calculation Worksheet;
* M/WBE Cover Letter;
* M/WBE 100 Utilization Plan;
* M/WBE 101 Request for Waiver;
* M/WBE 102 Notice of Intent to Participate;
* M/WBE 105 Contractor’s Good Faith Efforts; and
* EEO 100: Staffing Plan.

**3. No Participation, Request for Complete Waiver** – This is acceptable only if good faith efforts to achieve full or partial participation are made and documented, but do not result in any participation by M/WBE firm(s). Requesting a complete waiver for no M/WBE participation requires the completion of the following forms:

* M/WBE Goal Calculation Worksheet;
* M/WBE Cover Letter;
* M/WBE 101 Request for Waiver;
* M/WBE 105 Contractor’s Good Faith Efforts; and
* EEO 100: Staffing Plan.

##### **M/WBE –- Good Faith Efforts**

Applicants must make a good faith effort to solicit NYS certified M/WBE firms as subcontractors and/or suppliers to achieve the goals for this grant. Solicitations may include, but are not limited to advertisements in minority and women-centered publications; solicitation of vendors found in the [NYS Directory of Certified Minority and Women-Owned Business Enterprises](https://ny.newnycontracts.com/?TN); and the solicitation of minority and women-oriented trade and labor organizations.

Good faith efforts include actions such as setting up meetings or announcements to make M/WBEs aware of supplier and subcontracting opportunities, identifying logical areas of the grant project that could be subcontracted to M/WBE firms, and utilizing all current lists of M/WBEs who are available for and may be interested in subcontracting or supplying goods for the project.

Applicants should document their efforts to comply with the stated M/WBE goals and submit this with their applications as evidence. Examples of acceptable documentation can be found in form M/WBE 105, Contractor’s Good Faith Efforts. NYSED reserves the right to reject any application for failure to document “good faith efforts.”

##### **M/WBE - Request for Waiver**

When full participation cannot be achieved, applicants must submit a Request for Waiver (M/WBE 101). Requests for Waivers must be accompanied by documentation explaining the good faith efforts made and reasons they were unsuccessful in obtaining M/WBE participation.

NYSED reserves the right to approve the addition or deletion of subcontractors or suppliers to enable applicants to comply with the M/WBE goals, provided such addition or deletion does not impact the technical proposal and/or increase the total budget.

All payments to Minority and Women-Owned Business Enterprise subcontractor(s) should be reported to the NYSED M/WBE Program Unit using the M/WBE 104G Quarterly M/WBE Compliance Report. This report should be submitted on a quarterly basis and can be requested at [MWBEGrants@nysed.gov](mailto:MWBEGrants@nysed.gov).

NYSED’s M/WBE Coordinator is available to assist applicants in meeting the M/WBE goals. The Coordinator can be reached at [MWBEGrants@nysed.gov](mailto:MWBEGrants@nysed.gov).

##### **EEO - Staffing Plan / Equal Employment Opportunity Reporting**

**Pursuant to Article 15-A of the New York State Executive Law**

Applicants must complete and submit form EEO 100: Staffing Plan.

1. **Criteria for Evaluating Proposals and Method of Award**

Evaluation of proposals will be based on the following criteria:

* Demonstrated understanding of grant objectives and goals;
* Need for the grant;
* Activities, programs, supports, services, and/or strategies designed to achieve the grant’s purpose, objectives, sub-objectives and outcomes; and
* Plan to evaluate the effectiveness of grant-aligned activities, programs, supports, services and/or strategies. (See [Using Data to Improve Student Mental Health](https://oese.ed.gov/files/2020/10/nitt-ta_data_systems_brief.pdf) and [New Research Provides First Clear Picture of Learning Loss at Local Level](https://www.gse.harvard.edu/news/22/10/new-research-provides-first-clear-picture-learning-loss-local-level).)

Application scores will be reflective of the applicant’s ability to document fulfilling the above requirements.

The method of award begins with a review of eligible proposals with scoring up to 100 points per RECOVS program (*Mental Health RECOVS Grant* or *Learning Loss RECOVS Grant*.) Each eligible proposal will be reviewed by at least two reviewers. Each reviewer will score the proposal according to the indicated point criteria in the Proposal Narrative and the Budget using the Proposal Evaluation Rubric. If individual scores are more than 15 points apart, another reviewer will score the application. The two scores closest in numeric value will be averaged to calculate the final average score of the application. If the third reviewer’s score is equal to the average of the two original scores, the third reviewer’s score will become the final score.

Proposals for each RECOVS program (*Mental Health RECOVS Grant* or *Learning Loss RECOVS Grant*) will be ranked in order of final average score from highest to lowest. In the event of tie scores, proposals with the highest score on the Proposal Narrative (Section MH.3 or LL.3 Oversight, Management, and Reporting **and** Section MH.4 or LL.4 Structure and Implementation) will be ranked higher.

Proposals that receive a final average score of 60 or more will be considered for funding. Applicants will be funded in rank order until the funds are exhausted. In the event there are insufficient funds to fund the next ranked applicant in full, the next ranked applicant will be given the opportunity to operate a smaller program using the remaining funds. Any grant funds remaining after all grant applications within one RECOVS program (*Mental Health RECOVS Grant* or *Learning Loss RECOVS Grant*) have been reviewed and awarded or disqualified will be transferred to the other RECOVS grant program should awards be pending in the other grant program.

### IV.A) Proposal Evaluation Rubric – *Mental Health RECOVS Grant*

|  |  |  |
| --- | --- | --- |
| **Individual Applicant Name, School District or BOCES, and**  **BEDS Code:**  **-or-**  **Consortium Lead Applicant Name, School District or BOCES, and BEDS Code:**   * Including applicant, number of consortium school districts and/or BOCES: **##** * Name and BEDS Code of each consortium school district and/or BOCES: | | **Proposal #:**  **RECOVS – MH – ###** |
| **NYSED Reviewer Name and Initials:** |
| 1.) | 8.) | **Date Reviewed:** |
| 2.) | 9.) |
| 3.) | 10.) |
| 4.) | 11.) | **Score: ##**  **of 100 Points\*\***  ***\*\*An application must receive a minimum score of 60 points to be considered for funding.*** |
| 5.) | 12.) |
| 6.) | If more than 12, check here to indicate all consortium school districts and/or BOCES are listed in the abstract with their BEDS Codes. |
| 7.) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Calculation of Score** | **Points** | | **Page Maximums\*** |
| *\* NYSED reviewers will not review, score, or consider information beyond page maximums.* | | | |
| * Section **MH.TOC)** Table of Contents | Unscored | | No Page Maximum |
| * Section **MH.1.Abstract.A-F)** Abstract | Unscored | | No Page Maximum |
| * Section **MH.2.Need.A-D)** Need Narrative | **##** | of 25 Points | **5** Pages Maximum |
| * Section **MH.3.Oversight.A-F)** Oversight,   Management, and Reporting | **##** | of 25 Points | **10** Pages Maximum |
| * Section **MH.4.Structure.A-I)** Structure and   Implementation | **##** | of 25 Points | **10** Pages Maximum |
| * Section **MH.5.Budget.A-E)** Budget Narrative | **##** | of 25 Points | **5** Pages Maximum\* |
| *\*All components of the Budget Narrative will be reviewed and scored, but not all components count toward the maximum 5 pages. Pages comprising the FS-10 Proposed Budget will be reviewed and scored, but their pages do not count toward the maximum.* | | | |
| ***Mental Health RECOVS Grant***  **TOTAL SCORE:\*\*** | **##** | **of 100 Points** |  |
| *\*\*All applicants must receive a minimum score of 60 points to be considered for funding.* | | | |

**Reviewer Rating Guidelines – Mental Health RECOVS Grant:**

|  |  |
| --- | --- |
| **Review Criteria** | |
| * **Very Good** | Specific and comprehensive. Complete, detailed, and clearly articulated in information as to how the criteria are met. Well-conceived and thoroughly developed ideas. |
| * **Good** | General, but sufficient detail. Adequate information as to how the criteria are met, but some areas are not fully explained and/or questions remain. Some minor inconsistencies and weaknesses. |
| * **Fair** | Unclear and non-specific. Limited information is provided about approach and strategies. Lacks focus and detail. |
| * **Poor** | Does not meet the criteria, fails to provide information, provides inaccurate information, or provides information that requires substantial clarification as to how the criteria are met. |
| * **Not Found (NF)** | Does not address the criteria or simply re-states the criteria. |

**Proposal Application Sections – Mental Health RECOVS Grant:**

#### Section MH.TOC) Table of Contents (0 Points)

|  |  |
| --- | --- |
| Required, but not scored, the applicant’s Table of Contents organizes the application proposal into the prescribed sequence of sections. Sections are not combined. Required components are in their designated sections: | |
| ***No Page Maximum*** *–* ***Table of Contents*** | ***Table of Contents is Required,***  ***but Not Scored*** |
| **Section MH.TOC) Table of Contents Total: 0 of 100 Points** | |

|  |
| --- |
| ***Section MH.TOC) Table of Contents NYSED Reviewer Comments:*** |

#### Section MH.1.Abstract (0 Points)

|  |  |
| --- | --- |
| The abstract summarizes fiscal and programmatic aspects of the applicant’s proposed *Mental Health RECOVS Grant program*. The requested information in the tables and summary is required, but not scored in this section. There is no page limit. | |
| ***No Page Maximum*** *–* ***Abstract*** | ***Requested Information in Abstract is Required, but Not Scored.*** |
| **Section MH.1.Abstract Total: 0 of 100 Points** | |

|  |  |
| --- | --- |
| [**MH.1.Abstract.A)**](#MH1AbstractAInstructions)The applicant copied, pasted, and completed the applicant information table. | ***NYSED Reviewer Comments:*** |
| [**MH.1.Abstract.B)**](#MH1AbstractBInstructions)The applicant copied, pasted, and completed the grant contact information tables. | ***NYSED Reviewer Comments:*** |
| [**MH.1.Abstract.C)**](#MH1AbstractCInstructions)If the applicant is the lead of a consortium, it copied, pasted, and completed the table indicating consortium members. (An individual applicant leaves this section blank.) | ***NYSED Reviewer Comments:*** |
| [**MH.1.Abstract.D)**](#MH1AbstractDInstructions)Regardless of applicant type (individual or consortium), the applicant copied, pasted, and completed the collaborating mental health providers table, if it intends to collaborate with mental health providers for the provision of school-based programming, services, and/or support. (Otherwise, it is left blank.) | ***NYSED Reviewer Comments:*** |
| [**MH.1.Abstract.E)**](#MH1AbstractEInstructions)The applicant copied, pasted, and completed the fiscal information table for the project period. | ***NYSED Reviewer Comments:*** |
| [**MH.1.Abstract.F)**](#MH1AbstractFInstructions)The applicant provided a summary of the proposed two-year mental health project that will meet the *Mental Health RECOVS Grant* program’s required objectives, sub-objectives, and outcomes. | ***NYSED Reviewer Comments:*** |

#### Section MH.2.Need Narrative (25 Points)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The need narrative section is a key element of the proposal to make a clear, concise, and well supported statement of the need to be addressed. This section presents the case for the project and is clear, factual, and compelling. The need statement indicates who is impacted, what caused the need, barriers that exist to meeting the need, and what will happen if the need is not met. | | | | | | | |
| ***5 Pages Maximum*** *- Any* ***Need Narrative*** *text beyond* ***5 pages*** *will not be read or scored by reviewers.* | | | | | | | |
| **[MH.2.Need.A)](#MH2NeedAEconomicallyDisadvantaged)** As reported by school districts to NYSED via the Student Information Repository System (SIRS), the applicant provides the 2021-2022 Economically Disadvantaged (ED) student rate for each school district proposed to be served:\*  2021-2022 Economically Disadvantaged Student Rate  \**Please note: Due to the nature of BOCES serving school districts, BOCES does not report ED student rates to NYSED. Therefore, the table should contain BOCES information only in “Applicant Name,” if BOCES is the single or lead applicant. To avoid duplicate data, BOCES should not calculate its own ED student rate as a single entity. ED student rate(s) will have already been captured in the school district(s) proposed to be served.*  If the individual or average ED Student Rate is:   * At or above 70%, applicant scores 10 of 10 points; * Between 54% and 69.9%, applicant scores 6 of 10 points; * Between 0% and 53.9%, applicant scores 0 of 10 points; * Not provided, applicant scores 0 of 10 points. | **Economically Disadvantaged (ED) Rate %:** | | | | | | |
|  | **Between 70%**  **and 100%** | | **Between 54%**  **and 69.9%** | | | **Between 0% and 53.9%; or**  **data not provided** | |
|  | **10** | | **6** | | | **0** | |
| **[MH.2.Need.B)](#MH2NeedBInstructions)** Citing 2021-2022 and available 2022-2023 data, the applicant describes the measures used and associated results in determining and evaluating the mental health needs of students proposed to be served, including the unique needs of diverse students. The applicant provides total results by individual school district or BOCES and, if applicable, collectively by consortium. The applicant provides aggregate mental health data representing student diversity, including, but not limited to students who are economically disadvantaged, students with disabilities, English Language Learners, migrant students, homeless students, students in foster care, and students with a parent or parents in the Armed Forces. If data is not provided and/or data sources are not cited, applicants will score zero (0) points for this part of the need narrative. **(7 Points)** | **Very Good** | **Good** | | **Fair** | **Poor** | | **NF** |
|  | **7** | **6** | | **5** | **3** | | **0** |
| [**MH.2.Need.C)**](#MH2NeedCInstructions) Applicant describes current gaps in school-based and mental health staffing, services and resources, and how the grant award would address identified gaps. Applicant includes student to school-based mental health professional ratio data at the individual school district or BOCES, and, if applicable, consortium levels. Mental health professionals include social workers, psychologists, licensed mental health clinicians, and counselors providing school-based services employed directly by the school district(s) or BOCES, or employed by a community mental health provider collaborating with a school district. If data is not provided and/or data sources are not cited, applicants will score zero (0) points for this part of the need narrative. **(5 Points)** | **5** | **4** | | **3** | **1.5** | | **0** |
| [**MH.2.Need.D)**](#MH2NeedDInstructions) Applicant describes the extent to which the applicant would prioritize the grant award and total matching funds to identify and maximize the number and percentage of total and diverse students served in the community’s highest need schools. **(3 Points)** | **3** | **2** | | **1.5** | **.75** | | **0** |
| **Section MH.2.Need Narrative Total: ## out of 25 Points** | | | | | | | |
| ***Section MH.2) Need Narrative NYSED Reviewer Comments:*** | | | | | | | |

#### Section MH.3.Oversight, Management, and Reporting (25 points)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The oversight, management, and reporting section describes the programmatic and fiscal organizational capacity to oversee, manage, and report on the grant’s objectives, sub-objectives, activities and outcomes. The description includes the roles and responsibilities of the required program coordinator and fiscal manager position(s) such as implementation and oversight processes that ensure compliance to safety and health requirements, fiscal processes that ensure compliance to the 100% matching and other fiscal requirements, rights of parents, privacy of students, meeting the needs of diverse students, data collection, evaluation and application to program improvement, reporting to and monitoring by NYSED. | | | | | |
| ***10 Pages Maximum*** *- Any* ***Oversight, Management, and Reporting*** *text beyond* ***10 pages*** *will not be read or scored by reviewers. (School-Aged Child Care (SACC) documentation is not included in page count, but, if applicable, is read and scored.)* | | | | | |
| [**MH.3.Oversight.A)**](#MH3OversightAInstructions) Describes the qualifications, roles, responsibilities, location, and full-time equivalency (FTE) of the applicant’s grant program coordinator(s) and fiscal manager(s) based on application type:   * Individual school district; * Individual BOCES; * School district lead for a consortium of participating districts and/or BOCES; or * BOCES lead for a consortium of participating school districts and/or BOCES (BOCES lead applicant [also outlines additional BOCES-specific program coordinator responsibilities](#BOCESPC) related to grant management, technical assistance, and professional learning.) **(6 Points)** | ***Very Good*** | ***Good*** | ***Fair*** | ***Poor*** | ***NF*** |
| **6** | **5** | **4** | **2** | **0** |
| [**MH.3.Oversight.B)**](#MH3OversightBInstructions)The description of the organizational capacity includes, but is not limited to, the applicant’s proposed staffing, material, and informational mental health resources and organizational capacity to manage the grant requirements. The description Includes the applicant’s organization, structure, and all full- and part-time mental health professionals assigned to the project employed by each school district, BOCES, and/or collaborating community mental health provider. *Excluding* the program coordinator and fiscal manager positions which have already been described above in MH.3.Oversight.A, the description identifies and defines roles and scope of work for all positions designated in school-based and/or collaborating community-based settings.  **(4 Points)** | **4** | **3** | **2** | **1** | **0** |
| [**MH.3.Oversight.C)**](#MH3OversightCInstructions)Describes the oversight process of the applicant’s program coordinator(s) to ensure the school district(s) and/or BOCES, along with their collaborating community mental health providers meet safety and health requirements, including, but not limited to, possible School-Age Child Care (SACC) registration with the NYS Office of Child and Family Services (OCFS). The applicant is clear if SACC registration is necessary. If so, a copy of the SACC registration, or evidence of where the applicant is in the SACC registration process, has been submitted with this application. SACC documentation is not included in page count. **(4 Points)** | **4** | **3** | **2** | **1** | **0** |
| [**MH.3.Oversight.D)**](#MH3OversightDInstructions)Describes the oversight process of the applicant’s program coordinator(s) to ensure that the school district(s) and/or BOCES are compliant with state and federal parents’ rights and student privacy laws, including, but not limited to, implementing parental consent, student assent, and privacy processes and recordkeeping for mental health screenings, assessments, programming, supports, and services. **(4 Points)** | **4** | **3** | **2** | **1** | **0** |
| [**MH.3.Oversight.E)**](#MH3OversightEInstructions)Describes the oversight process of the applicant’s program coordinator(s) to ensure that the school district(s) and/or BOCES provide equitable access to mental health programs, services, and supports for diversity, including students who are economically disadvantaged, students with disabilities, English Language Learners, migrant, homeless, in foster care, and/or with a parent or parents in the Armed Forces. **(4 Points)** | **4** | **3** | **2** | **1** | **0** |
| [**MH.3.Oversight.F)**](#MH3OversightFInstructions)Describes the measures, data collection, and reporting process of the applicant’s program coordinator(s) and fiscal manager(s) to ensure that the school district(s) and/or BOCES meet all semi-annual and annual NYSED reporting and monitoring requirements, including the number and percentage of total and diverse students served, progress made on objectives, sub-objectives, activities and outcomes. Describes how information collected and reported will be evaluated and applied to mental health program improvement. **(3 Points)** | **3** | **2** | **1.5** | **.75** | **0** |
| **Section MH.3) Oversight, Management, and Reporting Total ## out of 25 Points** | | | | | |
| ***Section MH.3) Oversight, Management, and Reporting NYSED Reviewer Comments:*** | | | | | |

#### Section MH.4.Structure and Implementation (25 Points)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The structure and implementation section describes how applicant-proposed school-based mental health programming, services, and supports will be structured, and how the combination of activities will meet the purpose, objectives, and sub-objectives of the *Mental Health RECOVS Grant*. | | | | | |
| ***10 Pages Maximum*** *- Any* ***Structure and Implementation*** *text beyond* ***10 pages*** *will not be read or scored by reviewers.* | | | | | |
| [**MH.4.Structure.A)**](#MH4StructureAInstructions) Describes the overall structure of the applicant’s proposed school-based direct and collaborative mental health programming, services, and supports. Includes how the program’s structure and activities will collectively meet the purpose and objectives of the *Mental Health RECOVS Grant*.  **(4 Points)** | **Very Good** | **Good** | **Fair** | **Poor** | **NF** |
| **4** | **3** | **2** | **1** | **0** |
| [**MH.4.Structure.B)**](#MH4StructureBInstructions) Describes the applicant’s proposed activities for Mental Health Sub-Objective [MH.Obj.1.a](#MHObj1), and describes how the activities will result in the sub-objective’s required outcomes. **(3 Points)** | **3** | **2** | **1.5** | **.75** | **0** |
| [**MH.4.Structure.C**](#MH4StructureCInstructions)**)** Describes the applicant’s proposed activities for Mental Health Sub-Objective [MH.Obj.1.b](#MHObj1), and describes how the activities will result in the sub-objective’s required outcomes. **(2 Points)** | **2** | **1.5** | **1** | **.5** | **0** |
| [**MH.4.Structure.D)**](#MH4StructureDInstructions) Describes the applicant’s proposed activities for Mental Health Sub-Objective [MH.Obj.2.a](#MHObj2), and describes how the activities will result in the sub-objective’s required outcomes. **(3 Points)** | **3** | **2** | **1.5** | **.75** | **0** |
| [**MH.4.Structure.E)**](#MH4StructureEInstructions) Describes the applicant’s proposed activities for Mental Health Sub-Objective [MH.Obj.2.b](#MHObj2), and describes how the activities will result in the sub-objective’s required outcomes. **(3 Points)** | **3** | **2** | **1.5** | **.75** | **0** |
| [**MH.4.Structure.F)**](#MH4StructureFInstructions) Describes the applicant’s proposed activities for Mental Health Sub-Objective [MH.Obj.3.a](#MHObj3), and describes how the activities will result in the sub-objective’s required outcomes. **(3 Points)** | **3** | **2** | **1.5** | **.75** | **0** |
| [**MH.4.Structure.G)**](#MH4StructureGInstructions) Describes the applicant’s proposed activities for Mental Health Sub-Objective [MH.Obj.3.b](#MHObj3), and describes how the activities will result in the sub-objective’s required outcomes. **(2 Points)** | **2** | **1.5** | **1** | **.5** | **0** |
| [**MH.4.Structure.H)**](#MH4StructureHInstructions) Describes the applicant’s proposed activities for Mental Health Sub-Objective [MH.Obj.4.a](#MHObj4), and describes how the activities will result in the sub-objective’s required outcomes. **(2 Points)** | **2** | **1.5** | **1** | **.5** | **0** |
| [**MH.4.Structure.I)**](#MH4StructureIInstructions) Describes the applicant’s proposed activities for Mental Health Sub-Objective [MH.Obj.4.b](#MHObj4), and describes how the activities will result in the sub-objective’s required outcomes. **(3 Points)** | **3** | **2** | **1.25** | **.75** | **0** |
| **Section MH.4) Structure and Implementation Total ## out of 25 Points** | | | | | |
| ***Section MH.4) Structure and Implementation NYSED Reviewer Comments:*** | | | | | |

#### Section MH.5.Budget Narrative (25 Points)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The components of the budget narrative include the:   1. Proposed Funding Table documenting the requested **first-year, second-year, and total two-year** grant award amounts, proposed number of students to be served, the requested grant award’s per student amount, the required 100% matched funding and/or in-kind contributions provided by the applicant, and attestations; 2. Excluding applicant-provided matching funds and/or in-kind contributions, two FS-10 Proposed Budgets for the proposed **two-year** project; one for the **first year** of the requested grant award, and another for the **second year** of the requested grant award. Note that a second FS-10 budget is not required if the requested grant award amounts are equal in both years of the grant program. 3. Narrative documenting that proposed FS-10 Proposed Budget grant award expenditures (excluding matched funds and/or in-kind contributions) are appropriate, reasonable, and necessary to support the *Mental Health RECOVS Grant* objectives, sub-objectives, activities, outcomes and reporting, while supplementing, and not supplanting existing grant-aligned funds; 4. The 100% Match narrative describing how proposed mental health expenditures funded by matching funds and/or in-kind contributions (excluding requested grant award) are appropriate, reasonable, and necessary to support the *Mental Health RECOVS Grant* objectives, sub-objectives, activities and outcomes, while supplementing, and not supplanting existing grant-aligned funds; 5. Narrative describing the system the applicant will use, if awarded, to track costs allocated specifically for the *Mental Health RECOVS Grant* , ensuring funding and expenditures such as those associated with matched funds and/or in-kind contributions are not commingled with requested grant award funding. | | | | | |
| ***5 Pages Maximum*** *– All required components of the budget narrative will be reviewed and scored. The requested grant award’s* [*FS-10 Proposed Budget*](https://www.oms.nysed.gov/cafe/forms/) *pages do not count toward the maximum 5 pages.* | | | | | |
| [**MH.5.Budget.A)**](#MH5BudgetAInstructions) The [Proposed Funding Table](#FundingTable) found in Section 5) Budget Narrative in Part III.C) Proposal Application Instructions has been copied and pasted into the *Mental Health RECOVS Grant* application. The table is completed with the applicant’s requested first year, second year, and total two-year grant award amounts, proposed number of students to be served by the requested grant award amount, the requested grant award’s per student amount, and required 100% matched funds and/or in-kind contributions provided by the applicant. Note that applications received prior to August 11th will contain a previous version of the Proposed Funding Table. The differences between the versions will not impact scoring.  Attestation #1 has been checked confirming the applicant is meeting the 100% match requirement in its award request. Attestation #2 has been checked confirming the applicant has approval of the use of matching funds. *(Included in 5-page maximum.)* See [instructions](#Budget5A). **(5 Points)** | **Very Good** | **Good** | **Fair** | **Poor** | **NF** |
| **5** | **4** | **3** | **1.5** | **0** |
| [**MH.5.Budget.B)**](#MH5BudgetBInstructions) *Excluding* matched funding and/or in-kind contributions, the *Mental Health RECOVS Grant* application contains one or two completed [FS-10 Proposed Budget(s](https://www.oms.nysed.gov/cafe/forms/)):   * An application contains one FS-10 Proposed Budget if the requested grant award is equal in the first year and second year, or * An application contains two FS-10 Proposed Budgets if the requested grant award amounts differ in the first year and second year of the two-year project period. * *Year 1 and Year 2 grant award amounts may differ by no more than 20%. For example, either year may not be less than 40%, or more than 60% of the two year total.*   All proposed grant award expenditures fund allowable activities that are directly aligned with the grant’s purpose and objectives. Calculations are provided and amounts are accurate. Each FS-10’s final Budget Summary page is signed and dated. *(Not included in 5-page maximum.)* See [instructions](#Budget5B). **(5 Points)** | **5** | **4** | **3** | **1.5** | **0** |
| [**MH.5.Budget.C)**](#MH5BudgetCInstructions) For each FS-10 Proposed Budget Category:   * Code 15 – Salaries for Professional Staff; * Code 16 – Salaries for Support Staff; * Code 40 – Purchased Services; * Code 45 – Supplies and Materials; * Code 46 – Travel Expenses; * Code 40 – Purchased Services; * Code 80 – Employee Benefits; * Code 49 – BOCES Purchased Services; * Code 30 – Minor Remodeling; and * Code 20 – Equipment;   Each FS-10 Proposed Budget narrative describes how requested grant award expenditures (excluding those funded by matching funds or in-kind contributions):   * Are reasonably and accurately calculated in relation to fair market value and proposed number of students to be served; * Are appropriate and necessary to achieve the [Mental Health RECOVS Grant objectives](#_I.B)_Mental_Health)’ targeted provision of grant-aligned activities, services, and supports for students; * Will contribute to desired results and benefits leading to achievement of required [Mental Health RECOVS Grant outcomes and deliverables](#_IV.B.1)_Mental_Health); and * Will be only used to [supplement, and not supplant](#Supplant) current local expenditures of federal, state or local funds, as presented in Section II.D of this RFP .   *(Included in 5-page maximum.)* See [instructions](#Budget5C). **(5 Points)** | **5** | **4** | **3** | **1.5** | **0** |
| [**MH.5.Budget.D)**](#MH5BudgetDInstructions) The 100% Match narrative describes how **two-year** mental health expenditures funded by matching funds and/or in-kind contributions (excluding requested grant award):   * Are appropriate and necessary to achieve the [Mental Health RECOVS Grant objectives](#_I.B)_Mental_Health)’ targeted provision of grant-aligned activities, services, and supports for students; * Will contribute to desired results and benefits leading to achievement of required [Mental Health RECOVS Grant outcomes and deliverables](#_IV.B.1)_Mental_Health); and * Will be only used to [supplement, and not supplant](#Supplant) current local expenditures of federal, state or local funds, as presented in Section II.D of this RFP.   *(Included in 5-page maximum.)* See [instructions](#Budget5D). **(5 Points)** | **5** | **4** | **3** | **1.5** | **0** |
| [**MH.5.Budget.E)**](#MH5BudgetEInstructions) Describes the system the applicant would use to track costs that are allocated specifically for the *Mental Health RECOVS Grant* program, ensuring funding and expenditures such as those associated with matched funds and/or in-kind contributions are not commingled with requested grant award funding.  *(Included in 5-page maximum.)* See [instructions](#Budget5E). **(5 Points)** | **5** | **4** | **3** | **1.5** | **0** |
| **Section MH.5) Budget Narrative Total ## out of 25 Points** | | | | | |
| ***Section MH.5) Budget Narrative NYSED Reviewer Comments:*** | | | | | |

### IV.B) Proposal Evaluation Rubric – *Learning Loss RECOVS Grant*

|  |  |  |
| --- | --- | --- |
| **Individual Applicant Name, School District or BOCES, and**  **BEDS Code:**  **-or-**  **Consortium Lead Applicant Name, School District or BOCES, and BEDS Code:**   * Number of consortium school districts and/or BOCES: **##** * Name and BEDS Code of each consortium school district and/or BOCES: | | **Proposal #:**  **RECOVS – LL – ###** |
| **NYSED Reviewer Name and Initials:** |
| 1.) | 8.) | **Date Reviewed:** |
| 2.) | 9.) |
| 3.) | 10.) |
| 4.) | 11.) | **Score: ##**  **of 100 Points\*\***  ***\*\*An application must receive a minimum score of 60 points to be considered for funding.*** |
| 5.) | 12.) |
| 6.) | If more than 12, check here to indicate all consortium school districts and/or BOCES are listed in the abstract with their BEDS Codes. |
| 7.) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Calculation of Score** | **Points** | | **Page Maximums\*** |
| *\* NYSED reviewers will not review, score, or consider information beyond page maximums.* | | | |
| * Section **LL.TOC)** Table of Contents | Unscored | | No Page Maximum |
| * Section **LL.1.Abstract.A-F)** Abstract | Unscored | | No Page Maximum |
| * Section **LL.2.Need.A-D)** Need Narrative | **##** | of 25 Points | **5** Pages Maximum |
| * Section **LL.3.Oversight.A-F)** Oversight,   Management, and Reporting | **##** | of 25 Points | **10** Pages Maximum |
| * Section **LL.4.Structure.A-I)** Structure and   Implementation | **##** | of 25 Points | **10** Pages Maximum |
| * Section **LL.5.Budget)** Budget Narrative | **##** | of 25 Points | **5** Pages Maximum\* |
| *\*All components of the Budget Narrative will be reviewed and scored, but not all components count toward the maximum 5 pages. Pages comprising the FS-10 Proposed Budget will be reviewed and scored, do not count toward the maximum.* | | | |
| ***Learning Loss RECOVS Grant***  **TOTAL SCORE:\*\*** | **##** | **of 100 Points** |  |
| *\*\*All applicants must receive a minimum score of 60 points to be considered for funding.* | | | |

**Reviewer Rating Guidelines – Learning Loss RECOVS Grant:**

|  |  |
| --- | --- |
| **Review Criteria** | |
| * **Very Good** | Specific and comprehensive. Complete, detailed, and clearly articulated in information as to how the criteria are met. Well-conceived and thoroughly developed ideas. |
| * **Good** | General, but sufficient detail. Adequate information as to how the criteria are met, but some areas are not fully explained and/or questions remain. Some minor inconsistencies and weaknesses. |
| * **Fair** | Unclear and non-specific. Limited information is provided about approach and strategies. Lacks focus and detail. |
| * **Poor** | Does not meet the criteria, fails to provide information, provides inaccurate information, or provides information that requires substantial clarification as to how the criteria are met. |
| * **Not Found (NF)** | Does not address the criteria or simply re-states the criteria. |

**Proposal Application Sections – Learning Loss RECOVS Grant:**

#### Section LL.TOC) Table of Contents (0 Points)

|  |  |
| --- | --- |
| Required, but not scored, the applicant’s Table of Contents organizes the application proposal into the prescribed sequence of sections. Sections are not combined. Required components are in their designated sections: | |
| ***0 Page Maximum*** *–* ***Table of Contents*** | ***Table of Contents is Required,***  ***but Not Scored*** |
| **Section LL.TOC) Table of Contents Total: 0 of 100 Points** | |

|  |
| --- |
| ***Section LL.TOC) Table of Contents NYSED Reviewer Comments:*** |

#### Section LL.1.Abstract (0 Points)

|  |  |
| --- | --- |
| The abstract summarizes fiscal and programmatic aspects of the applicant’s proposed Learning Loss RECOVS Grant program. The requested information in the tables and summary is required, but not scored in this section. There is no page limit. | |
| ***0 Page Maximum – Abstract*** | ***Requested Information in Abstract is Required, but Not Scored.*** |
| **Section LL.1.Abstract Total: 0 of 100 Points** | |

|  |  |
| --- | --- |
| [**LL.1.Abstract.A)**](#LL1AbstractAInstructions)The applicant copied, pasted, and completed the applicant information table. | ***NYSED Reviewer Comments:*** |
| [**LL.1.Abstract.B)**](#LL1AbstractBInstructions)The applicant copied, pasted, and completed the grant contact information tables. | ***NYSED Reviewer Comments:*** |
| [**LL.1.Abstract.C)**](#LL1AbstractCInstructions)If the applicant is the lead of a consortium, it copied, pasted, and completed the table indicating consortium members. (If the applicant is an individual applicant, this section is left blank.) | ***NYSED Reviewer Comments:*** |
| [**LL.1.Abstract.D)**](#LL1AbstractDInstructions)Regardless of applicant type (individual or consortium), the applicant copied, pasted, and completed the collaborating mental health providers table, if it intends to collaborate with community-based academic recovery providers for the provision of school-based programming, services, and/or support. (Otherwise, this section is left blank.) | ***NYSED Reviewer Comments:*** |
| [**LL.1.Abstract.E)**](#LL1AbstractEInstructions)The applicant copied, pasted, and completed the project period fiscal information table. | ***NYSED Reviewer Comments:*** |
| [**LL.1.Abstract.F)**](#LL1AbstractFInstructions)The applicant provided a summary of the proposed two-year learning loss project that will meet the *Learning Loss RECOV Grant* program’s required objectives, sub-objectives, and outcomes. | ***NYSED Reviewer Comments:*** |

#### Section LL.2.Need Narrative (25 Points)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The need narrative section is a key element of the proposal to make a clear, concise, and well supported statement of the need to be addressed. This section presents the case for the project and is clear, factual, and compelling. The need statement indicates who is impacted, what caused the need, barriers that exist to meeting the need, and what will happen if the need is not met. | | | | | | | |
| ***5 Pages Maximum*** *- Any* ***Need Narrative*** *text beyond* ***5 pages*** *will not be read or scored by reviewers.* | | | | | | | |
| [**LL.2.Need.A)**](#LL2NeedAEconomicallyDisadvantaged) As reported by school districts to NYSED via the Student Information Repository System (SIRS), the applicant provides the 2021-2022 Economically Disadvantaged (ED) student rate for each school district proposed to be served:\*  2021-2022 Economically Disadvantaged Student Rate  \**Please note: Due to the nature of BOCES serving school districts, BOCES does not report ED student rates to NYSED. Therefore, the table should contain BOCES information only in “Applicant Name,” if BOCES is the single or lead applicant. To avoid duplicate data, BOCES should not calculate its own ED student rate as a single entity. ED student rate(s) will have already been captured in the school district(s) proposed to be served.*  If the individual or average ED Student Rate is:   * At or above 70%, applicant scores 10 of 10 points; * Between 54% and 69.9%, applicant scores 6 of 10 points; * Between 0% and 53.9%, applicant scores 0 of 10 points; * Not provided, applicant scores 0 of 10 points. | **Economically Disadvantaged (ED) Rate %:** | | | | | | |
| **Between 70%**  **and 100%** | | **Between 54%**  **and 69.9%** | | | **Between 0% and 53.9%; or**  **data not provided** | |
| **10** | | **6** | | | **0** | |
| [**LL.2.Need.B)**](#LL2NeedBInstructions) Citing 2021-2022 and available 2022-2023 data, the applicant describes the measures used and associated results in determining and evaluating the learning loss needs of students proposed to be served, including the unique needs of diverse students. The applicant provides total results by individual school district and, if applicable, collectively by consortium. The applicant provides aggregate mental health data representing student diversity, including, but not limited to students who are economically disadvantaged, students with disabilities, English Language Learners, migrant students, homeless students, students in foster care, and students with a parent or parents in the Armed Forces. If data is not provided and/or data sources are not cited, applicants will score zero (0) points for this part of the need narrative. **(7 Points)** | **Very Good** | **Good** | | **Fair** | **Poor** | | **NF** |
| **7** | **6** | | **5** | **3** | | **0** |
| [**LL.2.Need.C)**](#LL2NeedCInstructions) Identifies and describes current gaps in school-based academic recovery programming, services and staffing, and how the grant award would resolve identified resource gaps in countering student learning loss. **(5 Points)** | **5** | **4** | | **3** | **1.5** | | **0** |
| [**LL.2.Need.D)**](#LL2NeedDInstructions) Describes the extent to which the applicant would prioritize the grant award and total matching funds to identify and maximize the number and percentage of total and diverse students experiencing learning loss served in the community’s highest need schools. **(3 Points)** | **3** | **2** | | **1.5** | **.75** | | **0** |
| **Section LL.2) Need Narrative Total: ## out of 25 Points** | | | | | | | |
| ***Section LL.2) Need Narrative NYSED Reviewer Comments:*** | | | | | | | |

#### Section LL.3.Oversight, Management, and Reporting (25 points)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The oversight, management, and reporting section describes the programmatic and fiscal organizational capacity to oversee, manage, and report on the grant’s objectives, sub-objectives, activities and outcomes. The description includes the roles and responsibilities of the required program coordinator and fiscal manager position(s) such as implementation and oversight processes that ensure compliance to safety and health requirements, fiscal processes that ensure compliance to the 100% matching and other fiscal requirements, rights of parents, privacy of students, meeting the needs of diverse students, data collection, evaluation and application to program improvement, reporting to and monitoring by NYSED. | | | | | |
| ***10 Pages Maximum*** *- Any* ***Oversight, Management, and Reporting*** *text beyond* ***10 pages*** *will not be read or scored by reviewers. (School-Aged Child Care (SACC) documentation is not included in page count, but, if applicable, is read and scored.)* | | | | | |
| [**LL.3.Oversight.A)**](#LL3OversightAInstructions) Describes qualifications, roles, responsibilities, location, and full-time equivalency (FTE) of the applicant’s grant program coordinator(s) and fiscal manager based on application type:   * Individual school district or BOCES; * School district lead for a consortium of participating districts and/or BOCES; or * BOCES lead for a consortium of participating school districts and/or BOCES (BOCES lead applicant also outlines additional BOCES-specific program coordinator responsibilities related to grant management, technical assistance, and professional learning.) **(6 Points)** | ***Very Good*** | ***Good*** | ***Fair*** | ***Poor*** | ***NF*** |
| **6** | **5** | **4** | **2** | **0** |
| [**LL.3.Oversight.B)**](#LL3OversightBInstructions)The description of the organizational capacity includes, but is not limited to, the applicant’s academic support staffing specializing in learning loss, material, and information resources related to addressing learning loss. The description includes the applicant’s organization, structure, and all full- and part-time academic recovery professionals proposed to be assigned to the project employed by each school district, BOCES, and/or collaborating community academic support provider. Excluding the program coordinator and fiscal manager roles already described in section LL.3.Oversight.A, the description identifies and defines roles and scope of work for all positions designated in school-based and/or collaborating community-based settings. **(4 Points)** | **4** | **3** | **2** | **1** | **0** |
| [**LL.3.Oversight.C)**](#LL3OversightCInstructions)Describes the oversight process of the applicant’s program coordinator(s) to ensure the school district(s) and collaborating academic recovery professionals who specialize in addressing learning loss meet safety and health requirements, including, but not limited to, possible School-Age Child Care (SACC) registration with the NYS Office of Child and Family Services (OCFS). The applicant is clear if SACC registration is necessary. If so, a copy of the SACC registration, or evidence of where the applicant is in the SACC registration process, has been submitted with this application. SACC documentation is not included in page count. **(4 Points)** | **4** | **3** | **2** | **1** | **0** |
| [**LL.3.Oversight.D)**](#LL3OversightDInstructions)Describes the oversight process of the applicant’s program coordinator(s) to ensure that the school district or participating school districts are compliant with state and federal parents’ rights and student privacy laws, including, but not limited to, implementing parental consent, student assent, and privacy processes and recordkeeping for learning loss screenings, academic recovery progress monitoring assessments, programming, supports, and services. **(4 Points)** | **4** | **3** | **2** | **1** | **0** |
| [**LL.3.Oversight.E)**](#LL3OversightEInstructions)Describes the oversight process of the applicant’s program coordinator(s) to ensure that the school district or participating school districts provide equitable access to academic recovery programs, services, and supports for diverse students experiencing learning loss, including students who are economically disadvantaged, students with disabilities, English Language Learners, migrant, homeless, in foster care, and/or with a parent or parents in the Armed Forces. **(4 Points)** | **4** | **3** | **2** | **1** | **0** |
| [**LL.3.Oversight.F)**](#LL3OversightFInstructions)Describes the measures, data collection, and reporting process of the applicant’s program coordinator(s) and fiscal manager(s) to ensure that the school district or participating school districts meet all semi-annual and annual NYSED reporting and monitoring requirements, including number and percentage of total and diverse students served, progress made on objectives, sub-objectives, activities and outcomes. Describes how information collected and reported will be evaluated and applied to academic recovery program improvement and resolution of student learning loss. **(3 Points)** | **3** | **2** | **1.5** | **.75** | **0** |
| **Section LL.3) Oversight, Management, and Reporting Total ## out of 25 Points** | | | | | |
| ***Section LL.3) Oversight, Management, and Reporting NYSED Reviewer Comments:*** | | | | | |

#### Section LL.4.Structure and Implementation (25 Points)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The structure and implementation section describes how the applicant-proposed school-based academic recovery programming, services, and supports countering learning loss will be structured, and how the combination of activities will meet the purpose, objectives, and sub-objectives of the *Learning Loss RECOVS Grant*. | | | | | |
| ***10 Pages Maximum*** *- Any* ***Structure and Implementation*** *text beyond* ***10 pages*** *will not be read or scored by reviewers.* | | | | | |
| [**LL.4.Structure.A)**](#LL4StructureAInstructions) Describes the overall structure of the applicant’s proposed school-based direct and collaborative learning loss programming, services, and supports. Includes how the program’s structure and combined activities will collectively meet the purpose and objectives of the *Learning Loss RECOVS Grant*.  **(4 Points)** | **Very Good** | **Good** | **Fair** | **Poor** | **NF** |
| **4** | **3** | **2** | **1** | **0** |
| [**LL.4.Structure.B)**](#LL4StructureBInstructions) Describes the applicant’s proposed activities for Learning Loss Sub-Objective [LL.Obj.1.a](#LLObj1), and describes how the activities will result in the sub-objective’s required outcomes. **(3 Points)** | **3** | **2** | **1.5** | **.75** | **0** |
| [**LL.4.Structure.C)**](#LL4StructureCInstructions) Describes the applicant’s proposed activities for Learning Loss Sub-Objective [LL.Obj.1.b](#LLObj1), and describes how the activities will result in the sub-objective’s required outcomes. **(2 Points)** | **2** | **1.5** | **1** | **.5** | **0** |
| [**LL.4.Structure.D)**](#LL4StructureDInstructions) Describes the applicant’s proposed activities for Learning Loss Sub-Objective [LL.Obj.2.a](#LLObj2), and describes how the activities will result in the sub-objective’s required outcomes. **(3 Points)** | **3** | **2** | **1.5** | **.75** | **0** |
| [**LL.4.Structure.E)**](#LL4StructureEInstructions) Describes the applicant’s proposed activities for Learning Loss Sub-Objective [LL.Obj.2.b](#LLObj2), and describes how the activities will result in the sub-objective’s required outcomes. **(3 Points)** | **3** | **2** | **1.5** | **.75** | **0** |
| [**LL.4.Structure.F)**](#LL4StructureFInstructions) Describes the applicant’s proposed activities for Learning Loss Sub-Objective [LL.Obj.3.a](#LLObj3), and describes how the activities will result in the sub-objective’s required outcomes. **(3 Points)** | **3** | **2** | **1.5** | **.75** | **0** |
| [**LL.4.Structure.G)**](#LL4StructureGInstructions) Describes the applicant’s proposed activities for Learning Loss Sub-Objective [LL.Obj.3.b](#LLObj3), and describes how the activities will result in the sub-objective’s required outcomes. **(2 Points)** | **2** | **1.5** | **1** | **.5** | **0** |
| [**LL.4.Structure.H)**](#LL4StructureHInstructions) Describes the applicant’s proposed activities for Learning Loss Sub-Objective [LL.Obj.4.a](#LLObj4), and describes how the activities will result in the sub-objective’s required outcomes. **(2 Points)** | **2** | **1.5** | **1** | **.5** | **0** |
| [**LL.4.Structure.I)**](#LL4StructureIInstructions) Describes the applicant’s proposed activities for Learning Loss Sub-Objective [LL.Obj.4.b](#LLObj4), and describes how the activities will result in the sub-objective’s required outcomes. **(3 Points)** | **3** | **2** | **1.5** | **.75** | **0** |
| **Section LL.4) Structure and Implementation Total ## out of 25 Points** | | | | | |
| ***Section LL.4) Structure and Implementation NYSED Reviewer Comments:*** | | | | | |

#### Section LL.5.Budget Narrative (25 Points)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The components of the budget narrative include the:   1. Proposed Funding Table documenting the requested **first-year, second-year, and total two-year** grant award amounts, proposed students to be served by the requested grant award amount, the requested grant award’s per student amount, the required 100% matched funding and/or in-kind contributions provided by the applicant, and attestations; 2. Excluding applicant-provided matching funds and/or in-kind contributions, two FS-10 Proposed Budgets for the proposed **two-year** project; one for the **first year** of the requested grant award, and another for the **second year** of the requested grant award. Note that a second FS-10 budget is not required if the requested grant award amounts are equal in both years. 3. Narrative describing that proposed FS-10 Proposed Budget grant award expenditures (excluding matched funds and/or in-kind contributions) are appropriate, reasonable, and necessary to support the *Learning Loss RECOVS Grant* objectives, sub-objectives activities, outcomes and reporting, while supplementing, and not supplanting existing grant-aligned funds; 4. The 100% Match narrative describing how proposed learning loss expenditures funded by matching funds and/or in-kind contributions (excluding requested grant award) are appropriate, reasonable, and necessary to support the *Learning Loss RECOVS Grant* objectives, sub-objectives, activities and outcomes, while supplementing, and not supplanting existing grant-aligned funds; and 5. Narrative describing the system the applicant will use, if awarded, to track costs allocated specifically for the *Learning Loss RECOVS Grant*, ensuring funding and expenditures such as those associated with matched funds and/or in-kind contributions are not commingled with requested grant award funding. | | | | | |
| ***5 Pages Maximum*** *– All required components of the budget narrative will be reviewed and scored. The requested grant award’s* [*FS-10 Proposed Budget*](https://www.oms.nysed.gov/cafe/forms/) *pages do not count toward the maximum 5 pages.* | | | | | |
| [**LL.5.Budget.A)**](#LL5BudgetAInstructions) The [Proposed Funding Table](#FundingTable) found in Section 5) Budget Narrative in Part III.C) Proposal Application Instructions has been copied and pasted into the *Learning Loss RECOVS Grant* application. The table is completed with the applicant’s requested first year, second year, and total two-year grant award amounts, proposed number of students to be served by the requested grant award amount, the requested grant award’s per student amount, and required 100% matched funds and/or in-kind contributions provided by the applicant. Note that applications received prior to August 11th will contain a previous version of the Proposed Funding Table and the differences between the versions will not impact scoring.  Attestation #1 has been checked confirming the applicant is meeting the 100% match requirement in its award request. Attestation #2 has been checked confirming the applicant has approval of the use of matching funds.  *(Included in 5-page maximum.)* See [instructions](#Budget5A). **(5 Points)** | **Very Good** | **Good** | **Fair** | **Poor** | **NF** |
| **5** | **4** | **3** | **1.5** | **0** |
| [**LL.5.Budget.B)**](#LL5BudgetBInstructions) *Excluding* matched funding and/or in-kind contributions, the *Learning Loss RECOVS Grant* application contains one or two completed [FS-10 Proposed Budget(s](https://www.oms.nysed.gov/cafe/forms/)):   * An application contains one FS-10 Proposed Budget if the requested grant award is equal in the first year and second year, or * An application contains two FS-10 Proposed Budgets if the requested grant award amounts differ in the first year and second year of the two-year project period. * *Year 1 and Year 2 grant award amounts may differ by no more than 20%. For example, either year may not be less than 40%, or more than 60% of the two year total.*   All proposed grant award expenditures fund allowable activities that are directly aligned with the grant’s purpose and objectives. Calculations are provided and amounts are accurate. Each FS-10’s final Budget Summary page is signed and dated. *(Not included in the 5-page maximum.)* See [instructions](#Budget5B). **(5 Points)** | **5** | **4** | **3** | **1.5** | **0** |
| [**LL.5.Budget.C)**](#LL5BudgetCInstructions)For each FS-10 Proposed Budget Category:   * Code 15 – Salaries for Professional Staff; * Code 16 – Salaries for Support Staff; * Code 40 – Purchased Services; * Code 45 – Supplies and Materials; * Code 46 – Travel Expenses; * Code 40 – Purchased Services; * Code 80 - Employee Benefits; * Code 49 – BOCES Purchased Services; * Code 30 – Minor Remodeling; and * Code 20 – Equipment;   Each FS-10 Proposed Budget narrative describes how requested grant award expenditures (excluding those funded by matching funds or in-kind contributions):   * Are reasonably and accurately calculated in relation to fair market value and proposed number of students to be served; * Are appropriate and necessary to achieve the [Learning Loss RECOVS Grant objectives](#_I.C)_Learning_Loss)’ targeted provision of grant-aligned activities, services and supports for students; * Will contribute to desired results and benefits leading to achievement of required [Learning Loss RECOVS Grant outcomes and deliverables](#_II.F.2)_Learning_Loss); and * Will be only used to [supplement, and not supplant](#Supplant) current local expenditures of federal, state or local funds, as presented in Section II.D of this RFP.   *(Included in the 5-page maximum.)* See [instructions](#Budget5C). **(5 Points)** | **5** | **4** | **3** | **1.5** | **0** |
| [**LL.5.Budget.D)**](#LL5BudgetDInstructions) The 100% Match narrative describes how **two-year** learning loss expenditures funded by matching funds and/or in-kind contributions (excluding requested grant award):   * Are appropriate and necessary to achieve the [Learning Loss RECOVS Grant objectives](#_I.C)_Learning_Loss)’ targeted provision of grant-aligned activities, services and supports for students; * Will contribute to desired results and benefits leading to achievement of required [Learning Loss RECOVS Grant outcomes and deliverables](#_II.F.2)_Learning_Loss); and * Will be only used to [supplement, and not supplant](#Supplant) current local expenditures of federal, state or local funds, as presented in Section II.D of this RFP.   *(Included in 5-page maximum.)* **(5 Points)** | **5** | **4** | **3** | **1.5** | **0** |
| [**LL.5.Budget.E)**](#LL5BudgetEInstructions) Describes the system the applicant would use to track costs that are allocated specifically for this *Learning Loss RECOVS Grant* program, ensuring funding and expenditures such as those associated with matched funds and/or in-kind contributions are not commingled with requested grant award funding. *(Included in the 5-page maximum.)* **(5 Points)** | **5** | **4** | **3** | **1.5** | **0** |
| **Section LL.5) Budget Narrative Total ## out of 25 Points** | | | | | |
| ***Section LL.5) Budget Narrative NYSED Reviewer Comments:*** | | | | | |

1. **Debriefing Procedures**

All unsuccessful applicants may request a debriefing within fifteen (15) calendar days of receiving notice from NYSED. Bidders may request a debriefing letter on the selection process regarding this RFP by submitting a written request to the Fiscal Contact person at [RECOVSRFP@nysed.gov](mailto:RECOVSRFP@nysed.gov).

The Fiscal Contact person will arrange with program staff to provide a written summary of the proposal’s strengths and weaknesses, as well as recommendations for improvement. Within ten (10) business days, the program staff will issue a written debriefing letter to the bidder.

1. **Contract Award Protest Procedures**

Applicants who receive a notice of non-award or disqualification may protest the NYSED award decision subject to the following:

1. The protest must be in writing and must contain specific factual and/or legal allegations setting forth the basis on which the protesting party challenges the contract award by NYSED.
2. The protest must be filed within ten (10) business days of receipt of a debriefing or disqualification letter. The protest letter must be filed with [RECOVSRFP@nysed.gov](mailto:RECOVSRFP@nysed.gov).
3. The NYSED Contract Administration Unit (CAU) will convene a review team that will include at least one staff member from each of NYSED’s Office of Counsel, CAU, and the Program Office. The review team will review and consider the merits of the protest and will decide whether the protest is approved or denied. Counsel’s Office will provide the bidder with written notification of the review team’s decision within ten (10) business days of the receipt of the protest. The original protest and decision will be filed with OSC when the contract procurement record is submitted for approval and CAU will advise OSC that a protest was filed.
4. The NYSED Contract Administration Unit (CAU) may summarily deny a protest that fails to contain specific factual or legal allegations, or where the protest only raises issues of law that have already been decided by the courts.
5. **NYSED’s Reservation of Rights**

NYSED reserves the right to: (1) reject any or all proposals received in response to the RFP; (2) withdraw the RFP at any time, at the agency’s sole discretion; (3) make an award under the RFP in whole or in part; (4) disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP; (5) seek clarifications of proposals; (6) use proposal information obtained through site visits, management interviews and the state’s investigation of a bidder’s qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFP; (7) prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available; (8) prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments; (9) change any of the scheduled dates; (10) waive any requirements that are not material; (11) negotiate with the successful bidder within the scope of the RFP in the best interests of the state; (12) conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder; (13) utilize any and all ideas submitted in the proposals received; (14) unless otherwise specified in the solicitation, every offer is firm and not revocable for a period of 90 days from the bid opening; (15) require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offeror’s proposal and/or to determine an offeror’s compliance with the requirements of the solicitation; (16) request best and final offers.

1. **Appendices and Attachments**

**Required Terms and Certifications:**

|  |  |
| --- | --- |
| Appendix A: | Standard Clauses for NYS Contracts |
| Appendix A-1G: | Agency-Specific Clauses |
| Appendix R: | Data Security and Privacy Plan |
| Appendix Z: | Required Assurances and Certifications |

**Attachments:**

|  |  |
| --- | --- |
| Attachment 1: | Application Cover Page |
| Attachment 2: | Application Package Checklist |
| Attachment 3: | M/WBE Goal Calculation Worksheet |
| Attachment 4: | M/WBE Cover Letter |
| Attachment 5: | M/WBE Utilization Plan (M/WBE 100) |
| Attachment 6: | M/WBE Subcontractor/Suppliers Notice of Intent to Participate (M/WBE 102) |
| Attachment 7: | M/WBE Contractor Good Faith Efforts Certification (M/WBE 105) |
| Attachment 8: | M/WBE Contractor Unavailable Certification (M/WBE 105A) |
| Attachment 9: | M/WBE Request for Waiver Form (M/WBE 101) |
| Attachment 10: | Equal Employment Opportunity Staffing Plan (EEO 100) |
| Attachment 11: | Workers’ Compensation Coverage and Debarment |

### Appendix A: Standard Clauses for NYS Contracts

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "the contract" or "this contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a contractor, licenser, licensee, lessor, lessee or any other party):

**1. EXECUTORY CLAUSE.** In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

**2. NON-ASSIGNMENT CLAUSE.** In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the State’s previous written consent, and attempts to do so are null and void. Notwithstanding the foregoing, such prior written consent of an assignment of a contract let pursuant to Article XI of the State Finance Law may be waived at the discretion of the contracting agency and with the concurrence of the State Comptroller where the original contract was subject to the State Comptroller’s approval, where the assignment is due to a reorganization, merger or consolidation of the Contractor’s business entity or enterprise. The State retains its right to approve an assignment and to require that any Contractor demonstrate its responsibility to do business with the State. The Contractor may, however, assign its right to receive payments without the State’s prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

**3. COMPTROLLER'S APPROVAL.** In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds $50,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds $25,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller's approval of contracts let by the Office of General Services is required when such contracts exceed $85,000 (State Finance Law § 163.6-a). However, such pre-approval shall not be required for any contract established as a centralized contract through the Office of General Services or for a purchase order or other transaction issued under such centralized contract.

**4. WORKERS' COMPENSATION BENEFITS.** In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

**5. NON-DISCRIMINATION REQUIREMENTS.** To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment, nor subject any individual to harassment, because of age, race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, familial status, marital status, or domestic violence victim status or because the individual has opposed any practices forbidden under the Human Rights Law or has filed a complaint, testified, or assisted in any proceeding under the Human Rights Law. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of $50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

**6. WAGE AND HOURS PROVISIONS.** If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by the State of any State approved sums due and owing for work done upon the project.

**7. NON-COLLUSIVE BIDDING CERTIFICATION.** In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor affirms, under penalty of perjury, that its bid was arrived at indepen­dently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor’s behalf.

**8. INTERNATIONAL BOYCOTT PROHIBITION.** In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds $5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2 NYCRR § 105.4).

**9. SET-OFF RIGHTS.** The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency, its representatives, or the State Comptroller.

**10. RECORDS.** The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, the "Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as well as the agency or agencies involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

**11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION.** (a) Identification Number(s). Every invoice or New York State Claim for Payment submitted to a New York State agency by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee’s Federal employer identification number, (ii) the payee’s Federal social security number, and/or (iii) the payee’s Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

**12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN.** In accordance with Section 312 of the Executive Law and 5 NYCRR Part 143, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of $25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of $100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of $100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement, the Contractor certifies and affirms that it is Contractor’s equal employment opportunity policy that:

1. (a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State contracts and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(b) at the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein; and

(c) the Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of "a," "b," and "c" above, in every subcontract over $25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this clause. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Department of Economic Development’s Division of Minority and Women's Business Development pertaining hereto.

**13. CONFLICTING TERMS.** In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.

**14. GOVERNING LAW.** This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

**15. LATE PAYMENT.** Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

**16. NO ARBITRATION.** Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

**17. SERVICE OF PROCESS.** In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

**18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS.** The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of Section 165 of the State Finance Law, (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State.

In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in § 165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

**19. MACBRIDE FAIR EMPLOYMENT PRINCIPLES.** In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such principles.

**20. OMNIBUS PROCUREMENT ACT OF 1992.** It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority- and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development

Division for Small Business

Albany, New York 12245

Telephone: 518-292-5100

Fax: 518-292-5884

email: [opa@esd.ny.gov](mailto:opa@esd.ny.gov)

A directory of certified minority- and women-owned business enterprises is available from:

NYS Department of Economic Development

Division of Minority and Women's Business Development

633 Third Avenue

New York, NY 10017

212-803-2414

email: [mwbecertification@esd.ny.gov](mailto:mwbecertification@esd.ny.gov)

[NYS M/WBE Directory](https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp)

The Omnibus Procurement Act of 1992 (Chapter 844 of the Laws of 1992, codified in State Finance Law § 139-i and Public Authorities Law § 2879(3)(n)–(p)) requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than $1 million:

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority- and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;

(b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

**21. RECIPROCITY AND SANCTIONS PROVISIONS.** Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively, codified in State Finance Law § 165(6) and Public Authorities Law § 2879(5)) ) require that they be denied contracts which they would otherwise obtain. NOTE: As of October 2019, the list of discriminatory jurisdictions subject to this provision includes the states of South Carolina, Alaska, West Virginia, Wyoming, Louisiana and Hawaii.

**22. COMPLIANCE WITH BREACH NOTIFICATION AND DATA SECURITY LAWS.** Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law § 899-aa and State Technology Law § 208) and commencing March 21, 2020, shall also comply with General Business Law § 899-bb.

**23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW.** If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal or similar services, then, in accordance with Section 163 (4)(g) of the State Finance Law (as amended by Chapter 10 of the Laws of 2006), the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to the agency that awarded the contract, the Department of Civil Service and the State Comptroller.

**24. PROCUREMENT LOBBYING.** To the extent this agreement is a "procurement contract" as defined by State Finance Law §§ 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law §§ 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

**25. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE OF TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS.**

To the extent this agreement is a contract as defined by Tax Law § 5-a, if the contractor fails to make the certification required by Tax Law § 5-a or if during the term of the contract, the Department of Taxation and Finance or the covered agency, as defined by Tax Law § 5-a, discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if the covered agency determines that such action is in the best interest of the State.

**26**. **IRAN DIVESTMENT ACT.** By entering into this Agreement, Contractor certifies in accordance with State Finance Law § 165-a that it is not on the “Entities Determined to be Non-Responsive Bidders/Offerers pursuant to the New York State Iran Divestment Act of 2012” (“[Prohibited Entities List](https://ogs.ny.gov/list-entities-determined-be-non-responsive-biddersofferers-pursuant-nys-iran-divestment-act-2012)”).

Contractor further certifies that it will not utilize on this Contract any subcontractor that is identified on the Prohibited Entities List. Contractor agrees that should it seek to renew or extend this Contract; it must provide the same certification at the time the Contract is renewed or extended. Contractor also agrees that any proposed Assignee of this Contract will be required to certify that it is not on the Prohibited Entities List before the contract assignment will be approved by the State.

During the term of the Contract, should the state agency receive information that a person (as defined in State Finance Law § 165-a) is in violation of the above-referenced certifications, the state agency will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the state agency shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

The state agency reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

**27.** **ADMISSIBILITY OF REPRODUCTION OF CONTRACT.** Notwithstanding the best evidence rule or any other legal principle or rule of evidence to the contrary, the Contractor acknowledges and agrees that it waives any and all objections to the admissibility into evidence at any court proceeding or to the use at any examination before trial of an electronic reproduction of this contract, in the form approved by the State Comptroller, if such approval was required, regardless of whether the original of said contract is in existence.

(October 2019)

### Appendix A-1-G: Agency-Specific Clauses

General

1. In the event that the Contractor shall receive from any source whatsoever, sums the payment of which is in consideration for the same costs and services provided to the State, the monetary obligation of the State hereunder shall be reduced by an equivalent amount provided, however, that nothing contained herein shall require such reimbursement where additional similar services are provided, and no duplicative payments are received.
2. This agreement is subject to applicable Federal, and State Laws and regulations and the policies and procedures stipulated in the NYS Education Department Fiscal Guidelines found at http:/www.nysed.gov/cafe/.
3. For each individual for whom costs are claimed under this agreement, the contractor warrants that the individual has been classified as an employee or as an independent contractor in accordance with 2 NYCRR 315 and all applicable laws including, but not limited to, the Internal Revenue Code, the New York Retirement and Social Security Law, the New York Education Law, the New York Labor Law, and the New York Tax Law. Furthermore, the contractor warrants that all project funds allocated to the proposed budget for Employee Benefits, represent costs for employees of the contractor only and that such funds will not be expended on any individual classified as an independent contractor.
4. Any modification to this Agreement that will result in a transfer of funds among program activities or budget cost categories, but does not affect the amount, consideration, scope or other terms of this Agreement must be approved by the Commissioner of Education and the Office of the State Comptroller when:
   1. The amount of the modification is equal to or greater than ten percent of the total value of the contract for contracts of less than five million dollars; or
   2. The amount of the modification is equal to or greater than five percent of the total value of the contract for contracts of more than five million dollars.
5. Funds provided by this contract may not be used to pay any expenses of the State Education Department or any of its employees.

Terminations

1. The State may terminate this Agreement without cause by thirty (30) days prior written notice. In the event of such termination, the parties will adjust the accounts due, and the Contractor will undertake no additional expenditures not already required. Upon any such termination, the parties shall endeavor in an orderly manner to wind down activities hereunder.

Responsibility Provisions

A. General Responsibility Language

The Contractor shall at all times during the Contract term remain responsible. The Contractor agrees, if requested by the Commissioner of Education or his or her designee, to present evidence of its continuing legal authority to do business in New York State, integrity, experience, ability, prior performance, and organizational and financial capacity.

B. Suspension of Work (for Non-Responsibility)

The Commissioner of Education or his or her designee, in his or her sole discretion, reserves the right to suspend any or all activities under this Contract, at any time, when he or she discovers information that calls into question the responsibility of the Contractor. In the event of such suspension, the Contractor will be given written notice outlining the particulars of such suspension. Upon issuance of such notice, the Contractor must comply with the terms of the suspension order. Contract activity may resume at such time as the Commissioner of Education or his or her designee issues a written notice authorizing a resumption of performance under the Contract.

C. Termination (for Non-Responsibility)

Upon written notice to the Contractor, and a reasonable opportunity to be heard with appropriate SED officials or staff, the Contract may be terminated by the Commissioner of Education or his or her designee at the Contractor’s expense where the Contractor is determined by the Commissioner of Education or his or her designee to be non-responsible. In such event, the Commissioner or his or her designee may complete the contractual requirements in any manner he or she may deem advisable and pursue available legal or equitable remedies for breach.

Safeguards for Services and Confidentiality

1. Any copyrightable work produced pursuant to said agreement shall be the sole and exclusive property of the New York State Education Department. The material prepared under the terms of this agreement by the Contractor shall be prepared by the Contractor in a form so that it will be ready for copyright in the name of the New York State Education Department. Should the Contractor use the services of consultants or other organizations or individuals who are not regular employees of the Contractor, the Contractor and such organization or individual shall, prior to the performance of any work pursuant to this agreement, enter into a written agreement, duly executed, that shall set forth the services to be provided by such organization or individual and the consideration therefor. Such agreement shall provide that any copyrightable work produced pursuant to said agreement shall be the sole and exclusive property of the New York State Education Department and that such work shall be prepared in a form ready for copyright by the New York State Education Department. A copy of such agreement shall be provided to the State.

B. All reports of research, studies, publications, workshops, announcements, and other activities funded as a result of this proposal will acknowledge the support provided by the State of New York.

C. This agreement cannot be modified, amended, or otherwise changed except by a written agreement signed by all parties to this contract.

D. No failure to assert any rights or remedies available to the State under this agreement shall be considered a waiver of such right or remedy or any other right or remedy unless such waiver is contained in a writing signed by the party alleged to have waived its right or remedy.

E. Expenses for travel, lodging, and subsistence shall be reimbursed in accordance with the policies stipulated in the aforementioned Fiscal guidelines.

F. No fees shall be charged by the Contractor for training provided under this agreement.

G. Nothing herein shall require the State to adopt the curriculum developed pursuant to this agreement.

H. All inquiries, requests, and notifications regarding this agreement shall be directed to the Program Contact or Fiscal Contact shown on the Grant Award included as part of this agreement.

I. This agreement, including all appendices, is upon signature of the parties and the approval of the Attorney General and the State Comptroller, a legally enforceable contract. Therefore, a signature on behalf of the Contractor will bind the Contractor to all the terms and conditions stated therein.

J. The parties to this agreement intend the foregoing writing to be the final, complete, and exclusive expression of all the terms of their agreement.

Rev. 5/12/14

### Appendix R: Data Security and Privacy Plan

Appendix R

NEW YORK STATE EDUCATION DEPARTMENT’S

DATA PRIVACY APPENDIX FOR GRANT CONTRACTS

ARTICLE I: DEFINITIONS

As used in this Data Privacy Appendix (“DPA”), the following terms shall have the following meanings:

1. **Access:** The ability to view or otherwise obtain, but not copy or save, data arising from the on-site use of an information system or from a personal meeting.
2. **Breach:** The unauthorized Access, acquisition, use, or Disclosure of Personal Information that is (a) accomplished in a manner not permitted by New York State and federal laws, rules, and regulations, or in a manner that compromises its security or privacy, (b) executed by or provided to a person not authorized to acquire, access, use, or receive it, or (c) a Breach of Contractor’s or Subcontractor’s security that leads to the accidental or unlawful destruction, loss, alteration, Access to or Disclosure of, Personal Information.
3. **Disclose or Disclosure**: The intentional or unintentional release, transfer, or communication of Personal Information by any means, including oral, written, or electronic.
4. **Personal Information:** Information concerning a natural person which, because of name, number, personal mark, or other identifier, can be used to identify such natural person.
5. **Services:** Services provided by Contractor pursuant to this Contract with the New York State Education Department (“NYSED”) to which this DPA is attached and incorporated.
6. **Subcontractor:** Contractor’s non-employee agents, consultants, volunteers, including student interns, who is engaged in the provision of Services pursuant to an agreement with or at the direction of the Contractor.

ARTICLE II: PRIVACY AND SECURITY OF PERSONAL INFORMATION

1. **Compliance with Law.**

When providing Services pursuant to this Contract, Contractor may receive and/or have Access to Personal Information regulated by one or more New York and/or federal laws and regulations, including, but not limited to, the Family Educational Rights and Privacy Act at 12 U.S.C. § 1232g (34 CFR Part 99); Children's Online Privacy Protection Act at 15 U.S.C. §§ 6501-6502 (16 CFR Part 312); Protection of Pupil Rights Amendment at 20 U.S.C. § 1232h (34 CFR Part 98); the Individuals with Disabilities Education Act at 20 U.S.C. § 1400 et seq. (34 CFR Part 300); the New York Education Law at § 2-d (8 NYCRR Part 121); the New York General Business Law at article 39-F; and the New York Personal Privacy Protection Law at Public Officers Law article 6-A. Contractor agrees to maintain the confidentiality and security of Personal Information in accordance with applicable New York, federal and local laws, rules and regulations.

1. **Data Privacy and Security**.
   1. Contractor agrees and understands that Contractor has no property, licensing, or ownership rights or claims to Personal Information Accessed by or Disclosed to Contractor for the purpose of providing Services, and Contractor shall not use Personal Information for any purpose other than to provide Services. Contractor will ensure that its Subcontractors agree and understand that neither the Subcontractor nor Contractor has any property, licensing or ownership rights or claims to Personal Information received or Accessed by or Disclosed to Subcontractor for the purpose of assisting Contractor in providing Services.
   2. Contractor shall adopt and maintain reasonable safeguards to protect the security, confidentiality, and integrity of Personal Information in a manner that complies with General Business Law section 899-bb and other applicable New York State, federal and local laws, rules and regulations.
   3. Upon NYSED’s request, Contractor may be required to undergo an audit of its privacy and security safeguards, measures, and controls, or in lieu of performing an audit, provide NYSED with an industry standard independent audit report on Contractor’s privacy and security practices that is no more than twelve months old.
2. **Contractor’s Employees and Subcontractors**.
   1. Access to or Disclosure of Personal Information shall only be provided to Contractor’s employees and Subcontractors who need to know the Personal Information to provide the Services and such Access and/or Disclosure of Personal Information shall be limited to the extent necessary to provide such Services. Contractor shall ensure that all such employees and Subcontractors comply with the terms of this DPA.
   2. Contractor must ensure that each Subcontractor performing Services where the Subcontractor will have Access to and/or receive Disclosed Personal Information is contractually bound by a written agreement that includes confidentiality and data security obligations equivalent to, consistent with, and no less protective than, those found in this DPA.
   3. Contractor shall examine the data privacy and security measures of its Subcontractors. If at any point a Subcontractor fails to materially comply with the requirements of this DPA, Contractor shall (i) notify NYSED, (ii) as applicable, remove such Subcontractor’s Access to Personal Information; and (iii) as applicable, retrieve all Personal Information received or stored by such Subcontractor and/or ensure that such Personal Information has been securely deleted or securely destroyed in accordance with this DPA. In the event there is an incident in which Personal Information held, possessed, or stored by the Subcontractor is compromised, unlawfully Accessed, or unlawfully Disclosed, Contractor shall follow the Data Breach reporting requirements set forth in Section 5 of this DPA.
   4. Contractor shall take full responsibility for the acts and omissions of its employees and Subcontractors.
   5. Other than Contractor’s employees and Subcontractors who have a need to know the Personal Information, Contractor must not provide Access to or Disclose Personal Information to any other party unless such Disclosure is required by statute, court order or subpoena, and Contractor notifies NYSED of the court order or subpoena no later than the time the Personal Information is Disclosed, unless such Disclosure to NYSED is expressly prohibited by the statute, court order or subpoena. Notification shall be made in accordance with the Notice provisions of this r Contract and shall also be provided to the Office of the Chief Privacy Officer, NYS Education Department, 89 Washington Avenue, Albany, New York 12234.
   6. Contractor shall ensure that its Subcontractors know that they cannot provide Access to or Disclose Personal Information to any other party unless such Disclosure is required by statute, court order or subpoena. If a Subcontractor is required to provide Access to or Disclose Personal Information pursuant to a court order or subpoena, the Subcontractor shall, unless prohibited by statute, court order or subpoena, notify Contractor no later than two (2) days before any Personal Information is Disclosed. Upon receipt of notice from a Subcontractor, Contractor shall provide notice to NYSED no later than the time that the Subcontractor is scheduled to provide Access to or Disclose the Personal Information.
   7. Contactor shall ensure that all its employees and Subcontractors who will receive Personal Information will be trained on the federal and state laws governing confidentiality of such data prior to receipt.
3. **Data Return and Destruction of Data**.
   1. Contractor is prohibited from retaining Disclosed Personal Information or continuing to Access Personal Information, including any copy, summary or extract of Personal Information, on any storage medium (including, without limitation, hard copies, and storage in secure data centers and/or cloud-based facilities) beyond the term of the this Contract unless such retention is expressly authorized by the this Contract, necessary for purpose of facilitating the transfer of Personal Information to NYSED, or expressly required by law. As applicable, upon expiration or termination of this Contract, Contractor shall transfer Personal Information to NYSED in a format agreed to by the Parties.
   2. When the purpose that necessitated Contractor’s Access to and/or Disclosure of Personal Information has been completed or Contractor’s authority to have Access to Personal Information and/or retain Disclosed Personal Information has expired, Contractor shall ensure that, as applicable, (1) all privileges providing Access to Personal Information are revoked, and (2) all Personal Information (including without limitation, all hard copies, archived copies, electronic versions, electronic imaging of hard copies) retained by Contractor and/or its Subcontractors, including all Personal Information maintained on behalf of Contractor or its Subcontractors in a secure data center and/or cloud-based facilities is securely deleted and/or destroyed in a manner that does not allow it to be retrieved or retrievable, read, or reconstructed. Hard copy media must be shredded or destroyed such that Personal Information cannot be read, or otherwise reconstructed, and electronic media must be securely cleared, purged, or destroyed such that the Personal Information cannot be retrieved, read, or reconstructed. When Personal Information is held in paper form, destruction of such Personal Information, and not redaction, will satisfy the requirements for data destruction. Redaction is specifically excluded as a means of data destruction.
   3. Upon request by NYSED, Contractor may be required to provide NYSED with a written certification of (1) revocation of Access to Personal Information granted by Contractor and/or its Subcontractors, and (2) the secure deletion and/or secure destruction of Personal Information held by the Contractor or Subcontractors, at the address for notifications set forth in this Contract.
   4. To the extent that Contractor and/or its Subcontractors continue to be in possession of any de-identified data (i.e., data that has had all direct and indirect identifiers removed), Contractor agrees that it will not attempt to re-identify de-identified data and/or transfer de-identified data to any person or entity, except as provided in subsection (a) of this section and that it will prohibit its Subcontractors from the same.
4. **Breach**.
   1. Contractor shall promptly notify NYSED of any Breach of Personal Information, regardless of whether the Contractor or a Subcontractor suffered the Breach, without delay and in the most expedient way possible, but in no circumstance later than seven (7) calendar days after discovery of the Breach. Notifications shall be made in accordance with the notice provisions of this contract and shall also be provide to the office of the Chief Privacy Officer, NYS Education Department, 89 Washington Avenue, Albany, New York 12234 and must include a description of the Breach that identifies the date of the incident, the date of discovery, the types of Personal Information affected and the number of records affected; a description of Contractor’s investigation; and the name of a point of contact.
   2. Contractor and its Subcontractors will cooperate with NYSED, and law enforcement where necessary, in any investigations into a Breach. Any costs incidental to the required cooperation or participation of the Contractor or its Subcontractors will be the sole responsibility of the Contractor if such Breach is attributable to Contractor or its Subcontractors.
   3. Contractor shall promptly notify the affected individuals of any Breach, regardless of whether Contractor or a Subcontractor suffered the Breach. Such notice shall be made using one of the methods prescribed by § 899-aa (5) of the New York General Business Law. If Contractor requires information from NYSED to perform such notifications, Contractor shall reimburse NYSED for the cost of assembling and providing such information to Contractor.
5. **Termination**.

The confidentiality and data security obligations of Contractor under this DPA shall survive any termination of this Contract to which this DPA is attached and shall continue for as long as Contractor or its Subcontractors retain Access to Personal Information.

### Appendix Z: Required Assurances and Certifications

The following assurances and certifications are a component of your application. ***By signing the certification on the application cover page, you are ensuring accountability and compliance with applicable State and federal laws, regulations, and grants management requirements.***

Sexual Harassment Prevention Certification

By submission of this application, each applicant and each person signing on behalf of any applicant certifies, and in the case of a joint application each party thereto certifies its own organization, under penalty of perjury, that the applicant has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one g of the labor law.

### Attachment 1: Application Cover Page

2023-2025 New York State RECOVS: Recover from COVID School Program

Application Cover Page

Agency Code

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

Check One Type of Applicant for this RECOVS Application:

|  |  |  |  |
| --- | --- | --- | --- |
| Mental Health Grant Individual School District Applicant  Mental Health Grant Consortium School District Lead Applicant | Mental Health Grant Individual BOCES  Applicant  Mental Health Grant Consortium BOCES Lead Applicant | Learning Loss Grant Individual School District Applicant  Learning Loss Grant Consortium School District Lead Applicant | Learning Loss Grant Individual BOCES Applicant  Learning Loss Grant Consortium BOCES Lead Applicant |

|  |  |  |
| --- | --- | --- |
| Name Applicant agency: | Name and Title of Contact Person: | |
| Address:  City: ZIP Code:  County: | Telephone: | |
| Fax: | |
| E-Mail: | |
| I hereby certify that I am the applicant’s chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Certifications, Appendix A, Appendix A-1G, and that the requested budget amounts are necessary for the implementation of this project. It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances. | | |
| Original Signature of Chief Administrative Officer: | | Typed Name of Chief Administrative Officer: |
| Date: | | |

|  |
| --- |
| Check all that apply:  This is the applicant’s sole RECOVS grant application. The school district or BOCES will not appear in an additional individual or consortium RECOVS application.  In addition to this Mental Health or Learning Loss RECOVS grant application, the applicant school district or BOCES will also appear within an application for the other RECOVS Learning Loss or Mental Health grant program as  an individual applicant, or  the lead applicant of a consortium,  a participating school district or BOCES of a consortium led by [enter name of school district or BOCES]. |

### Attachment 2: Application Package Checklist

Listed below are the required documents for a complete application package, in the order that they are to be submitted. Use this checklist to ensure that the application submission is complete and in compliance with application instructions.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Required Documents**  (*Mental Health* and *Learning Loss RECOVS Grant* applications are completed and submitted separately.) | | | **Submit**  **via** | | **Checked by Applicant** | | **Checked by**  **NYSED** |
| **MH**  **or**  **LL**  **App.A** | [Application Cover Page](#_Attachment_1:_Application)  (with Original Signature of Chief Administrative Officer) No page limit and not included in page count. | | Survey  Monkey  Apply  (SMA) | |  | |  |
| **MH**  **or**  **LL**  **App.B** | Application Package Checklist  (This Document) No page limit and not included in page count. | | SMA | |  | |  |
| **MH**  **or**  **LL**  **App.C** | [Table of Contents](#_Section_TOC)_Table)  No Page Maximum | | SMA | |  | |  |
| **MH**  **or**  **LL**  **App.D** | Proposal Narrative Sections  [1) Abstract](#_Section_1)_Abstract)  No Page Maximum  [2) Need Narrative](#_Section_2)_Need)  5 Pages Maximum  [3) Oversight, Management, and Reporting](#_Section_3)_Oversight,)  10 Pages Maximum – Evidentiary documentation of School-Aged Child Care (SACC) Registration or OCFS process is not included in page count.  [4) Structure and Implementation](#_Section_4:_Structure)  10 Pages Maximum  [5a) Budget Narrative](#_Section_MH.5)_Budget)  5 Pages Maximum  [5b) FS-10 Proposed Budget(s](http://www.oms.nysed.gov/cafe/forms/))\* (for the requested grant amount. Original Signature Required) – FS-10 pages are not included in page count. | | SMA  SMA  SMA  SMA  SMA  FS-10\*  SMA  &  Mail | | FS-10\*    & | | FS-10\*    & |
|  | \*FS-10(s) are submitted online via SMA, and 3 Signed hard copies are mailed to NYSED. | | | | | | |
| **MH or LL**  **App.E** | [**M/WBE Documents Package**](#VIIIMWBE) | **M/WBE Forms Required For:** | | | | | |
| **Type of M/WBE Form**  (Original Signatures Required) | | **Full Participation Documents:** | | **Partial Waiver Request Documents:** | | **Total**  **Waiver Request Documents** | |
| [Attachment 3: M/WBE Goal Calculation Worksheet](#_Attachment_3:_M/WBE_1) | | **(Required)** | | **(Required)** | | **(Required)** | |
| [Attachment 4: M/WBE Cover Letter](#_Attachment_4:_M/WBE) | | **(Required)** | | **(Required)** | | **(Required)** | |
| [Attachment 5: M/WBE 100 Utilization Plan](#_Attachment_5:_M/WBE) | | **(Required)** | | **(Required)** | | (Not Required) | |
| [Attachment 6: M/WBE 102 Notice of Intent to Participate](#_Attachment_6:_M/WBE) | | **(Required)** | | **(Required)** | | (Not Required) | |
| [Attachment 7: M/WBE 105 Contractor’s Good Faith Efforts](#_Attachment_7:_M/WBE) | | (Not Required) | | **(Required)** | | **(Required)** | |
| [Attachment 8. M/WBE Contractor Unavailable Certification](#_Attachment_8:_M/WBE) | | (Not Required) | | **(Required)** | | **(Required)** | |
| [Attachment 9: M/WBE 101 Request for Waiver Form and Instructions](#_Attachment_9:_M/WBE) | | (Not Required) | | **(Required)** | | **(Required)** | |
| [Attachment 10: EE0 100 Staffing Plan and Instructions](#_Attachment_10:_Equal) | | **(Required)** | | **(Required)** | | **(Required)** | |

**SED Reviewer Comments for Application Submission:**

**The applicant has complied with all application instructions.  Yes  No**

|  |  |  |  |
| --- | --- | --- | --- |
| **SED Reviewer’s Name:** |  | **Date:** |  |
| **SED Reviewer’s Signature:** |  |  |  |

### Attachment 3: M/WBE Goal Calculation Worksheet

|  |  |
| --- | --- |
| **RFP# and Title:** | **Mental Health RECOVS Grant or**  **Learning Loss RECOVS Grant** |
| **Applicant Name:** |  |
| **Project Year:** | 2023-24 |

The M/WBE participation for this grant is 30% of each applicant’s total discretionary non-personal service budget over the entire term of the grant. Discretionary non-personal service budget is defined as the total annual budget, excluding the sum of funds budgeted for direct personal services (i.e., professional and support staff salaries) fringe benefits, as well as rent, lease, utilities and indirect costs, if these are allowable expenditures**.**

**Please complete the following table to determine the dollar amount of the M/WBE goal for the current project year.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Budget Category** | **Amount budgeted for items excluded from M/WBE calculation** | **Total** |
|  | **Total Budget** |  |  |
|  | **Professional Salaries** |  |  |
|  | **Support Staff Salaries** |  |  |
|  | **Fringe Benefits** |  |  |
|  | **Indirect Costs** |  |  |
|  | **Portion of Purchased Services used for Stipends (Codes 40 & 49)** |  |  |
|  | **Rent/Lease/Utilities/Mileage Reimbursement\*** |  |  |
|  | **Sum of lines 2, 3, 4, 5, 6 and 7** |  |  |
|  | **Line 1 minus Line 8** |  |  |
|  | **M/WBE goal percentage (30%)** |  | **0.30** |
|  | **Line 9 multiplied by Line 10 = M/WBE goal amount** |  |  |

\*If not included in #5

**This form is only for use with the RECOVS Mental Health & RECOVS Learning Loss grant programs. It may not be used for any other grant program.**

### Attachment 4: M/WBE Cover Letter

**M/WBE COVER LETTER Minority & Women-Owned Business Enterprise**

**Requirements**

|  |  |
| --- | --- |
| **NAME OF GRANT PROGRAM:** | **Mental Health RECOVS Grant** |
|  | **Learning Loss RECOVS Grant** |

|  |  |
| --- | --- |
| **NAME OF APPLICANT:** |  |

In accordance with the provisions of Article 15-A of the NYS Executive Law, 5 NYCRR Parts 140-145, Section 163 (6) of the NYS Finance Law and Executive Order #8 and in fulfillment of the New York State Education Department (NYSED) policies governing Equal Employment Opportunity and Minority and Women-Owned Business Enterprise (M/WBE) participation, it is the intention of the New York State Education Department to provide real and substantial opportunities for certified Minority and Women-Owned Business Enterprises on all State contracts. It is with this intention that NYSED has assigned M/WBE participation goals to this contract.

In an effort to promote and assist in the participation of certified M/WBEs as subcontractors and suppliers on this project for the provision of services and materials, the bidder is required to comply with NYSED’s participation goals through one of the three methods below. Please indicate which one of the following is included with the M/WBE Documents Submission:

Full Participation – No Request for Waiver (PREFERRED)

Partial Participation – Partial Request for Waiver

No Participation – Request for Complete Waiver

|  |
| --- |
| By my signature on this Cover Letter, I certify that I am authorized to bind the Bidder’s firm contractually. |
| Signature/Date |
| Typed or Printed Name of Authorized Representative of the Firm |
| Typed or Printed Title/Position of Authorized Representative of the Firm |

### Attachment 5: M/WBE Utilization Plan (M/WBE 100)

**M/WBE UTILIZATION PLAN**

**INSTRUCTIONS: All** bidders/applicants submitting responses to this procurement/project must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal/application. The plan must contain detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder/applicant.

Bidder/Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RFP No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Certified M/WBE** | **Classification**  **(check all applicable)** | **Description of Work**  **(Subcontracts/Supplies/Services)** | **Annual Dollar Value of**  **Subcontracts/Supplies/Services** |
| NAME  ADDRESS  CITY, ST, ZIP  PHONE/E-MAIL  FEDERAL ID No. | NYS ESD Certified  MBE \_\_\_\_\_\_  WBE \_\_\_\_\_\_ |  | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NAME  ADDRESS  CITY, ST, ZIP  PHONE/E-MAIL  FEDERAL ID No. | NYS ESD Certified  MBE \_\_\_\_\_\_  WBE \_\_\_\_\_ |  | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

PREPARED BY (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT’S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-1, 5 NYCRR PART 143 AND THE ABOVE REFERENCE SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL/APPLICATION DISQUALIFICATION.**

|  |
| --- |
| REVIEWED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_  UTILIZATION PLAN APPROVED YES/NO DATE \_\_\_\_\_\_\_\_\_\_  NOTICE OF DEFICIENCY ISSUED YES/NO DATE \_\_\_\_\_\_\_\_\_\_  NOTICE OF ACCEPTANCE ISSUED YES/NO DATE \_\_\_\_\_\_\_\_\_\_ |

NAME AND TITLE OF PREPARER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*print or type)*

TELEPHONE/E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**M/WBE 100**

### Attachment 6: M/WBE Notice of Intent to Participate (M/WBE 102)

**M/WBE SUBCONTRACTORS AND SUPPLIERS NOTICE OF INTENT TO PARTICIPATE**

|  |
| --- |
| INSTRUCTIONS: Part A of this form must be completed and signed by the Bidder/Applicant unless requesting a total waiver. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The Bidder/Applicant must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal/application. |
|  |
| Bidder/Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ ZIP Code\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Representative of Bidder/Applicant’s Firm Print or Type Name and Title of Authorized Representative of Bidder/Applicant’s Firm  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT/APPLICATION:**  Name of M/WBE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, ZIP Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:**   |  | | --- | |  |   **DESIGNATION:** \_\_\_\_MBE Subcontractor \_\_\_\_WBE Subcontractor \_\_\_\_MBE Supplier \_\_\_\_WBE Supplier |
|  |
| **PART C - CERTIFICATION STATUS (CHECK):**  \_\_\_\_\_ The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).  **THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT’S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The estimated dollar amount of the agreement $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Authorized Representative of M/WBE Firm  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed or Typed Name and Title of Authorized Representative Date |

### 

### Attachment 7: M/WBE Contractor’s Good Faith Efforts Certification (M/WBE 105)

**M/WBE CONTRACTOR GOOD FAITH EFFORTS CERTIFICATION (FORM 105)**

|  |  |  |
| --- | --- | --- |
| **NAME OF GRANT PROGRAM:** | **Mental Health RECOVS Grant -or-** | **Learning Loss RECOVS Grant** |

PROJECT/CONTRACT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Bidder/Applicant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title) (Company)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) (Telephone Number)

do hereby submit the following as *evidence* of our good faith efforts to retain certified minority- and women-owned business enterprises:

(1) Copies of its solicitations of certified minority- and women-owned business enterprises and any responses thereto;

(2) If responses to the contractor’s solicitations were received, but a certified minority- or woman-owned business enterprise was not selected, the specific reasons that such enterprise was not selected;

(3) Copies of any advertisements for participation by certified minority- and women-owned business enterprises timely published in appropriate general circulation, trade and minority- or women-oriented publications, together with the listing(s) and date(s) of the publication of such advertisements;

(4) Copies of any solicitations of certified minority- and/or women-owned business enterprises listed in the directory of certified businesses;

(5) The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the State agency awarding the State contract, with certified minority- and women-owned business enterprises which the State agency determined were capable of performing the State contract scope of work for the purpose of fulfilling the contract participation goals;

(6) Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified minority- and women-owned business enterprises.

(7) Describe any other action undertaken by the bidder to document its good faith efforts to retain certified minority - and women-owned business enterprises for this procurement

Submit additional pages as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Representative Signature: |  | Date: |  |

**M/WBE 105**

### Attachment 8: M/WBE Contractor Unavailable (M/WBE 105A)

**M/WBE CONTRACTOR UNAVAILABLE CERTIFICATION**

|  |  |  |
| --- | --- | --- |
| **RFP#/PROJECT NAME** | **Mental Health RECOVS Grant -or-** | **Learning Loss RECOVS Grant** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Authorized Representative) (Title) (Bidder/Applicant’s Company)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) (Phone)

certify that the following New York State Certified Minority/Women Business Enterprises were contacted to obtain a quote for work to be performed on the abovementioned project/contract.

List of date, name of M/WBE firm, telephone/e-mail address of M/WBEs contacted, type of work requested, estimated budgeted amount for each quote requested.

**ESTIMATED**

**DATE** **M/WBE NAME PHONE/EMAIL TYPE OF WORK BUDGET REASON**

1.

2.

3.

4.

5.

To the best of my knowledge and belief, said New York State Certified Minority/Women Business Enterprise contractor(s) was/were not selected, unavailable for work on this project, or unable to provide a quote for the following reasons: Please check appropriate reasons given by each MBE/WBE firm contacted above.)

\_\_\_\_\_\_\_**A.** Did not have the capability to perform the work

\_\_\_\_\_\_\_**B**. Contract too small

\_\_\_\_\_\_\_**C.** Remote location

\_\_\_\_\_\_\_**D.** Received solicitation notices too late

\_\_\_\_\_\_\_**E.** Did not want to work with this contractor

\_\_\_\_\_\_\_**F.** Other (give reason) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Authorized Representative Signature** **Date** **Print Name**

**M/WBE 105A**

### Attachment 9: M/WBE Request for Waiver Form (M/WBE 101) – Page 1 of 2

**REQUEST FOR WAIVER FORM**

|  |  |
| --- | --- |
| **BIDDER/APPLICANT NAME:** | **TELEPHONE:**  **EMAIL:** |
| **ADDRESS:** | **FEDERAL ID NO.:** |
| **CITY, STATE, ZIP CODE:** | **RFP#/PROJECT NO.:  Mental Health RECOVS Grant or**  **Learning Loss RECOVS Grant** |

**INSTRUCTIONS: By submitting this form and the required information, the bidder/applicant certifies that Good Faith Efforts have been taken to promote M/WBE participation pursuant to the M/WBE goals set forth under this RFP/Contract. Please see Page 2 for additional requirements and document submission instructions.**

|  |  |
| --- | --- |
| **BIDDER/APPLICANT IS REQUESTING (check all that apply):** | |
| * **MBE Waiver** - A waiver of the MBE goal for this procurement is requested. * **Total** **¨ Partial \_\_\_\_\_\_\_%** | * **WBE Waiver** - A waiver of the WBE goal for this procurement is requested. * **Total** **¨ Partial \_\_\_\_\_\_\_%** |
|  | |

PREPARED BY (*Signature*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.**

|  |  |
| --- | --- |
| NAME OF PREPARER: | **FOR AUTHORIZED USE ONLY** |
| TITLE OF PREPARER:  TELEPHONE:  EMAIL: | REVIEWED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **WAIVER GRANTED ¨ YES ¨ NO**  ¨ TOTAL WAIVER ¨ PARTIAL WAIVER  ¨ NOTICE OF DEFICIENCY  ¨ CONDITIONAL WAIVER COMMENTS: |

**M/WBE 101**

**Attachment 9: M/WBE Request for Waiver Form (M/WBE 101) – Page 2 of 2**

**REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS**

**When completing the Request for Waiver Form, please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1-10, as listed below. Copies of the following information and all relevant supporting documentation must be submitted along with the request.**

1. A statement setting forth your basis for requesting a partial or total waiver.

2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.

3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.

4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.

5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.

6. Provide copies of responses made by certified M/WBEs to your solicitations.

7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.

8. Provide documentation of any negotiations between you, the Bidder/Applicant and the M/WBEs undertaken for purposes of complying with the certified M/WBE participations goals.

9. Provide any other information you deem relevant that may help us in evaluating your request for a waiver.

10. Provide the name, title, address, telephone number and email address of the Bidder/Applicant's representative authorized to discuss and negotiate this waiver request.

**NOTE: Unless a Total Waiver has been granted, Bidder/Applicant will be required to submit all reports and documents pursuant to the provisions set forth in the procurement and/or contract, as deemed appropriate by NYSED, to determine M/WBE compliance.**

### Attachment 10: Equal Employment Opportunity Staffing Plan (EEO 100) – Page 1 of 2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN (Instructions on Page 2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Name: | | |  | | | | | | |  | Telephone: | | | | | | |  | | | | | | | | | | | | | |
| Address: | | |  | | | | | | |  | Federal ID No.: | | | | | | |  | | | | | | | | | | | | | |
| City, State, ZIP: | | |  | | | | | | |  | Project No: | | | | | | | **Mental Health or  Learning Loss RECOVS Grant** | | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  | | |  | |  | |  | |  | |  |  | |  |  | |  |  |  |  |
| Report includes: | | |  |  |  |  |  |  |  |  |  | | | | | | |  | |  | |  |  | |  |  | |  |  |  |  |
|  | Work force to be utilized on this contract OR | | | | | | |  |  |  |  | |  | | | | |  | |  | |  |  | |  |  | |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  | |  |  | |  |  |  |  |
|  | Applicant’s total work force | | | | | | |  |  |  |  | |  | | | | | | | | | |  | | | | | | | | |
| **Enter the total number of employees in each classification in each of the EEO-Job Categories identified.** | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  |  |  |  |
| EEO - Job Categories | | | | | Total Work Force | Race/Ethnicity - report employees in only one category | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hispanic or Latino | | Not-Hispanic or Latino | | | | | | | | | | | | | | | | | | | | | | | |
| Male | | | | | | | | | | | | | | Female | | | | | | | | | |
| Male | Female | White | African-American or Black | Native Hawaiian or Other Pacific Islander | | Asian | | | American Indian or Alaska Native | | Two or More Races | | Disabled | | Veteran | White | African-American | Native Hawaiian or Other Pacific Islander | | | Asian | American Indian or Alaska Native | Two or More Races | Disabled | Veteran |
| Executive/Senior Level Officials and Managers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  |  | | |  |  |  |  |  |
| First/Mid-Level Officials and Managers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  |  | | |  |  |  |  |  |
| Professionals | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  |  | | |  |  |  |  |  |
| Technicians | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  |  | | |  |  |  |  |  |
| Sales Workers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  |  | | |  |  |  |  |  |
| Administrative Support Workers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  |  | | |  |  |  |  |  |
| Craft Workers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  |  | | |  |  |  |  |  |
| Operatives | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  |  | | |  |  |  |  |  |
| Laborers and Helpers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  |  | | |  |  |  |  |  |
| Service Workers | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  |  | | |  |  |  |  |  |
| TOTAL | | | | |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  |  | | |  |  |  |  |  |
| PREPARED BY (*Signature*): | | | |  | | | | | | | |  | | |  | |  | |  | | DATE: | | | | | | | | | | |
| NAME AND TITLE OF PREPARER: | | | | |  | | | | | | |  | | | TELEPHONE/EMAIL: | | | | | | |  | | | | | | | | | |

**Attachment 10: Equal Employment Opportunity Staffing Plan (EEO 100) – Page 2 of 2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STAFFING PLAN INSTRUCTIONS** | | | | | | | | | | | | | | | | | | | | | | |
| General Instructions: All Bidders/Applicants in the proposal/application must complete an EEO Staffing Plan (EEO 100) and submit it as part of the package. Where the work force to be utilized in the performance of the State contract/project can be separated out, the Bidder/Applicant shall complete this form only for the anticipated work force to be utilized on the State contract/project. Where the work force to be utilized in the performance of the State contract/project cannot be separated out, the Bidder/Applicant shall complete this form for Bidder/Applicant's total work force. | | | | | | | | | | | | | | | | | | | | | | |
| **Instructions for Completing:** | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. | Enter the Project number that this report applies to, along with the name, address, and federal ID number of the Bidder. | | | | | | | | | | | | | | | | | | | | | |
| 2. | Check the appropriate box to indicate if the work force being reported is just for the contract/project or the Bidder/Applicant’s total work force. | | | | | | | | | | | | | | | | | | | | | |
| 3. | Check off the appropriate box to indicate if the Bidder completing the report is the contractor or subcontractor. | | | | | | | | | | | | | | | | | | | | | |
| 4. | Enter the total work force by EEO job category. | | | | | | | | | | | | | | | | | | | | | |
| 5. | Break down the total work force by gender and race/ethnic background and enter under the heading Race/Ethnicity. Contact the M/WBE Coordinator, [mwbegrants@nysed.gov](mailto:mwbegrants@nysed.gov), if you have any questions. | | | | | | | | | | | | | | | | | | | | | |
| 6. | Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in designated areas. | | | | | | | | | | | | | | | | | | | | | |
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| **RACE/ETHNIC IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | |
| For purposes of this form NYSED will accept the definitions of race/ethnic designations used by the federal Equal Employment Opportunity Commission (EEOC), as those definitions are described below or amended hereafter. (Be advised these terms may be defined differently for other purposes under NYS statutory, regulatory, or case law). Race/ethnic designations as used by the EEOC do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. The race/ethnic categories for this survey are: | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • | **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. | | | | | | | | | | | | | | | | | | | | | |
| • | **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. | | | | | | | | | | | | | | | | | | | | | |
| • | **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa. | | | | | | | | | | | | | | | | | | | | | |
| • | **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | | | | | | | | | | | | | | | | | | | | | |
| • | **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. | | | | | | | | | | | | | | | | | | | | | |
| • | **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. | | | | | | | | | | | | | | | | | | | | | |
| • | **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races. | | | | | | | | | | | | | | | | | | | | | |
| • | **Disabled** -Any person who has a physical or mental impairment that substantially limits one or more major life activity; has a record of such an impairment; or is regarded as having such an impairment | | | | | | | | | | | | | | | | | | | | | |
| • | **Vietnam Era Veteran** - a veteran who served at any time between and including January 1, 1963 and May 7, 1975. | | | | | | | | | | | | | | | | | | | | | |

**EEO 100**

### Attachment 11: Workers’ Compensation Coverage and Debarment

New York State Workers’ Compensation Law (WCL) has specific coverage requirements for businesses contracting with New York State and additional requirements that provide for the debarment of vendors that violate certain sections of WCL. The WCL requires and has required since introduction of the law in 1922, the heads of all municipal and State entities to ensure that businesses have appropriate workers’ compensation and disability benefits insurance coverage *prior* to issuing any permits or licenses, or *prior* to entering into contracts.

Workers’ compensation requirements are covered by WCL Section 57, while disability benefits are covered by WCL Section 220(8). The Workers’ Compensation Benefits clause in Appendix A – STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS states that in accordance with Section 142 of the State Finance Law, a contract shall be void and of no force and effect unless the contractor provides and maintains coverage during the life of the contract for the benefit of such employees as are required to be covered by the provisions of the WCL.

Under provisions of the 2007 Workers’ Compensation Reform Legislation (WCL Section 141-b), any person, or entity substantially owned by that person: subject to a final assessment of civil fines or penalties, subject to a stop-work order, or convicted of a misdemeanor for violation of Workers’ Compensation laws Section 52 or 131, is barred from bidding on, or being awarded, any public work contract or subcontract with the State, any municipal corporation or public body for one year for each violation. The ban is five years for each felony conviction.

**PROOF OF COVERAGE REQUIREMENTS**

The Workers’ Compensation Board has developed several forms to assist State contracting entities in ensuring that businesses have the appropriate workers’ compensation and disability insurance coverage as required by Sections 57 and 220(8) of the WCL.

***Please note – an ACORD form is not acceptable proof of New York State workers’ compensation or disability benefits insurance coverage***.

**Proof of Workers’ Compensation Coverage**

To comply with coverage provisions of the WCL, the Workers’ Compensation Board requires that a business seeking to enter into a State contract submit appropriate proof of coverage to the State contracting entity issuing the contract. For each new contract or contract renewal, the contracting entity must obtain ONE of the following forms from the contractor and submit to OSC to prove the contractor has appropriate workers’ compensation insurance coverage:

1. **Form C-105.2** – Certificate of Workers’ Compensation Insurance issued by private insurance carriers, or **Form U-26.3** issued by the State Insurance Fund; or
2. **Form SI-12** – Certificate of Workers’ Compensation Self-Insurance; or **Form GSI-105.2** Certificate of Participation in Workers’ Compensation Group Self-Insurance; or
3. **CE-200** – Certificate of Attestation of Exemption from NYS Workers’ Compensation and/or Disability Benefits Coverage

**Proof of Disability Benefits Coverage**

To comply with coverage provisions of the WCL regarding disability benefits, the Workers’ Compensation Board requires that a business seeking to enter into a State contract must submit appropriate proof of coverage to the State contracting entity issuing the contract. For each new contract or contract renewal, the contracting entity must obtain ONE of the following forms from the contractor and submit to OSC to prove the contractor has appropriate disability benefits insurance coverage:

1. **Form DB-120.1** – Certificate of Disability Benefits Insurance; or
2. **Form DB-155** – Certificate of Disability Benefits Self-Insurance; or
3. **CE-200** – Certificate of Attestation of Exemption from New York State Workers’ Compensation and/or Disability Benefits Coverage

For additional information regarding workers’ compensation and disability benefits requirements, please refer to the [New York State Workers’ Compensation Board website](http://www.wcb.ny.gov/content/main/Employers/Employers.jsp). Alternatively, questions relating to either workers’ compensation or disability benefits coverage should be directed to the NYS Workers’ Compensation Board, Bureau of Compliance at (518) 486-6307.

1. Sherry Everett Jones, PhD; Kathleen A. Ethier, PhD; Marci Hertz, MS; Sarah de Gue, PhD; Vi Donna Le, PhD; Jemekia Thorton, MPA; Connie Lim, MPA; Patricia J. Dittus, PhD; Sindura Geda, MS. Mental Health, Suicidality, and Connectedness among High School Students During the COVID-19 Pandemic-Adolescent Behaviors and Experiences Survey, United States, January-June 2021. MMWR Suppl 2022;71(Suppl-3):16-21. DOI: [(Source)](http://dx.doi.org/10.15585/mmwr.su7103a3)  [↑](#footnote-ref-2)
2. Goldhaber, Dan; Kane, Thomas; McEachin, Andrew; Morton, Emily. A Comprehensive Picture of Achievement Across the COVID-19 Pandemic Years: Examining Variation in Test Levels and Growth Across Districts, Schools, Grades, and Students. CALDER Working Paper No. 266-0522. May 2022. [(Source)](https://caldercenter.org/publications/comprehensive-picture-achievement-across-covid-19-pandemic-years-examining-variation.)  [↑](#footnote-ref-3)
3. *School practices to address student learning loss*. Uchicago Consortium on School Research. (n.d.). Retrieved September 15, 2022, from [(Source)](https://consortium.uchicago.edu/publications/school-practices-to-address-student-learning-loss#:~:text=Supportive%20school%20environments%20and%20strong,for%20the%20most%20struggling%20students) [↑](#footnote-ref-4)