

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

Awarding Agency Name	Public Health
Agency Contact	Allissa Hall (Allissa.Hall@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	DCPUP-FY27
Funding Opportunity Title	Dementia Caregiver Program for Underserved Populations
CSFA Number	482-00-3235
CSFA Popular Name	DCPUP
Anticipated Number of Awards	6
Estimated Total Program Funding	\$525,000
Award Range	\$0 - \$185000
Source of Funding	State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Posted Date	04/29/2026
Application Date Range	05/01/2026 - 06/01/2026 : 4pm
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: Allissa Hall Phone: (217) 558-7759 Email: Allissa.Hall@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:	DCPUP-27
6.	Funding Opportunity Title:	Dementia Caregiver Program for Underserved Populations
7.	CSFA Number:	482-00-3235
8.	CSFA Popular Name:	DCPUP-FY27
9.	CFDA Number(s):	N/A
10.	Number of Anticipated Awards:	3-6
11.	Estimated Total Funding Available:	\$525,000
12.	Single Award Range:	Up to \$185,000
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the citation governing the restriction:
16.	Posted Date:	4/29/2026
17.	Application Date Range: Leave the 'End Date' and 'End Time' empty if there is no deadline.	Start Date: 5/1/2026 End Date: 6/1/2026 End Time: 4:00PM
18.	Technical Assistance Session:	Session Offered: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Session Mandatory: <input type="checkbox"/> Yes <input checked="" 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) Dementia Program will provide general revenue funds to develop and deliver education and support for caregivers of people with Alzheimer's Disease and Related Disorders (ADRD) from four diverse underserved groups: African American Caregivers, Hispanic/Latinx American Caregivers, Asian American Caregivers, and Caregivers in Rural Areas.

The purpose of the Dementia Caregiver Program for Underserved Populations grant is to increase education, support, and community connection for caregivers of people living with ADRD to reduce stress, empower, and support caregivers from diverse populations, as well as reduce barriers and stigma that prevent access to care. This grant program aims to continue to support strategies from the 2023-2026 and 2026-2029 Illinois Alzheimer's Disease State Plan, including *to identify and partner with community-based organizations to assist in the dissemination of culturally responsive caregiving resources and support* (Public Education and Awareness 2.E.6) and *to promote awareness and use of evidence-based caregiver education* (Service Delivery 3.D.3.a). This program will also support caregiver priorities from The Illinois Department on Aging's 2025-2028 State Plan on Aging Objective 3 to *increase public awareness and knowledge of caregiver needs, as well as resources and services available throughout the state of Illinois to promote increased caregiver engagement in person-centered, trauma informed, and evidence-based programs and services*.

Many of the activities in this program will also align with the Centers for Disease Control and Prevention's Healthy Brain Initiative, including *to Ensure caregivers have -information, tools and resources about their vital role and ways to maintain their own health and well-being*, Action E-7 from the [Healthy Brain Initiative: State and Local Road Map for Public Health, 2023-2027 \(cdc.gov\)](https://www.cdc.gov/healthybrain/initiative/state-and-local-road-map-for-public-health-2023-2027).

Applicants may apply to serve one or more underserved groups listed in this funding opportunity. Renewal for a second and third year of program delivery will be considered.

All strategies should be culturally tailored to effectively reach caregivers in the targeted communities. The grant recipient will educate caregivers about Alzheimer's Disease and Related Dementias, how to offer care to their loved one living with ADRD, and how to care for themselves, including ways to maintain their own health and well-being. The recipient(s) of the Dementia Caregiver Program for Underserved Populations grants will develop and deliver the following for the selected target population(s):

- High-quality, culturally tailored dementia caregiver education.
 - Evidence-based and evidence-informed programs are encouraged if tailored and culturally appropriate to the targeted group; applicants can refer to "[Best Programs for Caregiving](#)" a free online database of proven dementia programs for family caregivers. It offers a searchable, interactive national database of vetted effective programs that offer much-needed information and support.
- Caregiver support via monthly accessible support groups, including communication about how to access local services, care, social supports, and linguistic adaptations as needed.

Community connection via culturally appropriate in-person memory care cafes (or something similar) within the targeted communities.

It is expected that subject matter experts from the ADRD field and trusted members of the targeted community will be involved or consulted regarding content development including but not limited to educational content, meeting length, format, and/or frequency. It is also expected that applicants will provide a

detailed marketing plan which outlines how they intend to recruit attendees from the community/components(s) they are applying for. Strong applicants are expected to include detailed information regarding education development methods within the project proposal, specific stated activities, as well as a demonstrated ability to complete time-limited projects with a short deadline. The recipient will also plan and execute data collection to determine the efficacy of the workshop. Examples include identifying and utilizing questionnaires or tools to assess pre and post levels of caregiver stress, depression, anxiety, and knowledge gained.

Rationale-

Support for African American Caregivers

According to the Alzheimer's Association Special Report: Race, Ethnicity, and Alzheimer's in America (2021), older African Americans are disproportionately more likely to have Alzheimer's and other dementias. In addition, they are more likely to have missed diagnoses than older Caucasians. More than one-third of African Americans believe discrimination would be a barrier to receiving Alzheimer's care and that half of African Americans report they have experienced health care discrimination. Among non-Caucasian caregivers, half or more say they have faced discrimination when navigating health care settings for care recipients, with the top concern being that providers or staff do not listen to what they are saying because of their race, color, or ethnicity. This concern was especially high among African American caregivers (42%). Two in 5 caregivers who provide unpaid care to a African American person say that race makes it harder for them to get excellent health care. Twenty-eight percent of African American caregivers report health care providers treating them as if they were "not smart".

Support for Asian American Caregivers

According to the Alzheimer's Association Special Report: Race, Ethnicity, and Alzheimer's in America (2021) nineteen percent of Asian Americans believe discrimination would be a barrier to receiving Alzheimer's care. Among non-white caregivers, half or more say they have faced discrimination when navigating health care settings for a care recipient, with the top concern being that providers or staff do not listen to what they are saying because of their race, color, or ethnicity. This concern was especially high among Asian caregivers (34%). Additionally, one in four Asian caregivers cited language as a barrier to care. A study recently published by the Journal of the Alzheimer's Association found that Asian Americans are almost twice more likely to assume caregiving roles for their family than the general population. More Asian American Dementia caregivers (DCGs) find their role highly stressful than African American or Hispanic DCGs.

Support for Hispanic/Latinx Caregivers

According to the Alzheimer's Association Hispanic/Latinx people are 1.5. times more likely to be diagnosed with ADRD than whites. Additionally, one-third of Hispanic/Latinx Americans report that they experienced discrimination when seeking healthcare and almost 6 in 10 believe that significant memory loss is a normal part of aging. Alzheimer's takes a devastating toll on caregivers. According to the Alzheimer's Association about 30% of caregivers are age 65 or older and approximately two-thirds of caregivers are women; more specifically, over one-third of Dementia caregivers are daughters. Most caregivers (66%) live with the person with Dementia in the community. Approximately one-quarter of Dementia caregivers are "sandwich generation" caregivers-meaning that they care not only for an aging parent but also for at least one child. Compared with caregivers of people without Dementia, twice as many caregivers of those with Dementia indicate substantial emotional, financial, and physical difficulties.

Support for Caregivers in Rural Areas

In findings of the multi study review *Dementia-Related Education and Support Service Availability, Accessibility, and Use in Rural Areas: Barriers and Solutions* (2020), 10 US studies confirmed conventional beliefs about family caregiving and service utilization in rural areas: use of formal support services has

been low, gaps exist in service provision, and available services do not always meet families' needs and expectations.

Another study from the *Journal of Rural Health* (2017) found that informal caregivers, particularly in rural areas, face financial barriers. Rural caregivers were less likely than urban caregivers to report caregiving-related difficulties. Additionally, a study by Virginia Tech (2022) states that experts expect that the prevalence rate in rural areas is much higher, as more than half of dementia cases go undiagnosed, thus leaving caregivers and care recipients unsupported.

Caregiver Health and Well Being Support

According to the Alzheimer's Association Blog (2023), seventy-four percent of Dementia caregivers reported they were "somewhat concerned" to "very concerned" about maintaining their own health since becoming a caregiver. Fifty-nine percent of family caregivers of people with Dementia rated their emotional stress of caregiving as high or very high and are more likely to experience depression and anxiety than non-Dementia caregivers. Approximately 44% of Dementia caregivers have depression. The prevalence of depression is 30% to 40% higher in Dementia caregivers than other caregivers. Dementia caregivers in the United States are more likely to have experienced depression (32.5%) or anxiety (26%) when compared with dementia caregivers from other countries.

Project Activities and Deliverables for all Components

The granted organization will educate caregivers about the diagnosis of Alzheimer's Disease and Related Disorders (ADRD), best care practices, culturally appropriate community resources, and increase the caregiver's level of confidence when advocating for and discussing ADRD with healthcare professionals on behalf of care recipients.

Grantees will recruit caregivers from the targeted communities listed to participate in the program. Grantees will provide all necessary materials to educate caregivers including but not limited to Wi-Fi and technical support, electronic device access (i.e., borrowing system), multilingual ADRD caregiver handbooks, and any other materials deemed necessary to educate caregivers. The granted organization will be responsible for promoting the trainings to the targeted audience of caregivers identified, registering and on-boarding the attendees for all trainings, creating and providing the educational content, facilitating the training events, administering pre and post-tests, arranging online support groups, and setting up in-person memory cafes to be offered to caregivers and care recipients living with ADRD.

1. Create a culturally appropriate, accessible educational program for caregivers in each targeted component that is tailored to their specific needs, health literacy level, and concerns. Core educational curriculum content should be created (or modified from an existing program) to include, at minimum:
 - a. Information for caregivers to recognize their role as caregivers, within the cultural context of the identified audience.
 - b. The definition of ADRD and its known causes.
 - c. Tips for caregivers on how best to care for the care recipient with ADRD.
 - d. Acknowledgement of how the medical system's bias has impacted the targeted community.
 - e. How to communicate with health professionals and advocate for the care recipient with ADRD or suspected cognitive decline.
 - f. Tips for caregivers about general self-care and ways to maintain their own health and well-being.
 - g. Culturally & linguistically appropriate resources available to caregivers.
2. Deliver the educational program in a format that increases accessibility to the target group. Format and delivery can include in-person events with live streaming, video recordings, webinars, virtual online events, etc.

The grantees are responsible for:

- a. Promoting the trainings to the targeted audience of caregivers identified via marketing, brochures, social media promotion, etc.
 - b. Providing registration for all educational sessions, support groups, and social engagement events.
 - c. Appointing & arranging subject matter experts and/or trusted partners when necessary.
 - d. Providing or facilitating the delivery of the educational content defined in deliverable #1.
 - e. Providing resources for participants to reference and access.
 - f. Delivering pre- and post-surveys after each training to gain feedback about knowledge/skills gained and if caregivers will apply the knowledge/skills in practice.
3. Facilitate and host an online or hybrid support group for each target group that is linguistically and culturally accessible.
 - a. Coordinate with attendees a time that fits their schedule best.
 - b. Provide supportive tools that attendees can apply in their day-to-day life. Examples of this could be mindfulness exercises, journaling practices, and other culturally appropriate anxiety and stress reducing techniques.
 - c. Tips for caregivers to prevent, identify, and address chronic health issues.
 - d. Identify and administer a self-rating scale to track levels of stress, burnout, depression, and/or anxiety prior to and after the support component is delivered.
 4. Coordinate, host, and facilitate accessible, culturally appropriate memory cafes (or something similar) for each target group's caregivers and care recipients with ADRD. Utilize non-clinical locations that are familiar to the caregivers and care recipients with ADRD being served.
 5. All training and educational materials prepared with funds from this grant will include the following statement: Funding for this (training event, video, etc.) made possible by a grant from the Illinois Department of Public Health.
 6. Grantees will share their plan to track & evaluate performance measures and/or outcome data.
 7. If utilizing subcontractors, provide fiscal and contract monitoring of all subcontractors to be included in quarterly reports.
 8. Meet, at minimum, quarterly, and as needed, with the IDPH Dementia Program via conference call to discuss program activities and progress.
 9. Submit quarterly progress reports for your organization and any sub-grants awarded, including status updates on deliverables and performance measures.

Key Outcomes

- Dementia Caregiver Programs for Underserved Populations for each targeted community are created, promoted, and delivered.
 - Increase caregivers' knowledge of available services and supports, and willingness to ask for help.
 - Increase caregivers' stress management tools.
 - Decrease caregiver's sense of burnout/stress, depression, anxiety, and/or helplessness.
- Increase caregiver's sense of community connection and support.

B. Funding Information

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

This is a competitive grant that will provide awards from the Illinois General Revenue Fund to multiple grantee organizations. The anticipated award project period is **July 1, 2026, through June 30, 2027**.

The applicants must submit a project plan that covers the period and how the award will be executed. The project plan should include necessary details 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, availability of funds and history of efficient use of project 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 a public or private not-for-profit entity, or profit entity capable of developing a dementia curriculum that reflects high quality, best practice-informed content from both the dementia field and the corresponding target communities. The Department encourages diverse applicants and organizations to apply.

The grantee 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**

No cost sharing or Match is required for this grant.

3. **Indirect Cost Rate**

Indirect costs are allowed for this grant. Documentation of negotiated Indirect Cost Rates must be uploaded in the application.

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**

Applicants, especially first-time grantees, are encouraged to complete the grant management training modules available through the GATA Learning Management System at <https://gata.illinois.gov/training.html>

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:

Allissa Hall
Office of Health Promotion
Illinois Department of Public Health
535 West Jefferson Street, 2nd Floor
Springfield, IL 62761
Allissa.Hall@illinois.gov
Phone (217) 558-7759

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 www.idphgrants.com. **The application MUST be completed in its entirety.** This includes submission of all mandatory forms.

This work will occur between **July 1, 2026, and June 30, 2027**. 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. The grant application shall include information about the following:

- Description of program capability by explaining the applicant's expertise in developing workshops or educational programs, including consultation with subject matter experts, content

development that reflects current best practices, and formatting that is easily accessible and adaptable. (Scope of Work)

- Detailed description/information about the proposed project, including marketing plan. (Scope of Work)
- Describe how this program will be implemented including expected deliverables and project requirements. (Scope of Work)
- List of goals to be accomplished during the grant period. (Scope of Work)
- Outline objectives with a list of activities that will be implemented to accomplish the objectives (Work Plan). The organization shall specify how the objectives will be measured to determine successful completion.
- Outline the personnel supported by the grant in the budget section. Include name and title of all staff participating on the project, percent of time projected that will be reimbursed through the grant funding, and responsibilities for this grant. Include resume of project director as attachment. (Budget)
- Detailed budget by line item and justification. (Budget)
- 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:
 - Quality of management systems and ability to meet the management standards.
 - History of performance.
 - 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
 - The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.

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.

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:

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.
- 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. Ensure that the total budget is a whole number. 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 Scope of 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 notes and narrative features in the Budget section of the application to outline title and responsibilities of this grant.

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 in "Notes" should be of sufficient detail to document the items requested are essential to the achievement of the work plan activities. Complete Subcontractor Table 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. Subcontractor/Subgrantee Disclosure forms are required for all known entities. This form is found under Show Documents.

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 Line-Item Transfer Request in EGrAMS and by email to the IDPH Program Director prior to incurring expenditures for the requested 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.

Salaries/Wages:

- Wages paid to agency employees directly involved in the provision of program services. All salaries to be provided as in-kind must be documented and noted in the budget as such.

Fringes:

- 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 subgrantees 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.

*** For contractual services that are shared with other programs and/or services (landline phone service, fax, postage, etc), an allocation policy must be submitted with application to identify how expenses are appropriately identified as used with this project. ***

Travel:

- Travel **MUST** be limited to in-state travel.
- Auto travel mileage at no higher than the state reimbursement rate. \$0.725 as of January 1, 2026.
- Rail transportation expenses.
- Lodging. The rate must be in accordance with Illinois Travel Control Board rates or justification must be provided.
- Per Diem expenses in accordance with GSA guidelines which can be found at [FY 2026 per diem rates for Illinois | GSA](#) .

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:

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.
- 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.
- Any expenditure that may create conflict of interest or the perception of impropriety.
- Equipment.
- Prescription drugs.
- Conference registration fees, including registration fees to attend or exhibit at events that can be defined as fundraisers.
- Exhibit fees.
- Subscriptions.
- Association dues.
- Expenses for credentialing (e.g., CHES certification).
- Airfare
- Out-of-state travel

Additional Funding Guidance

Source Documentation. Accounting records must be supported by such source documentation as canceled checks, bank statements, invoices, paid bills, donor letters, time and attendance records, activity reports, travel reports, contractual and consultant agreements, and subaward documentation. All supporting documentation must be clearly identified with the Award and general ledger accounts which are to be charged or credited. Records must be submitted with required financial reports for all line-item expenditures exceeding \$5000 in a reporting period.

7. Other Submission Requirements

- Subcontractor/Subgrantee Disclosure Form
- Negotiated Indirect Cost Rate (if not using de Minimus rate)
- Agency expense allocation policy (if claiming expenses shared with other programs/projects)

E. Application Review Information

Applications will be reviewed for content, work plan activities, budget proposals, health equity, and required application supplemental material. Applications will be scored on the criteria outlined in the Criteria section below. IDPH may also consider societal impact equity when evaluating applications for funding.

1. Criteria

Applications will be reviewed and scored on a 100-point rubric using the following criteria:

1. Scope of Work Section (65 pts)- Applicant capacity and experience; Need; Target audience clearly defined; Proposed implementation approach; Plan provided with detailed activities.
2. Work Plan Section (25 pts)- Activities, outcomes and measurements are provided and aligned with program requirements; Information provided in the SMART format
3. Budget Section (10 pts)- Budget reasonable & justified

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.

Team Review Process

Merit-based review of applications, unless disclosed above, is conducted by one or more review teams. Each review team will consolidate scores, and final application rankings may be adjusted to address variability between teams.

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
- 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.

N/A

Anticipated Announcement Date (if known): [Click or tap to select a date](#)
Anticipated Program Start Date: 7/1/2026
Anticipated Program End Date: 6/30/2027

F. Award Administration Information

Upon completion of submission and review process, each successful grantee will receive a grant agreement to be signed by the entity's authorized official. The grant agreement is not binding on the parties until it has been fully executed by the Illinois Department of Public Health.

1. State Award Notices

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

Grantees will be required to submit quarterly progress reports on their work plan objectives and quarterly reimbursement certifications within 30 days after the reporting period or through the EGrAMS system. Failure to submit required reports in a timely manner will result in delays with approval of reimbursements and may impact future funding to the grantee. The final report and reimbursement certification are required to be submitted by **July 30, 2027**

G. State Awarding Agency Contact(s)

Allissa Hall
Allissa.Hall@illinois.gov

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:

- Subcontractor/Subgrantee Disclosure Form
- Negotiated Indirect Cost Rate (if not using de Minimus rate)
- Agency expense allocation policy (if claiming expenses shared with other programs/projects)