

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

Awarding Agency Name	Human Services
Agency Contact	Barb Roberson (DHS.DMHGrantApp@Illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	25-444-22-0623-01
Funding Opportunity Title	430 Community Support Team
CSFA Number	444-22-0623
CSFA Popular Name	430 Community Support Team
Anticipated Number of Awards	1
Estimated Total Program Funding	\$380,708
Award Range	\$0 - \$380708
Source of Funding	State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Posted Date	02/01/2024
Application Date Range	07/01/2024 - 04/01/2025 : 12:00 PM
Grant Application Link	Please select the entire address below and paste it into the browser... https://www.dhs.state.il.us/page.aspx?item=160116
Technical Assistance Session	Offered : Yes Mandatory : No Date : 02/08/2024 : 12:00 PM Registration link : https://illinois.webex.com/illinois/j.php?MTID=m6a658270bfa9a7d3127d1354c9749379

Illinois Department of Human Services

JB Pritzker, Governor · Dulce Quintero, Secretary

IDHS > Providers > IDHS Grants Administration > Grant Funded Programs > Mental Health Grants - FY 2025 >

430 Community Support Team (25-444-22-0623-01)

Summary Information

Awarding Agency Name	Illinois Department of Human Services
Awarding Division Name	Division of Mental Health
Agency Contact	Barb Roberson DHS.DMHGrantApp@illinois.gov
Announcement Type	Discretionary
Funding Opportunity Title	430 Community Support Team
Funding Opportunity Number	25-444-22-0623-01
Application Posting Date	February 1, 2024
Application Closing Date	March 1, 2024, 12:00 PM (Noon) Central Time
Catalog of State Financial Assistance (CSFA) Number	444-22-0623
Catalog of State Financial Assistance (CSFA) Popular Name	430 Community Support Team
Catalog of Federal Domestic Assistance (CFDA) Number(s)	NA
Award Funding Source	State
Estimated Total Program Funding	\$380,708
Anticipated Number of Awards	1
Award Range	\$380,708
Cost Sharing or Matching Requirement	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Technical Assistance Session	<p>Session Offered: Yes</p> <p>Session Mandatory: No</p> <p>2/8/2024, 12:00 PM - 1:00 PM</p> <p>Registration Link</p>

- [Community Service Agreements \(CSA\) Tracking System](#)
- [Centralized Repository Vault \(CRV\)](#)
- [GATA Learning Management System \(LMS\)](#)

A. Program Description

1. Program Summary

- The Grantee will create and maintain additional capacity for Community Support Team (CST) services for Northwest Crisis Care System (NCCS) eligible consumers who are unfunded in Boone, Carroll, DeKalb, JoDaviess, Lee, Ogle, Stephenson, Winnebago, and Whiteside counties. The Grantee will provide nursing and psychiatric treatment services and coverage to NCCS eligible consumers enrolled in the NCCS funded CST program, as may be deemed medically necessary based on the consumer's needs as identified in the mental health assessment, individual treatment plan and changes in clinical condition.

2. Funding Priorities or Focus Areas

- 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.

3. Authorizing Statutes or Regulations

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

4. Project Description

- The Grantee will create and maintain additional capacity for Community Support Team (CST) services for Northwest Crisis Care System (NCCS) eligible consumers who are unfunded. NCCS's geographic area includes Boone, Carroll, DeKalb, JoDaviess, Lee, Ogle, Stephenson, Winnebago, and Whiteside counties. The team will meet the CST staffing requirements based on Rule 132, Section 132.145 and Rule 140, Section 140.TABLE N(c)(1).
- The Grantee agrees to provide nursing and psychiatric treatment services and coverage to NCCS eligible consumers enrolled in the NCCS funded CST program, as may be deemed medically necessary based on the consumer's needs as identified in the mental health assessment, individual treatment plan and changes in clinical condition.

5. Deliverables

Performance Requirements:

- The Grantee will meet the staffing requirements to ensure CST services are available for NCCS consumers at all times during contract period.
- The Grantee will serve NCCS consumers who are referred for CST who meet the eligibility requirements.
- Should the staffing requirement change as to not include a Certified Recovery Support Specialist (CRSS), the Grantee must within 30 days of such knowledge submit to the DHS/DMH Contract Manager a plan of correction which outlines how the agency will get at least one team member certified as a Certified Recovery Support Specialist (CRSS) within 18 months of their employment date or of DMH's acceptance of the agency plan, whichever is less. Information related to this certification is available at [Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc. | Illinois Certification Board | Springfield, IL \(iaodapca.org\)](#).
- The Grantee will provide nursing services and coverage by a Registered Nurse (RN), pursuant to section 3(k) of the Illinois Nursing Act of 1987 [225 ILCS 65/3(k)] or Licensed Practical Nurse (LPN), pursuant to Section 3(i) of the Illinois Nursing and Advanced Practice Nursing Act of 1987 [225 ILCS 65/3(i)] and psychiatric treatment services by a physician who is licensed under the Medical Practice Act of 1987 and who is board eligible or board certified in psychiatry from the American Board of Psychiatry and Neurology, to NCCS eligible participants enrolled in the NCCS funded CST program as may be deemed medically necessary based on the consumer's needs identified in the mental health assessment, individual treatment plan and changes in clinical condition.

6. Performance Measures

- Number of CST team positions needed based on the CST staffing requirements.
- Number of CST team positions filled based on the CST staffing requirements.
- Number of CST services performed.
- Number of CST services performed in natural setting.
- Number of team members with CRSS designation during the contract period.
- Number of referrals for CST
- Number of referrals for CST accepted.

7. Performance Standards

- 90% of CST team positions filled based on the CST staffing requirements.
- 60% or more of CST services performed in natural setting.
- 60% of referrals for CST started or accepted for CST services.

B. Funding Information

1. Total Amount of Funding

- The Department anticipates the availability of approximately \$380,708 in funding.
- The source of funding for this program is State funds.

2. Number of Grant Awards

- The Department anticipates funding one grant award to provide this program.

3. Expected Amounts of Individual Grant Awards

- The Department anticipates that this grant award will be \$380,700

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

- Previous funding amount for this grant award was \$380,700

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

- Subject to appropriation, the grant period will begin no sooner than July 1, 2024, and will continue through June 30, 2025.

6. Renewal or Supplementation of existing projects eligibility

- Applications for renewal or supplementation of existing projects are eligible to compete with applications for new State awards.
- 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 performance and sufficient appropriation.

7. Type of Assistance Instrument

- This is a discretionary grant funding opportunity

8. Procurement Contract Allowability

- Subcontract Agreement(s) and budgets must be pre-approved by the Department and on file with the Department. 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.
- The release of this NOFO does not obligate the Illinois Department of Human Services to make an award.

C. Eligibility Information

1. Eligible Applicants

- This discretionary funding opportunity is limited to applicants that meet the following requirements:
 - The types of applicants that may apply for the grant award are:
 - Nonprofit Organizations
 - Community Mental Health Centers
 - The applicant must be able to serve the Northwest Crisis Care System's geographic area which includes Boone, Carroll, DeKalb, JoDaviess, Lee, Ogle, Stephenson, Winnebago, and Whiteside counties.

- The applicant has met the [Prequalification and Mandatory Requirements](#) listed in this funding opportunity.

2. Prequalification

- Applicants will not be eligible to apply for a grant until they have prequalified through the Grant Accountability and Transparency Act (GATA) [Grantee Portal](#). Registration and prequalification are required annually. During prequalification, verifications are performed including a check of federal Debarred and Suspended status on the Illinois Stop Payment or the Illinois Debarred and Suspended List and good standing with the Secretary of State. An automated email notification is sent to the entity alerting them of "qualified" status or providing information about how to remediate a negative verification (e.g., inactive UEI, not in good standing with the Secretary of State). A federal Debarred and Suspended status cannot be remediated.
- For assistance navigating government application prequalification procedure, refer to [IDHS GATA Prequalification Assistance](#).
- Applicants must be prequalified; therefore, applications from entities that have not prequalified prior to the due date of this application will NOT be reviewed until applicant is prequalified.
- The following information is required to complete registration.
 - Organization's Unique Entity Identifier (UEI); For additional information on UEI, refer to Section Unique Entity Identifier and System for Award Management (SAM) below;
 - Organization's Federal Employer Identification Number (FEIN);
 - Organization type;
 - Illinois Secretary of State File ID (required for non-profits, for-profits and limited liability corporations);
 - Organization's name;
 - Organization's mailing address;
 - Organization's primary email address;
 - Organization's primary phone number;
 - Organization's fiscal year-end date
- Applicants will not receive an award if [pre-award requirements](#) are not met. See Section D for more information.
- Funding Restrictions - See Section D for funding restriction impacting eligibility.

3. Cost Sharing or Match Requirements

- Providers are not required to participate in cost sharing or provide match.
- Serves as Maintenance of Effort to the Federal Substance Abuse and Mental Health Services Administration Community Mental Health Block Grant.

4. Indirect Cost Rates

- Indirect Costs may be applied to this grant award. [Indirect cost rates](#) must be approved

Indirect Cost Requirements and Restrictions

- In order to charge indirect costs to this grant, the applicant organization must have a Federal or State annually negotiated indirect cost rate agreement (NICRA) or must elect to use the De Minimis Rate.
- Every organization that receives a state award must make an indirect cost rate proposal or election in the State of Illinois Grantee Portal, Centralized Indirect Cost Rate Election System, including organizations that are choosing not to claim payment for indirect costs.
- Indirect Cost Rate Election:
 - **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 federal NICRA and submit an Indirect Cost Rate Proposal in the Illinois Centralized Indirect Cost Rate System.
 - **State Negotiated Rate:** The organization must negotiate an indirect cost rate with the State of Illinois by completing an indirect cost rate proposal in the [Illinois Centralized Indirect Cost Rate System](#) if they do not have a Federally Negotiated Rate and would

like to negotiate a rate with the State of Illinois.

- **De Minimis Rate:** An organization may elect a De Minimis rate of 10% of modified total direct cost (MTDC)**. Once established, the De Minimis rate may be used indefinitely. If programs elect to use the De Minimis rate, it is critical that program budgets accurately calculate the MTDC base. Please see the regulation below and note the exclusions to MTDC.

**2 CFR § 200.68 Modified Total Direct Cost (MTDC). MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards and subrecipients up to the first \$25,000 of each subaward or subcontractor (regardless of the period of performance of the subawards and subrecipients under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward and subcontractor in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

- **No Rate:** Grantees have discretion not to claim payment for indirect costs. Grantees that elect not to claim indirect costs cannot be reimbursed for indirect costs. The organization must record an election of "No Indirect Costs" into the Indirect Cost Rate Election System.
- **State Funded Universities/Institutions:** Maximum reimbursement for indirect costs is restricted to 10% Off Campus and 20% On Campus with MTDC base.
- The Illinois Centralized Indirect Cost Rate System will allow your organization to document your already established federally approved indirect cost rate or complete an indirect cost rate proposal (see State Negotiated Rate above). Submission requirements are located on page 2 of the Uniform Budget Template as well as 2 CFR 200 Appendices IV, V & VII.
- Organizations which have not previously made an indirect cost rate election must submit an election (and indirect cost rate proposal, if necessary) immediately and no later than 3 months after receiving an award notification. If the organization elects to submit a Federally Negotiated Rate or a State Negotiated Rate, they will receive an invitation to submit their proposal in the Illinois Centralized Indirect Cost Rate System.
- Organizations that have previously established an indirect cost rate election and would like to continue with a Federal or State Negotiated Rate must submit a new indirect cost rate election immediately and no later than 6 months after the close of their organization's fiscal year.
- Organizations that do not make a submission inside the Illinois Centralized Indirect Cost Rate System within the required timeframes will not be allowed to claim indirect cost reimbursement.
- For more information, see:

[Centralized Indirect Cost Rate User Manual](#)

[GATA](#)

5. Registration in CSA

- The [Community Service Agreements \(CSA\) Tracking System](#) 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. While registration in CSA is not part of the prequalification process, successful applicants will NOT be issued an award without a fully approved budget in the CSA System.

6. Limit on Number of Applications

- More than one application per entity is not permitted

D. Application and Submission Information

1. Address to Request Application Package

- The complete application package (including links to required forms) is available throughout this opportunity
- Each applicant must have access to the internet. The Department's website will contain information regarding the materials necessary for submission.
- Additional copies may be obtained by contacting the Division of Mental Health by emailing DHS.DMHGrantApp@illinois.gov

2. Content and Form of Application Submission

Required Content

- 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.
- All Application Materials should be submitted in one email (size permitting), as separate pdf documents:
 - Uniform Application for State Grant Assistance
 - Conflict-of-Interest Disclosure
 - Subcontractor Budgets, if applicable
 - Advance Payment Request Cash Budget Form, if applicable

Program Narrative

- **IMPORTANT:** Each applicant is required to submit a Program Narrative. The Program Narrative makes up the bulk of the application. If the Program Narrative is missing from your application package, 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.
- The maximum possible score is 100 points. All submissions will be reviewed, evaluated, and based on the Criteria listed below.

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 only consider content contained within that specific section.
- Label each section of the Program Narrative utilizing the format provided below. Information must be provided in the section in which it is requested.
- 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.

- **Executive Summary (not to exceed 1 page) - Not Scored:**

The purpose of this section is for the applicant to describe the organization's mission, history, achievements, services, equity advancement, financial overview, and strategic, future plans. This description should highlight how the applicant is embedded/connected into the community and is identified as a trusted messenger. Include information about how your agency's vision and mission support the implementation of programing under this funding opportunity of providing IPS Technical Assistance to Community Mental Health Centers providing IPS Services.

- **Community Identification and Need (not to exceed 2 pages) - 20 points:**

The purpose of this section is to provide a clear and accurate picture of the need for program-related services within the Northwest Crisis Care System. This section will describe the impact that the proposed program-related services would have on eligible consumers who are unfunded and how the proposed project will address this population.

- **Capacity/Agency Qualifications (not to exceed 3 pages) - 30 points:**

The purpose of this section is to demonstrate if the applicant can implement and execute Community Support Team (CST) services for Northwest Crisis Care System (NCCS) eligible consumers who are unfunded. The applicant should present an accurate picture of their ability to meet the CST service requirement. These are Examples and may or may not apply to your program:

- Overall: Present an accurate picture of the applicant's ability to meet the program requirements and to address the needs in the preceding Community Identification and Need section.
- Administrative Capacity: Describe in detail the applicant's administrative, technical, and programmatic ability to carry out proposed program.

- Personnel: Provide the applicant's full organizational chart indicating personnel responsible for program-related services. Include resumes for key personnel. Include an overview and plans for the anticipated staffing structure.
 - Subrecipients: Describe applicant's ability and experience managing subrecipients, including providing technical assistance and capacity building, ensuring GATA requirements, executing sub-awards, fiscal management, obtaining sub-recipients program plans and data, and monitoring, etc.
- **Quality - Description of Program Services (not to exceed 3 pages) - 30 points:**
The purpose of this section is to provide a detailed, clear, and accurate picture of the intended Community Support Team (CST) services program design and implementation model. These are Examples and may or may not apply to your program:
 - Provide a detailed, clear, and accurate picture of the intended program design, project implementation milestones and details, and associated outcomes.
 - Outline performance measures that will be used to measure program success.
 - Provide a detailed timeline for the proposed approach that includes development of anticipated linkage agreements or other coordination activities necessary to accomplish the goals and objectives.
 - Provide a program work plan including goals, expected outcomes, timeframe/dates, persons responsible, and evaluation.
 - **Data Collection, Evaluation and Reporting Criteria (not to exceed 1 page) - 20 Points:**
The purpose of this section is to ensure the applicant is collecting and reporting data that will aid to the success of their Community Support Team (CST). Data will ensure that the applicant and DMH are carrying out the most effective programming possible.

Required Forms

- The Uniform Application for State Grant Assistance is a three-page document used to formalize organization's request to apply for funding. The document requires the signature and email address of the organization's authorized representative.
- Page one of the application is pre-populated with the appropriate information. Applicants must not complete anything on Page one. The correct application must be used.
- On Page three, applicants will need to include the amount for which they are applying and sign.
- The applicant submission email address will be used for official communication between the Department and the applicant organization for matters regarding this application.

Required Format

- The narrative portion must follow the page maximums where prescribed and must be organized in the format outlined below or points may be deducted.
 - The Program Narrative shall not exceed 10 pages. If there are more than 10 pages, the remaining pages will not be reviewed or scored.
 - 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.
 - For charts and tables only, Times New Roman 10-point with color may be used.
 - The Program Narrative must be typed, single-spaced with 1-inch margins on all sides.
 - The submission must be on 8 1/2 x 11-inch page size using pdf.

Budget Requirements

- Deadline for submission of the budget, in the CSA Tracking System, is the same as the application deadline.
- The CSA Tracking System is where the IDHS requires all applicants to enter their GATA Budget information. It is also where IDHS staff will review and take action on the proposed budget. The CSA Tracking system requires that you have different credentials than what you have for the Illinois GATA Grantee Portal.

- A budget and budget narrative need to be completed, electronically signed, and submitted in the CSA tracking system with the status as "GATA Budget signed and submitted to program review". A copy is not to be submitted along with the application packet.
- 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. See instructions for the CSA Tracking System and Budget Information. The budget should be prepared to reflect 12 months.
- 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 System.

Subcontractor budget(s)

- 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 shall be submitted on the GATA [Uniform Grant Budget Template](#) (GOMBGATU-3002).

Grant Fund Use Requirements

- 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.
- 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.
- 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.
- 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. In addition, and specific to this grant, the following costs will be unallowable without specific prior written approval from IDHS:
 - Entertainment costs, except where specific costs that might otherwise be considered entertainment have a programmatic purpose and are authorized in the approved budget (2 CFR 200.438)
 - Capital expenditures for general purpose equipment, including any vehicle regardless of cost, buildings, and land (2 CFR 200.439)
 - Capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life (2 CFR 200.439)
 - Food, and other goods or services for personal use of the grantee's employees, contractors, or consultants of the grantee unless authorized as per diem under the State of Illinois Governor's Travel Control Board (2 CFR 200.445).
 - Deposits for items, services, or space

Pre-Award Requirements

- All successful applicants are required to complete a risk assessment prior to execution of a grant award. The Internal Controls Questionnaire (ICQ) is the instrument used to assess risk of grantees by identifying an organization's potential weaknesses. The ICQ is accessed through the [Grantee Portal](#).
- The deadline to submit the ICQ is March 8, 2024, 12:00 PM (Noon) Central Time

3. Unique Entity Identifiers and SAM Registration

- 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:

- Be registered in [SAM.gov](https://sam.gov) before the application due date.
- Provide a valid unique entity identifier (UEI) in its application.
- 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 Department may not make an award until applicant has fully complied with all UEI and SAM requirements.
- The Department may determine that an applicant is not qualified if they have not complied with requirements and use that determination as a basis to award another applicant.

4. Application Submission Dates and Times

Application Due Date and Time:

- The Department must receive the Full Application:
 - Due on March 1, 2024, at Noon Central Time.
- Applicants must electronically submit the complete application including all required narratives and attachments.
- Applications must be sent electronically to DHS.DMHGrantApp@illinois.gov. The application will be electronically time-stamped upon receipt. The Department will ONLY accept applications submitted by electronic mail sent to DHS.DMHGrantApp@illinois.gov.
- Include the following in the subject line:
 - Your Agency Name
 - 430 Community Support Team
- 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.
- Applicants will receive an email to notify them that the application was received. Applications and Program Narratives received after the due date and time listed in the NOFO Summary above will NOT be considered for review or funding. There will be no exceptions.
- 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/or 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.

Missed Deadlines:

- 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. 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.
- 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.

5. Intergovernmental Review

- Not applicable to Illinois State Awards.

6. Funding Restrictions

- Pre-award costs are not allowable.

- 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.

7. Other Submission Requirements

Electronic Submission

- Applications must be submitted electronically to DHS.DMHGrantApp@illinois.gov
- Documents must NOT include a password nor be encrypted.
- Contact DHS.DMHGrantApp@illinois.gov in the event of technical difficulties.
- IDHS/DMH is under no obligation to review applications that do not comply with the above requirements.

8. Questions

- IDHS encourages inquiries concerning this funding opportunity and welcomes the opportunity to answer questions from applicants. Questions and IDHS/DMH Responses "Q&A" will be posted to the [Mental Health Grants - FY 2025](#) website and updated periodically.
- Questions about this NOFO, must be sent via email to DHS.DMHGrantApp@illinois.gov
- The subject line of the email MUST state:
 - Applicant Name - 430 Community Support Team - Question(s).
- Questions will ONLY be accepted electronically. Deadline for Questions is February 23, 2024, 12:00 PM (Noon) Central Time.

9. Grantee Conflict of Interest Disclosures

- Every grantee and subcontractor must disclose in writing any actual or potential Conflict of Interest as part of the grant application packet using the Grantee Conflict of Interest Disclosure Form IL444-5205.
- Grantee Conflicts of Interest include, but are not limited to:
 - Grantee has an employee, board member, trustee, or immediate family member who:
- Holds an elected or appointed office in Illinois.
- Holds a seat in the Illinois General Assembly.
- Is an officer or employee of any State board, commission, authority, or holds an elected or appointed position or is employed in any of the offices or agencies of State government.
 - Grantee has a financial interest, including ownership of stocks or bonds, in a firm which is a vendor or contractor.
 - Grantee has outstanding financial commitments to any vendor or contractor.
 - Grantee has a close personal relationship, such as a spouse, dependent child, or member of the technical advisor's household, that may compromise or impair the fairness and impartiality of the technical advisor and grants officer during the solicitation development, proposal evaluation, award selection process, and management of an award.
 - Grantee has any negotiation of employment with current or potential subcontractor or vendor.
- Additional examples of Grantee Conflicts of Interest can be found in the [Grant Accountability and Transparency Act \(GATA\) Website Resource Library](#).

E. Application Review Information

1. Criteria

- All discretionary grant applications are subject to merit review.
- Applications that fail to meet the criteria described in Section C "Eligibility Information" will not be scored and/or considered for funding.
- Applications must follow the instructions in Section D "Application and Submission Information."

2. Review and Selection Process

- The process for evaluation of the application is as follows:
 - IDHS/DMH staff familiar with the requirements of the program will score and review the application package.
 - Review team members will have no conflicts of interest and will read and evaluate application packages independently.
 - The numerical score may not be the sole award criterion.
 - The Department reserves the right to consider other factors such as: geographical distribution, demonstrated need, and agency past performance as a state awardee, etc.
 - 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.
- In the event of a tie with insufficient funding for all tied applications, the Department may choose to elect one of the following options:
 - Apply one or more of the additional factors for consideration described above to prioritize the applications; or
 - Partially fund each of the tied applications; or
 - Not fund any of the tied applications.
- 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.

3. Merit Review Appeal Process

- Discretionary 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).

Submission of Appeal

- Appeals submission IDHS contact information:
 - Name of Agency contact for appeals: Barb Roberson
 - Email of Agency contact for appeals: DHS.DMHGrantApp@illinois.gov
 - Email Subject Line: Applicant Name - 430 Community Support Team - Appeal
- An appeal must be submitted in writing to the appeals submission IDHS contact listed above, who will send it to the IDHS Appeal Review Officer (ARO) for consideration.
- An appeal must be received within 14 calendar days after the date that the grant award notice has been published.
- The written appeal shall include at a minimum the following:
 - Name and address of the appealing party
 - Identification of the grant
 - Statement of reasons for the appeal
 - Supporting documentation, if applicable

Response to Appeal

- IDHS will acknowledge receipt of an appeal within fourteen (14) calendar days from the date the appeal was received.
 - 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.
 - The appealing party must supply any additional information requested by IDHS within the time period set in the request.

Resolution

- The ARO shall make a recommendation to the Agency Head or designee as expeditiously as possible after receiving all relevant, requested information.
- 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.
- The Agency will resolve the appeal by means of written determination.
- The determination shall include, but not be limited to:
 - Review of the appeal.
 - Appeal determination.
 - Rationale for the determination.

4. Simplified Acquisition Threshold - Federal and State Awards

- Potential grantees under this funding announcement may receive an award in excess of the Simplified Acquisition Threshold (currently \$250,000) (Refer to [2 CFR 200 Section 200.1 Definitions](#)). Therefore, the grantee is subject to Simplified Acquisition Threshold and related requirements.
 - IDHS prior to making an award with a total amount greater than the Simplified Acquisition Threshold, 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](#));
 - 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;
 - 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 applicant's integrity, business ethics, and record of performance under State and Federal awards when completing the review of risk posed by applicants as described in § 200.206.
- (From 2 CFR 200.1 Definitions): **Simplified Acquisition Threshold** means the dollar amount below which a non-Federal entity may purchase property or services using small purchase methods (see [§ 200.320](#)). Non-Federal entities adopt small purchase procedures in order to expedite the purchase of items at or below the simplified acquisition threshold. The simplified acquisition threshold for procurement activities administered under Federal awards is set by the FAR at [48 CFR part 2, subpart 2.1](#). The non-Federal entity is responsible for determining an appropriate simplified acquisition threshold based on internal controls, an evaluation of risk, and its documented procurement procedures. However, in no circumstances can this threshold exceed the dollar value established in the FAR (48 CFR part 2, subpart 2.1) for the simplified acquisition threshold. Recipients should determine if local government laws on purchasing apply.

F. Award Administration Information

1. State Award Notices

- Applicants recommended for funding under this NOFO, following the above review and selection process, will receive a Notice of State Award (NOSA). This notification is sent to the main contact listed in the Grantee Portal; therefore, it is important to keep contact information in the Grantee Portal updated. The NOSA shall include:
 - Grant award amount
 - The terms and conditions of the award
 - Specific conditions, if any, assigned to the applicant based on the fiscal and administrative risk assessment (ICQ) and merit-based review.
- Note: The Department cannot issue a NOSA until the successful applicant has an approved budget entered into CSA. The applicant shall receive the NOSA through the Grantee Portal. The NOSA must be Accepted or Declined by the grants officer (or equivalent). This acceptance of the NOSA effectively accepts the state award amount and all conditions set forth within the notice. This accepted NOSA is the document authorizing the Department to proceed with issuing a grant agreement. The NOSA must be Accepted or Declined through the Grantee Portal. A hard copy is not required.

- The NOSA is NOT an authorization to begin performance (to the extent that it allows charging to State awards of pre-award costs at the non-State entity's own risk).
- After the Uniform Grant Agreement is published in the CSA Tracking System, it must be signed, and the signature page submitted to the Office of Contract Administration at DHS.DHSOCA@Illinois.gov
- An award is NOT considered to be fully executed until both parties have signed the grant agreement. IDHS/DMH is not obligated to reimburse applicants for expenses or services incurred prior to the complete and final execution of the grant agreement and filing with the Illinois Office of the Comptroller.
- A written Notice of Non-Selection shall be sent to the applicants not receiving the award.

2. Administrative and National Policy Requirements

- 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.
- You can find a sample of the grant agreement at [IDHS Uniform Grant Agreement](#).

3. Reporting

Upon execution of the grant agreement, reporting shall be in accordance with the requirements set forth in the Uniform Grant Agreement and related Exhibits which includes, but is not limited to the following:

- Periodic Financial Reports:
- Periodic Financial Reports.
- Close-out Reports.
- Periodic Performance Reports.
- Close-out Performance Reports.
- Other Unique Programmatic Reporting Requirements: Additional annual performance data may be collected as directed by the Department and in a format prescribed by the Department
- 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.
- Non-compliance with any of the identified reports may lead to being placed on the Illinois Stop Payment List (SSPL).
- 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.
 - PFR Email Address for General Grants: DHS.DMHQuarterlyReports@illinois.gov
 - PFR Email Address for Williams Consent Decree: DHS.DMHWilliamsInvoices@Illinois.gov
 - PFR Email Address for Colbert Consent Decree: DHS.Colbert.Invoices@illinois.gov
 - PPR and PRTP Email Address for All Grants: DHS.DMHQuarterlyReports@illinois.gov
- DMH reporting templates and detailed instructions for submitting reports can be found in the Provider section of the IDHS website.

4. Payment Terms

- Grantees will receive payment by one of the three payment methodologies (Advance Payment, Reimbursement or Working Capital Advance). Grantees will automatically be paid via Reimbursement Method unless a request for Advance Payment Method or Working Capital Advance Method is made using the IDHS Advance Payment Request Cash Budget Template (Cash Budget).
- Advance Payment Method (Advance and Reconcile)
 - An initial payment will be processed in an amount equal to the first two months' cash requirements as reflected in the Advance Payment Requirements Forecast (Cash Budget) Form submitted with the Grantee's application. The initial payment will be processed upon execution of the grantee's Uniform Grant Agreement.

- Grantees must submit monthly invoices in the format and method prescribed in the Grantee's executed Uniform Grant Agreement. Invoices must be submitted no later than 15 days following the end of any respective monthly invoice period, or as indicated in their UGA Exhibit F - Payments. Invoices must include only allowable incurred costs that have been paid by the Grantee. For programs that have Grantee matching requirements, allowable costs are only reimbursable when matching costs have also been incurred.
- Subsequent monthly payments will be based on each monthly invoice submitted by Grantee to Grantor, and will be adjusted up or down, based on a comparison of actual cumulative expenditures to cumulative advance payments, to date.
- Grantees that do not expend all advance payment amounts by the end of the Award term or that are unable to demonstrate that all incurred costs were necessary, reasonable, allowable, or allocable as approved in their respective budget, must return the funds within 45 days.
- Grantees may be required to submit supporting documentation for their requests at the request of and in a manner prescribed by the Grantor.
- Failure to abide by advance payment governance requirements may result in grantee losing their right to advance payments.
- **Reimbursement Method**
 - IDHS will disburse payments to Grantee based on actual allowable costs incurred as reported in the monthly financial invoice submitted for the respective month, as described below.
 - Grantees must submit monthly invoices in a format prescribed by Grantor. Invoices must include all allowable incurred costs for the first and each subsequent month of operations until the end of the Award term. Invoices must be submitted no later than 15 days following the end of any respective monthly invoice period, or as indicated in their UGA Exhibit F - Payments. As practicable, Grantor shall process payment within 30 calendar days after receipt of the invoice, unless the State awarding agency reasonably believes the request to be improper.
 - Grantees may be required to submit supporting documentation for their requests at the request of and in a manner prescribed by the Grantor.
- **Working Capital Advance Method**
 - IDHS Grant Program Managers will advance working capital payments to the grantee to cover their estimated disbursement needs for an initial period not to exceed two months of grant expenses. Startup costs may be approved if determined by IDHS Grant Program Managers to be allowable.
 - Grantees must submit monthly invoices for each of the one or two months covered by the Working Capital Advance in the format and method prescribed by the Grantor. Invoices must be submitted no later than 15 days following the end of any respective monthly invoice period, or as indicated in their UGA Exhibit F - Payments. Invoices must include only allowable incurred costs that have been paid by the grantee. For grant programs that have grantee matching requirements, allowable costs are only reimbursable when matching costs have also been incurred.
 - Grantees may be required to submit supporting documentation for their requests at the request of and in a manner prescribed by the Grantor.
 - Working Capital Advance Payments are limited to a single occurrence per grant term.
 - Following the initial working capital advance payment, grantees will be paid via advance or reimbursement method as appropriate.
- 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.
- The Monthly Invoice IL444-5257 Template must be used for all DMH 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 DMH at the email address listed above.
- Invoice and PFR Email Address for General Grants: DHS.DMHQuarterlyReports@illinois.gov
- Invoice and PFR Email Address for Williams Consent Decree: DHS.DMHWilliamsInvoices@Illinois.gov
- Invoice and PFR Email Address for Colbert Consent Decree: DHS.Colbert.Invoices@illinois.gov
- **Payment Forms**

- [Monthly Invoice IL444-5257](#)
- [Advance Payment Request Cash Budget Form \(IL444-4985\)](#) Only if requesting an advance payment

G. State Awarding Agency Contact(s)

- If you have questions about this NOFO, please contact
 - Barb Roberson
 - Email: DHS.DMHGrantApp@illinois.gov

H. Other Information

- Program Websites
 - [Mental Health Grants - FY 2025](#)
 - [IDHS Grants](#)
 - [IDHS website](#)

I. Mandatory Forms

- [Uniform Application for State Grant Assistance](#)
- [Uniform Grant Budget Template](#) (Submit in CSA) | [Instructions](#)
- Subcontract Budget, if applicable submit as a separate attachment
- [Conflict of Interest Disclosure](#) submit as a separate attachment
- [Advance Payment Request Cash Budget Form \(IL444-4985\)](#) submit as a separate attachment (no submission will result in default to Reimbursement Method)