State of Illinois Uniform Notice of Funding Opportunity (NOFO)
Summary Information

Awarding Agency Name	Public Health
Agency Contact	Leslie Wise (Leslie.wise@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	ODFRTDI
Funding Opportunity Title	Overdose Fatality Review Team Development and Implementation
CSFA Number	482-00-3625
CSFA Popular Name	Overdose Fatality Review Team Development and Implementation
Anticipated Number of Awards	15
Estimated Total Program Funding	$640,205
Award Range	$35000 - $75000
Source of Funding	Federal
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Posted Date	04/01/2025
Application Date Range	04/01/2025 - 05/02/2025 : 5.00PM
Grant Application Link	Please select the entire address below and paste it into the browser... https://idphgrants.com/user/home.aspx
Technical Assistance Session	

Uniform Notice of Funding Opportunity (NOFO)

	Data Field	
1.	**Awarding Agency Name:**	Illinois Department of Public Health
2.	**Agency Contact:**	Name: Leslie Wise Phone: 217-524-0105 Email: Leslie.wise@illinois.gov
3.	**Announcement Type:**	☒ Initial announcement ☐ Modification of a previous announcement
4.	**Type of Assistance Instrument:**	Grant
5.	**Agency Opportunity Number:**	ODFRTDI-25
6.	**Funding Opportunity Title:**	Overdose Fatality Review Team Development and Implementation
7.	**CSFA Number:**	482-00-3625
8.	**CSFA Popular Name:**	Overdose Fatality Review Team Development and Implementation
9.	**CFDA Number(s):**	N/A
10.	**Number of Anticipated Awards:**	15
11.	**Estimated Total Funding Available:**	$640,205.00
12.	**Single Award Range:**	$35,000-$75,000. Maximum amount of $150,000
13.	**Funding Source:** Mark all that apply	☒ Federal or Federal pass-through ☐ State ☐ Private / other funding
14.	**Is Cost Sharing or Match Required?**	☐ Yes ☒ No
15.	**Indirect Costs Allowed?** **Restrictions on Indirect Costs?**	☒ Yes ☐ No ☐ Yes ☒ No If yes, provide the citation governing the restriction:
16.	**Posted Date:**	4/1/2025
17.	**Application Date Range:** Leave the 'End Date' and 'End Time' empty if there is no deadline.	Start Date: 4/1/2025 End Date: 5/2/2025 End Time: 5:00 PM
18.	**Technical Assistance Session:**	Session Offered: ☒ Yes ☐ No Session Mandatory: ☐ Yes ☒ No Date and time: Conference Info/Registration Link: Will be scheduled if requested by applicant(s) before the deadline

A. **Program Description**

Through Overdose Data to Action-State (OD2A-S) funds granted by the Centers of Disease Control and Prevention (CDC), the Illinois Department of Public Health (IDPH) Office of Health Promotion (OHPm), Division of Emerging Health Issues, Section on Substance Misuse will provide funding for organizations to develop new Overdose Fatality Reviews (OFRs) teams or enhance existing OFR teams.

The **purpose of funding** is to support the expansion of OFR teams across Illinois, enabling counties to conduct thorough, systematic reviews of overdose deaths in the jurisdiction to identify, analyze, and address factors for future prevention and intervention of overdoses. These teams require local, multi-disciplinary collaboration and benefit from lived and living experience of people who have overdosed.

OFRs are designed to analyze individual overdose cases to identify systemic issues, service gaps, and missed intervention opportunities. They foster multi-disciplinary collaboration among public health, public safety, healthcare, and social services to develop actionable, data-driven recommendations for preventing future overdose deaths. By enhancing local and state overdose prevention efforts, OFRs provide valuable insights into trends and disparities, enabling targeted interventions and equitable resource allocation. They also build community engagement, raise awareness, and serve as a mechanism for monitoring and evaluating progress in addressing the overdose crisis.

The work of successful applicants should align with the Illinois State Health Improvement Plan goals to: "Improve the mental health and substance use disorder (SUD) system's infrastructure to support and strengthen prevention and treatment" and "Reduce mortality due to mental health conditions and substance use disorders through harm reduction and preventative care strategies".

There are two application tracks for this funding. It is estimated that approximately 15 applicants will be funded. Average awards will be between $35,000-$75,000 with a maximum amount of $150,000. Organizations can apply for funds to implement one of the tracks. Please pick the opportunity that would work best in your county:
- **Track 1 – Establish and implement a new OFR team**
- **Track 2 – Sustain and enhance an existing OFR team**

Track 1: Establish and implement a new OFR team
The purpose of Track 1 funding is to establish and implement new Overdose Fatality Review (OFR) teams in counties throughout Illinois. This funding is designed to create the essential infrastructure, build capacity, and foster partnerships necessary for initiating the OFR process. The aim is to conduct systematic, multi-disciplinary reviews of overdose deaths, allowing for the identification and analysis of contributing factors. Ultimately, this will lead to the development of actionable, community-specific prevention strategies. By supporting counties from the ground up, Track 1 funding empowers communities to tackle the overdose crisis through collaborative and data-driven approaches.

Track 2: Sustain and enhance an existing OFR team
The purpose of Track 2 funding is to sustain and expand existing Overdose Fatality Review (OFR) teams in Illinois counties. This funding aims to enhance their ability to conduct more thorough and comprehensive reviews of overdose deaths. Track 2 funding will strengthen operations, improve data utilization, and provide specialized technical assistance and training to OFR teams. It supports counties in scaling their efforts, refining best practices, and increasing community engagement. Ultimately, this

will enable them to generate more effective and actionable recommendations to reduce overdose fatalities and improve public health outcomes.

Examples of proposed activities in **either track** may include, but are not limited to:

- OFR Team Development
    - o Identifying, recruiting, hiring, and/or onboarding core OFR staff/team members such as an OFR coordinator, data manager, meeting facilitator, and members of a Governing Committee.
    - o Identifying, recruiting, hiring, and/or onboarding other OFR staff/ team members from various sectors such as Public Health, Public Safety, Social Services, Healthcare, Non-profits, Peer Recovery Services, Harm Reduction Services, Faith-based Organizations, Local School Boards, and people with lived/living experience.
- Training and Capacity Building
    - o Attending IDPH training programs, workshops, and/or conferences on OFR processes.
    - o Participating in technical assistance for setting up case review protocols, data-sharing agreements, and meeting facilitation methods.
    - o Attending advanced training for team members (e.g., trauma-informed approaches, overdose prevention for high-risk populations, next-of-kin interviewing).
- Infrastructure Development
    - o Facilitating OFR meetings, including creating agendas, reserving meeting space, managing logistics, taking minutes, documenting activities and distributing updates to relevant stakeholders.
    - o Retrieving case records and requesting or reviewing toxicology lab reports.
- Building Community Engagement and Partnerships
    - o Organizing community meetings or events to recruit partners and establish partnerships with stakeholders such as coroners, law enforcement, and harm reduction organizations.
    - o Enhancing community engagement and stakeholder education efforts to build awareness and buy-in for the OFR process.
    - o Building a professional network of OFR contacts from both in- and out-of-state for each county level team.
    - o Establishing connections with non-profits to facilitate recommendation implementation, other OFR teams to share best practices and experiences.
    - o Conducting outreach initiatives to engage underserved communities and populations with lived and living experience to integrate their feedback into OFR processes.
- Data Collection, Analysis, and Dissemination
    - o Equipping teams with data systems, hardware, software, and materials needed for data collection and reporting
    - o Establishing contracts with external consultants, if needed, to initiate data collection and reporting.
    - o Establishing Data Sharing Agreements/Data User Agreements/Memorandums of Understanding or other agreements between partner organizations that will be sharing identified case information.
    - o Obtaining and sharing case information with OFR team members.

- o Entering case information and recommendations into OFR database.
- o Writing data or summary reports for the OFR team and Governing Committee.
- o Developing and disseminating outreach materials to promote the program and educate local stakeholders on its purpose and benefits.
- o Promoting findings, recommendations, and any policy and programmatic changes due to implementation of the OFR Team through public awareness campaigns, stakeholder meetings, or publications.

Funding for **either track** may be used for:
- OFR Team Development Activities, such as:
  - o Identifying and/or hiring an OFR coordinator.
  - o Identifying and/or hiring a data manager.
- Training and Capacity Building Activities, such as:
  - o Attending training programs, technical assistance sessions, workshops, or conferences on OFR processes and best practices.
- Infrastructure Development Activities, such as:
  - o Reserving meeting space or other logistical needs.
  - o Case-related costs (e.g., toxicology lab fees or records retrieval) to support reviews.
- Building Community Engagement and Partnerships Activities, such as:
  - o Organizing community meetings or events to build partnerships with, e.g., coroners and medical examiners, law enforcement, and harm reduction organizations.
  - o Building a professional network of OFR contacts from both in- and out-of-state.
- Data Collection, Analysis, and Dissemination Activities, such as:
  - o Purchasing technology and/or software for data collection and analysis.
  - o Developing and disseminating outreach materials to promote the program and educate local stakeholders on its purpose and benefits.

Please see the Funding Restrictions section for a complete list of unallowable activities.

For **both tracks,** IDPH will facilitate an initial virtual meeting with funded organizations to review reporting requirements, provide implementation guidance, and identify optional Technical Assistance opportunities. Grantees will submit quarterly progress reports and will be expected to participate in another virtual meeting near the conclusion of the project period to share their experience and to learn about future funding opportunities.

Applicants are encouraged to review the following resources when preparing their submission.

1. **Introduction to OFR**

- [Video PPT](): This recorded Webinar presentation on OFR from IIR and COSSUP outlines the OFR program and structure.

- [OFR Practitioner's Guide (Downloadable PDF)](): This serves as a manual and tool kit for those initiating an OFR program consisting of five modules for recruitment, planning and facilitating meetings, collecting data, building recommendation plans.

2. **ODMAP Information**
- [ODMAP]() – link to the official ODMAP website with information about the database.
- [ORS/HIDTA-IDPH Joint County Meeting ODMAP training video]() Recording of Chicago and Midwest HIDTA teams introduction to ODMAP for Illinois Counties.

3. **REDCap Data Reporting Application**
   - [OFR Data System REDCap Project Overview Video](#) : This recorded presentation from IIR and COSSUP provides more information on the web-based data application needed to report OFR case data and recommendations.

PERFORMANCE MEASURES

Once selected, grantees will be required to submit quarterly progress reports which will be used to track progress made towards achievement of the program goals and objectives. IDPH will provide a template for these reports.

After initiating OFR meetings, grantees will be required to apply for and use the Institute for Intergovernmental Research (IIR)'s REDCap system, which is provided to grantees at no cost. This secure, web-based application enables efficient de-identified data collection, management, and analysis onto a single platform. By inputting case-related data collected from across sectors into REDCap, IDPH and grantees can consistently monitor program activities and outcomes, measure progress, identify trends, and enhance program implementation through quarterly summarized reports generated by the OFR Data System team at IIR. Training and technical support for REDCap will be offered to grantees as needed, ensuring effective use of the system. To aid with IDPH's efforts in identifying data trends and potential areas to aim efforts at improving policy and programming, overdose and substance use related de-identified, aggregate data already being collected by grantee counties is requested to be shared with IDPH in addition to quarterly summary reports of REDCap data.

The Illinois Department of Public Health places health equity as a top priority. Health equity is the "basic principle of public health that all people have a right to health". Health equity exists when all people can achieve comprehensive health and wellness despite their social position or any other social factors/determinants of health. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these. People in such groups not only experience worse health but also tend to have less access to the social determinants or conditions (e.g., healthy food, good housing, good education, safe neighborhoods, disability access and supports, freedom from racism and other forms of discrimination) that support health…. Health disparities are referred to as health inequities when they are the result of the systematic and unjust distribution of these critical conditions. The department's efforts are committed to addressing health through an equity lens by empowering communities who have been historically marginalized and developing intervention strategies with the end goal of furthering health equity among all Illinoisans.

B. **Funding Information**

   This award is utilizing   ☒ federal pass-through, ☐ state and/or ☐ private funds.

   The application will be reviewed, evaluated, and funded based on program need, availability of funds and history of efficient use of project funds, if applicable. Fiscal reimbursement requests shall be made quarterly. Failure to submit required reports in a timely manner will result in reimbursement delays.

C. **Eligibility Information**

   Regardless of the source of funding (federal pass-through or State), all grantees are required to register with the State of Illinois through the Grant Accountability and Transparency Act (GATA) website, https://gata.illinois.gov/, complete a prequalification process, and be determined "qualified" as described in Section 7000.70.   Registration and prequalification is required before an organization can apply for an

award.

The entity is "qualified" to be an awardee if it:
1. has an active UEI (Unique Identity ID) number;
2. has an active SAM.gov account;
3. has an acceptable fiscal condition;
4. is in good standing with the Illinois Secretary of State, if the Illinois Secretary of State requires the entity's organization type to be registered. Governmental entities, school districts and select religious organizations are not required to be registered with the Illinois Secretary of State. Refer to the Illinois Secretary of State Business Services website: http://www. cyberdriveillinois.com/departments/business_services/home.html;
5. is not on the Illinois Stop Payment List;
6. is not on the SAM.gov Exclusion List;
7. *is not on the Sanctioned Party List maintained by HFS.*

1. *Eligible Applicants*

Eligible applicants must be themselves capable of and willing to coordinate the project with the Illinois Department of Public Health. The Department encourages diverse applicants and organizations to apply.

Applicants may apply for this grant but will not be eligible for a grant award until they are pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee portal, www.grants.illinois.gov. During pre-qualification, Dun and Bradstreet verifications are performed including a check of Debarred and Suspended status and good standing with the Secretary of State. The pre-qualification process also includes a financial and administrative risk assessment utilizing an Internal Controls Questionnaire. If applicable, the entity will be notified that it is ineligible for award as a result of the Dun and Bradstreet verification. The entity will be informed of corrective action needed to become eligible for a grant award.

2. *Cost Sharing or Matching*

    Cost sharing or matching are not required. Eligible applicants may voluntarily identify indirect costs as a programmatic match, in order to allocate the entire grant award for direct costs

3. *Indirect Cost Rate*

Allowed. Eligible applicants may voluntarily identify indirect costs as a programmatic match, or in-kind, in order to allocate the entire grant award for direct costs.

In order to charge indirect costs to a grant, the applicant organization must have an annually negotiated indirect cost rate agreement (NICRA). There are three types of NICRAs: a) **Federally Negotiated Rate**. Organizations that receive direct federal funding may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. Illinois will accept the federally negotiated rate. The organization must provide a copy of the federal NICRA. b) **State Negotiated Rate**. The organization must negotiate an indirect cost rate with the State of Illinois if they do not have Federally Negotiated Rate or elect to use the De Minimis Rate. The indirect cost rate proposal must be submitted to the State of Illinois within 90 days of the notice of award. c) **De Minimis Rate**. An organization that has never received a Federally Negotiated Rate may elect a de minimis rate of 15% of modified total direct cost (MTDC). Once established, the de minimis rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the de minimis rate.

Annually, each organization receiving an award from a State grantmaking agency is required to enter the centralized Indirect Cost Rate System and make one of the following elections for indirect costs to State and federal pass-through grants:

I.	Federal Negotiated Indirect Cost Rate Agreement (NICRA);
II.	Election of the de minimis rate of 15% of MTDC;
III.	Election not to charge indirect costs; or
IV.	Negotiate an indirect cost rate with the State of Illinois.

The awardee shall make one election or negotiate a rate that all State agencies must accept unless there are federal or State program limitations, caps or supplanting issues.

4. *Other, if applicable*

Indirect Costs are limited to 15% of the total award, unless the applicant provides a copy of a current Federally Negotiated Rate Indirect Cost Agreement.

D. Application and Submission Information

1. *Address to Request Application Package*
Applications must be submitted via the Illinois Department of Public Health's Electronic Grants Administration and Management System (EGrAMS), accessible at idphgrants.com.

Since high-speed internet access is not yet universally available for downloading documents or accessing the electronic application, and applicants may have additional accessibility requirements, applicants may request paper copies of materials by contacting:
Leslie Wise
Interim Section Chief, Substance Misuse Section
535 W Jefferson St, 2nd floor
Springfield, IL 62761
217-524-0105
Leslie.Wise@illinois.gov

2. *Content and Form of Application Submission*
The applicant must submit a project plan that describes how the award will be executed. The project plan should include necessary detail to enable the agency to manage the grant agreement activity against planned projected performance.

The applicant shall include information about the following:

Project Narrative
- A description of the applicant organization (500 character maximum).
- A description of the problem statement/need for this project within the proposed.
- A description of your agency's past or current work in the field of OFRs. If you have not worked on OFR-related topics, please describe how you will obtain the educational content and subject matter expertise needed for the grant activities.
- Please provide a description of your agency's past or current efforts to include people with lived or living experience (PWLE) in harm reduction and overdose prevention initiatives in your county. If you have not yet begun these activities, what plans do you have to increase the involvement of PWLE in future efforts?
- If your agency, or other involved partners who are jointly applying, have engaged in advanced training such as trauma-informed approaches, overdose prevention for high-risk populations, next-of-kin interviewing, etc. please discuss lessons from those experiences and how they will integrated into your OFR development plan. If you have not had such trainings before, are these trainings a priority to your team culture and and decision-making processes? If so, how do you plan to demonstrate that?

- List which track, outlined in the NOFO, the applicant is proposing to implement.
- A description of the intended audience.
- A description of the proposed project. Be as detailed as possible to clearly describe the project and ensure the description aligns with the activities outlined in the Work Plan.
- A description of your organizations' experience and capacity of the staff assigned to develop and deliver the activities outlined in the Work Plan. In the description, please provide information that demonstrates how your organization's mission, knowledge, and/or experience are related to this program's purpose.
- A list of entities your organization will partner with to develop and implement the proposed project, including a description of the partnership.

Work Plan
- Objectives and Activities - Complete the Work Plan section for the program tracks listed in the Program Description section of the Notice of Funding Opportunity (found under "Show Documents"). For the track you're applying to, define the objective and specific activities that will be undertaken to accomplish the objective, and provide the job title of responsible staff. Objectives must be specific, measurable, attainable, realistic, and timely. The Work Plan should identify a timeline describing how and when the objectives will be met during the grant-funding period.
- A resume of project director must be provided.

Budget
- Detailed budget by line item and justification. See Budget Glossary under "Show Documents" for general instructions and guidelines to successfully complete a budget in EGrAMS.

Risk Assessment

Risk Assessment Questionnaire Information (completed within EGrAMS) - In response to the requirements of 2 CFR 200.205, the awarding agency is required to review the programmatic risk posed by applicants. Four risk categories are assessed through this questionnaire:
1. Quality of management systems and ability to meet the management standards;
2. History of performance;
3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit; and
4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.

Health Equity

Complete the Health Equity Checklist. (See more information below under "Criteria"). Respond to questions to assess both the short and long-term impacts to health equity, health inequalities and health inequities of a particular intervention strategy. Short-term initiatives might prioritize currently prevalent comorbidities for a disparately impacted community, whereas long-term initiatives might prioritize issues such as food insecurity, inadequate housing or limited access to health care that widen health disparities.

Please note that a Health Equity Checklist Questionnaire is also required in EGrAMS and will make up 35% of the total scoring for the grant application.

Progress report requirements – grantees are required to submit a quarterly progress reports on their work plan objectives.

3. *Unique Entity Identifier (UEI) and System for Award Management (SAM)*
   Each applicant, unless the applicant is an individual or Federal or State awarding agency that is exempt from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the Federal or State awarding agency under 2 CFR § 25.110(d)), is required to:

   i. Be registered in SAM before submitting its application. If you are not registered in SAM, this link provides a connection for SAM registration: https://sam.gov/SAM/
   ii. provide a valid UEI in its application; and
   iii. continue to maintain an active SAM registration with current information at all times during which it has an active Federal, Federal pass-through or State award or an application or plan under consideration by a Federal or State awarding agency.

   The State awarding agency may not make a Federal pass-through or State award to an applicant until the applicant has complied with all applicable UEI and SAM requirements and, if an applicant has not fully complied with the requirements by the time the State awarding agency is ready to make a Federal pass-through or State award, the State awarding agency may determine that the applicant is not qualified to receive a Federal pass-through or State award and use that determination as a basis for making a Federal pass-through or State award to another applicant.

4. *Submission Dates and Times*
   See 17 on Page 1 of this NOFO.
   Applications must be submitted electronically through the Illinois Department of Public Health Electronic Grants Administration & Management System (EGrAMS), accessible at idphgrants.com. **Applications must be received by the end of the day (5:00 PM CT) on May 2, 2025**. Submission confirmation will be generated by EGrAMS.

5. *Intergovernmental Review, if applicable*
   N/A

6. *Funding Restrictions*
   All grant funds must be used for the sole purposes set forth in the grant proposal and application and must be used in compliance with all applicable laws. Grant funds may not be used as matching funds for any other grant program unless specifically allowed under grant program guidelines. Use of grant funds for prohibited purposes may result in loss of grant award and/or place the grantee at risk for repayment of those funds used for the prohibited purpose. Regardless of the source of funding (federal pass-through or State), all grant-funded expenses must be compliant with Cost Principles under Subpart E of 2CFR200 unless an exception is noted in federal or State statutes or regulations.

   Allowability

   Allowable – All grant funds must be used for items that are necessary and reasonable for the proper and efficient performance of the grant and may only be used for the purposes stated in the grant agreement, work plan, and budget. Items must comply with all applicable state and federal regulations.

   Allocable – Grant-funded costs must be chargeable or assignable to the grant in accordance with relative benefits received. The allocation methodology should be documented and should be consistent across funding sources for similar costs.

   Reasonable – The amounts charged for any item must be reasonable. That means the nature and

amount of the expense does not exceed what a prudent person under the same circumstances would expend; and that the items are generally recognized as ordinary and necessary for the performance of the grant.

Allowed Uses

Funding may be used for the following:

Funding may be used for the following: All grant funds must be used for the sole purposes set forth in the grant proposal and application and must be used in compliance with all applicable laws. Grant funds may not be used as matching funds for any other grant program. Use of grant funds for prohibited purposes may result in loss of grant award and/or place the grantee at risk for recouping of those funds used for the prohibited purpose. Expenditure reports must be submitted quarterly. To be reimbursable under the Department/Office of Health Promotion Grant Agreement, expenditures must meet the following general criteria:

- Be necessary and reasonable for proper and efficient administration of the program and not be a general expense required to carry out the overall responsibilities of the applicant.
- Be authorized or not prohibited under federal, state or local laws, or regulations.
- Conform to any limitations or exclusions set forth in the applicable rules, program description, or grant agreement.
- Be accorded consistent treatment through application of generally accepted accounting principles, appropriate to the circumstances.
- Not be allocable to or included as a cost of any state or federally-financed program in either the current or a prior period.
- Be net of all applicable credits.
- Be specifically identified with the provision of a direct service or program activity.
- Be an actual expenditure of funds in support of program activities, documented by check number, and/or internal ledger transfer of funds.
- Not be used for research or clinical care.

NOTE: Grantee should prepare a budget that reflects expenses for the grant term. Use whole numbers and round to the nearest dollar. Once approved, the budget will be incorporated into the grant. Using the forms provided in this packet, submit additional information or justification as required in the allowable costs list section. Specific line items listed in the detailed budget must be explained on the budget forms. The grantee may divide employee work time among multiple staff directly involved in the Program development, implementation and evaluation. The allocation of employee work time in the grant budget must reflect and be commensurate with program activities attributed to the specific program staff in the approved Work Plan. Program staff members funded 100% from the grant are expected to work solely on this grant program and may not be funded by other IDPH grant programs. Use the Personnel Loading Chart found in the appendix to detail staff.

If the grantee is anticipating the use of sub-contractors/sub-grantees, those should be listed under the Contractual Costs section of the Budget Detail Template and the Contractual Services section of the grant application. For such sub-contractors and/or sub-grantees, justification should be of sufficient detail to document the items requested are essential to the achievement of the work plan activities. Complete Subcontractor Table found in the appendix to provide information for each subcontractor that will be used to provide services under this grant. If a vendor is to be determined, indicate so on the table.

Contractual Services are costs such as contractual employees, repair and maintenance of equipment, media development and placement, software for support of program objectives, among other costs. Payments (or pass-through) to subcontractors are to be shown in the Contractual Services section of the

application (Section 5) as well as in the Budget Detail section.

The grantee acknowledges they must expend funds in accordance with the budget approved by the Department and in line with the line item categorical amounts approved in that budget. The grantee is required to submit quarterly documentation of actual expenditures incurred for conducting activities through use of the Department's reimbursement certification form. If changes in line items of the approved budget are necessary, the grantee must submit a Budget Adjustment Request in writing on Department forms for approval by the Department prior to making any of the requested expenditure changes. Documentation of actual expenditures incurred for the grant period must be submitted within 30 days after the close of the grant period. Any funds not documented and approved by the Department must be returned to the Department.

Allowable costs. Examples of allowable costs are listed below. This is not meant to be a complete list, but rather specific examples of items within each line item category.

Personal Services:
- Gross salaries paid to agency employees directly involved in the provision of program services. All salaries to be provided as in-kind need to be documented and noted on the budget sheet as such.
- Employer's portion of fringe benefits actually paid on behalf of direct services employees. Examples include FICA (Social Security), life/health insurance, workers compensation insurance, unemployment insurance and pension/retirement benefits.

Contractual Services:
- Contractual employees (requires prior program approval).
- Postage, postal services, overnight mailing, or other carrier costs.
- Photocopies. If paid to a duplicating business, list the number of copies and costs. If charged by copy on a leased photocopy machine, list cost per actual copy.
- Telecommunications. Allowable charges are monthly telephone service costs for land lines and installation, repair, parts and maintenance of telephones and other communication equipment.
- Payments or pass-throughs to subcontractors or sub grantees are to be shown in the Contractual Services section. All subcontracts or sub grants require an attached detail line item budget supporting the contractual amount.
- Printing. Any printing job, e.g., letterpress, offset printing, binding, lithographing services, must be requested as a prior approval item in the budget submission. This expense requires substantive documentation as to its relevance to the work plan before approval will be granted. The cost of the printing may not exceed $1,000 or 5 percent of the total budget, whichever is less.

Travel:
- Auto travel mileage at no higher than $0.70 per mile - the state reimbursement rate as of January 1, 2025.
- Rail transportation expenses.
  Lodging. The rate must be in accordance with Illinois Travel Control Board rates or justification must be provided.
- Per Diem.

Supplies:
- Office supplies.
- Educational and instructional materials and supplies, including booklets and reprinted pamphlets. The budget narrative must describe the connection between the purchase of these materials and

approved work plan before it will be approved.
- Paper supplies.

Envelopes and letterhead.

Prior Approval ONLY

   With prior approval, funding may be used for the following:
   Incentives including but not limited to: gift cards, t-shirts, bags, backpacks, hats, pencils, rulers, coloring books, stress balls, band-aid holders, mugs and cookware

Funding Use Prohibitions
   Funding may NOT be used for the following:
- Political or religious purposes.
- Contributions or donations.
- Fundraising or legislative lobbying expenses.
- Payment of bad or non-program related debts, fines or penalties.
- Contribution to a contingency fund or provision for unforeseen events.
- Food, alcoholic beverages, gratuities or entertainment.
- Membership fees.
- Interest or financial payments or other fines or penalties.
- Purchase or improvement of land or purchase, improvement, or construction of a building.
- Lease of facility space.
- Any expenditure that may create conflict of interest or the perception of impropriety.
- Audit expenses.
- Equipment.
- Prescription drugs.
- Exhibit fees.
- Subscriptions.
- Association dues.
- Expenses for credentialing (e.g., CHES certification)

Additional Funding Guidance
   N/A

7. *Other Submission Requirements*
   Applications must be submitted through the Illinois Department of Public Health Electronic Grants Administration & Management System (EGrAMS) accessible at idphgrants.com. **Applications must be received by the end of the day (5:00 PM CT) on May 2, 2025**. Submission confirmation will be generated by EGrAM.

E. Application Review Information
   Applications will be reviewed for content, work plan activities, budget proposals, and required application materials. In addition, based on adherence to prior grant guidelines, timely submission of reports and fiscal monitoring.

The **Health Equity Checklist** is a scored portion of the IDPH grant application. In public health, health

equity is the opportunity for everyone to reach their full health potential, regardless of any social determined circumstance. There are seven questions worth 35 points.

1. *Criteria*

   Grants will be reviewed and graded based on a 100-point scoring rubric. Criteria are listed in order from highest to lowest relative importance. The categories are as follows:

   a. **Project Narrative Section (45 points)** - Applicant capacity and experience; Need; Target audience clearly defined; Proposed implementation approach; Plan provided with detailed activities.
   b. **Work Plan Section (15 points)** - Activities, outcomes and measurements are provided and aligned with program requirements; Information provided in the SMART format.
   c. **Budget Section (5 points)** - Budget reasonable & justified
   d. **Healthy Equity (35 points) –** Please see below:

   <u>**Health-Equity Based Review**</u>
   A significant portion of the application review will be based on how the application abides with the following areas**:**

   A. Addressing all components of the IDPH Health Equity Checklist
   B. Reference the Health Equity Definition
   C. *Incorporation of key definitions from the IDPH Health Equity Checklist*
   D. *Reference to culturally and linguistically appropriate services*
   E. *Focus on the Social Determinants of Health*

   Health Equity Checklist
   Applying this checklist to all IDPH grant applications will assist and guide applicants to review their existing practices and provide a structure for them to modify their practices in a way that promotes health equity. The Health Equity Checklist walks entities through considerations for assessing health equity by posing 7 questions and action steps to engage disparately impacted populations and to assess the short and long-term impacts of health inequities within these communities.

   The Health Equity Checklist is worth **35 points** unless otherwise noted above.

   Health Equity Definition
   The proposed program should aim to reduce health disparities and health inequities where they exist. Differences in the incidence and prevalence of health conditions and health status between groups are commonly referred to as **health disparities**. **Health equity**, then, as understood in public health literature and practice, is when everyone has the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance."[1] This definition is taken from IDPH's Health Equity Checklist. Given that social disparities are rooted in institutional structuring, quality and controls of the underlying infrastructure and resource sectors that support the community members, it is imperative that participating entities engage in a structured inquiry that identifies unmet social determinants of health that communities of color are enmeshed within which have resulted in population-based disparities. Understanding health equity is essential for all participating agencies to engaged in intervention strategies, reflect on social determinants of health, and promote health equity in research, development, practice, and evaluation.

---

[1] Illinois Department of Public Health. (2020). Health Equity Checklist. Retrieved from
https://docs.google.com/document/d/1GZTg7_RdnC8XRahQ1trcLTnsHD6k5OAX6Pbg1LUk7qI/edit?usp=sharing

Incorporation of Key Definitions from IDPH Health Equity Checklist

The Health Equity Checklist from IDPH includes key terminology to incorporate. These terms will help guide the awardees in developing strategies that are shared across other public health organizations. These key definitions address health inequities in research and practice. Incorporating health equity terms into the lexicon will not only improve communications between communities but will also help engage diverse stakeholders. This is a step towards shifting the paradigm on how to approach and view health. Please address the Health Equity checklist as a referral to terms that are used most frequently to discuss health disparities, health equity and minority health The detailed list of the key definitions can be found in the Health Equity Checklist.

For more information on Health Equity terminology from the Association of State and Territorial Health Officials (ASTHO).[2]

Culturally and Linguistically Appropriate Services

Due to the diversity of Illinois residents, there must be an aim to implement the National Standards for Culturally and Linguistically Appropriate Services (National CLAS Standards) set by the Department of Health and Human Services.[3] The National CLAS Standards is intended to improve health outcomes, advance healthcare quality and eliminate health inequities. In order to address current and past discrimination, maltreatment, and cultural barriers, the programs should strive to ensure that all services and resources are provided in a manner that is equitable to the underserved, underrepresented, socially disadvantaged due to race, ethnicity, sexual or gender identity, and/or disability. All activities and interventions should be designed to align with the health equity framework.

Focus on Social Determinants of Health

The program must address the Social Determinants of Health. Social Determinants of health are the conditions where people are born, live, learn, work, play and worship. The reality of these conditions and the distribution of life-enhancing resources have major impacts on the health, longevity, and the quality of life for Illinois residents. Efforts in addressing social determinants of health will provide a health equity framework for program development.[4] In addition, there must be a focus on health through collaboration with Non-Health Sectors.

2. *Review and Selection Process*

   This grant is competitive. A merit-based review will be scored by the Department grant committee consisting of two or more reviewers. Scoring will be based on the evaluation criteria listed above.

Applicants must use the health equity checklist questions to identify both the short and long-term impacts to health equity, health inequalities and health inequities of the proposed intervention strategy.

Merit-Based Review Appeal Process
For competitive grants, only the evaluation process is subject to appeal. Evaluation scores or funding determinations/outcomes may not be contested and will not be considered by the Department's Appeals

---

[2] Association of State and Territorial Health Officials (ASTHO). (2018). Guidance for Integrating Health Equity Language Into Funding Announcements February 2018. Retrieved from https://www.astho.org/Health-Equity/Guidance-for-Integrating-Health-Equity-Language-Into-Funding-Announcements/

[3] U.S. Department of Health and Human Services. (2018). The National CLAS Standards. Retrieved from https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

[4] U.S. Department of Health and Human Services. (2020). Social Determinants of Health. Retrieved from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Review Officer.

To submit an appeal, the appealing party must:
- Submit the appeal in writing and in accordance with the grant application document through IDPH's Merit-Based Review Appeal Request Form available here: https://app.smartsheet.com/b/form/ed4d113385de41feb38964a8005ce72b
- Appeals must be received within 14 calendar days after the date that the grant award notice was published.
- Appeals must include the following information:
    - The name and address of the appealing party
    - Identification of the grant
    - A statement of reasons for the appeal
    - If applicable, documents or exhibits to support statement of reason

The IDPH Appeals Review Officer (ARO) will consider the grant-related appeals and make a recommendation to the appropriate Deputy Director as expeditiously as possible after receiving all relevant, requested information.
- The ARO must review the submitted Appeal Request Form for completeness and acknowledge receipt of the appeal within 14 calendar days from the date the appeal was received.
- The ARO will utilize an Appeal Review Tool to consider the integrity of the competitive grant process and the impact of the recommendation.
- The appealing party must supply any additional information requested by the agency within the time period set in the request.
- The ARO shall respond to the appeal within 60 days or supply a written explanation to the appealing party as to why additional time is required.

Documentation of the appeal determination shall be sent to the appealing party and must include the following:
- Standard description of the appeal review process and criteria
- Review of the appeal
- Appeal determination
- Rationale for the determination
- In addition to providing the written determination, the grant-making office may do the following:
- Document improvements to the evaluation process given the findings and re-review all submitted applications.
- Document improvements to the evaluation process given the findings and implement improvements into the following year's grant evaluation process.
- Provide written notice to the appealing party as to how the identified actions will be remedied.

Appeals resolutions may be deferred pending a judicial or administrative determination when actions concerning the appeal have commenced in a court of administrative body.

3. *Anticipated Announcement and State Award Dates, if applicable.*
   After, review, the anticipated award announcement will be mid-May 2025.

   Anticipated Announcement Date (if known):   5/12/2025
   Anticipated Program Start Date: 5/19/2025

Anticipated Program End Date: 8/31/2025

F. Award Administration Information

N/A

1. *State Award Notices*
   The grant application will be reviewed after grant deadline. Anticipated award announcement is **mid-May 2025.**

   A Notice of State Award (NOSA) shall be issued to the finalists who have successfully completed all grant award requirements and have been selected to receive grant funding.
   The NOSA will specify the funding terms and specific conditions resulting from applicable pre-award risk assessments.

   The Illinois Department of Public Health (IDPH) is exempt from utilizing the standard NOSA issued on the GATA Grantee Portal. Successful applicants will receive an email notification from EGrAMS and must review the funding terms and specific conditions in the grant agreement and accept utilizing an electronically signature. Both the electronic signature in EGrAMS and a physical signature on the grant agreement must be completed by an authorized representative of the grantee organization and submitted to IDPH.

   A Notice of Denial shall be sent to the applicants not receiving awards via EGrAMS.

2. *Administrative and National Policy Requirements*
   N/A

   All grantees receiving one or more federally-funded subawards from IDPH equal to or greater than $30,000 must provide compensation information within EGrAMS prior to issuance of an award. Grantees will not be able to sign grant agreements or amendment agreements until this requirement is complete. Annual completion of this requirement is necessary for multiyear grants.

3. *Reporting*
   Grantees are required to a performance report on their work plan objectives and quarterly fiscal reporting in EGrAMS within 15 days after the reporting period. Failure to submit required reports in a timely manner will result in delays with approval of reimbursements

   G. State Awarding Agency Contact(s)
   Leslie Wise
   Interim Section Chief, Substance Misuse Section
   535 W Jefferson St, 2nd floor
   Springfield, IL 62761
   217-524-0105
   Leslie.Wise@illinois.gov

H. Other Information, if applicable
   The state of Illinois is not obligated to make any State award as a result of the announcement, and funding is contingent upon approval and receipt of state appropriation.

Other webpages:
Grant Accountability and Transparency Act (GATA) Grantee Portal - http://www.grants.illinois.gov

Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM) - - https://governmentcontractregistration.com/sam-registration.asp

Illinois Department of Public Health's Electronic Grants Administration and Management System (EGrAMS) - dphgrants.com.

EGrAMS Help Desk: DPH.GrantReview@illinois.gov.

Mandatory Forms -- Required for All Agencies
1. **Uniform State Grant Application – Available at idphgrants.com for eligible applicants**
2. **New to EGrAMS, click HERE to see how to Get Started**
3. **Project Narrative (included in EGrAMS application)**
4. **Budget (included in EGrAMS application)**
5. **Budget Narrative (included in EGrAMS application)**

Other program-specific mandatory forms:
  1. Project director resume or CV
2. Organization W-9
3. Programmatic Risk Assessment (within EGrAMS Application)
4. Subcontractor Disclosure Form, if applicable (under EGrAMS Document Tab