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

Awarding Agency Name	Public Health
Agency Contact	Nikki Woolverton (nikki.woolverton@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	APECHO
Funding Opportunity Title	Asthma Project ECHO
CSFA Number	482-00-2871
CSFA Popular Name	APECHO
Anticipated Number of Awards	1
Estimated Total Program Funding	$60,000
Award Range	$0 - $60000
Source of Funding	State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Posted Date	04/01/2025
Application Date Range	
Grant Application Link	Please select the entire address below and paste it into the browser... https://idphgrants.com/user/home.aspx
Technical Assistance Session	No

Uniform Notice of Funding Opportunity (NOFO)

	Data Field	
1.	**Awarding Agency Name:**	Illinois Department of Public Health
2.	**Agency Contact:**	Name: Nikki Woolverton Phone: 217-782-3300 Email: nikki.woolverton@illinois.gov
3.	**Announcement Type:**	☒ Initial announcement ☐ Modification of a previous announcement
4.	**Type of Assistance Instrument:**	Grant
5.	**Agency Opportunity Number:**	APECHO-26
6.	**Funding Opportunity Title:**	Asthma Project ECHO
7.	**CSFA Number:**	482-00-2871
8.	**CSFA Popular Name:**	Asthma Project ECHO
9.	**CFDA Number(s):**	N/A
10.	**Number of Anticipated Awards:**	1
11.	**Estimated Total Funding Available:**	$60,000
12.	**Single Award Range:**	Up to $60,000
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: 5/1/2025 End Time: 5:00 pm
18.	**Technical Assistance Session:**	Session Offered: ☐ Yes ☒ No Session Mandatory: ☐ Yes ☐ No Date and time: Conference Info/Registration Link:

A. **Program Description**

 Project ECHO (Extension for Community Healthcare Outcomes) is an innovative workforce development model that aims to increase capacity, provide best practices, and reduce disparities, using a hub-and-spoke telementoring knowledge-sharing approach. The recipient of the Asthma Project ECHO grant award will deliver a pediatric asthma specialty ECHO based on the National Asthma Education Prevention Program (NAEPP), Expert Panel Report 3 and the 2020 Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group and the Centers for Disease Control and Prevention (CDC) EXHALE Technical Package. The recipient will facilitate focused training of health care providers and foster interactive, case-based learning and telementoring from peers and subject matter experts. The ECHO will enhance workforce development and capacity building to assist providers implement and sustain evidence-based, patient-centered asthma management practices. The curriculum and integrated materials should support guidelines-based medical care and align with EXHALE strategies.

For more information on the EXHALE Technical Package, please visit
https://www.cdc.gov/asthma/pdfs/EXHALE_technical_package-508.pdf

https://www.cdc.gov/asthma/exhale/guides.htm

Required Activities
1. Meet, at a minimum, monthly and as needed, with the Illinois Asthma Program via conference call to discuss Asthma Project ECHO Program activities and progress.
2. Participate in annual in-person Illinois Asthma Partnership meetings.
3. Submit quarterly progress reports.
4. Report on National Asthma Program performance measures as part of quarterly progress reports and annual CDC performance measures.
5. Participate in asthma evaluation activities.
6. Facilitate asthma ECHO activities among providers utilizing a curriculum based on NAEPP guidelines and the EXHALE Technical Package. Curriculum components may include, but are not limited to, asthma diagnosis, lung function testing, assessing asthma control and severity, indoor and outdoor environmental triggers, quality improvement, and team-based care.

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.

Funding will be for the period of July 1, 2025 – June 30, 2026, through the Tobacco Settlement Recovery Fund and is subject to appropriation. Approximately $60,000.00 will be available for award. Applicants must submit a project plan that covers the 12-month period and 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 project performance. The application will be reviewed, evaluated, and funded based on program need, applicant experience and capability to implement grant activities, and availability of funds. Quarterly progress reports to the Department will be submitted by the applicant and will be used to track progress made towards achievement of the program goals and objectives. 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 include entities in Illinois with experience in delivering health care provider education based on the ECHO telementoring model.

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. See Section C - Eligibility for additional details.

2. *Cost Sharing or Matching*

Cost Sharing is 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*

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;
- 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*

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:
   > Nikki Woolverton
   > Illinois Department of Public Health
   > 535 W. Jefferson St., 2nd Floor
   > Springfield, IL 62761
   > Phone: 217-782-3300
   > nikki.woolverton@illinois.gov

2. *Content and Form of Application Submission*
   Applications must be submitted via the Illinois Department of Public Health's Electronic Grants Administration and Management System (EGrAMS), accessible at idphgrants.com.

   This work will occur between July 1, 2025 – June 30, 2026. 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 project performance.

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 via the Illinois Department of Public Health's Electronic Grants Administration and Management System (EGrAMS), accessible at idphgrants.com. Applications must be received by 5:00 pm on May 1, 2025.

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:
  Use of Funds. 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.

Allowable costs may include Personnel, Fringe, Travel, Equipment, Supplies, Contractual Services, Telecommunications, and Training and Education. Please see the Budget Glossary for more information on allowable line-item categories.

  Prior Approval ONLY

  With prior approval, funding may be used for the following:
  Food or refreshments for program-related meetings or events.

  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
- Research
- Incentives, including but not limited to t-shirts, bags, backpacks, hats, pencils, rulers, coloring books, stress balls, band-aid holders, mugs and cookware.
- Entertainment, alcoholic beverages and gratuities
- 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.
- Expenditures that may create conflict of interest or the perception of impropriety
- Audit expenses
- Gift cards
- Exhibit fees of any kind
- Subscription costs
- Association dues
- Expenses for credentialing (e.g., CHES certification, AE-C)

- Airfare
- Out of state travel costs

Additional Funding Guidance

7. *Other Submission Requirements*
   Applications must be submitted via the Illinois Department of Public Health's Electronic Grants Administration and Management System (EGrAMS), accessible at idphgrants.com. Applications must be received by 5:00 pm on May 1, 2025.

E. Application Review Information
 Applications will be reviewed for content, work plan activities, budget proposals and required application supplemental material.

1. *Criteria*
Grants will be reviewed and scored based on a 100-point scoring rubric. The categories are as follows:
- Scope of Work: 45 points - (Applicant capacity and experience; Community need; Plan for outreach and collaboration; Target audience clearly defined; Proposed implementation approach; Plan provided with detailed activities)
- Work Plan: 15 points – (Activities, outcomes and measurements are provided and aligned with program requirements; Information provided in the SMART format)
- Budget: 5 points - (Budget reasonable and justified)
- Health Equity: 35 points (Please see below)

Health-Equity Based Review
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.

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

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

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**
   Multiple reviewers will assess the application and score based on program need, capability of implementing required strategies, work plan, proposed budget, and health equity checklist.

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 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

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[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

- 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.*
Applications must be received by 5:00 pm on May 1, 2025. After review, the anticipated award announcement is June 2025.

Anticipated Announcement Date (if known): 6/6/2025
Anticipated Program Start Date: 7/1/2025
Anticipated Program End Date: 6/30/2026

F. Award Administration Information

1. *State Award Notices*
The anticipated award notice is June 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*

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

The grantee is required to submit quarterly progress reports on their work plan objectives. Failure to submit required reports in a timely manner will result in delays with approval of reimbursements. The grantee will ensure quarterly reports are submitted in the provided format as follows:

1st Quarter Report due by: October 30
2nd Quarter Report due by: January 30
3rd Quarter Report due by: April 30
4th Quarter Report due by: July 30

G. State Awarding Agency Contact(s)

 Nikki Woolverton
Illinois Department of Public Health
535 W. Jefferson St., 2nd Floor
Springfield, IL 62761
Phone: 217-782-3300
Fax: 217-782-1235
nikki.woolverton@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 appropriation.

 Other websites:

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

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

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: