

Reference #	13812694
Status	Complete
Login Username	Sara Bollinger
Login Email	sara@nysarh.org
Applicant is:	Existing State Rural Health Association
Applicant Name/SRHA:	NYS Association for Rural Health
Representative Completing this Application:	Sara Wall Bollinger
Email for Representative Completing Form:	sara@nysarh.org
SRHA Address (Mailing Address)	1 Main St
City, State, Zip Code	Canton NY 13617
SRHA DUNS Number:	603841706
What organization does the DUNS Number or Tax ID belong to?	NYS Association for Rural Health
What is the SRHA's relationship with this organization?	self
What is the expiration date (mm-dd-yyyy) of the SRHA's (or umbrella organization's) System for Award Management (SAM.gov) registration?	01-12-2022
What is the tax-exempt status of the applicant? This should be the same entity as the reported SAM.gov/DUNS number information.	501(c)3
Did your SRHA receive a supplemental technical assistance award from NRHA in 2020?	No
In what areas are you requesting to use this supplemental technical assistance? (Mark all that apply to proposed activity.)	Member Growth/Retention (includes reaching out to new constituencies)
Please explain the	The Rural Health Symposium is scheduled for September 27, 2021.

anticipated timeline for this assistance, including location if available/applicable. (Examples: (1) The strategic planning session will take place in September 2021 in Mobile, Alabama. (2) The website update will take place between June and August 2021. (3) The membership outreach activities will take place June 2021 - November 2021 in Dothan, Montgomery, and Gasden, Alabama; This information just allows NRHA to report when and where the activities are taking place to our funders.)

Do you have a specific consultant with whom you would like to work with?

Not applicable

If preferred, please use this function to submit the plan of action as an attachment. Please remember the application must either enter the narrative in the above section or attach it here to be considered a complete application.

[NYSARH_Plan_of_Action.docx \(27k\)](#)

Please use this function to submit the SRHA letter of support as an attachment. This should be a letter on SRHA letterhead from the Executive Committee signed by two members (i.e. Board President, Lead Staff Member, Treasurer, President-Elect, etc.; the second "signature" can be an email from a second SRHA leader saying they support the application; simply forward that email to ZJDRomero@nrharural.org when submitting the online application) (The letter must be submitted as an attachment within the form.)

[NYSARH_TA_Approval_signed.docx \(112k\)](#)

PERSONNELInstructions: Name, Title, FTE, Brief description of individual's responsibility on project.
Note: If the SRHA is staffed through a contract either directly with the individual or with another organization, it can be included under "Contractual".

Personnel Item 1:

Personnel Item 2:

Personnel Item 3:

TOTAL PERSONNEL COSTS:

Amount	0
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FRINGE BENEFITS Instructions: In this section, enter either the amounts of fringe charges by type (federal pay roll taxes, health insurance, etc.) OR simply the total by person. If known, please include their fringe benefits percentage like in the example.

Fringe Benefits Item 1:

Fringe Benefits Item 2:

Fringe Benefits Item 3:

Fringe Benefits Item 4:

TOTAL FRINGE BENEFITS COSTS:

Amount	0
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TRAVELInstructions: For each trip, include SRHA position/title, dates of travel (estimates are okay if exact dates are not known), and purpose of trip as it pertains to the project, location and approximate cost. The approximate cost should include an expense breakdown for hotel, airfare, mileage, parking, per diem, etc.)

Travel Item 1:

Travel Item 2:

Travel Item 3:

Travel Item 4:

Travel Item 5:

TOTAL TRAVEL COSTS:

Amount	0
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Meetings & ConferencesInstructions: This category can include printing costs for materials used to promote the meeting or during the meeting, postage to mail promotional materials, speaker travel reimbursements, or rental of the meeting facility. This could also include webinar costs or board retreats. This list is not exhaustive. As a reminder, these have to be informative/educational workshops; they cannot be policy or lobbied focused.

Meetings & Conferences Item 1:

Description of expense	Dr. Donna Beegle
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Amount	4500
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Meetings & Conferences Item 2:

Description of expense	Handouts
Amount	200
Meetings & Conferences Item 3:	
Meetings & Conferences Item 4:	
TOTAL MEETINGS & CONFERENCES COSTS:	
Amount	4700
MEMBERSHIPS, SUBSCRIPTIONS, AND/OR PROFESSIONAL ACTIVITIES	
Memberships Item 1:	
Memberships Item 2:	
Memberships Item 3:	
TOTAL MEMBERSHIPS, SUBSCRIPTIONS, AND/OR PROFESSIONAL ACTIVITIES COSTS:	
Amount	0
CONTRACTUAL Examples: This category could include website hosting specific contracts between SRHAs and their contracted administrative organizations. Conference/meeting location contracts can be listed here or under "Meetings and Conferences" category. Note: The maximum outside consultant rate is \$550/per day.	
Contractual Item 1:	
Contractual Item 2:	
Contractual Item 3:	
Contractual Item 4:	
TOTAL CONTRACTUAL COSTS:	
Amount	0
OTHER This can include any item that does not fit into one of the other categories. Include sufficient detail to justify each item and how it pertains to the project. Note: Federal funding CANNOT support grant-writing, fund raising, or lobbying costs.	
Other Item 1:	
Other Item 2:	
Other Item 3:	
Other Item 4:	
TOTAL OTHER COSTS:	
Amount	0
TOTAL DIRECT COSTS (Sum of all TOTAL Expenses rows above (e.g., Personnel, Fringe Benefits, Travel))	4700.00

If applicable, what is the organization's indirect rate? xx%Enter "0" if not charging indirect rate.

0.00

TOTAL INDIRECT COSTS:Enter 0 if not charging indirect costs charged to this subaward.

0.00

TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above):

4700.00

Last Update

2021-04-21 15:14:58

Start Time

2021-04-21 14:11:44

Finish Time

2021-04-21 15:14:58

IP

71.176.84.209

Browser

Chrome

Device

Desktop

Referrer

https://fs16.formsite.com/MEAGHAN/2021SRHASupplemental/form_login.html