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

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|---|---|
| Awarding Agency Name | Public Health |
| Agency Contact | Robert Vanbebber (mailto:Robert.Vanbebber2@illinois.gov) |
| Announcement Type | Initial |
| Type of Assistance Instrument | Grant |
| Funding Opportunity Number | RHT-27 |
| Funding Opportunity Title | Rural Health Transformation - Overcoming Geographical Barriers to Care - Emergency Medical Services |
| CSFA Number | 482-00-4104 |
| CSFA Popular Name | Rural Health Transformation - Overcoming Geographical Barriers to Care - Emergency Medical Services |
| Anticipated Number of Awards | 15 |
| Estimated Total Program Funding | $13,500,000 |
| Award Range | $0 - $978056 |
| Source of Funding | Federal |
| Cost Sharing or Matching Requirements | No |
| Indirect Costs Allowed | Yes |
| Restrictions on Indirect Costs | No |
| Posted Date | 11/02/2026 |
| Application Date Range | 11/02/2026 - 12/03/2026 : 5.00pm |
| Grant Application Link | Please select the entire address below and paste it into the browser... https://idphgrants.com/user/home.aspx |
| Technical Assistance Session | Offered : Yes<br>Mandatory : No<br>Date : 11/12/2026 : 2pm<br>Registration link :<br>https://illinois.webex.com/illinois/j.php?MTID=mdb8153c72de6c8dce3b48ee232c48937 |

**Uniform Notice of Funding Opportunity (NOFO)**

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|---|---|---|
| 1. | **Awarding Agency Name:** | Illinois Department of Public Health |
| 2. | **Agency Contact:** | Name: Kristofer Tackett<br>Phone: (217)-494-9630<br>Email: Kristofer.Tackett@Illinois.gov |
| 3. | **Announcement Type:** | ☒ Initial announcement<br>☐ Modification of a previous announcement |
| 4. | **Type of Assistance** | Grant |
| 5. | **Agency Opportunity** | RHT-27 |
| 6. | **Funding Opportunity Title:** | Rural Health Transformation Program - Overcoming Geographic Barriers to Care |
| 7. | **CSFA Number:** | 482-00-4104 |
| 8. | **CSFA Popular Name:** | Rural Health Transformation: Overcoming Geographical Barriers to Care |
| 9. | **CFDA Number(s):** | N/A |
| 10 | **Number of Anticipated** | 15 |
| 11 | **Estimated Total Funding** | 13,500,000 |
| 12 | **Single Award Range:** | 978,056.58 |
| 13. | **Funding Source:**<br>Mark all that apply | ☒ Federal or Federal pass-through<br>☐ State<br>☐ Private / other funding |
| 14 | **Is Cost Sharing or Match** | ☐ Yes ☒ No |
| 15. | **Indirect Costs Allowed?**<br><br>**Restrictions on Indirect Costs?** | ☒ Yes ☐ No<br><br>☐ Yes ☒ No<br>If yes, provide the citation governing the restriction: |
| 16 | **Posted Date:** | 11/2/2026 |
| 17. | **Application Date Range:**<br>Leave the 'End Date' and 'End Time' empty if there is no deadline. | Start Date: 11/2/2026<br>End Date: 12/3/2026<br>End Time: 5:00pm |
| 18. | **Technical Assistance Session:** | Session Offered: ☒ Yes ☐ No<br>Session Mandatory: ☐ Yes ☒ No<br>Date and time:<br>11/12/26, 2:00-3:00pm CST<br>Conference Info/Registration Link:<br>Join from the meeting link<br>https://illinois.webex.com/illinois/j.php?MTID=mdb8153c72de6c8dce3b48ee232c48937 |

**Agency-specific Content for the Notice of Funding Opportunity**

**A. Program Description**

The Rural Health Transformation (RHT) Program was designed to empower states to strengthen rural communities by improving healthcare access, quality, and outcomes through transforming the healthcare delivery system in 85 of Illinois 102 rural designated counties. The Grant period is from July 1, 2026, through June 30, 2027.

Illinois' RHT Program will support Health Resources and Services Administration (HRSA) rural designated communities across the state of Illinois in improving healthcare access, quality, and outcomes by transforming healthcare delivery. By partnering with Illinois designated EMS System Resource Hospitals, this program will support EMS-related expenses in expanding care in rural communities and standing up innovative models utilizing the most recent or newly completed community health needs assessment in the development and implementation of:

- **Expand Mobile integrated Health Program (MIHP) Services in Rural Illinois in Participating Rural EMS Systems by April 1, 2027.**
    - Increase the Availability of Mobile Integrated Health (MIH) Services in Rural EMS Systems.
    - Enhance Access to Preventative, Chronic Disease, and Care Coordination Services.
        - Fund EMS service provider or resource hospital establishment of or expand existing MIH programs covering rural communities.
        - Development of MIHP System plans, policies and protocols serving rural communities.
        - Increase access to care through the use of MIHP in rural communities with a demonstrated increase of MIH visits in rural communities from baseline.
        - Implementation of protocols focused on preventative care, chronic disease management, care coordination services, and other protocols aimed to address gaps identified in the community health needs assessment.
            - This may include specific community needs and specialty focuses like, but not limited to, behavioral health, access to primary care, access to prenatal care, or others that have been identified.
- **By March 31, 2027, each participating rural EMS System will initiate efforts to increase the number of licensed EMTs serving in EMS Systems covering rural populations by supporting EMS education initiatives.**
    - Fund EMS Education and workforce development programs through EMS Resource Hospitals.
    - Support advancement of currently licensed EMS personnel.
        - Fund and conduct EMT, A-EMT, and Paramedic education programs. Education site code applications shall be submitted with a letter outlining that the offering is in support of the Rural Health Transformation Program.
        - Support EMS development and growth through ensuring quality education programs documenting licensure examination pass rate data for January-June and July-December and submit improvement plans for time periods with a pass rate below 70%.

        - Increasing personnel level of licensure by tracking and documenting the number of EMS System personnel that have either gained an increase in their level of licensure or are actively enrolled in a program that will increase their level of licensure.
        - Track education progression and rural workforce placement demonstrated by documented course attrition rate the EMS System serving a rural population and shall ensure that attrition is less than 30% for January – June and July – December.
- **By May 1, 2027, improve access to emergency medical service in rural Illinois by funding system enhancements that increase service capacity, reduce barriers to care or expand prehospital capabilities.**
    - Support expansion of EMS capabilities in rural communities.
    - Strengthen data-driven decision making and program accountability.
        - Support level of care upgrades, paramedic intercept programs, and in-field upgrades in rural communities with a demonstrated level of care upgrade or service type.
        - Development and implementation of treat in place or treat and refer protocols to reduce the number of EMS calls that result in transport to an emergency department.
        - All EMS Service providers in the grantees EMS System maintain NEMSIS compliant reporting and performance monitoring.
        - Document EMS System response times, transport times, and service utilization.

**Each grantee, for a total of 15 EMS Resource Hospitals, will be awarded a total of $978,056.58 of which $207,466.54 shall only be used for training and education expenses.**

The potential grantee's project plan submission shall include the goals, objectives, activities, measures of accomplishment to be completed by the given due date.

**Allowable Use of Funds May include:**

- Supplies
- Capital Expenses, including purchase of vehicles, modification of existing vehicles, equipment and supplies.
- IT infrastructure and equipment
- Costs related to expanding care in rural communities, and standing up innovative models to treat people in place.
- Training, coordination, and staffing to augment care model or population health improvement activities.
- Support for local training, apprenticeship, and hiring of new EMTs.

**Unallowable Use of Funds includes:**

- New Construction. Funding new construction is unallowable. Supplanting funding for in-process or planned construction projects or directing funding towards new construction builds is unallowable.

Minor building renovations or alterations and equipment upgrades are allowable when clearly linked to program goals.

- Duplicate payments. Funds may not be used to replace payment for clinical services that could be reimbursed by insurance (including Medicaid). Funds also may not be used for payments for clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules. If the subrecipient plans to fund direct health care services, the subrecipient must justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery model. HFS and ultimately CMS will have final approval of whether proposed services are allowable.
- Clinician Salaries. Funds also may not be used for clinician salaries or wage support for facilities that subject clinicians to non-compete contractual limitations.
- SSA Section 2105(c). SSA Section 2105(c), paragraphs (1), (7), and (9) establish funding limitations. These include general funding limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.
- Prohibited Uses of RHT Funds. The following list contains costs that are unallowable for all CMS programs, including RHT.
    - Pre-subaward start date costs
    - Costs otherwise meeting matching requirements for any other federal funds or local entities
    - Services, equipment, or supports that are the legal responsibility of another party under federal, state, or tribal law such as vocational rehabilitation or education services. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party
    - Goods or services not allocable to the approved project
    - Supplanting existing state, local, tribal, or private funding of infrastructure or services, such as staff salaries
    - Construction
    - Capital expenditures for improvements to land, buildings, or equipment that materially increase their value or useful life as a direct cost except with prior written approval
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    - Construction
    - Capital expenditures for improvements to land, buildings, or equipment that materially increase their value or useful life as a direct cost except with prior written approval
    - The cost of independent research and development, including their proportionate share of indirect costs in accordance with 2 CFR 300.477
    - Profit to any recipient even if the recipient is a for-profit organization. Profit is any amount in excess of allowable direct and indirect costs
    - Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body. See also 45 CFR part 93, 2 CFR 200.450 - Lobbying, and applicable Appropriations Law
    - Certain telecommunications and video surveillance equipment. See 2 CFR 200.216
    - Costs of promotional items and memorabilia, including models, gifts, and souvenirs
    - Costs of advertising and public relations designed solely to promote the non-Federal entity

- Meals unless in limited circumstances such as:
  - Where specifically approved as part of the project or program activity, e.g., in programs providing children's services; and
  - As part of a per diem or subsistence allowance provided in conjunction with allowable travel

**B. Funding Information**

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

Quarterly progress reports to the Department will be submitted by the applicant and will be used to track progress made towards achievement of the program goals and objectives. Fiscal reimbursement requests shall be made quarterly. Failure to submit required reports in a timely manner will result in reimbursement delays.

**C. Eligibility Information**

Regardless of the source of funding (federal pass-through or State), all grantees are required to register with the State of Illinois through the Grant Accountability and Transparency Act (GATA) website, https://gata.illinois.gov/, complete a prequalification process, and be determined "qualified" as described in Section 7000.70. Registration and prequalification is required before an organization can apply for an award.

The entity is "qualified" to be an awardee if it:

1. has an active UEI (Unique Identity ID) number;
2. has an active SAM.gov account;
3. has an acceptable fiscal condition;
4. is in good standing with the Illinois Secretary of State, if the Illinois Secretary of State requires the entity's organization type to be registered. Governmental entities, school districts and select religious organizations are not required to be registered with the Illinois Secretary of State. Refer to the Illinois Secretary of State Business Services website: http://www. cyberdriveillinois.com/departments/business_services/home.html;
5. is not on the Illinois Stop Payment List;
6. is not on the SAM.gov Exclusion List;
7. is not on the Sanctioned Party List maintained by HFS.

**1. *Eligible Applicants***

Illinois designated EMS Resource Hospitals that are a not for profit or government entity. Recipients of funds must be institutions, and not individuals. Applicants should submit proposals with a work plan and budget designed to be completed by June 30, 2027.

**2. *Cost Sharing or Matching***

Cost Sharing is not required. Eligible applicants may voluntarily identify indirect costs as a programmatic match, in order to allocate the entire grant award for direct costs.

**3. *Indirect Cost Rate***

To charge indirect costs to a grant, the applicant organization must have an annually negotiated indirect cost rate agreement (NICRA). There are three types of NICRAs:

a) Federally Negotiated Rate. Organizations that receive direct federal funding, may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. Illinois will accept the federally negotiated rate. The organization must provide a copy of the federally NICRA.

b) State Negotiated Rate. The organization must negotiate an indirect cost rate with the State of Illinois if they do not have Federally Negotiated Rate or elect to use the De Minimis Rate. The indirect cost rate proposal must be submitted to the State of Illinois within 90 days of the notice of award.
c) De Minimis Rate. An organization that has never received a Federally Negotiated Rate may elect a de minimis rate of 15% of modified total direct cost (MTDC). Once established, the De Minimis Rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the De Minimis Rate.

All grantees must complete an indirect cost rate negotiation or elect the De Minimis Rate to claim indirect costs. Indirect costs claimed without a negotiated rate or a De Minimis Rate election on record in the GATA Grantee Portal indirect cost rate system may be subject to disallowance.

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***

Not Applicable

**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:
Kristofer Tackett: Kristofer.Tackett@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 and must be completed in its entirety.

**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.

Opens on 11/2/2026 and Closes on December 03, 2026, at 5pm

**5.** ***Intergovernmental Review, if applicable***

Not applicable

**6.** ***Funding Restrictions***

All grant funds must be used for the sole purposes set forth in the grant proposal and application and must be used in compliance with all applicable laws. Grant funds may not be used as matching funds for any other grant program unless specifically allowed under grant program guidelines. Use of grant funds for prohibited purposes may result in loss of grant award and/or place the grantee at risk for repayment of those funds used for the prohibited purpose. Regardless of the source of funding (federal pass-through or State), all grant-funded expenses must be compliant with Cost Principles under Subpart E of 2CFR200 unless an exception is noted in federal or State statutes or regulations.

**Allowability**

**Allowable** – All grant funds must be used for items that are necessary and reasonable for the proper and efficient performance of the grant and may only be used for the purposes stated in the grant agreement, work plan, and budget. Items must comply with all applicable state and federal regulations.

**Allocable** – Grant-funded costs must be chargeable or assignable to the grant in accordance with relative benefits received. The allocation methodology should be documented and should be consistent across funding sources for similar costs.

**Reasonable** – The amounts charged for any item must be reasonable. That means the nature and amount of the expense does not exceed what a prudent person under the same circumstances would expend; and that the items are generally recognized as ordinary and necessary for the performance of the grant.

**Allowed Uses**

Funding may be used for the following:

- Supplies
- Capital Expenses, including purchase of vehicles, modification of existing vehicles, equipment and supplies.
- IT infrastructure and equipment
- Costs related to expanding care in rural communities and standing up innovative models to treat people in place.
- Training, coordination, and staffing to augment care model or population health improvement activities.

- Support for local training, apprenticeship, and hiring of new EMTs.

**Prior Approval ONLY**

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

Not applicable

**Funding Use Prohibitions**

Funding may NOT be used for the following:

- New Construction. Funding new construction is unallowable. Supplanting funding for in-process or planned construction projects or directing funding towards new construction builds is unallowable. Minor building renovations or alterations and equipment upgrades are allowable when clearly linked to program goals.
- Duplicate payments. Funds may not be used to replace payment for clinical services that could be reimbursed by insurance (including Medicaid). Funds also may not be used for payments for clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules. If the subrecipient plans to fund direct health care services, the subrecipient must justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery model. HFS and ultimately CMS will have final approval of whether proposed services are allowable.
- Clinician Salaries. Funds also may not be used for clinician salaries or wage support for facilities that subject clinicians to non-compete contractual limitations.
- SSA Section 2105(c). SSA Section 2105(c), paragraphs (1), (7), and (9) establish funding limitations. These include general funding limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.
- Prohibited Uses of RHT Funds. The following list contains costs that are unallowable for all CMS programs, including RHT.
    - Pre-subaward start date costs
    - Costs otherwise meeting matching requirements for any other federal funds or local entities
    - Services, equipment, or supports that are the legal responsibility of another party under federal, state, or tribal law such as vocational rehabilitation or education services. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party
    - Goods or services not allocable to the approved project
    - Supplanting existing state, local, tribal, or private funding of infrastructure or services, such as staff salaries
    - Construction
    - Capital expenditures for improvements to land, buildings, or equipment that materially increase their value or useful life as a direct cost except with prior written approval
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    - Construction
    - Capital expenditures for improvements to land, buildings, or equipment that materially

increase their value or useful life as a direct cost except with prior written approval
- The cost of independent research and development, including their proportionate share of indirect costs in accordance with 2 CFR 300.477
- Profit to any recipient even if the recipient is a for-profit organization. Profit is any amount in excess of allowable direct and indirect costs
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body. See also 45 CFR part 93, 2 CFR 200.450 - Lobbying, and applicable Appropriations Law
- Certain telecommunications and video surveillance equipment. See 2 CFR 200.216
- Costs of promotional items and memorabilia, including models, gifts, and souvenirs
- Costs of advertising and public relations designed solely to promote the non-Federal entity
- Meals unless in limited circumstances such as:
  - Where specifically approved as part of the project or program activity, e.g., in programs providing children's services; and
  - As part of a per diem or subsistence allowance provided in conjunction with allowable travel
- No funding may be used to reimburse activities, costs, or expenses covered by another grant program or already covered by the RHT grant administered by another entity.

**Additional Funding Guidance**

Not Applicable

**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***

If the applicant encounters technical difficulties with EGrAMS, the applicant may contact the EGrAMS Helpdesk at https://app.smartsheet.com/b/form/898130b64be64507be8b2bcbea1e27d6.

**E. Application Review Information**

Applications will be reviewed on the criteria described below.

1. ***Criteria***

Applications will be reviewed using the following criteria:

- **Scope of Work Section (65 pts)-** Applicant capacity and experience; Need; Target audience clearly defined; Proposed implementation approach; Plan provided with detailed activities.
- **Work Plan Section (20 pts)-** Activities, outcomes and measurements are provided and aligned with program requirements; Information provided in the SMART format
- **Budget Section (15 pts)-** Budget reasonable & justified

**Total Points: 100**

***2. Review and Selection Process***

This grant is competitive. A merit-based review will be scored by the Office of Health Systems program staff. Scoring is based on the criteria listed above.

Team Review Process

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

Merit-Based Review Appeal Process

For competitive grants, only the evaluation process is subject to appeal. Evaluation scores or funding determinations/outcomes may not be contested and will not be considered by the Department's Appeals Review Officer.

To submit an appeal, the appealing party must:

- Submit the appeal in writing and in accordance with the grant application document through IDPH's Merit-Based Review Appeal Request Form available here: https://app.smartsheet.com/b/form/ed4d113385de41feb38964a8005ce72b
- Appeals must be received within 14 calendar days after the date that the grant award notice was published.
- Appeals must include the following information:
    - The name and address of the appealing party
    - Identification of the grant
    - A statement of reasons for the appeal
    - If applicable, documents or exhibits to support statement of reason

The IDPH Appeals Review Officer (ARO) will consider the grant-related appeals and make a recommendation to the appropriate Deputy Director as expeditiously as possible after receiving all relevant, requested information.

- The ARO must review the submitted Appeal Request Form for completeness and acknowledge receipt of the appeal within 14 calendar days from the date the appeal was received.
- The ARO will utilize an Appeal Review Tool to consider the integrity of the competitive grant process and the impact of the recommendation.
- The appealing party must supply any additional information requested by the agency within the time period set in the request.
- The ARO shall respond to the appeal within 60 days or supply a written explanation to the appealing party as to why additional time is required.

Documentation of the appeal determination shall be sent to the appealing party and must include the following:

- Standard description of the appeal review process and criteria
- Review of the appeal
- Appeal determination
- Rationale for the determination
- In addition to providing the written determination, the grant-making office may do the following:
- Document improvements to the evaluation process given the findings and re-review all

submitted applications.

- Document improvements to the evaluation process given the findings and implement improvements into the following year's grant evaluation process.
- Provide written notice to the appealing party as to how the identified actions will be remedied.

Appeals resolutions may be deferred pending a judicial or administrative determination when actions concerning the appeal have commenced in a court of administrative body.

***3. Anticipated Announcement and State Award Dates, if applicable.***

Applications must be submitted no later than 5:00 p.m. on November 30, 2026. Applications will require 2 weeks for review and approval.

| | |
|---|---|
| Anticipated Announcement Date (if known): | 11/2/2026 |
| Anticipated Program Start Date: | 12/31/2026 |
| Anticipated Program End Date: | 6/30/2027 |

**F. Award Administration Information**

Not Applicable

***1. State Award Notices***

The grant applications will be reviewed after grant application deadline. Grant award notification will be by December 15, 2026.

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***

Not Applicable

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

***3. Reporting***

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

**G. State Awarding Agency Contact(s)**

Kristofer Tackett
Illinois Department of Public Health
535 West Jefferson Street, 4th Floor
Springfield, Illinois 62761
Kristofer.Tackett@Illinois.gov

**H. Other Information, if applicable**

Not Applicable

**Mandatory Forms -- Required for All Agencies**

1. **Uniform State Grant Application – Available at idphgrants.com for eligible applicants**
2. **New to EGrAMS, click HERE to see how to Get Started**
3. **Project Narrative (included in EGrAMS application)**
4. **Budget (included in EGrAMS application)**
5. **Budget Narrative (included in EGrAMS application)**

Other program-specific mandatory forms:

- Submission of the Community Health Needs Assessment
- EMS System Baseline Data Submission Form