

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

Awarding Agency Name	Public Health
Agency Contact	Lynette Clontz (lynette.clontz@illinois.gov)
Announcement Type	Modified
Type of Assistance Instrument	Grant
Funding Opportunity Number	IHRC-27
Funding Opportunity Title	Illinois Healthy Resilient Communities
CSFA Number	482-00-3662
CSFA Popular Name	Illinois Healthy Resilient Communities
Anticipated Number of Awards	0
Estimated Total Program Funding	\$500,000
Award Range	\$75000 - \$150000
Source of Funding	State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Posted Date	05/06/2026
Application Date Range	05/06/2026 - 06/08/2026 : 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	Offered : Yes Mandatory : No Date : 05/14/2026 : 12:00pm Registration link : https://illinois.webex.com/illinois/j.php?MTID=mbf8ac373501c240d29b3c8a6b07f025d



Uniform Notice of Funding Opportunity (NOFO)

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1. Awarding Agency Name:	Illinois Department of Public Health
2. Agency Contact:	Name: Lynette Clontz Phone: 217-785-9212 Email: Lynette.Clontz@illinois.gov
3. Announcement Type:	<input type="checkbox"/> Initial announcement <input checked="" type="checkbox"/> Modification of a previous announcement
4. Type of Assistance	Grant
5. Agency Opportunity	IHRC-27
6. Funding Opportunity Title:	Illinois Healthy Resilient Communities 2027
7. CSFA Number:	482-00-3662
8. CSFA Popular Name:	IL HRC-2027
9. CFDA Number(s):	N/A
10. Number of Anticipated	TBD
11. Estimated Total Funding	\$500,000.00
12. Single Award Range:	Up to \$75,000 for Capacity Building \$150,000 for Implementation
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	<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:	5/6/2026
17. Application Date Range: Leave the 'End Date' and 'End Time' empty if there is no deadline.	Start Date: 5/6/2026 End Date: 6/8/2026 End Time: 4:00PM Central Time
18. Technical Assistance Session:	Session Offered: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Session Mandatory: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date and time: May 14, 2026, 12:00PM – 1:00PM C.S.T. Conference Info/Registration Link: Registration not needed click on link at time of meeting: https://illinois.webex.com/illinois/j.php?MTID=mbf8ac373501c240d29b3c8a6b07f025d

Agency-specific Content for the Notice of Funding Opportunity

A. Program Description

This grant opportunity supports partnership development, expansion, and place-based interventions that address social determinants of health in populations that experience health disparities. Awardees will receive funding for either Capacity Building or Implementation. The Capacity Building component focuses on partnership development, needs assessment and program planning for future implementation, including the development of a logic model. The Implementation component focuses on partnership expansion and program implementation using a logic model and evaluation.

1. Program Details

These multi-sectorial partnerships (collaborative of partners) will work to address a health disparity within a geographic area, with the goal of creating healthy resilient communities (HRCs). Awarded HRCs will receive funding and technical assistance to support the work of multi-sectoral collaboratives in planning or implementing public health solutions responsive to high-priority health disproportions within a geographically defined space and community.

Applications are sought from local health departments, or lead organizations with the capacity to function as a fiscal agent and are partnered with at least one local health department. Each HRC will use collaborative, community-engaged approaches to develop and implement tailored interventions that utilize and recognize the unique assets and challenges of their communities.

Awarded HRCs must ensure that their interventions align with the relevant priorities articulated in the Illinois State Health Improvement Plan (SHIP) and/or the Illinois Project for Local Assessment of Needs (IPLAN) of the local health department within the HRC.

2. Services

Applicants may apply for either the Capacity Building component of the HRC grant up to \$75,000 or the Implementation component of the HRC grant up to \$150,000. Applicants may not apply for both components.

3. Project Requirements:

Capacity Building Component (up to \$75,000)

This component focuses on partnership development, needs assessments of the focused populations and preparing for future program implementation.

Implementation Component (up to \$150,000)

This component focuses on continuation and expansion of existing partnerships, program implementation, and evaluation of the organization's action plan to address health disparities in their HRC.

B. Funding Information

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

This grant program is subject to appropriation of funds by the Illinois General Assembly and enactment of the Illinois State Budget for Fiscal Year 2027. The start date for awards is **July 1, 2026, through June 30, 2027.**

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

LHDs or other organizations are eligible to be a lead organization. Other eligible organizations (i.e., entity types) include:

- Tax Exempt
- Government Entity

If a LHD is not the lead organization, there must be at least one LHD among the partner organizations within a proposed collaborative. **Note: Partner organizations may be of any entity type, so long as their contribution to the collaborative is clearly defined in the application and listed in the *ILHRC Partnership Engagement Form* (the form can be found under Show Documents and uploaded under Miscellaneous tab).**

Programming work for this NOFO should be focused outside of Cook County and the City of Chicago.

2. Cost Sharing or Matching

N/A

3. Indirect Cost Rate

Indirect costs are allowed, but not required. If the grantee has elected to use the de minimis rate, the applicable rate is 15%.

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 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:

Lynette.Clontz@illinois.gov

2. Content and Form of Application Submission

The application format is provided via EGrAMS as mandated for all Illinois Department of Public Health Grants. **The application MUST be completed in its entirety.** This includes submission of all mandatory forms required for all agencies.

You MUST submit a completed application including all required documents via EGrAMS by the deadline; no extensions will be given.

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.

The Illinois Healthy Resilient Communities grant application must be completed in full and submitted through EGrAMS by June 8, 2026 at 4:00PM C.S.T.

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:

The Grantee will expend funds awarded under this agreement in accordance with the budget approved and on file with the Department. Departmental approval of a budget, including subcontractors or sub-grantees, does not constitute written consent for the use of such services.

Prior Approval ONLY

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

1. Conference fees relating to the grant work.
2. Incentive items such as gift cards for participant engagement in focus groups or surveys.
3. Subscription costs for staff on grant (i.e. MS Surface Pro; Microsoft Office).
4. Promotional or media publications must be approved by the Department prior to distribution utilizing the program's Media/Publication Form.

Funding Use Prohibitions

Funding may NOT be used for the following:

1. Commingling of funds between separate grants or subgrants, even if the grants or subgrants are related or the same population is being served.
2. Promotional items including, but not limited to calendars, pens, buttons, pins, magnets, and stationery.
3. Any expense for political or religious purposes.
4. Contributions or donations.
5. Fundraising or legislative lobbying expenses.
6. Payment of bad or non-program related debts, fines, or penalties. Illinois Department of Public Health - Office of Performance Management Page 6 of 11 (Updated 6/23/2025)
7. Contribution to a contingency fund or provision for unforeseen events.

8. Membership fees to organizations or associations.
9. Entertainment, food, alcohol beverages, or gratuities.
10. Interest or financial payments or other fines or penalties.
11. Purchase or improvement of land or purchase, improvement, or construction of a building.
12. Any expenditure that may create conflict of interest or perception or impropriety.
13. Audit expenses.

Additional Funding Guidance

Applicants budget should include funds for one staff member to attend IDPH's 15th Annual Minority Health Conference on October 27–28, 2026, at the NIU Naperville Conference Center. Costs budgeted include two nights of lodging at the Hampton Inn Chicago/Naperville at \$115 per night (plus taxes), along with necessary travel expenses including per diem for the evening meals. Breakfast and Lunch is provided.

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

1. Subgrantee Budget Detail Form

If your project will use any sub-grantees, you must complete a separate budget form for each one. The form is in *Show Documents*. After completing it, upload each form in the **Grant Budget Detail** tab by clicking the **plus (+) icon** in the *File* column.

2. ILHRC Partnership Engagement Form

Partner organizations can be any type of entity. What matters is that their contributions are clearly described in the application form and listed in the *ILHRC Partnership Engagement FY27* form. This form is found in *Show Documents* and should be uploaded to the **Miscellaneous** tab.

3. Letters of Support

Your application must include letters of support from *all* partner organizations, uploaded to the **Miscellaneous** tab. If the local health department is *not* your lead agency, you must include a letter of support from them as well.

5. Logic Model Requirement

You must submit a logic model that matches your work plan. This should be uploaded to the **Miscellaneous** tab in EGrAMS.

6. Gift Card Incentives

If you plan to use gift cards as incentives:

- Read the policy found in *Show Documents*
- List the gift cards under **Supplies** in your budget, with details on what will be purchased as it relates to a work plan activity.
- Complete the **Gift Card Form** in the area that needs filled out by applicant/grantee (found in *Show Documents*) and upload it to the **Miscellaneous** tab.

E. Application Review Information

Applications will be reviewed and scored by Department program staff for completeness and accuracy as well as the criteria identified below (See Section E.1.).

1. Criteria

Only complete applications in compliance with all application requirements will be reviewed. Review teams will consist of at least two individuals, with the number of review teams depending upon the number of applications received. Only the highest scoring applications will be recommended for funding.

Scoring Criteria for Capacity Building Component (up to \$75,000)

<p>Need Does the applicant provide data, facts, and/or evidence that demonstrate that the proposal supports the grant program purpose?</p>	<p>Scope of Work</p>	<p>Does the applicant provide a brief description of (a) how the proposed collaborative will come together, including information about how the lead organization was selected for this application; (b) the sectors that the proposed partner organization(s) represent; and (c) the proposed partner organization(s)' experience providing learning and skill-building opportunities to other organizations and/or communities?</p>	<p>15</p>
<p>Need</p>	<p>Scope of Work</p>	<p>Does the applicant meet specific priority criteria to receive 6 points. 3 points for location in a rural area and 3 points for location within a county designated as having <u>medium-high or high levels</u> of social vulnerability according to the CDC/ATSDR SVI*? To see if you meet those requirements go to the "Illinois Healthy Resilient Communities Guide FY2027" in Show Documents.</p>	<p>6</p>
<p>Capacity Does the applicant demonstrate its ability to execute the grant project according to project requirements?</p>	<p>Scope of Work</p>	<p>Does the applicant explain why participation in this healthy resilient community initiative will extend, improve, or add value to existing work in the proposed geographic area. What will you be able to accomplish that you previously could not? If available, please provide relevant data, facts, and/or evidence regarding efforts in this geographic area so far to support your answer?</p>	<p>15</p>
<p>Quality Does the applicant demonstrate that the project, in total, is well articulated and in alignment with the project requirements?</p>	<p>Work Plan</p>	<p>Does the applicant describe how they propose to go about establishing a multi-sectoral collaborative of partners? Does the applicant describe how their partnership/collaborative of partners propose to leverage SHIP, IPLAN, and other public health data to identify health priorities and key contributing factors? Does the applicant describe how their partnership/collaborative of partners propose to develop an evidence- and theory-informed action plan for addressing identified health priorities, including the engagement of residents living within the identified healthy resilient community?</p>	<p>25</p>
<p>SMARTIE</p>	<p>Work Plan</p>	<p>Does the applicant use objectives that are Specific, Measurable, Attainable, Relevant, Time-Based, Inclusive, Equitable (SMARTIE) and aligned with the grant guidelines?</p>	<p>15</p>
<p>Budget</p>	<p>Detailed Budget</p>	<p>Are the budget items and justifications valid and appropriate for the grant project? If they are using a sub-grantee is their budget attached in the "File" column? If applicant is purchasing supplies do, they give the cost per item and total items purchased and why the item is purchased as it relates to an activity in the work plan?</p>	<p>15</p>

Feasibility The collaborative, including the lead and partner organizations, has the needed support and commitment to engage in this initiative	Scope of Work	<p>Is the ILHRC Partnership Engagement FY27 form filled out and uploaded to the Miscellaneous tab. Are letters of support from partners listed on that form uploaded under the Miscellaneous tab? If the lead organization/applicant is not a local health department, do they have a letter from the local health department in their region uploaded? (3 points)</p> <p>Create a logic model based upon the applicant’s program and how initiatives will be implemented. Does the applicant upload a logic model in the Miscellaneous tab (6 points)?</p>	9
Total			100

Scoring Criteria for Implementation Component (up to \$150,000)

Need Does the applicant provide data, facts, and/or evidence that demonstrate that the proposal supports the grant program purpose?	Scope of Work	Does the applicant explain why participation in this healthy resilient communities (HRCs) initiative will extend, improve, or add value to existing work in the proposed geographic area? What will be accomplished that previously could not? Does the applicant provide relevant data, facts, and/or evidence regarding efforts in this geographic area so far to support their answer?	15
Need	Scope of Work	Does the applicant meet specific priority criteria to receive 6 points. 3 points for location in a rural area and 3 points for location within a county designated as having <u>medium-high or high levels</u> of social vulnerability according to the CDC/ATSDR SVI* ? To see if you meet those requirements go to the “Illinois Healthy Resilient Communities Guide FY2027” in Show Documents.	6
Capacity Does the applicant demonstrate its ability to execute the grant project according to project requirements?	Scope of Work	Does the applicant provide a brief description of (a) how the proposed HRC partnership/collaborative came together, including information about how the lead organization was selected for this application; (b) the sectors that the proposed partner organization(s) represent; (c) the proposed partner organization(s)’ experience providing learning and skill-building opportunities to other organizations and/or communities; (d) if the applicant received funding in FY25 under the Illinois Health Equity Zone grant and/or FY26 under the Illinois Healthy Resilient Communities grant explain the history of the work including work plan objectives that were met. Does the applicant describe experiences within their established HRC partnership/collaborative relating to (a) leading community-driven programs aimed at addressing health disparities and (b) interacting with residents from diverse backgrounds.	15
Quality Does the applicant demonstrate that the project, in total, is well articulated and in alignment with the project requirements?	Work Plan	Does the applicant describe how they propose to continually expand their HRC Partnership? Does the applicant describe how their partnership/collaborative of partners will leverage SHIP, IPLAN, and other public health data to identify health priorities and key contributing factors? Does the applicant state how staff and HRC Partnership will implement the action plan according to a logic model and how the action plan will be evaluated?	25
SMARTIE	Work Plan	Does the applicant use objectives that are Specific, Measurable, Attainable, Relevant, Time-Based, Inclusive, Equitable (SMARTIE) and aligned with the grant guidelines?	15

Budget	Detailed Budget	Are the budget items and justifications valid and appropriate for the grant project? If they are using a sub-grantee is their budget attached in the "File" column? If applicant is purchasing supplies do, they give the cost per item and total items purchased and why the item is purchased as it relates to an activity in the work plan?	15
Feasibility The collaborative, including the lead and partner organizations, has the needed support and commitment to engage in this initiative	Scope of Work	Is the ILHRC Partnership Engagement FY27 form filled out and uploaded to the Miscellaneous tab. Are letters of support from partners listed on that form uploaded under the Miscellaneous tab? If the lead organization/applicant is not a local health department, do they have a letter from the local health department in their region uploaded? (3 points) Create a logic model based upon the applicant's program and how initiatives will be implemented. Does the applicant upload a logic model in the Miscellaneous tab (6 points)?	9
Total			100

2. Review and Selection Process

This grant program is competitive, and funding is limited. Not all applicants will receive an award.

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.

Grant awards through this funding opportunity are subject to appropriation of funds by the Illinois General Assembly and enactment of the Illinois State Budget for Fiscal Year 2027.

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 the review process, each successful grantee will receive a grant agreement to be signed by the entity's authorized official. The grant agreement is non-binding for both 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 use of an electronic 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.

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

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

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

2. Administrative and National Policy Requirements

N/A

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

3. Reporting

All grantees are required to submit reports and other deliverables on time as required by the Department. Failure to submit required reports in a timely manner may result in holding reimbursements and may affect future funding to the grantee.

Reports will be submitted electronically in the format required by the Department. Additional details will be provided in awarded applicant's grant agreement.

G. State Awarding Agency Contact(s)

Lynette.Clontz@illinois.gov

H. Other Information, if applicable

N/A

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:

These forms are in the *Show Documents*:

1. **W-9** upload to **Miscellaneous** tab

2. Evidence of 501©3 status

3. **Subgrantee Budget Detail Form**

If your project will use any sub-grantees, you must complete a separate budget form for each one. The form is in *Show Documents*. After completing it, upload each form in the **Grant Budget Detail** tab by clicking the **plus (+) icon** in the *File* column.

4. **ILHRC Partnership Engagement Form**

Complete the form and uploaded to the **Miscellaneous** tab.

5. **Letters of Support**

Your application must include letters of support from *all* partner organizations, uploaded to the **Miscellaneous** tab. If the local health department is *not* your lead agency, you must include a letter of support from them as well.

6. **Logic Model Requirement**

You must submit a logic model that matches your work plan. This should be uploaded to the **Miscellaneous** tab in EGrAMS.

7. **Gift Card Incentives**

If you plan to use gift cards as incentives:

- Read the policy found in *Show Documents*
- List the gift cards under **Supplies** in your budget, with details on what will be purchased as it relates to a work plan activity.
- Complete the **Gift Card Form** in the area that needs filled out by applicant/grantee (found in *Show Documents*) and upload it to the **Miscellaneous** tab.