

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

Awarding Agency Name	Public Health
Agency Contact	Elizabeth Simonton (elizabeth.simonton@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	DEPWDP-27
Funding Opportunity Title	Dementia Early Planning Workshop Series for Diverse Populations
CSFA Number	482-00-3113
CSFA Popular Name	DEPWDP
Anticipated Number of Awards	2
Estimated Total Program Funding	\$320,000
Award Range	\$60000 - \$260000
Source of Funding	State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Posted Date	04/30/2026
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:	DEPWDP-27
6.	Funding Opportunity Title:	Dementia Early Planning Workshop Series for Diverse Populations
7.	CSFA Number:	482-00-3113
8.	CSFA Popular Name:	DEPWDP-27
9.	CFDA Number(s):	N/A
10.	Number of Anticipated Awards:	2
11.	Estimated Total Funding Available:	\$320,000
12.	Single Award Range:	\$60,000-\$260,000
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:	4/30/2026
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 seeks to provide general revenue funds to develop and deliver culturally tailored early planning workshops for persons living with Dementia (PLWD) and their caregivers from four diverse groups: African Americans, Asian Americans, Hispanic/Latinx Americans, and LGBTQ+ persons. The purpose of the Dementia Early Planning Workshop Series for Diverse Populations is to create culturally specific, high-quality Dementia and advanced care planning workshops for caregivers and individuals living with Alzheimer's Disease and Related Dementias (ADRD) and respond to the specific needs of these diverse groups effectively.

This funding opportunity extends a current project to allow for broader reach that aims to support the service delivery goal and public education and awareness goal of the 2023-2026 and 2026-2029 State of Illinois Alzheimer's Disease Plan— to provide access to culturally competent care and promote early planning for persons living with dementia, their families, and caregivers, including, but not limited to: Legal and financial planning, guardianship, powers of attorney, other alternatives, and advanced directives.

Applicants may apply to serve one or more diverse groups listed in this funding opportunity. The recipient(s) of the Dementia Early Planning Workshop Series for Diverse Populations grants will develop high-quality content that will be used to develop workshops that are specifically tailored for members of the African American, Asian American, Hispanic/Latinx American, and LGBTQ+ communities living with dementia and their caregivers. It is expected that subject matter experts from both the ADRD field and the target communities will be involved or consulted regarding content development including but not limited to curriculum, workshop length, and/or frequency. Example: One 4-hour workshop or a series of four 1-hour workshops over the course of a set period of time.

It is also expected that applicants will provide a detailed marketing plan which outlines how they intend to recruit attendees from the community(s) they are applying for. Strong applicants are expected to include detailed information regarding workshop development methods within the project proposal, specific stated activities, including but not limited to goal-setting or task completion. For example, completing powers of attorney paperwork.

Recipient(s) must also be able to demonstrate the ability to complete time-limited projects with a short deadline. The recipient(s) will also engage attendees in data collection to determine the efficacy of the workshop and further identify gaps in care and support for PLWD and their caregivers in planning related activities.

Background:

The importance of access to Early Planning services for individuals with Alzheimer's and Dementia in marginalized groups and their caregivers is to improve quality of care, inclusion of individuals in planning their future during progression of disease, financial protection, and reduce stress and strain on caregivers.

African Americans

According to the Alzheimer's Association Special Report: Race, Ethnicity, and Alzheimer's in America (2021), health, socioeconomic disparities, and systemic racism contribute to increased Alzheimer's and Dementia risk in communities of color. According to the report, older African Americans are

disproportionately more likely to have Alzheimer's and other Dementias, as well as being more likely to have missed diagnoses than older Caucasians.

The report goes on to state that 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 their 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 African American caregivers (42%). Two in 5 caregivers who provide unpaid care to an 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 treat them as if they were "not smart".


Additionally, according to the National Library of Medicine Article "Ethnic Differences in Advance Directive Completion and Care Preferences: What Has Changed in a Decade?", of those surveyed that completed an Advanced Directive, only 15% of participants were older African Americans compared with 52% of older Caucasians, highlighting a disparity in advanced care planning. It is imperative to make legal actions such as assigning power of attorney, creating a living will, and completing an advanced directive more accessible to African American older adults.

Asian Americans

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-Caucasian caregivers, half or more say they have faced discrimination when navigating health care settings for their care recipient, with 34% of Asian caregivers citing the top concern being that providers or staff do not listen to what they are saying because of their race, color or ethnicity. 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. Asian American Dementia caregivers (DCGs) find their role highly stressful.

According to the National Library of Medicine Completion of Advanced Directives in Older Asian Americans: Role of Cultural Factors only 20% of the older Asian Americans surveyed had completed an Advanced Directive, compared to 52% of older Caucasians surveyed in the study, "Ethnic Differences in Advance Directive Completion and Care Preferences: What Has Changed in a Decade?", highlighting a disparity in advanced care planning. It is imperative to increase access to legal actions such as assigning power of attorney, creating a living will, and completing an advanced directive to Asian American older adults.

The Alzheimer's Association LGBT Issues Brief goes on to report that LGBTQ+ older adults exhibit several health disparities, such as diabetes, high blood pressure, and HIV which increase the risk of developing Alzheimer's and other Dementias. With approximately 50 percent of individuals with HIV experiencing cognitive problems. Additionally, many LGBTQ+ older adults may not have a relationship with their legal or biological families and are instead supported by their families of choice. As LGBTQ+ people age, these chosen family members, friends and community members often become caregivers. This shift in the familial structure creates a need for aging LGBTQ+ individuals to engage in advanced care planning such as assigning power of attorney, creating a living will, and creating an advanced directive.

 The Illinois Department of Public Health (IDPH) Dementia Program seeks to provide general revenue

funds to develop and deliver culturally tailored early planning workshops for persons living with dementia (PLWD) and their caregivers from four diverse groups: African Americans, Asian Americans, Hispanic/Latinx Americans, and LGBTQ+ persons. The purpose of the Dementia Early Planning Workshop Series for Diverse Populations is to create culturally specific, high-quality dementia and advanced care planning workshops for caregivers and individuals living with Alzheimer's Disease and Related Dementias (ADRD) and respond to the specific needs of these diverse groups effectively.

This funding opportunity extends a current project to allow for broader reach that aims to support the service delivery goal and public education and awareness goal of the 2023-2026 and 2026-2029 State of Illinois Alzheimer's Disease Plan— to provide access to culturally competent care and promote early planning for persons living with dementia, their families, and caregivers, including, but not limited to: Legal and financial planning, guardianship, powers of attorney, other alternatives, and advanced directives.

Applicants may apply to serve one or more diverse groups listed in this funding opportunity. The recipient(s) of the Dementia Early Planning Workshop Series for Diverse Populations grants will develop high-quality content that will be used to develop workshops that are specifically tailored for members of the African American, Asian American, Hispanic/Latinx American, and LGBTQ+ communities living with dementia and their caregivers. It is expected that subject matter experts from both the ADRD field and the target communities will be involved or consulted regarding content development including but not limited to curriculum, workshop length, and/or frequency. Example: One 4-hour workshop or a series of four 1-hour workshops over the course of a set period of time.

It is also expected that applicants will provide a detailed marketing plan which outlines how they intend to recruit attendees from the community(s) they are applying for. Strong applicants are expected to include detailed information regarding workshop development methods within the project proposal, specific stated activities, including but not limited to goal-setting or task completion. For example, completing powers of attorney paperwork.

Recipient(s) must also be able to demonstrate the ability to complete time-limited projects with a short deadline. The recipient(s) will also engage attendees in data collection to determine the efficacy of the workshop and further identify gaps in care and support for PLWD and their caregivers in planning related activities. Renewal for a second and third year of workshop delivery will be considered.

Background:

The importance of access to Early Planning services for individuals with Alzheimer's and Dementia in marginalized groups and their caregivers is to improve quality of care, inclusion of individuals in planning their future during progression of disease, financial protection, and reduce stress and strain on caregivers.

African Americans

According to the Alzheimer's Association Special Report: Race, Ethnicity, and Alzheimer's in America (2021), health, socioeconomic disparities, and systemic racism contribute to increased Alzheimer's and dementia risk in communities of color. According to the report, older African Americans are disproportionately more likely to have Alzheimer's and other dementias, as well as being more likely to have missed diagnoses than older whites.

The report goes on to state that 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-white caregivers, half or more say they have faced discrimination when navigating health care settings for their 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 African Americans caregivers (42%). Two in 5 caregivers who provide unpaid care to an African American person say that race makes it harder for them to get excellent health care. Twenty-eight percent of African Americans caregivers report health care providers treat them as if they were “not smart”.

Additionally, according to the National Library of Medicine Article “Ethnic Differences in Advance Directive Completion and Care Preferences: What Has Changed in a Decade?”, of those surveyed that completed an Advanced Directive, only 15% of participants were older African Americans compared with 52% of older Caucasians, highlighting a disparity in advanced care planning. It is imperative to make legal actions such as assigning power of attorney, creating a living will, and completing an advanced directive more accessible to African American older adults.

Asian Americans

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-Caucasian caregivers, half or more say they have faced discrimination when navigating health care settings for their care recipient, with 34% of Asian caregivers citing the top concern being that providers or staff do not listen to what they are saying because of their race, color or ethnicity. 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. Asian American Dementia caregivers (DCGs) find their role highly stressful.

According to the National Library of Medicine Completion of Advanced Directives in Older Asian Americans: Role of Cultural Factors only 20% of the older Asian Americans surveyed had completed an Advanced Directive, compared to 52% of older white Americans surveyed in the study, “Ethnic Differences in Advance Directive Completion and Care Preferences: What Has Changed in a Decade?”, highlighting a disparity in advanced care planning. It imperative to increasing access to legal actions such as assigning power of attorney, creating a living will, and completing an advanced directive to Asian older adults.

Hispanic/Latinx Americans

According to the Alzheimer’s Association Special Report: Race, Ethnicity, and Alzheimer’s in America (2021) Hispanic/Latinx Americans are more likely to be diagnosed with ADRD than Caucasians. Yet nearly one-fifth of Hispanic/Latinx Americans believe discrimination would be a barrier to receiving Alzheimer’s care. Thirty three percent of Hispanic/Latinx Americans report having experienced discrimination when seeking health care. Among Caucasian caregivers, half or more say they have faced discrimination when navigating health care settings for their 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, 28% of them being Hispanic/Latinx. Nearly 1 in 3 caregivers of Hispanic/Latinx people say that race makes it harder for them to get excellent health care and 17% cited language as a barrier to care.

Additionally, according to the “National Library of Medicine Article Ethnic Differences in Advance Directive Completion and Care Preferences: What Has Changed in a Decade?”, of those surveyed that completed an Advanced Directive, only 18% of participants were older Hispanic/Latinx Americans,

compared with 52% of older white Americans. Thus, highlighting a disparity in advanced care planning. Therefore, it is imperative to make legal actions such as assigning power of attorney, creating a living will, and completing an advanced directive more accessible to Hispanic/Latinx older adults.

LGBTQ+ Persons

According to the Alzheimer's Association LGBT Issues Brief, researchers estimate that there are 2.7 million LGBTQ+ people over the age of 50, and that number is increasing rapidly as more people self-identify as LGBTQ+. This older adult population is found within almost every community and is a group of immense racial, ethnic, cultural and religious diversity with one in five LGBTQ+ older adults being a person of color. Despite this growing demographic, 40% of LGBTQ+ older adults say that their healthcare provider does not know their sexual orientation.

The Alzheimer's Association LGBT Issues Brief goes on to report that LGBTQ+ older adults exhibit several health disparities, such as diabetes, high blood pressure, and HIV which increase the risk of developing Alzheimer's and other Dementias. With approximately 50 percent of individuals with HIV experiencing cognitive problems. Additionally, many LGBTQ+ older adults may not have a relationship with their legal or biological families and are instead supported by their families of choice. As LGBTQ+ people age, these chosen family members, friends and community members often become caregivers. This shift in the familial structure creates a need for aging LGBTQ+ individuals to engage in advanced care planning such as assigning power of attorney, creating a living will, and creating an advanced directive.

Project Activities and Deliverables

1. The granted organization(s) will have the opportunity to develop and deliver one or multiple culturally tailored workshops specific for each community listed: African Americans, Asian Americans, Latinx/Hispanic and LGBTQ+ persons living with Dementia and their caregivers.
2. The core curriculums shall include, but are not limited to, the following topics for each workshop:
 - o Acknowledgement of the historically strained relationships between these diverse groups and the medical community/institutions.
 - o Navigating the cultural and religious traditions, social disparities and vulnerabilities of these groups as it relates to end-of-life planning, palliative care, hospice, and memory care.
 - o Provide information and guidance on how caregivers can best advocate for, maintain and/or increase trust with various care providers and institutions for PLWD, accounting for the health literacy needs of the target audience.
 - o Provide accessible actionable information regarding advanced directives, living wills, and power of attorney. Including how to execute these documents i.e., accessing a notary, affordable legal consultation, appropriate forms, etc.
 - o Identify and provide culturally and linguistically appropriate resources/workshops for persons living with Dementia and their caregivers.
 - o Assist attendees in creating and planning continuous actionable steps post workshop.
 - o Assist caregivers in recognizing their role as a caregiver within the context of their cultural beliefs.
 - o Navigating the complex impact additional identities, such as race, gender and ability have on health outcomes, financial resources, and personal supports.
3. Subject matter experts from both the ADRD sphere and the African American, Asian American, Hispanic/Latinx, and LGBTQ+ communities will be involved in content development for each workshop

not limited to curriculum, workshop length and/or frequency.

4. Learning objectives and goals shall be identified and written into the workshop curriculums.

5. Pre- and post-evaluations will be developed to measure knowledge gained, planning completion, and to gather feedback that can shape future workshops.

6. The granted organization(s) should attempt to provide community linkages appropriate to participant feedback for further care planning.

7. Curriculums shall be formatted to be easily accessible by anyone in the state of Illinois and delivered via an online platform or hybrid model with the ability to scale in the future.

8. Grantee(s) must create a detailed marketing plan on how they intend to reach these communities and perform adequate recruitment and multilingual marketing of the workshop towards the corresponding diverse communities and their members.

9. All presentations, printed or electronic, prepared with funds from this grant will require prior approval from IDPH and include the following statement: Funding for this (event, publication, etc.) made possible by a grant from the Illinois Department of Public Health.

10. The workshops shall provide all necessary translators to accommodate the diverse populations in attendance.

11. Develop and submit a plan describing a timeline for scaling up delivery of the workshops and how the granted organization/s will sustain delivery of the workshop beyond this grant funding.

Key Outcomes

~Each workshop from the Dementia Early Planning Workshop Series for Diverse Populations is created and delivered by June 30, 2027.

~Data and information gathered from attendees will be delivered to IDPH with any insights gained or community linkages provided.

~Early planning takes place for African Americans, Asian Americans, Latinx/Hispanic, LGBTQ+ persons living with dementia and/or their caregivers.

~Individuals will receive community linkages for appropriate planning resources.)

B. Funding Information

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

This is a competitive grant that will provide awards totaling \$320,000 from the Illinois General Revenue Fund to one or multiple grantee organizations. The anticipated award project period is July 1, 2026, through June 30, 2027.

The applicant(s) must submit a project plan that covers the project 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,

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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 non-profit or for 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.

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

Indirect costs are allowed for this 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

Illinois Department of Public Health - Office of Performance Management

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
535 W. 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 through the Illinois Department of Public Health EGrAMS Grants system. Applications must be received by 4:00 p.m. on the application due date. If the applicant encounters technical difficulties with the EGrAMS Grants system, the applicant may contact: <https://app.smartsheet.com/b/form/898130b64be64507be8b2bcbea1e27d6>

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 details 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

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 that are 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, 2023.
- 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:
Incentives, including but not limited to t-shirts, bags, backpacks, hats, pencils, rulers, coloring books, stress balls, band-aid holders, mugs and cookware (without prior approval).
-Lease of facility space.
-Audit expenses.
-Food.

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 by IDPH program staff on the

criteria outlined in the Criteria section below.

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 (20 pts)- Activities, outcomes and measurements are provided and aligned with program requirements; Information provided in the SMART format
3. Personnel Duties Template (10pts.)
3. Budget Section (5 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. 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.*

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

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

G. State Awarding Agency Contact(s)

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

H. Other Information, if applicable

The State of Illinois is not obligated to make any State award as a result of this announcement.

Other websites:

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

Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM)

<https://governmentcontractregistration.com/sam-registration.asp>

Illinois Department of Public Health's Electronic Grants Administration and Management System (EGrAMS) <https://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:

- Subcontractor Disclosure Form (under Show Documents link)
- Negotiated Indirect Cost Rate (if not using de Minimus rate)
- Agency expense allocation policy (if claiming expenses shared with other programs/projects)
- Personnel Duties List