

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

Awarding Agency Name	Human Services
Agency Contact	Rob Putnam (DHS.DMHGrantApp@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	27-444-42-3834-02
Funding Opportunity Title	510-RTLRL Regions The Living Room
CSFA Number	444-42-3824
CSFA Popular Name	510-RTLRL Regions The Living Room
Anticipated Number of Awards	3
Estimated Total Program Funding	\$3,500,000
Award Range	\$750000 - \$1400000
Source of Funding	State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Posted Date	05/19/2026
Application Date Range	05/19/2026 - 06/03/2026 : 12:00 PM
Grant Application Link	Please select the entire address below and paste it into the browser... <a href="https://intranet.dhs.illinois.gov/oneweb/page.aspx?item=179199">https://intranet.dhs.illinois.gov/oneweb/page.aspx?item=179199</a>
Technical Assistance Session	No

**Illinois Department of Human Services**

JB Pritzker, Governor · Dulce M. Quintero, Secretary

IDHS &gt; Providers &gt; IDHS Grants Administration &gt; Grant Funded Programs &gt; Mental Health Grants - FY 2027 &gt; NOFOs (Competitive Grants) &gt;

# 510-RTL Regions The Living Room (27-444-42-3824-02)

## I. Basic Information

Awarding Agency Name	Illinois Department of Human Services
Awarding Division Name	Division of Behavioral Health & Recovery
Agency Contact	Rob Putnam <a href="mailto:DHS.DBHR.GrantApp@Illinois.gov">DHS.DBHR.GrantApp@Illinois.gov</a>
Announcement Type	Competitive/New Announcement
Funding Opportunity Title	510-RTL Regions The Living Room
Funding Opportunity Number	27-444-22-1484-02
Application Posting Date	May 19, 2026
Application Closing Date	June 3, 2026, 12:00 PM (Noon) Central Time
Catalog of State Financial Assistance (CSFA) Number	444-42-3824
Catalog of State Financial Assistance (CSFA) Popular Name	510-RTL Regions The Living Room
Catalog of Federal Domestic Assistance (CFDA) Number(s)	NA
Award Source	State
Estimated Total Program Funding	\$3,500,000
Anticipated Number of Awards	3
Award Range	\$750,000 - \$1,400,000
Cost Sharing or Matching Requirement	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Technical Assistance Session	Session Offered: No
Location Information:	<ul style="list-style-type: none"> <li>• Rockford</li> <li>• Springfield or Decatur</li> <li>• East St. Louis</li> </ul>

- [IDHS: CSA Tracking System \(state.il.us\)](#)
- [Centralized Repository Vault \(CRV\)](#)
- [GATA Learning Management System \(LMS\)](#)

## A. Funding Details

### 1. Total Amount of Funding

- The Department expects to award approximately \$3,500,000.
- The source of funding for this program is State funds.

### 2. Number of Grant Awards

- The Department anticipates funding approximately 3 grant awards to provide this program.

### 3. Expected Dollar Amount of Individual Grant Awards

a. The Department anticipates that the dollar amount of individual awards will be between \$750,000 and \$1,400,000.

#### 4. Amount of Funding per Grant Award on average in previous years

a. Previous funding amounts per grant award on average was \$1,171,035.

#### 5. Renewal or Supplementation of Existing Projects Eligibility

a. Applications for renewals of existing projects are eligible to compete with applications for new State awards.

b. Successful applicants under this NOFO may be eligible to receive two subsequent one-year grant renewals for this program. Renewals are at the discretion of the Department and are based on sufficient appropriation and performance criteria including, but not limited to:

i. Grantee has performed satisfactorily during the previous reporting period.

ii. All required reports have been submitted on time, unless a written exception has been provided by the Division/Department.

iii. No outstanding issues are present (e.g., in good standing with all pre-qualification requirements and no outstanding corrective action, etc.).

#### 6. Sub-Recipient Agreements

a. Subcontractor Agreement(s) and budgets must be pre-approved by the DBHR and on file with the DBHR. Subcontractors are subject to all provisions of this Agreement. The successful applicant Agency shall retain sole responsibility for the performance and monitoring of the subcontractor.

#### 7. Funding Restrictions

a. Pre-Award Costs

i. Pre-Award costs are not allowable for this award.

ii. IDHS grants are governed by 2 CFR. Part 200, Subpart E-Cost Principles and 30 ILCS 708 which include information on allowable costs, audit requirements, and financial records.

b. Indirect Costs

i. [Indirect Costs](#) may be applied to this grant award. [Indirect Cost rates](#) must be approved through the [Centralized Indirect Cost Rate System](#).

ii. Per [2 CFR 200.414 \(f\) De minimis rate](#) grantees may utilize a De Minimis indirect cost rate up to a maximum of 15%.

8. The release of this NOFO does not obligate the Illinois Department of Human Services to make an award.

## B. Key Dates

### 1. Application Posting Date

a. 5/19/2026

### 2. The Department must receive the Preliminary Submission Materials (Letter of Intent, Etc.):

a. Not Applicable

### 3. The Department must receive the Full Application Packet:

a. Due on 6/3/2026 at 12:00 p.m. (Noon) Central Time

### 4. Anticipated Award Date

a. 07/01/2026

### 5. Anticipated Start Date and Periods of Performance for new grant awards

a. Subject to appropriation, the grant period will begin no sooner than 07/01/2026 and will continue through 06/30/2027.

## C. Executive Summary

1. The Living Room Program (LRP) is for individuals in need of a crisis respite program with services and supports designed to break the cycle of psychiatric hospitalization. The LRP provides a safe, inviting, home-like atmosphere where individuals can calmly process the crisis event, as well as learn and apply wellness strategies which may prevent future crisis events. The LRP is staffed by Peer Recovery Support Specialists and is based on a philosophy that crises are an opportunity for learning. Peer Recovery Support Specialists are individuals with their own Lived Expertise in recovery from mental illness or co-occurring mental illness and substance use.

Individuals experiencing behavioral health crises may self-refer, or may be referred by police, fire, emergency departments or other organizations with which an individual experiencing such a crisis may come into contact. The LRP emphasizes the voluntary nature of its services, ensuring that individuals, including those in contact with outside referring entities during a crisis, cannot be compelled to participate in the program. Participation in the LRP will be voluntary and based on the individual's choice, allowing individuals the autonomy to choose the level of involvement that aligns with their preferences and needs.

## D. Agency Contact Information

1. If you have questions about this NOFO, Please contact:

a. Rob Putnam only to: [DHS.DBHR.GrantApp@Illinois.gov](mailto:DHS.DBHR.GrantApp@Illinois.gov)

2. Questions

a. IDHS encourages inquiries concerning this funding opportunity and welcomes the opportunity to answer questions from applicants. Questions and IDHS/DBHR Responses "Q&A" will be posted on the website.

b. Deadline for Questions is May 27, 2026, 12:00 PM (Noon) Central Time

c. Questions about this NOFO will ONLY be accepted via email to: [DHS.DBHR.GrantApp@Illinois.gov](mailto:DHS.DBHR.GrantApp@Illinois.gov).

d. The subject line of the email MUST state:

- o 510-RTL Regions The Living Room - Question(s)

## E. Indirect Costs

1. An organization must have a negotiated indirect cost rate agreement (NICRA) with the State of Illinois, A Federal NICRA, or elect to use the 15% de minimis rate to be reimbursed for any indirect costs within a program. All State of Illinois grantees also have the option to select "no rate" and not claim any indirect costs.

Awardees must select an indirect cost election in the Grantee Portal on an annual basis. Note - The election for "no rate" and "de minimis" continue indefinitely once initially selected until a new election is made.

All State of Illinois grantees receiving awards from Illinois grant making agencies must substantiate or elect an indirect cost rate for their organization. Grantees that wish to negotiate a rate with the State of Illinois will start their election process in the Grantee Portal and the case will then be sent to the Crowe Resource Management Program (CRMP) to begin negotiation.

Please click on the [Centralized Indirect Cost Rate System](#) to begin the indirect cost rate election process and obtain access to resources and points of contact to assist your organization in completing this process.

## II. Eligibility

### A. Eligible Applicants

1. The specific types of applicants that may apply for the grant award are:

- a. Government Organizations
- b. Nonprofit Organizations
- c. For-profit Organizations

2. The applicant must meet the Registration, [Pre-qualification](#), and any other Mandatory Requirements listed in this funding opportunity.

a. Applicants must provide the following information via the [Grantee Portal](#) annually to be registered with the State of Illinois as an awardee:

- i. Organization Name and Contact Information
- ii. Federal Employee Identification Number (FEIN)
- iii. Unique Identity Number (UEI)
- iv. Organization Type

b. Applicants must be prequalified; therefore, applications from entities that have not prequalified prior to the due date of this application will NOT be reviewed and will NOT be considered for funding. Items i) through v) below are the prequalification requirements.

- i. Unique Entity Identifiers and SAM Registration. Each applicant (unless the applicant is an individual 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:
  - o Be registered in [SAM.gov](#) before the application due date.
  - o Provide a valid unique entity identifier ([UEI](#)) in its application.
  - o Continue to maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by the awarding agency.
  - o The State Agency may not make an award until applicant has fully complied to all UEI and SAM requirements.
  - o The State Agency may determine that an applicant is not qualified if they have not complied to requirements and use that determination as a basis to award another applicant or applicants.
- ii. Must be in "good standing" with the Illinois Secretary of State if the Illinois Secretary of State requires the entity's organization type to be registered.
- iii. Must not be on the Illinois Stop Payment List.
- iv. Must not be on the SAM.gov Exclusion List.
- v. Must not be on the Medicaid Sanctions List.

### 3. Eligibility Factors for the Principal Investigator or Project Director

- a. Not Applicable

### 4. Additional Eligibility Restrictions

- a. The Living Room Program must be staffed to operate 24 hours a day, 365 days a year.
- b. The Living Room must always be staffed by a minimum of two people, at least one of whom must be a Certified Recovery Support Specialist (CRSS) who is providing services from the peer perspective. Additional staff must be either Certified Peer Recovery Specialist(s) (CPRS) or staff who meet the qualifications of Peer Support Worker (PSW) or Mental Health Professional (MHP).
- c. The Living Room Program staff must always have immediate access to a Qualified Mental Health Professional (QMHP), including ability to respond via phone or in person for consultation with Living Room Program staff, to ensure adequate and appropriate service and support provision to all guests.
- d. The Division of Behavioral Health and Recovery (DBHR) will prioritize applications in such a manner as to ensure the state-wide availability of services.
- e. Only applicants wishing to serve Rockford, Springfield or Decatur, East St. Louis may apply for this opportunity. For more information see (IV)(A)(4).

5. Successful Applicants will not receive an award if [pre-award requirements](#) are not met. Qualified status is re-verified nightly. If the entity's status changes, an email notice is sent to the designated entity representative with a link to the [Grantee Portal](#).

6. See Section number I(A)(7) for funding restrictions.

7. Other factors that would disqualify an applicant or application include:

- a. Not Applicable.

8. Limit on Number of Applications: More than one application per entity is permitted.

## B. Cost Sharing

1. Providers are not required to participate in cost sharing or provide match.

## III. Program Description

The Grantee will subcontract for or directly operate a Living Room Program (LRP), providing short-term crisis respite within a safe, inviting, home-like atmosphere that offers non-clinical services provided by peer recovery support specialists, designed to proactively divert individuals in crisis from emergency departments and jails.

The Living Room Program is based on a philosophy that crises are an opportunity for growth and learning. The Living Room Program operates from the [Crisis Now](#) approach, designed to divert individuals in self-defined crises from emergency departments and jails by developing services that match people's needs. The Crisis Now approach promotes services built on recovery-oriented practices, trauma-informed care, significant use of peer recovery support staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for individuals served and staff providing services, and collaboration with law enforcement.

Although Living Room Programs do not fulfill all necessary criteria to be considered Crisis Stabilization Centers according to SAMHSA's "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)," they serve as an important component of the crisis continuum in Illinois.

### Program components and expectations

#### 1. Individuals served.

The Living Room Program serves individuals (herein after referred to as guests) 18 years and older who are experiencing crises. Crisis is defined broadly as a situation in which an individual feels their current circumstances have overwhelmed their resources and/or ability to cope. Therefore, each guest defines the crisis they're experiencing within those broad parameters. Guests may self-refer (walk-in) to the program or may be referred by outside entities, including but not limited to other components of the crisis continuum (e.g., 988, hotlines, warm lines, mobile crisis response teams, etc.), first responders (police, fire, EMT, etc.), medical personnel (primary care physicians, emergency departments, etc.), and other social service organizations.

#### 2. Physical Plant Requirements

The physical environment provided throughout the Living Room Program must be designed to create a safe space for guests to calmly process a crisis event, learn and apply wellness strategies, give and receive peer support, and prevent future crisis events.

The Living Room Program must establish policies that ensure the physical safety of the environment. This includes providing guests with a safe and comfortable setting that includes a supportive, physical staff presence. The Grantee will determine the maximum safe operating capacity for the program.

The physical environment will be designed in a manner that contributes to soothing and supports emotional healing. Living Room Programs are expected to be equipped with comfortable furniture (e.g., recliners in common areas) and soft lighting. Walls are to be painted with soothing colors and include inspirational artwork or quotes reflective of the community served. There is to be an absence of excessive stimuli (e.g., televisions or sharp/bright lighting).

Both private and common spaces will be provided. Guests will be provided private space to calm down, relax, or have a private conversation. Private spaces must be distinctly separate from communal areas. Any Living Room Program accommodating guests for more than 23 hours will have distinctly separate private sleeping rooms available to guests. Guests will also be provided communal areas for interaction in which all guests at the same time can receive support through the physical presence of staff members. Guests will also be encouraged to use common areas to participate in mutual learning and peer support. Snacks and beverages will always be available to guests.

At no time is a Living Room Program to contain more than 16 beds. A Living Room Program cannot be created within any building, under one continuous roof, in which residential treatment is being provided, which in total would exceed 16 beds, including but not limited to, houses, apartment buildings, and duplexes.

#### 3. Hours of Operations

The Living Room Program must be staffed to operate 24 hours a day, 365 days a year. Staffing plans must be based on safely managing real time guest volume and include provisions to ensure the continuation of 24/7 operations in the event of unexpected circumstances (call outs, resignations, surge in volume, etc.).

#### 4. Staffing Requirements

The Living Room must always be staffed by a minimum of two people, at least one of whom must be a Certified Recovery Support Specialist (CRSS) who is providing services from the peer perspective. Additional staff must be either Certified Peer Recovery Specialist(s) (CPRS) or staff who meet the qualifications of Peer Support Worker (PSW) or Mental Health Professional (MHP).

The demographics of the Living Room Program staff are expected to reflect the demographics of the guests, including race/ethnicity and sex/gender identity.

The Living Room Program staff must always have immediate access to a Qualified [Mental Health Professional](#) (QMHP), including ability to respond via phone or in person for consultation with Living Room Program staff, to ensure adequate and appropriate service and support provision to all guests.

All personnel costs for the Living Room Program should be billed to the 510-RTL grant.

#### 5. Training Requirements

Any person working in the Living Room Program, regardless of title or role, must complete two-hour DBHR video-based training and obtain a passing score prior to beginning work in the Living Room Program.

Any person working in the Living Room Program, regardless of title or role must complete a minimum of 16 hours of CRSS/CPRS training annually and be expected to follow the National Practice Guidelines for Peer Support Specialists and Supervisors.

The Living Room Program Coordinator must work collaboratively with DBHR subject matter experts to identify and meet training needs related to substance use in order for Living Room Program staff to ensure guest needs are met.

The Grantee may arrange for additional training through any of the following DBHR-approved organizations:

- [RI International](#)
- [Humannovations](#)
- [People, USA](#)
- [Emotional CPR](#)
- [Peer Power](#)

#### 6. Service Requirements

All guests who contact the Living Room Program must be served in some way by the Program. LRP services include but are not limited to (a) peer welcome, (b) screening, (c) referral/linkage, (d) on-site services and support, (e) transportation, and (f) short-term follow-up.

##### a. Peer Welcome

Upon arrival at the Living Room a guest must be greeted by a peer recovery support specialist who is responsible for providing a sense of welcome, explaining the program in simple terms, and describing what the guest can expect during their stay. Peer recovery support specialists will respect the guest's right to choose the pathway(s) to recovery the guest believes will work best for them. Peer recovery support specialists are expected to engage in candid, honest discussions about the guest's current experience of crisis, striving to build non-hierarchical relationships with guests based on integrity, honesty, respect, and trust.

##### b. Screening

Following the initial peer welcome, guests will be screened for substance use, [suicide](#) and [homicide risk](#) to consider the suitability of the Living Room Program to the guest's needs. Screenings must be completed by staff who meet the qualifications for Mental Health Professionals (MHP) and should take into consideration the safety of the arriving guest as well as other guests and staff occupying the Living Room. The Grantee is free to determine which assessment tool(s) to use. Any guest who is known to have alcohol or drugs, including prescription medication, on their person will be expected to abide by relevant policies identified by the organization.

### c. Referral/Linkage

To prevent future crisis events and facilitate sustained recovery, guests are to be supported in identifying natural supports in the community. LRP staff will work with guests to identify referral needs and support guests in obtaining the necessary information.

Referrals include providing guests with information about where to access services not provided by the LRP. To meet the broad variety of guests' needs, the LRP will develop a robust catalogue of local resources to which guests may be referred, including but not limited to food, shelter, healthcare, childcare, transportation, domestic violence services, and refugee/immigrant services.

Linkages include actively supporting guests in connecting to a needed service and conducting follow-up to ensure the linkage has successfully occurred.

Any guest who is determined through the screening process to not be suitable for the Living Room Program will be served through referral and/or linkage to appropriate services, supports, and/or another level of care.

Any guest who is determined to be in need of substance use treatment and recovery support services will be linked to the Illinois Helpline for Opioids and Other Substances at 1-833-2FINDHELP (833-234-6343). LRP staff will speak directly with a trained professional for support and advice or direct the guest to customized resources. If a guest has immediate medical or other emergent needs related to intoxication or withdrawal, LRP staff will contact Emergency Medical Services.

### d. On-Site Services and Supports

On-site services and supports will be provided for guests who stay for any length of time beyond the peer welcome and screening. On-site services and supports must minimally include peer recovery support provided in a manner that adheres to the following core values as described in the National Practices Guidelines for Peer Supporters and Supervisors:

1. Voluntary
2. Hopeful
3. Open minded
4. Empathetic
5. Respectful
6. Facilitate change
7. Honest and direct
8. Mutual and reciprocal
9. Equally shared power
10. Strengths-focused
11. Transparent
12. Person-driven

Additionally, all on-site services and supports are expected to follow the [principles of trauma-informed care](#), be versatile and adaptable, culturally responsive, and allow support to be provided in a way that meets the guest where they are at in their recovery.

On-site services and supports provided to guests of the LRP are to be designed and delivered by the Peer Recovery Support Specialist staff who work in the Living Room Program, in a manner that considers the cultural and linguistic needs of guests and can be provided in either individual or peer group modality. Peer-to-peer support groups are to be facilitated by LRP staff and provided only for current guests of the LRP. Current guests are those individuals who come to the LRP for a self-defined crisis episode. Prior guests visiting the LRP for any reason who are not currently experiencing a self-defined crisis episode are not considered current guests. On-site services and supports provided in a peer group setting shall not exceed one full-time peer recovery support specialist to five guests.

Examples of on-site services and supports include but are not limited to:

- Creative expression (art, crafting, music, movement, writing, storytelling, etc.).
- Sensory support (fidgets, weighted items, etc.).
- Peer-to-peer support among guests.

- Wellness Recovery Action Planning (WRAP).
- Whole Health Action Management (WHAM).

Additionally, Naloxone must be immediately available to staff and guests of the LRP.

#### e. Transportation

Grant funds may be utilized to support guests' short-term transportation needs (e.g., get to the LRP, get to a safe place following time spent at the LRP, etc.). Grantees must develop specific policies and procedures that provide clear guidance for LRP staff to determine under what circumstances guests may be provided short-term transportation support.

The Grantee must assess all transportation options available within the area served by the LRP and determine the most economical means of transportation, including but not limited to public transportation (buses, trains, etc.), taxi's, ride shares, etc.

Living Room Program staff are not authorized to leave the LRP for the purpose of transporting guests to or from the LRP if doing so results in less than two direct care staff on-site in the LRP.

#### f. Short-Term Follow-Up

According to [Follow-Up Matters](#), short-term follow-up has the potential to reduce the use of emergency services, particularly for guests who have experienced a suicidal crisis.

Short-term follow-up should be conducted within five days of a guest's departure from the LRP and primarily focused on reducing utilization of emergency services through relational connection with peer recovery support. Short-term follow-up can be conducted by phone, video chat, or text. When conducted by phone or video chat, short-term follow-up should be kept brief (15 minutes average).

### 7. Guest Feedback

Prior to the conclusion of any service-related contact, each guest will be given the opportunity to provide feedback on their experience with the Living Room, including but not limited to positive feedback and suggested areas for improvement.

### 8. Outreach and Engagement

The Living Room Program will develop and implement an outreach and engagement plan for (a) direct connection with guests from diverse communities who would benefit from access to the Program and (b) increasing community awareness of the Program.

The outreach and engagement plan must include, at minimum, the development of materials and other resources (flyers, videos, public service announcements, etc.) for marketing and promoting the LRP.

Additionally, the outreach and engagement plan must be designed to build and maintain relationships with other social service organizations, including but not limited to other components of the crisis continuum (e.g., 988, hotlines, warm lines, the Illinois Helpline, and mobile crisis response teams), first responders (police, fire, EMT, etc.), and medical personnel (primary care physicians, emergency departments, etc.).

Community members and prior guests who participate in outreach and engagement activities are not to be counted as guests. For reporting purposes, outreach and engagement activities are to be counted as single units of occurrence.

### 9. Policies and Procedures

The provider and any subcontractors must develop standard operating policies and procedures that define the Living Room Program consistent with the model described above.

The Living Room Program must develop a quality improvement policy and procedure that incorporates guest feedback.

A minimum of one Living Room Program staff per site is expected to participate in the DBHR Living Room Program (LRP) Learning Collaborative and Technical Assistance (TA) Sessions.

## A. Funding Purpose

1. The general purpose of this program's funding is to divert individual 18+ years of age from in-patient psychiatric hospitalization when that level of care is not necessary, and it is safe to serve the individual in a lesser structured setting.

## B. Funding Priorities or Focus Areas

1. IDHS is working to counteract systemic racism and inequity, and to prioritize and maximize diversity throughout its service provision process. This work involves addressing existing institutionalized inequities, aiming to create transformation, and operationalizing equity and racial justice. It also focuses on the creation of a culture of inclusivity for all regardless of race, gender, religion, sexual orientation, or ability.

## C. Performance Requirements

1. New Living Room awardees without prior DBHR grant funding for a Living Room Program will need to have the program operational and 24/7 beginning 11/1/26.
2. The physical environment of the Living Room will be designed in a manner that is safe, welcoming, and inviting, with both private and common spaces for guests.
3. The Living Room must be staffed to operate 24 hours a day, 365 days a year.
4. The Living Room must always be staffed by a minimum of two people, at least one of whom must be a Certified Recovery Support Specialist (CRSS) who is providing services from the peer perspective. Additional staff must be either Certified Peer Recovery Specialist(s) (CPRS) or staff who meet the qualifications of Peer Support Worker (PSW) or Mental Health Professional (MHP).
5. The Living Room Program staff must always have immediate access to a Qualified Mental Health Professional (QMHP).
6. Any person working in the Living Room Program must complete a two-hour DBHR video-based training prior to beginning work in the Living Room Program.
7. Any person working in the Living Room Program must complete 16 hours of CRSS/CPRS training within one year of date of hire and annually.
8. Any person working in the Living Room Program must follow the National Practice Guidelines for Peer Support Specialists and Supervisors.
9. All guests who contact the Living Room will be served by the Program.
10. All guests will be screened for substance use, suicide and homicide risk.
11. Services and supports will be based on the strengths of the guest served and address whole health, wellness, and life in the community.
12. Services and supports will be designed and delivered by the Peer Recovery Support Specialist staff who work in the Living Room Program.
13. Participation in any services and supports offered is to be voluntary and entirely based on the guest's choice.
14. All guests will be given the opportunity to provide feedback on their experience at the conclusion of the service contact.
15. The Grantee and any subcontractor will develop and implement an outreach and engagement plan for direct connection with guests who would benefit from access to the Living Room Program.
16. The Grantee and any subcontractor will build and maintain relationships with other social service organizations, including but not limited to other components of the crisis continuum (e.g., 988, hotlines, warm lines, Illinois Helpline, and mobile crisis response teams), first responders (police, fire, EMT, etc.), medical personnel (primary care physicians, emergency departments, etc.).
17. The Grantee and any subcontractors must develop standard operating principles and procedures that define the Living Room Program.
18. The Living Room Program must develop a quality improvement policy and procedure that incorporates guest feedback.
19. A minimum of one Living Room Program staff per site is expected to participate in the DBHR-led Living Room Program (LRP) Learning Collaborative.

## D. Performance Measures

1. Number of days (12:00 a.m. - 11:59 p.m.) during the reporting period in which the program experienced a Living Room closure lasting more than a total of 30 minutes.
2. Number of **unduplicated** guests who accessed the Living Room in this reporting period.

(Do not include Guests returning solely to attend groups or participate in outreach/marketing activities).

("Unduplicated" refers to the **first visit** in this reporting period by a guest; any additional visits by the same guest, in this reporting period, are duplicates.)

3. Total number of guest visits to the Living Room in this reporting period (Referrals + Walk-ins).

(Each individual visit by a guest should be counted toward this measure. Do not include individuals returning solely to attend groups or participate in outreach/marketing activities).

4. Number of guest visits seen by a Peer Recovery Support Specialist, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

5. Number of guest visits contacted for short-term follow-up, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

6. Number of guest visits screened for suicide and homicide risk, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

7. Number of guest visits screened for substance use, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

8. Number of visits where the guest was noticeably under the influence, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

9. Number of guest visits referred and/or linked for substance use assessment, treatment, or recovery services, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

10. Number of guest visits that were provided on-site support, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

11. Number of guest visits linked to a level of care other than inpatient hospitalization, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

12. Number of guest visits voluntarily referred out for inpatient hospitalization, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

13. Number of guest visits involuntarily referred out for inpatient hospitalization, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

14. Number of visits where the guest completed a guest feedback survey, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

15. Number of visits where the guest indicated having visited a Living Room Program prior to this reporting period, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

16. Number of visits where the guest accessed the Living Room as a walk-in, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

17. Number of visits where the guest was **referred to** the Living Room, out of the total number of guest visits to the Living Room in this reporting period (PM #3.)

18. Number of guest visits referred by law enforcement, out of the total referrals to the Living Room in this reporting period (PM #17.)

19. Number of visits where the guest was referred by Mobile Crisis Response Teams, out of the total referrals to the Living Room in this reporting period (PM #17.)

20. Number of visits where the guest was referred by 988, out of the total referrals to the Living Room in this reporting period (PM #17.)

21. Number of visits where the guest was referred by other referral sources, out of the total referrals to the Living Room in this reporting period (PM #17.)

22. Number of outreach and engagement activities, **with focus on the Living Room Program**, that were conducted during this reporting period.

23. Number of LRP Peer Support staff who participated in the DBHR-led LRP Learning Collaborative.

## E. Performance Standards

1. 100% of days in the reporting period during which the Living Room Program operated 24 hours.

2. 50 or more unduplicated guests accessed the Living Room during this reporting period.
3. 100 or more total guest visits to the Living Room during this reporting period (including referrals and walk-ins). Each guest visit must be counted.
4. 100% of total guest visits to the Living Room were seen by a Peer Recovery Support Specialist.
5. Three or more outreach and engagement activities focused on the Living Room Program were conducted during this reporting period.

## F. Cooperative Agreements

1. Not Applicable.

## G. Unallowable Costs

1. All applicants will use grant funds according to the guidelines, conditions, and parameters set forth in this funding notice and in compliance with federal statutes, regulations and the terms and conditions of any applicable federal awards.
2. Please refer to [2 CFR 200](#) - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, PART 200 Subpart E - Cost Principles to determine the appropriateness of costs.
3. Allowable costs are those that are necessary and reasonable based on the activity(ies) contained in the scope of work, are justified in the Budget Narrative, and are allowable under Subpart E of 2 CFR 200. It is expected that administrative costs, both direct and indirect, will represent a small portion of the overall program budget. Any budget deemed to include inappropriate or excessive administrative costs will not be approved. Program budgets and narratives must detail how all proposed expenditures are necessary for program implementation.
4. Unallowable costs: Please refer to 2 CFR 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, PART 200 Subpart E - Cost Principles to determine the appropriateness of costs.

## H. Program beneficiaries or program participants must meet the following requirements:

1. Not Applicable.

## I. Authorizing Statutes or Regulations

1. 59 Ill. Admin. Code 132 (Rule 132), Section 132.150g
2. Mental Health Community Services Act (405 ILCS 30/ Section (f))
3. Illinois Administrative Code Part 7000 Grant Accountability and Transparency Act

## IV. Application Contents and Format

### A. Content and Form of Application Submission

#### 1. Pre-applications, letters of intent, or white papers

- a. Are not required and will not be reviewed during the Merit Review process.

#### 2. Required Content of Application

- a. Applications must include the required documents and demonstrate that the program eligibility requirements have been met. The Department will not contact applicants for missing items listed below. Applicants that do not include all the following documents will be considered substantially incomplete and will not be considered for funding. Refer to Section V. Submission Requirement and Deadlines for details.

#### 3. Program Narrative Content and Attachments

- a. Program Narrative: The program narrative makes up the bulk of the application. Please provide a complete response as specified in Section VI Application Review Information. If the program narrative is missing from your application packet, your application will receive a score of zero points and your agency will not meet the criteria to receive a grant under this notice of funding opportunity.

- b. Program Narrative Content and Attachments: If the applicant believes that the subject has been adequately addressed in another part of the application narrative, then provide the cross-reference to the appropriate part of the narrative. If a cross-reference is not included in the section, the reviewer will not consider content contained within that specific section.

#### 4. Budget and Budget Narrative

- a. Applicants must enter a FY27 budget electronically in the CSA Tracking System.
- b. Budget must be electronically signed and submitted in the CSA Tracking System. Budget must be signed by the Provider's Chief Executive Officer and/or Chief Financial Officer.
- c. **IMPORTANT:** Please be sure the budget status in CSA says "GATA Budget signed and submitted to program review." This status will appear after the budget is electronically signed by the agency CEO or CFO and submitted to IDHS. See IDHS CSA Tracking System webpage for additional information on CSA at [IDHS: CSA Tracking System \(state.il.us\)](https://www.idhs.gov/csa-tracking-system). A copy is not to be submitted along with the application packet. A separate budget and budget narrative must be completed, for each Living Room Location for which you are applying. Under "Grant Suffix" Column in CSA you must include the suffix listed.
- i. The Living Room Location and suffixes are as follows:
    - o Rockford: Suffix L01
    - o Springfield or Decatur: Suffix L02
    - o East St. Louis: Suffix L03
- d. The budget and narrative must tie fiscal activity to program objectives and deliverables and demonstrate that all proposed costs are:
- i. Reasonable and necessary
  - ii. Allocable, and
  - iii. Allowable as defined by program regulatory requirements and the Uniform Guidance (2CFR 200), as applicable.
- e. Deadline for submission of the budget, in the CSA Tracking System, is the same as the application deadline.
- f. A Budget Template can be used as a tool to assist in determining expenses; however, the final budget must be completed in the CSA Tracking System. The pdf budget or paper copy will not be accepted. Applicants will NOT be issued an award without the applicant's fully approved budget in the CSA Tracking System.
- g. **NOTE:** The Illinois Department of Innovation & Technology (DoIT) is now disabling external Illinois.gov IDs if they have not been used for 114 days. If you receive the error "HPDIA0309W This account is disabled," your ID has been disabled and cannot be re-activated by changing your password. You need to contact the DoIT HelpDesk at [217-524-DoIT (3648) or 312-814-DoIT (3648)] or their website at [Report A Problem](#). Request that they create an incident to re-enable your external ID. You will need to provide your external ID (firstname.lastname@external.illinois.gov) and the error message (this account is disabled). Please be sure to [Reset Your Password](#) every 3 months so your account is not disabled.
- h. There is space when preparing the budget on each line item for the budget narrative. For each line in the budget the applicant will describe why each expenditure is necessary for program implementation and how the amount was determined. Please include cost allocations as necessary. The Budget narrative (including MTDC base exclusions as appropriate) must clearly identify indirect costs, direct program costs, direct administrative costs, and describe how the specified resources and personnel have been allocated for the tasks and activities within each line item. The budget should be prepared to reflect 12 months.
- i. [Instructions](#) for the Budget Template
  - j. Subcontractor budget(s), If applicable
    - i. If applicant is planning to use a subcontractor, a pdf copy of the subcontractor budget must be submitted as a separate pdf document with the other application materials. Subcontractor budgets must be submitted for each application submitted as outlined above.
    - ii. Subcontractor budgets shall be submitted on the GATA Uniform Grant Budget Template (GOMBGATU-3002).
    - iii. For more information see Section I(A)(6).

#### 5. Required Forms

- a. Uniform Application for State Grant Assistance: The Uniform Application for State Grant Assistance is a three-page document used to formalize organization's request to apply for funding. Applicants must apply for each Living Room Location they wish to serve. A Suffix

will need to be used when submitting your budget (under "NOFO Suffix" in CSA). Details about this can be found in Section IV(A)(4) above. A separate Application and Program Narrative must be submitted for each Living Room Location. For example, if an applicant applies for funding for Location 1 and Location 2, two applications and two narratives must be submitted, one associated with each Living Room Location for the program. Applicants should identify in the Email Subject Line, the Program Narrative and the Budget Narrative the Location for the Living Room Locations for which they are applying.

- i. The document requires the electronic or wet(ink) signature and email address of the organization's authorized representative. This email address will be used for official communication between the Department and the applicant organization for matters regarding this application.
  - ii. Page one of the application is pre-populated with the appropriate information. Applicants must not complete anything on Page one.
  - iii. On Page three, applicants will need to include the amount for the specific Living Room Location on each individual application which they are applying and sign.
  - iv. The correct application must be used.
- b. Grantee Conflict of Interest Disclosure - The grantee [Conflict of Interest Disclosure](#) is required for all grant award programs regardless if the grantee has identified a potential conflict or not. The document requires agencies to identify actual or potential conflicts of interest. The form must have a printed name and be signed by a representative of the organization.

## 6. Required Format

- a. The narrative portion must follow the page maximums where prescribed and must be organized in the format outlined or points may be deducted. A Program Narrative for each Living Room Location is required using the Living Room Location and Suffix numbers listed above.
- b. The department may determine that an applicant is not qualified if they have not complied with the requirements listed in this Notice of Funding Opportunity and use that determination as a basis to award to another applicant.
- c. Each Program Narrative shall not exceed 8 pages. If there are more than 8 pages, the remaining pages will not be reviewed or scored.
- d. All documents must be typed using Times New Roman 12-point type, 100% magnification and use black typeface on a white background, Except for letterhead.
- e. For charts and tables only, Times New Roman 10-point with color may be used.
- f. Each Program Narrative must be typed, single-spaced with 1-inch margins on all sides.
- g. Each submission must be on 8 1/2 x 11-inch page size using pdf.

## V. Submission Requirements and Deadlines

### A. Address to Request Application Package

1. The complete application package (this Notice of Funding Opportunity, including links to required forms) is available through the Illinois Catalog of State Financial Assistance and the [Mental Health Grants - FY 2027](#) website.
2. Each Applicant must have access to the internet. The Department's website will contain information regarding the NOFO and materials necessary for submission. Questions and answers will also be posted on the Department's website as described in this announcement (Section I(D)(2). It is the responsibility of each applicant to monitor the website and comply with any instructions or requirements related to the NOFO.

### B. Unique Entity Identifier (UEI) and System for Award Management (SAM.gov)

1. Each Applicant Must:
  - a. Be registered in [SAM.gov](#) before submitting its application;
  - b. Provide a valid Unique Entity Identifier ([UEI](#)) in its application; and
  - c. Continue to maintain an active registration in SAM.gov with current information at all times during which it has an active award or an application or plan under consideration.
2. The Department may not make an award until applicant has fully complied with all UEI and SAM Requirements.

3. The department may determine that an applicant is not qualified if they have not complied with all requirements and use that determination as a basis to award to another applicant.
4. If individuals are eligible to apply, they are exempt from this requirement under 2 CFR 25.110(b).

## C. Submission Instructions

### 1. Actions needed prior to applying:

- a. Applicants must be registered with the State of Illinois and Pre-qualified in the GATA portal prior to applying for Illinois awards. Instructions for creating an account and registering are located at the following link: Illinois GATA [Grantee Portal](#). Additionally, detailed instructions for registration and prequalification requirements, including the expected amount of time for completion are located here: [Grant Applicant Pre-Qualification and Pre-Award Requirements \(pdf\)](#).
- b. Registration in CSA is required. The [IDHS: CSA Tracking System \(state.il.us\)](#) is the system the IDHS utilizes for approving budgets and issuing grant awards. It is strongly recommended that if an applicant entity is not already registered in the CSA Tracking System, they should begin the registration as soon as possible so they may submit a signed budget in CSA. Successful applicants will NOT be issued an award without a fully approved budget in the CSA Tracking System.

### 2. The Methods for submitting the application:

- a. Applicants must electronically submit, via email, the complete application packet which includes the following materials as separate pdf documents:
  - i. Uniform Application for State Grant Assistance
  - ii. Program Narrative
  - iii. Grantee Conflict of Interest Disclosure
  - iv. Budget (entered into the CSA Tracking System as described in section (IV)(A)(4))
  - v. Subcontractor Budgets, if applicable
  - vi. [Advance Payment Request Cash Budget Form \(IL444-4985\)](#), submit as a separate attachment (no submission will result in default to Reimbursement Method)
- b. Applications must be submitted via email to [DHS.DBHR.GrantApp@Illinois.gov](mailto:DHS.DBHR.GrantApp@Illinois.gov). The application will be electronically time-stamped upon receipt. Application submissions or delivery to any other email address or contact, including other IDHS offices or employees, will not be considered for review or funding. Applications will not be accepted if received by fax machine, hard copy, disk, or thumb drive.
- c. Include the following in the subject line:
  - i. Your Entity Name
  - ii. Program 510-RTLRL Regions The Living Room - Living Room Location
- d. Documents must NOT include a password.
- e. Software or Electronic Capabilities
  - i. Each applicant must have access to the internet. The Department's website will contain information regarding the NOFO and materials necessary for submission. Questions and answers will also be posted on the Department's website as described in this announcement. It is the responsibility of each applicant to monitor that website and comply with any instructions or requirements relating to the NOFO.
- f. Applicants are required to notify the Department within 48 hours of the deadline, if they did not receive an email notifying them that their application was received. If the applicant does not receive an email and does not notify the Department within 48 hours, their application will be considered a late submission and will NOT be reviewed or scored. The applicant will NOT have the right to protest the submission/receipt of their application to the Department after the 48 hours. In the event of a dispute the applicant bears the burden of proof that the application was received on time at the email location listed above (and that the budget was submitted into the CSA Tracking System on time).

### 3. Pre-application materials must be submitted as follows:

- a. Not Applicable.

### 4. If you are experiencing system problems or technical difficulties submitting your application, you may contact:

a. Name: Rob Putnam

b. Email: [DHS.DBHR.GrantApp@Illinois.gov](mailto:DHS.DBHR.GrantApp@Illinois.gov)

## D. Submission Dates and Times

1. Full applications are due on 6/3/2026 at 12:00 p.m. (Noon) Central Time.

2. Missed Deadlines

- a. Applications received after the due date and time will not be considered for review or funding. All applicants/applications determined to be non-compliant or otherwise determined to be disqualified from consideration will be separately notified in writing, by email, upon determination. This email will be sent to the email addresses provided in the application and will identify the reason for disqualification.
- b. For your records, please keep a copy of your submission with the date and time the application was submitted along with the email address to which it was sent. The deadline will be strictly enforced.
- c. **IMPORTANT:** It is strongly recommended that the applicant not wait until the last minute to submit an application in case they experience technical difficulties with the submission process. Applicants should keep copies of all documentation that may prove their application was submitted to the correct location and that it was received by IDHS on or before the deadline. Applicants should also maintain all electronic documentation, including screen shots, email correspondence, help desk ticket numbers, etc. that would document any unforeseen difficulties the applicant may have encountered regarding the timely submission of the application.

## E. Intergovernmental Review

1. This funding opportunity is NOT subject to Executive Order 12372, "Intergovernmental Review of Federal Programs."

## VI. Application Review Information

### A. Responsiveness Review

1. Applications that are received will be reviewed within 2 business days to ensure they meet the criteria for consideration. Applications that do not meet the criteria in paragraph B below will be rejected and not entered into the Merit Review process.
2. The following are the criteria that must be met for eligibility:
  - a. Applicant has a current registration with the State of Illinois in the Grantee Portal.
  - b. Applicant has an active Sam.gov public account.
  - c. Applicant has an active Unique Entity Identifier (UEI) with Sam.gov
  - d. Applicant is in "good standing" with the Secretary of State.
  - e. Applicant is not on the DHS Stop Payment List Service or the Illinois Stop Payment List.
  - f. Applicant is not on the Sam.gov Exclusion List.
  - g. Applicant is not on the Illinois Medicaid Sanctions List.
  - h. Program specific eligibility restrictions
  - i. The Living Room Program must be staffed to operate 24 hours a day, 365 days a year.
    - i. The Living Room must always be staffed by a minimum of two people, at least one of whom must be a Certified Recovery Support Specialist (CRSS) who is providing services from the peer perspective. Additional staff must be either Certified Peer Recovery Specialist(s) (CPRS) or staff who meet the qualifications of Peer Support Worker (PSW) or Mental Health Professional (MHP).
    - ii. The Living Room Program staff must always have immediate access to a Qualified Mental Health Professional (QMHP), including ability to respond via phone or in person for consultation with Living Room Program staff, to ensure adequate and appropriate service and support provision to all guests.
    - iii. The Division of Behavioral Health and Recovery (DBHR) will prioritize applications in such a manner as to ensure the state-wide availability of services.

3. Restrictions on eligibility for State awards are referenced in 44 Ill Admin Code 7000.70. Program specific eligibility restrictions are referenced in this Notice of Funding Opportunity.
4. All applicants/applications determined to be non-compliant or otherwise determined to be disqualified from consideration will be notified. This email will be sent to the email addresses provided in the application and will identify the reason for disqualification.

## B. Review Criteria

1. Evaluation criteria is based upon requirements set forth in 44 Ill Admin Code 7000.350 Merit Review of Applications and the IDHS Merit Review Manual. The review criterion and sub-criterion include the following:
  - a. Label each section of the Program Narrative(s) utilizing the format provided below. It must be organized in the format outlined below or points may be deducted. Information must be provided in the section in which it is requested.
  - b. Please see Section Application Procedures: 9. Required Format as you are preparing the Program Narrative for the required format. The Program Narrative shall not exceed 8 pages. If there are more than 8 pages, the remaining pages will not be reviewed or scored.
  - c. If applicant is applying for more than one Living Room site, a separate Program Narrative is required for each Living Room site. The Program Narrative must clearly identify the location of the site.
  - d. To be successful in the application process, applicants must submit the following information as part of the grant application process. Please provide a complete response to the following sections:

- i. **Community Identification and Need** - Point Value 20:

The purpose of this section is for the applicant to provide a clear and accurate picture of the need for these services within the community and how the proposed project will address these needs. In addition, identification of stakeholders, fact and evidence that demonstrate how the proposal supports the grant Living Room Program purpose should be included.

- o Describe how your Living Room Program will complement and work within the framework of other crisis services while filling a gap in services in the area.
- o Describe the community your agency plans to serve with your Living Room Program, including the geographical region(s) for which you are applying.
- o Describe the demographic characteristics of the Living Room Program's proposed coverage area including age, race, ethnicity, gender, and language spoken.
- o Provide data that supports the need for your Living Room Program. (Data may be obtained from Emergency Medical Services including but not limited to Crisis Services, Emergency Departments, Fire Departments, Police Departments, First Responders, or other sources of behavioral health data.)

- ii. **Capacity/Agency Qualifications** - Point Value 30:

The purpose of this section is for the applicant to provide a clear and accurate picture of how their proposal will address the needs identified in the prior section (Community Identification and Need).

- o Describe how your agency will provide a physical environment for the project designed to create a safe space for guests to calmly process a crisis event, learn and apply wellness strategies, give and receive peer support, and prevent future crisis events. The Living Room Program floor plan should ensure that there are both communal and private spaces. If your Living Room Program plans to offer guests overnight accommodations (23 hours +) describe how private sleeping room accommodations will be made.
- o Describe a detailed staffing plan reflective of the demographics of the community served which provides for a minimum of two staff on-site 24/7/365, at least one of whom must be a Certified Recovery Support Specialist (CRSS) with immediate access to a QMHP.
- o Describe your agency's experience with the hiring of and retention of peer recovery support specialists.
  - Detail how your agency will recognize and emphasize the importance of the Peer Support code of ethics throughout all Living Room Programming.
- o Describe a Living Room Program staff training plan that includes:
  - 2-hour DBHR video-based training for all staff prior to beginning work at the Living Room Living Room Program.
  - 16 hours of CRSS/CPRS Competency Training annually for all staff working in the Living Room Living Room Program.

- National Practice Guidelines for Peer Support Specialists and Supervisors.
- Additional training through DBHR on substance use issues and other approved providers (RI International, Humannovations, People-USA, Emotional CPR, or Peer Power)
- Describe your agency's experience implementing the Crisis Now approach and how your agency focuses on practices inclusive of: recovery orientation, trauma-informed care, significant use of recovery support staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for individuals served and the staff providing services, and collaboration with law enforcement and Emergency Medical Services.
- What relationships and community collaborations exist or are planned to assist in carrying out the Living Room Program (i.e.: partnerships with law enforcement, 988 Call Centers, Mobile Crisis Response Teams, EMTs, shelters, hospitals and other community service organizations).

**iii. Quality - Description of Program Services - Point Value 30:**

The purpose of this section is for the applicant to provide a detailed, clear, and accurate picture of its intended Living Room Program design that indicates its ability to satisfy the requirements of the grant Living Room Program.

- Describe your agency's Living Room Program project design, project milestones, accomplishments and associated outcomes:
  - Describe how your agency will provide a safe, inviting atmosphere.
  - Describe how services and supports will be designed to proactively divert crises.
  - Include specific, measurable goals and objectives in your Living Room Program project design and CQI Plan.
  - Include a timeline depicting the steps you will take to meet the Living Room Program goals.
- Describe the specific services and supports your agency plans to provide:
  - Describe how your agency's plan outlines how every individual seen at the Living Room Program will be served in some way by the Living Room Program.
  - Detail how services and supports will be designed and delivered by the peer recovery support specialists who work in the Living Room Program.
  - Describe how your agency's plan will ensure that all guests will be screened for substance use suicide and homicide risk.
  - Describe how your agency plans to ensure linkage to another level of care is made for any guest determined not to be appropriate for Living Room Program services.
  - Describe the measures your agency will take to ensure services and supports are based on the strengths of the guest.
  - Describe how services and supports will address whole health, wellness, and life in the community.
  - Identify non-traditional supports such as art, music, and other methods of expression that will be utilized in your Living Room Program.
  - Describe how your agency will ensure that peer-to-peer support among guests is encouraged. Small groups led by peer recovery support specialists may be utilized to foster peer-to-peer support.
- Describe how services and supports will be culturally responsive and consider the cultural and linguistic needs of guests. IE: Bi-lingual staff, availability of interpreters, bi-lingual Living Room Program and marketing materials, etc.
- Describe how the Living Room Program will plan to follow principles of trauma-informed care:
  - Include protocols to ensure for the safety of guests and staff.
  - Include a description of how the Living Room Program will foster peer support among guests.
  - Include your agency's plan to ensure that all services and supports are voluntary and based on the guest's choice.
  - Include a description of your planned processes for collaborative decision-making between staff and guests.
  - Include a description of how the Living Room Program will ensure guest feedback shapes trauma-informed care protocol.
- Describe the agency's outreach and engagement plan. The plan must be sufficient in scale and scope to ensure the Living Room Program serves the minimum required number of guests quarterly, including:

- A description of the plan to develop and implement an outreach and engagement plan for direct connection with guests from diverse communities who would benefit from access to the Living Room Program.
- A description of the plan to build and maintain relationships with other social service agencies, including but not limited to other components of the crisis continuum (e.g., 988, hotlines, warm lines, and mobile crisis response teams), first responders (police, fire, EMT, etc.), medical personnel (primary care physicians, emergency departments, etc.).
- Include a plan for developing materials for marking and promoting the Living Room Program.

iv. **Data Collection, Evaluation and Reporting Criteria** - Point Value 20:

The purpose of this section is to ensure accountability at all levels of service provision, aligned with IDHS' practice of performance-based contracting with its Grantee agencies. The articulation and achievement of measurable outcomes help to ensure that we are carrying out the most effective Living Room Programming possible. At a minimum, Grantees will be expected to collect, and report data indicators and measures as described in this NOFO.

- Describe how your agency will collect, and report data on the performance measures and standards as described in this NOFO.
- Describe how your agency will work to demonstrate measurable outcomes.
- Describe your agency's overall data collection and reporting practices.
- Describe your agency's quality improvement process to ensure compliance with stated Living Room Programmatic design. Describe the composition of a quality improvement committee. Describe your agencies risk management strategy and related protocols.
- Describe how your agency's quality improvement policy and procedures will incorporate Guest feedback.

2. All competitive grant applications are subject to merit review.
3. Cost sharing will not be considered when evaluating the application.
4. IDHS/DBHR staff familiar with the requirements of the program will score and review the application package.
5. Review team members will have no conflicts of interest and will read and evaluate application packages independently.
6. Applications that fail to meet the criteria described in Section II. Eligibility will not be scored and/or considered for funding.
7. Applications must follow the instructions in Section V. Submission Requirements and Details.

## C. Review and Selection Process

1. The process for evaluation of the application is as follows:
  - a. The numerical score may not be the sole award criterion.
  - b. The Department reserves the right to consider other factors such as: geographical distribution, demonstrated need, and agency past performance as a state awardee, etc.
  - c. While the recommendation of the review panel will be a key factor in the funding decision, the Department maintains final authority over funding decisions and considers the findings of the reviewers to be non-binding recommendations. Any internal documentation used in scoring or awarding of grants shall not be considered public information.
2. In the event of a tie with insufficient funding for all tied applications, the Department may choose to elect one of the following options:
  - a. Apply one or more of the additional factors for consideration described above to prioritize the applications; or
  - b. Partially fund each of the tied applications; or
  - c. Not fund any of the tied applications.
3. The Department reserves the right to negotiate with applicants to adjust award amounts, targets, deliverables, etc. These negotiations do not obligate IDHS to provide funding, nor should an applicant draw any conclusions about the Department's intentions to fund or not fund the application.
4. Anticipated Announcement and State Award Dates
  - a. To be determined
5. Merit Based Review Appeal Process

a. Competitive grant appeals are limited to the evaluation process. Evaluation scores may not be protested. Only the evaluation process is subject to appeal and shall be reviewed by IDHS' Appeal Review Officer (ARO).

i. Submission of Appeal

- o Appeals submission IDHS contact information:
  - Contact Name: Rob Putnam
  - Email Address: [DHS.DBHR.GrantApp@Illinois.gov](mailto:DHS.DBHR.GrantApp@Illinois.gov)
  - Email Subject Line: Applicant Name - 510-RTL Regions The Living Room - Appeal
- o An appeal must be submitted in writing to appeals submission IDHS contact listed above, who will send to the IDHS Appeal Review Officer (ARO) for consideration.
- o An appeal must be received within 14 calendar days after the date that the grant award notice has been published.
- o The written appeal shall include at a minimum the following:
  - Name and address of the appealing party
  - Identification of the grant; and
  - Statement of the reasons for the appeal
  - Supporting documentation, if applicable

ii. Response to appeal

- o IDHS will acknowledge receipt of an appeal within 14 calendar days from the date the appeal was received.
- o IDHS will respond to the appeal within 60 days or supply a written explanation to the appealing party as to why additional time is required.
- o The appealing party must supply any additional information requested by IDHS within the time period set in the request.

iii. Resolution

- o The ARO will make a recommendation to the Agency Head or designee as expeditiously as possible after receiving all relevant, requested information.
- o In determining the appropriate recommendation, the ARO shall consider the integrity of the competitive grant process and the impact of the recommendation on the State Agency.
- o The Agency will resolve the appeal by means of written determination.
- o The determination shall include, but not be limited to:
  - Review of the appeal;
  - Appeal determination; and
  - Rationale for the determination.

## D. Risk Review

1. IDHS conducts risk assessments for all awardees, prior to the award being issued.

a. An agency wide FY27 Internal Control Questionnaire (ICQ) is to be completed by the awardee within the [Grantee Portal](#). The ICQ evaluates fiscal, administrative, and programmatic risk in the following categories:

- i. Quality of Management Systems
- ii. Financial and Programmatic Reporting
- iii. Ability to Effectively Implement Award Requirements
- iv. Awardee Audits

b. The deadline to submit the FY27 ICQ is the same as the application deadline.

c. A program specific Programmatic Risk Assessment conducted by the awarding agency to evaluate the following categories:

- i. Programmatic financial stability

- ii. Management systems and standards that would affect the program.
  - iii. Programmatic audit and monitoring findings
  - iv. Ability to effectively implement program requirements.
  - v. External partnerships
  - vi. Programmatic reporting
- d. Risk assessments are not intended to be punitive in nature, rather they are conducted in order to evaluate the support, technical assistance, and training that may be needed for the awardee and the level of monitoring that is needed for the award.
- e. Risk assessments may result in Specific Conditions being placed on the award to include more frequent monitoring or the implementation of a corrective action plan.
2. Simplified Acquisition Threshold - Federal and State awards
- a. It is anticipated that grants under this award may receive an award over the Simplified Acquisition Threshold (as defined in [48 CFR part 2, subpart 2.1](#); the dollar amount set by the Federal Acquisition Regulation (FAR), currently at \$250,000 (with some exceptions)). Potential grantees under this notice of funding opportunity may receive an award in excess of the simplified acquisition threshold of \$250,000. Therefore, the grantee is subject to the simplified acquisition threshold and related requirements.
- i. Prior to making an award with a total amount greater than the simplified acquisition threshold, IDHS is required to review and consider any information about the applicant that is in the designated integrity and performance system accessible through SAM. (Currently FAPIIS) (See [41 U.S.C. 2313](#)).
  - ii. That an applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that a State or Federal awarding agency previously entered and is currently in the designated integrity and performance system accessible through SAM.
  - iii. IDHS will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicants' integrity, business ethics, and record of performance under State and Federal awards when completing the review of risk posed by applicants as described in [2 CFR 200.206](#).

## VII. Award Notices

### A. State Award Notices

1. Applicants recommended for funding under this NOFO following the review and selection process will receive a Notice of State Award (NOSA). The NOSA shall include:
  - a. Grant award amount
  - b. The terms and conditions of the award
  - c. Specific conditions, if any, assigned to the applicant based on the fiscal and administrative risk assessment (ICQ), programmatic risk assessments (PRA), and the Merit Review.
2. **Note:** The Department cannot issue a NOSA until the successful applicant has an FY27 approved budget entered into the CSA Tracking System. The applicant shall receive the NOSA through the Grantee Portal. The NOSA must be accepted/declined by the grants officer (or equivalent) within the Grantee Portal. This NOSA effectively accepts the state award amount and all conditions set forth within the notice. The NOSA is the document authorizing the department to proceed with issuing an agreement.
3. The NOSA is NOT an authorization to begin performance (to the extent that it allows charging to State awards of pre-award costs; pre-award costs are incurred at the non-State entities own risk unless they have received written prior approval to begin performance).
4. The authorizing document to begin performance is the fully executed Uniform Grant Agreement (UGA) signed by the grants officer, or equivalent. This is the official document that obligates funds. The UGA is sent to the non-State entity via the CSA Tracking System. The non-State entity will print and sign the signature page of the UGA and return signature page to [DHS.OCA.SignaturePages@Illinois.gov](mailto:DHS.OCA.SignaturePages@Illinois.gov). A final signed copy of the UGA will be provided to the non-State entity via an upload into the CSA Tracking system.
5. Applicants who are not eligible due to registration or pre-qualification issues, or late applications will be notified that they are ineligible for consideration when their application is processed.
6. A written Notice of Non-Selection shall be sent to the applicants not receiving an award following the Merit Review process.

## VIII. Post-Award Requirements and Administration

### A. Administrative and National Policy Requirements

1. The agency awarded funds shall provide services as set forth in the IDHS grant agreement and shall act in accordance with all State and Federal statutes and administrative rules applicable to the provision of the services.
2. You can find a sample of the grant agreement at [IDHS Uniform Grant Agreement](#).
3. Payment Terms
  - a. It is the policy of the Illinois Department of Human Services (IDHS) that this policy complies with 2 CFR 200.302, 2 CFR 200.305, 31 CFR 205 (Procedures implementing the Cash Management Improvement Act and Treasury State Agreement (TSA)) and 44 Ill. Admin. Code 7000.120 (GOMB Adoption of Supplemental Rules for Grant Payment Methods). Three different award payment methods exist, namely [Advance Payment, Reimbursement, and Working Capital Advance](#).
  - b. Grantees selecting the Advance Payment Method, or the Working Capital Advance Payment Method must complete the Advance Payment Request Cash Budget Template as described in the procedures above. In addition, please **note**: If you will be submitting the Advance Payment Request Cash Budget, it must be submitted with the application materials as a separate document.
  - c. The Monthly Invoice IL444-5257 Template must be used for all DBHR programs and submitted no later than 15 days after the end of the month. All invoices shall be HIPAA compliant and encrypted utilizing DHS approved encryption software and emailed to DBHR at the email address listed above.
  - d. Invoice and PFR Email Address for General Grants: [DHS.DBHR.QuarterlyReports@Illinois.gov](mailto:DHS.DBHR.QuarterlyReports@Illinois.gov)
  - e. Invoice and PFR Email Address for Williams Consent Decree: [DHS.DBHR.WilliamsInvoices@Illinois.gov](mailto:DHS.DBHR.WilliamsInvoices@Illinois.gov)
  - f. Invoice and PFR Email Address for Colbert Consent Decree: [DHS.DBHR.ColbertInvoices@Illinois.gov](mailto:DHS.DBHR.ColbertInvoices@Illinois.gov)
4. Payment Forms
  - a. [Monthly Invoice \(IL444-5257\)](#)
  - b. [Advance Payment Request Cash Budget Form \(IL444-4985\)](#) submit as a separate attachment (no submission will result in default to Reimbursement Method)

### B. Reporting

1. Reporting, upon execution of the grant agreement, shall be in accordance with the requirements set forth in the UGA and related exhibits which include but is not limited to the following:
  - a. Periodic Financial Reports submitted electronically in accordance with instructions in the UGA no more frequent than quarterly and no less frequent than annually, unless unusual circumstances exist.
  - b. Periodic Programmatic Reports submitted electronically in accordance with instructions in the UGA no more frequent than quarterly and no less frequent than annually, unless unusual circumstances exist.
  - c. Close-out Performance Reports and Financial Reports as instructed in the UGA.
  - d. Other Unique Programmatic Reporting Requirements: additional annual performance data may be collected as directed by the Department and in the format prescribed by the Department.
  - e. If the State share of any State award may include more than \$500,000 over the period of performance applicants are also subject to the reporting requirements reflected in Appendix XII to 2 CFR 200.
  - f. Non-compliance with any of the identified reports may lead to being placed on the Illinois Stop-Payment List.
  - g. Grantee shall submit these reports to the appropriate email address listed below. Reported expenses should be consistent with the approved annual grant budget. Any expenditure variances require prior Grantor approval in accordance with Article VI of the UGA to be reimbursable.
    - o PFR Email Address for General Grants: [DHS.DBHR.QuarterlyReports@Illinois.gov](mailto:DHS.DBHR.QuarterlyReports@Illinois.gov)
    - o PFR Email Address for Williams Consent Decree: [DHS.DBHR.WilliamsInvoices@Illinois.gov](mailto:DHS.DBHR.WilliamsInvoices@Illinois.gov)
    - o PFR Email Address for Colbert Consent Decree: [DHS.DBHR.ColbertInvoices@Illinois.gov](mailto:DHS.DBHR.ColbertInvoices@Illinois.gov)
    - o PPR and PRTP Email Address for All Grants: [DHS.DBHR.QuarterlyReports@Illinois.gov](mailto:DHS.DBHR.QuarterlyReports@Illinois.gov)

h. DBHR reporting templates and detailed instructions for submitting reports can be found in the Provider section of the [IDHS website](#).

## IX. Other Information

### A. Credentials/Documentation

1. Certified Recovery Support Specialist (CRSS)
2. Certified Peer Recovery Specialist (CPRSS)
3. Peer Support Worker (PSW)
4. Mental Health Professional (MHP)
5. Qualified Mental Health Professional (QMHP)

### B. Program Websites

1. [Mental Health Grants - FY 2027](#)
2. [IDHS Grants](#)
3. [IDHS website](#)

### C. Mandatory Forms and Submissions

1. [Uniform Application for State Grant Assistance](#)
2. Program Narrative
3. [Uniform Grant Budget Template](#) (Submit in CSA) | [Instructions](#)
4. Subcontractor Budget, if applicable submit as a separate attachment
5. Grantee [Conflict of Interest Disclosure](#) submit as a separate attachment
6. [Advance Payment Request Cash Budget Form \(IL444-4985\)](#) submits as a separate attachment (no submission will result in default to Reimbursement Method)