

Department of Environmental Conservation - Next Steps – Insurance and Grants Gateway

2019 Urban and Community Forestry Grant program (Round 15)

Grant awardees must submit all required documents in a timely manner in order to execute the Master Contract for Grants (MCG). The “Next Steps” requested herein must be completed within 30 days. This typically consists of two to three insurance uploads emailed to the grants administrator michelle.higgins@dec.ny.gov. This initial step does not include signing the contract; failure to adhere to the deadline will delay contracting and could jeopardize the status of your award.

The complete “quick contracting” timeframe, of which this is only the first phase, consists of a maximum of 90 days from the time of award notification to the time of final contract execution. The complete process includes not only your initial actions but also contract building, review and approval by the Department of Environmental Conservation (DEC) and, if applicable, the Attorney General and the State Comptroller.

- **Collect / Prepare Forms**

You will need to gather the following forms, complete with information related to your awarded project (detail regarding these forms is found on page 3)

Employment Insurance Forms

- Workers Compensation
- Disability Benefits

Liability Insurance Forms

- General Liability
- Additional Insured Endorsement
- Notice of Cancellation Endorsement
- Waiver of Subrogation Endorsement

MWBE

N/A

- **Grants Gateway Contract Training**

If you are new to the Grants Gateway, please use the “GRANTS GATEWAY TIPS” at the end of this document or go to www.grantsreform.ny.gov

- **Set up Grantee Roles**

Logging in to the appropriate user role is critical. Each role has a unique login and one individual may have more than one role. NOTE: The Grantee Contract Signatory or Grantee System Administrator signs the contract; this should be an elected official or municipal employee designated to sign a contract, or an officer or designated person at a non-for-profit organization. Grantee Delegated Administrator role cannot work on contract information, but they can delegate roles for others. Email grantsreform@its.ny.gov for assistance or call the Help Desk at 518 474 5595.

- **Find the Application/Contract in the Gateway**

There are two ways to get to your application/contract files in the Grants Gateway:

a) It will appear as a “Task” under “My Tasks”, but only on the home page of the individual involved in the grant application and designated in the “Grantee” role in your organization. Clicking on the “Application Number” will bring you to the new Contract detail page. Only municipal employees and non-for-profit officials should make determinations in the contracting process; this is not the responsibility of a grant writer.

b) Any individual assigned a role in your organization (except the “Grantee Delegated Administrator”) can access and work on the contract through the “Contracts” menu (link at the top of the Grants Gateway home page). Leave all search fields blank to return all contracts for your organization. Clicking on the appropriate “Application Number” will bring you to the new Contract detail page.

- **What About the Contract Signature?**

The contract will be delivered for electronic signature via the Grants Gateway after the awardee and DEC agree on final deliverables and after the above forms are received.

- **Questions?**

If you have technical questions about using the Grants Gateway, see below GRANTS GATEWAY TIPS and contact the Help Desk at (518) 474-5595 or email them at grantsreform@its.ny.gov.

If you have any other questions, including administrative, financial, or contract process-related questions, please contact grants administrator Michelle Higgins at michelle.higgins@dec.ny.gov or (518) 402-8460.

Please reference your contract number, as specified above, in all future correspondence.

DETAIL re. REQUIRED FORMS

NOTE regarding insurance certificates:

All of the below referenced Workers Compensation and Disability Benefits forms, except CE-200, & SI-12 MUST name as the Entity Requesting Proof of Coverage (Entity listed as Certificate Holder):

New York State Department of Environmental Conservation,
Division of Lands and Forests,
625 Broadway,
Albany, NY 12233- 4250

1) Proof of Worker's Compensation Coverage or an exemption from Worker's Compensation Insurance

Evidence of Workers' Compensation and Employers Liability coverage must be provided on one of the following forms specified by the Chairman of the New York State Workers' Compensation Board:

<u>FORM #</u>	<u>FORM TITLE</u>
C-105.2	Certificate of Workers' Compensation Insurance http://www.wcb.ny.gov/content/onlineforms/obtainC105.jsp
U-26.3	State Insurance Fund Version of the C-105.2 form http://ww3.nysif.com/EyebrowPages/OnlineServices/WCOnlineServiceOverview/Certificates.aspx
SI-12/ GSI-105.2	Certificate of Workers' Compensation Self-Insurance http://www.wcb.ny.gov/content/main/forms/SIEmpForms/selfins_forms.jsp
CE-200	Certificate of Attestation of Exemption (when Contractor meets the requirements - no employees, etc.) http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/wc_db_exemptions.jsp

Please note that ACORD forms are NOT acceptable proof of New York State Workers' Compensation Insurance coverage.

2) Proof of Disability Benefits or an exemption from Disability Benefits Insurance

The only forms which are accepted as proof of Disability Benefit Insurance are as follows:

<u>FORM #</u>	<u>FORM TITLE</u>
DB-120.1	Certificate of Disability Benefit Insurance http://www.wcb.ny.gov/content/onlineforms/obtainDB120-1.jsp
DB-155	Certificate of Disability Benefit Self-Insurance http://www.wcb.ny.gov/content/main/forms/Forms_db_carrier_self_insurer.jsp
CE-200	Certificate of Attestation of Exemption (when contractor meets the requirements) http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/wc_db_exemptions.jsp

Additional information on Workers Compensation and Disability Benefits can be obtained at the Worker's Compensation website: <http://www.wcb.ny.gov/content/main/Employers/Employers.jsp>

Liability Insurance Documents

1. **Commercial General Liability Insurance** – Provide a General Liability Certificate of Insurance listing “The State of New York and the NYS Department of Environmental Conservation, 625 Broadway, Albany, NY 12233-4250” as additional insured and Certificate Holder. The Description of Operations Box must reference “All work performed by the insured relative to Contract #XXXXXX – NAME OF CONTRACT.” Refer to Attachment A-1 Program Specific Terms and Conditions, Section B) Program Specific Terms and Conditions, Project Insurance Considerations for required limits.
2. **Additional Insured Endorsement** (CGL) – Provide an Additional Insured Endorsement for each of the policies naming “The State of New York and the NYS Department of Environmental Conservation, 625 Broadway, Albany, NY 12233-4250” as additional insured. If the Umbrella is a follow form policy, kindly provide appropriate sections of policy that reference follow form. The policy numbers must be typewritten on the endorsements. Please note that including a statement of additional insured status in the Description Box of the Certificate of Insurance is not acceptable proof of additional insured coverage.
3. **Notice of Cancellation Endorsement** (CGL) – Provide a 30-Day Notice of Cancellation Endorsement for each of the policies providing “The State of New York and the NYS Department of Environmental Conservation, 625 Broadway, Albany, NY 12233-4250” with a minimum of 30-day notice of cancellation. The policy numbers must be typewritten on the endorsements. Please note that including a statement of notice of cancellation in the Description Box of the Certificate of Insurance is not acceptable proof of cancellation notification.
4. **Waiver of Subrogation Endorsement** (CGL) – Provide a Waiver of Subrogation Endorsement for each of the policies naming “The State of New York and the NYS Department of Environmental Conservation, 625 Broadway, Albany, NY 12233-4250”. The policy numbers must be typewritten on the endorsements. Please note that including a statement of waiver of subrogation in the Description Box of the Certificate of Insurance is not acceptable proof.

GRANTS GATEWAY TIPS – Help Desk 518 474 5595 email grants_reform@its.ny.gov

Since a majority of the grant project activities must be done in the NYS Grants Gateway (GG), you could familiarize yourself with the functionality of the GG system. GG guidance and training tutorials are available on the ‘Grantees’ page of the Grants Reform website at <http://grantsreform.ny.gov/grantees>. In addition, the NYS Grants Reform Team has a training webinar schedule posted on the [Training Calendar](#) on the website. It is important that designated and authorized staff from your organization participate in a training webinar to become familiar with the GG contract functionality.

BEFORE YOU GET STARTED

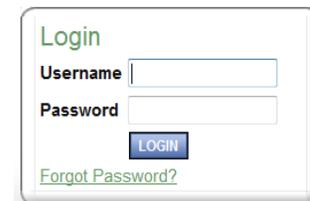
- **Grants Gateway Vendor User Guides** – A “Grants Grantee Vendor User Guide” can be downloaded at <http://www.grantsreform.ny.gov/Grantees>. The Vendor Manual is here for downloading and reference: <https://grantsmanagement.ny.gov/system/files/documents/2020/05/vendor-user-manual-3.2-5.7.20.pdf>
- **Grantee Roles** – A chart of the Grantee Roles and their specific online application capabilities can be found in 2.1 or page 19 of the “Vendor Manual” at <http://www.grantsreform.ny.gov/Grantees>.

Your organization must have users set up in the roles of “Grantee” and “Grantee Contract Signatory” (“Grantee System Administrator” is optional). If there is no one in these roles, the individual with the “Grantee Delegated Administrator” role in your organization must assign individual(s) from your organization to these roles.

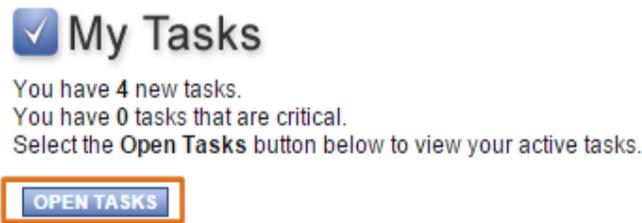
When your organization registered, the system set up at least one person in the role of “Grantee Delegated Administrator”, but this user will be unable to complete the contract next steps in this letter. The next steps can be completed by either a “Grantee”, “Grantee Contract Signatory”, or “Grantee System Administrator”.

1. LOGGING IN AND FINDING CONTRACTS

- 1.1 Go to the Grants Gateway home page at <https://grantsgateway.ny.gov/>.
- 1.2 Click the Grants Gateway Login button near the top left of the home page, then log in using your credentials (If your organization hasn’t registered and received credentials, refer to section 3 of the “Grantee User Guide” for more information).



1.3 Click on the **Open Tasks** button under My Tasks.



1.4 Select the contract number in the **Name** column with the **Current Status** of “Contract Info Requested (PM)” from the tasks list.

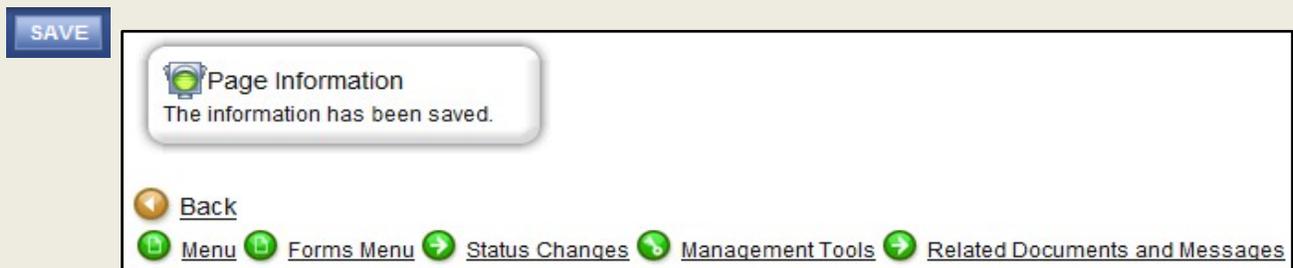
2. **Editing Required Contract Information**

2.1 To edit your contract information, click on the Forms Menu link near the top of the page.



2.2 Enter the required information into the forms in the [Program Information](#), [Expenditure Budget](#), [Work Plan: Grantee Defined](#), and [Grantee Document Folder](#) sections. Information may be entered into the forms in any order.

*Remember to always click **Save** near the top of the page before exiting a form, or the information that was input will be lost! After you receive notification that the page information has been saved, click on Forms Menu to return to the list of forms to continue creating your application.*



A. Program Information

i. Project/Site Addresses

- Name/Description: Enter the name of the project location, not the project name. If the project is to take place in a specific location such as a park, building, tributary stream, or an entire town or county, indicate that here.
- Address: Enter physical address where most of the work will take place.
- Agency Specific Region: Select the DEC region that most closely aligns with the project address. For more information on DEC regions, visit DEC's Regions web page (<http://www.dec.ny.gov/about/50230.html>).

ii. Program Specific Questions

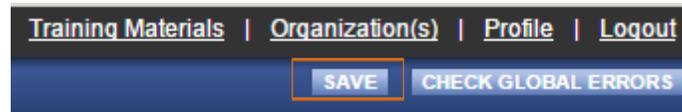
- Project Title: Enter the Project Name of your project.

B. Expenditure Budget

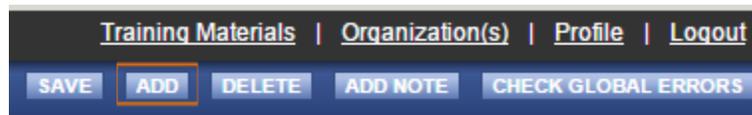
The budget must remain consistent with the New York Invasive Species Rapid Response and Control Grant application Attachment B-1 (expenditure-based budget) you submitted to the [NYS Consolidated Funding Application](#) (CFA) as part of your project application.

Only expense forms that pertain to your project need to be opened and completed. For example, if your project does not include any Travel costs, you do not need to open the Travel form. If you open a form that does not apply to your program, you may need to enter "N/A" in the required text fields and "\$0" in the required value fields to proceed. Projects which propose state funding for ineligible costs or which do not provide adequate match will be returned to the grantee to be corrected.

- After entering information for each detailed budget item on each of the Expenditure Budget forms, you must click the **Save** button near the top of the page before adding information for each additional budget item.



- The **Add** button will not appear until after you have saved your information. Use the Add button to add additional budget items.



- Your budget should reflect total project costs. Please use the "Total Grant Funds" and "Total Match Funds" fields on each budget category form to reflect the grant and match amounts of all project expenses.
- The Match Worksheet form should be used to provide detail on the match amounts identified on each budget category form.

C. Work Plan: Grantee Defined

The work plan must remain consistent with the New York Invasive Species Rapid Response and Control Grant application Attachment C (work plan) you submitted to the [NYS Consolidated Funding Application](#) (CFA) as part of your project application.

The application work plan should include all the anticipated objectives, tasks, and performance measures to be performed during the entire term of the contract.

i. Work Plan Overview Form

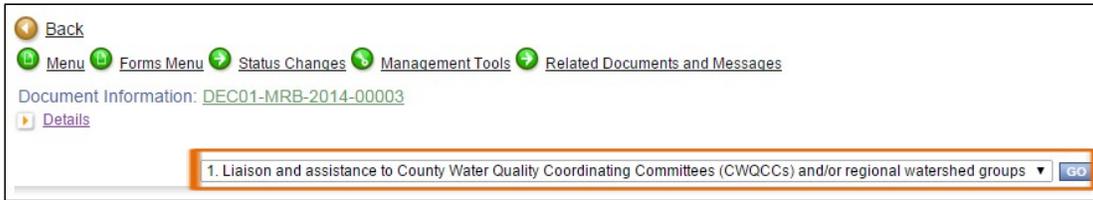
- **Work Plan Period:** Enter the timeframe for the entire project.
- **Project Summary:** Concisely summarize the project, indicating key activities, any specific locations or waterbodies that will be focused on, and expected outcomes. More comprehensive project information should be described in the Objectives and Tasks sections of the Work Plan.
- **Organizational Capacity:** Concisely summarize the organization's experience performing tasks similar to those proposed for this program.

ii. Objectives

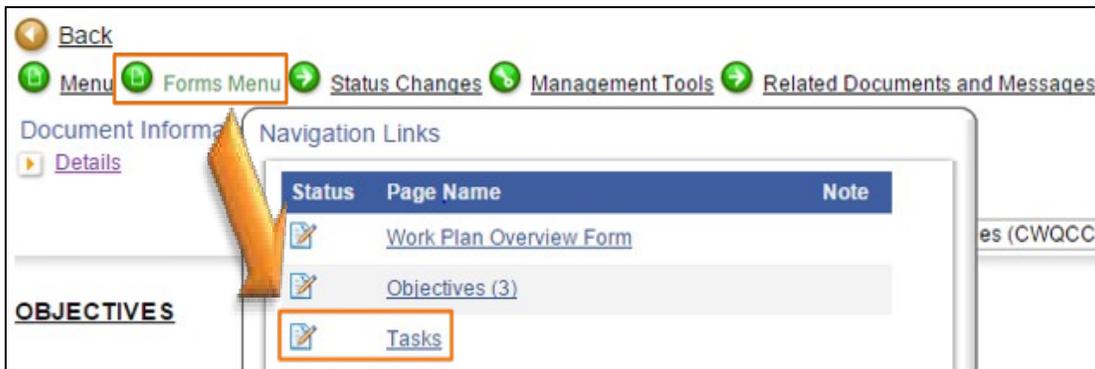
- **Objective Name:** After entering each objective, use the Save button, then the Add button located at

the top right portion of the screen to add the next objective if necessary. Once you have completed adding all of the objectives, you may start entering the tasks for each objective.

- The **Tasks** form for each objective can only be accessed from the **Forms Menu** navigation panel within each associated **Objectives** form. First, select the Objective for which you would like to add Tasks from the drop-down list of the Objectives that you just added, then click **GO**.



- Next, hover your mouse pointer over the Forms Menu link near the top of the Objectives form, then click the Tasks link in the **Navigation Links** box that appears.



- For each Task, enter a brief Task Name and Task Description. Remember to click Save after adding each Task.
- The **Performance Measures** form is accessed in the same manner, from the Forms Menu within the Tasks form.
- Performance Measure Name: Provide a brief name for each performance measure.
- Narrative: Describe the performance measures that can be used by the Department for tracking and evaluating the progress of the associated task. Include an expected schedule for completion for each performance measure.

Objective forms must include at least one corresponding Task and Performance Measures form.

D. Grantee Document Folder

- The Grantee Document Folder is located in the File Folder(s) section of the Forms Menu.



- Follow the instructions on the screen to upload each of the required contract uploads into this folder.
- Required contract uploads may include:
 - 1) Consultant/Contractor Detailed M/WBE-EEO Utilization Plan
 - 2) Proof of Worker's Compensation Coverage or an exemption from Worker's Comp Insurance
 - 3) Proof of Disability Benefits or an exemption from Disability Benefits Insurance