**Submission Instructions for RFP 55 – CSP Expansion Grants**

When all application documents are ready, click NYSED’s [online form](https://nysedcau.highq.com/nysedcau/renderSmartForm.action?formId=663e254e-7122-4150-9b89-4eb7e1220253). There is no specific user or log-in information required to use the online form. It is set up for a single submission – information entered will not be saved if the browser is closed before hitting “Submit.” Please be prepared with all application materials before beginning. You will not be able to edit an application after submitting.

Once you hit “Submit,” you should see a landing page that confirms submission, and the Contact Email should receive a confirmation email.

For technical assistance on the submission, please contact [cauhighqsupport@nysed.gov](mailto:cauhighqsupport@nysed.gov).

Please enter the following in each field on the online form:

**Procurement No**

55

**Procurement Title/Name**

CSP Expansion Grants

**Vendor Name**

Your organization’s legal name as registered in SFS.

**Campus**

Only for SUNY/CUNY applications; otherwise leave blank.

**SFS Vendor ID**

Enter your organization’s 10-digit SFS ID as a number only.

Note: If you do not know your **SFS Vendor ID**, login to the [Statewide Financial System](https://www.sfs.ny.gov/) or for assistance write to [HelpDesk@sfs.ny.gov](mailto:HelpDesk@sfs.ny.gov). If you know you do not have a state-issued Vendor ID number, complete and submit as part of your CSP Expansion Grants application the [Payee Information Form](http://www.oms.nysed.gov/cafe/forms/PIform.pdf), including the NYSED Substitute W-9, and NYSED will apply for a VID on your behalf.

**Contact Name, Contact Title, Contact Email, Contact Phone**

Please provide your organization’s primary contact information for this application in these fields. For **Contact Email**, only one email may be entered.

**Additional Vendor Contacts**

Optionally, please provide any additional contacts to be copied on correspondence for this application. Add emails separated by a semicolon.

**Total Cost**

Enter the total grant award amount requested.

**No Bid** and **No Bid Reason**

Please leave these fields blank.

**For the items on the checklist, please upload as follows:**

In the field **“Submission Documents/Certifications”**, please upload:

* Application Cover Page with Original Signature of Chief Administrative Officer
* [Payee Information Form](http://www.oms.nysed.gov/cafe/forms/PIform.pdf) (if applicable)
* Application Checklist
* Worker’s Compensation Documentation (encouraged)
* Disabilities Benefits Documentation (encouraged)

*Combine documents into one file if possible*

In the field **“Technical Proposal/Narrative and Workplan,”** please upload:

* Grant Work Plan
* Abstract
* Proposal Narrative
* Additional Application Requirements

*Combine Abstract, Proposal Narrative, and Additional Application Requirements into one document if possible. Submit three-year Workplan as separate document.*

In the field “Cost Proposal/Budget,” please upload:

* Three-year Budget Narrative
* Three [FS-10 Budget](http://www.oms.nysed.gov/cafe/forms/)s (combined into one document if possible)
* Five-year Budget

In the field **“MWBE Package,”** please upload:

* M/WBE Documents Package (all documents in one file preferred)

For this grant, there is nothing to upload in the field **“Data Security and Privacy Plan.”**