

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

Awarding Agency Name	Public Health
Agency Contact	Julie Havens RN (julie.havens@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	EMSA
Funding Opportunity Title	EMS Assistance
CSFA Number	482-00-0894
CSFA Popular Name	EMSA
Anticipated Number of Awards	0
Estimated Total Program Funding	\$72,175
Award Range	\$100 - \$5000
Source of Funding	State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	No
Restrictions on Indirect Costs	
Posted Date	04/01/2025
Application Date Range	04/01/2025 - 05/01/2025 : 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	No



Uniform Notice of Funding Opportunity (NOFO)

	Data Field	
1.	Awarding Agency Name:	Illinois Department of Public Health
2.	Agency Contact:	Name: Julie Havens RN Phone: 217-785-9220 Email: Julie.havens@illinois.gov
3.	Announcement Type:	<input checked="" type="checkbox"/> Initial announcement <input type="checkbox"/> Modification of a previous announcement
4.	Type of Assistance Instrument:	Grant
5.	Agency Opportunity Number:	EMSA-26
6.	Funding Opportunity Title:	EMS Assistance Grant FY26
7.	CSFA Number:	482-00-0894
8.	CSFA Popular Name:	EMS Assistance Grant
9.	CFDA Number(s):	N/A
10.	Number of Anticipated Awards:	unknown
11.	Estimated Total Funding Available:	\$72,175
12.	Single Award Range:	\$100-\$5000
13.	Funding Source: Mark all that apply	<input type="checkbox"/> Federal or Federal pass-through <input checked="" type="checkbox"/> State <input type="checkbox"/> Private / other funding
14.	Is Cost Sharing or Match Required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Indirect Costs Allowed? Restrictions on Indirect Costs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Session Mandatory: <input type="checkbox"/> Yes <input type="checkbox"/> No Date and time: Conference Info/Registration Link:

Agency-specific Content for the Notice of Funding Opportunity

A. Program Description

The Illinois Department of Public Health (IDPH) is pleased to have the opportunity again this year to distribute funds to Illinois EMS agencies who can demonstrate the need for resources. The grant program will provide for the purposes of organization, development and improvement of Emergency Medical Services Systems, including but not limited to training of personnel and acquisition, modification and maintenance of necessary supplies and equipment. (210 ILCS 50/3.220(c)) Due to the limited amount of grant funds available, the Department will not consider applications for new vehicles, vehicle re-chassis, building projects or grant requests over \$5000.00.

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 State created an "EMS Assistance Fund" within the State treasury, for the purpose of receiving fines and fees collected by the Illinois Department of Health pursuant to the Emergency Medical Services (EMS) Systems Act (210 ILCS 50).

All licensing, testing, and certification fees authorized by the EMS Act, excluding ambulance licensure fees, within this fund shall be used by the Department for administration, oversight, and enforcement of activities authorized under this Act (210 ILCS 50/3.220(b-5)). All other moneys within this fund shall be distributed by the Department to the EMS Regions for disbursement in accordance with protocols established in the EMS Region Plans, for the purposes of organization, development, and improvement of Emergency Medical Services Systems, including but not limited to training of personnel and acquisition, modification and maintenance of necessary supplies, equipment and vehicles (210 ILCS 50/3.220(c)).

The participation of the Regional EMS Advisory Committees is very important to this grant program. Individual EMS regional plans dictate the process that each region will follow in managing the disbursement regarding the grant announcement and providing the Division of Emergency Medical Systems (EMS) and Highway Safety with recommendations for disbursement of grant funds. Final grant awards will be determined by the Division of EMS.

The Office of Preparedness and Response in past years have awarded from \$45,000 to \$235,000 depending on the amount of ambulance licensing fees and fines paid into the EMS assistance Fund. This money is further divided between 11 EMS Regions in Illinois with each Region receiving approximately \$4,000 to \$13,000. In

previous years the award amount to an individual provider has ranged from \$100 to \$7500.

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

The Illinois Department of Public Health's (IDPH) EMS Assistance Fund Grant provides the opportunity to distribute funds to Illinois based EMS providers, who have a current Illinois license and can demonstrate the need for resources. The grant program will provide for the purposes of organization, development, and improvement of Emergency Medical Services Systems, including but not limited to training of personnel and acquisition, modification and maintenance of necessary supplies and equipment. (210 ILCS, section 3.220(c)). Out of State EMS providers with an Illinois license are ineligible for an EMS Assistance Fund Grant.

2. Cost Sharing or Matching

There is no cost sharing or matching required by the EMS Assistance Fund Grant.

3. Indirect Cost Rate

There are no indirect cost rates for the EMS Assistance Fund Grant

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

N/A

D. Application and Submission Information

Illinois Department of Public Health - Office of Performance Management

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:

Illinois Department of Public Health
Office of Preparedness and Response
422 S. 5th Street, 3rd Floor
Springfield, Illinois 62701
Attention: Special Programs Coordinator
OR
217-785-9220

2. Content and Form of Application Submission

The application and training materials to complete the application are available through IDPH's Electronic Grant Administration and Management System (EGrAMS) which can be found at idphgrants.com.

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.

Start Date: 4/1/2025

End Date: 5/1/2025

End Time: 5:00 PM

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:
training of personnel and acquisition, modification and maintenance of necessary supplies and equipment.

Prior Approval ONLY

With prior approval, funding may be used for the following:
N/A

Funding Use Prohibitions

Funding may NOT be used for the following:
Due to the limited amount of EMS Assistance grant funds available, the Department will not consider applications for new vehicles, vehicle re-chassis, building projects or grant requests over \$5000.00.

Additional Funding Guidance

7. *Other Submission Requirements*

The application will require the EMS provider's W-9, financial statement, and current Illinois EMS provider license.

E. Application Review Information

The Regional EMS Advisory Committee and the Department will review all eligible applications

1. Criteria

Applications must be submitted by the deadline. Applicants who are not an Illinois based and licensed EMS provider will not be reviewed.

The participation of the Regional EMS Advisory Committees is very important to this grant program. Individual EMS regional plans dictate the process that each region will follow in managing the disbursement regarding the grant announcement and providing the Division of Emergency Medical Systems (EMS) and Highway Safety with recommendations for disbursement of grant funds. Final grant awards will be determined by the Division of EMS.

Grading Scale

Grade 1 - Immediate Funding Need Alternate funding sources exhausted or unavailable. System will suffer if program postponed. Program request is of greatest impact to citizens served.

Grade 2 - Definite Funding Need Alternative funding limited or delayed availability. Program of high priority. Need is present. Program of high impact to citizens served.

Grade 3 - Project Needed Eventually Local funding available in future. System will benefit from improved timetable. Limited available funding.

Grade 4 - Project Can Be Delayed Local funds available. Program of low impact to citizens served. Consideration will be given as need increases.

Grade 5 - Project Not Needed Local funds available. Limited impact to service area. Duplication of resources. Consideration will be given as needed is evident.

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

¹ Illinois Department of Public Health. (2020). Health Equity Checklist. Retrieved from https://docs.google.com/document/d/1GZTg7_RdnC8XRahQ1trcLTnsHD6k5OAX6Pbg1LUk7ql/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

The EMS Assistance Fund ambulance licensing fees *shall be distributed by the Department to the EMS Regions for disbursement in accordance with protocols established in the EMS Region Plans, for the purposes of organization, development and improvement of Emergency Medical Services Systems, including but not limited to training of personnel and acquisition, modification and maintenance of necessary supplies, equipment and vehicles* (210 ILCS 50/3.220 Sec. 3.220). The Regional EMS Advisory Committee will review their region's applications and submit to the Department a ranking, score, recommended funding, recommended funding with revisions or not recommended for funding for each application. Final grant awards will be determined by the Division of EMS and Highway Safety.

The amount of the grant award shall be based on the amount requested by the applicant, the recommendation of the Regional EMS Advisory Committee, the Department's review of the application, and the amount available in the Fund for distribution. The amount awarded shall not exceed the amount requested by the applicant (Illinois Administrative Code 515.3000 (e)(1)).

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

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>

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.*

Anticipated Announcement Date (if known): [Click or tap to select a date.](#)

Anticipated Program Start Date: 7/1/2025

Anticipated Program End Date: 6/30/2026

F. Award Administration Information

1. *State Award Notices*

The grant award recipients will be notified by email through EGrAMS. The award email will have instructions on how to proceed to receive the grant money awarded.

Applicants who were not eligible or did not receive a grant award will be notified by email through EGrAMS.

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

The awarded EMS provider must purchase the requested equipment/supplies or complete the education as outlined in the budget section of the grant before the EMS provider will be reimbursed by the grant award. The requested equipment/supplies or education as outlined in the budget section of the grant must be purchased or completed within fiscal year 2026 (July 1, 2025, through June 30, 2026).

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

Once the provider has electronically and physically signed and submitted a copy of the grant agreement, purchased the equipment/supplies, or completed the education, submitted a reimbursement certification form, purchase receipt, and completed the "Grant Close-out Report" the grant requirements will be complete. Quarterly objectives do not apply to this grant as the EMS Assistance Grant is a one-time expenditure during the grant period. Objectives of this grant will be met upon submission of all required documentation listed above.

G. State Awarding Agency Contact(s)

Julie Havens, RN
Special Programs Coordinator
Illinois Department of Public Health
Division of EMS and Highway Safety
422 South 5th Street 3rd Floor
Springfield, IL 62701
Julie.havens@illinois.gov
217-785-9220

H. Other Information, if applicable

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. Provider's W-9
2. Provider's financial statement
3. Current Illinois EMS provider license