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

Awarding Agency Name	Public Health
Agency Contact	Rebecca Barnett (rebecca.barnett@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	SCFU-25
Funding Opportunity Title	Sickle Cell Follow Up
CSFA Number	482-00-0918
CSFA Popular Name	SCFU
Anticipated Number of Awards	12
Estimated Total Program Funding	$1,800,000
Award Range	$35000 - $100000
Source of Funding	State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Posted Date	03/20/2024
Application Date Range	03/20/2024 - 05/13/2024 : 5:00 PM
Grant Application Link	Please select the entire address below and paste it into the browser... https://idphgrants.com/
Technical Assistance Session	Offered : Yes Mandatory : No Date : 03/08/2024 : 1:00 PM Registration link : https://illinois.webex.com/recordingservice/sites/illinois/recording/58008d50d8 00103c9aff924b998c7bcb/playback

Uniform Notice of Funding Opportunity (NOFO)

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1.	**Awarding Agency**	Illinois Department of Public Health
2.	**Agency Contact:**	Name: Rebecca Barnett Phone: 217-494-2393 Email: rebecca.barnett@illinois.gov
3.	**Announcement Type:**	☒ Initial announcement ☐ Modification of a previous announcement
4.	**Type of Assistance**	Grant
5.	**Agency Opportunity**	N/A
6.	**Funding Opportunity**	Sickle Cell Follow Up
7.	**CSFA Number:**	482-00-0918
8.	**CSFA Popular Name:**	Sickle Cell Follow Up
9.	**CFDA Number(s):**	N/A
1	**Number of**	Up to 12
1	**Estimated Total**	$600,000 per fiscal year: 2025, 2026, 2027
1	**Single Award Range:**	Min $35,000 to Max $100,000 per fiscal year
1 3.	**Funding Source:** Mark all that apply	☐ Federal or Federal pass-through ☒ State ☐ Private / other funding
1	**Is Cost Sharing or**	☐ Yes ☒ No
1 5.	**Indirect Costs Allowed?** **Restrictions on Indirect Costs?**	☒ Yes ☐ No ☐ Yes ☒ No If yes, provide the citation governing the restriction:
1	**Posted Date:**	3/20/2024
1 7.	**Application Date Range:** Leave the 'End Date' and 'End Time' empty if there is no deadline.	Start Date: 3/20/2024 End Date: 5/13/2024 End Time: 5PM CST
1 8.	**Technical Assistance Session:**	Session Offered: ☒ Yes ☐ No Session Mandatory: ☐ Yes ☒ No Date and time: 4/8/24 at 1-2:00 PM CST Conference Info/Registration Link: Meeting Recording: https://illinois.webex.com/recordingservice/sites/illinois/recording/58008d50d800103c9aff924b998c7bcb/playback

Agency-specific Content for the Notice of Funding Opportunity

A. Program Description

The purpose of the Sickle Cell Follow-up grant program is to increase access to hematology centers to assure the availability of statewide services to families in Illinois who have a newborn or child with a sickling disorder or trait. Medical services are those related to diagnosis and treatment of sickle cell or other hemoglobinopathies and include, but are not limited to patient assessment, counseling, laboratory services and long-term patient care, as clinically indicated.

This grant program continues to be supported by the Newborn Screening fund. Each year in Illinois, more than 600 babies are diagnosed through newborn screening, either by using a few drops of blood from the newborn's heel, or through special equipment to detect hearing loss or critical congenital heart disease. Sickle cell disease and other hemoglobinopathies are disorders that result from the production of abnormal hemoglobin. They have been included in the Illinois newborn screening panel since 1989. They are inborn, inherited conditions that are more common among minority groups including those of African American, Hispanic, Caribbean, and Asian descent. Since screening for sickle cell and other hemoglobinopathies began, more than 3,500 affected Illinois babies are estimated to have been diagnosed with one of these conditions through newborn screening. Early and routine treatment lowers the morbidity and/or mortality of these conditions. Clinical research is leading to improved therapies. The Illinois Newborn Screening Program tracks children with out-of-range results to assure they receive clinical follow-up, diagnosis, treatment, and on-going care. The newborns and children at highest risk for these disorders, and their families, are those with the most challenges accessing routine care. The challenges can be even greater in accessing needed specialty care. This fact undermines the promise of advances in medical care.

Newborn screening is a population-based program, serving the entire state of Illinois, and impacting every prospective and new parent. It is imperative that the program work with partners and stakeholders to improve the awareness of newborn screening and genetics, strengthen the access to care and services for Illinois parents and families of affected children, and increase knowledge and access to prevention strategies to decrease and delay secondary conditions related to these disorders.

In efforts to promote awareness, understanding, and access to hematology services, applicants will develop a work plan based on the following components.

Component A: Medical Services
Component B: Sickle Cell Disease and Trait Education, Awareness, and Health Promotion
Component C: Outreach Services and Support

Component details and requirements are included on the 'Component Worksheet' available within the application, under 'Show Documents'.

The Illinois Department of Public Health places health equity as a top priority. Health equity is the "basic principle of public health that all people have a right to health". Health equity exists when all people can achieve comprehensive health and wellness despite their social position or any other social

factors/determinants of health. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these. People in such groups not only experience worse health but also tend to have less access to the social determinants or conditions (e.g., healthy food, good housing, good education, safe neighborhoods, disability access and supports, freedom from racism and other forms of discrimination) that support health…. Health disparities are referred to as health inequities when they are the result of the systematic and unjust distribution of these critical conditions. The department's efforts are committed to addressing health through an equity lens by empowering communities who have been historically marginalized and developing intervention strategies with the end goal of furthering health equity among all Illinoisans.

B. Funding Information

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

Approximately $600,000 total funding will be available for each of the following fiscal years, based on the appropriation of funds.

- FY2025 (July 1, 2024 – June 30, 2025)
- FY2026 (July 1, 2025 – June 30, 2026)
- FY2027 (July 1, 2026 – June 30, 2027)

C. Eligibility Information

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

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

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

1. *Eligible Applicants*

Pediatric hematology centers providing comprehensive sickle cell services to Illinois residents.

2. *Cost Sharing or Matching*

N/A

3. *Indirect Cost Rate*

Eligible applicants may voluntarily identify indirect costs as a programmatic match, or in-kind, in order to allocate the entire grant award for direct costs.

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 of 10% of MTDC;
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*

N/A

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:

Rebecca Barnett
Illinois Department of Public Health
535 W Jefferson St, 2nd Fl
Springfield, IL 62761
Phone 217-494-2393; Fax 217-557-5396
Hearing Impaired (TTY) 1-800-547-0466

2. *Content and Form of Application Submission*

Applications must be submitted via the Illinois Department of Public Health's Electronic Grants Administration and Management System (EGrAMS), accessible at idphgrants.com. The applicant must complete and upload program-specific attachments located in the "Miscellaneous" section of the application.

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.

Applications must be submitted via the Illinois Department of Public Health's Electronic Grants Administration and Management System (EGrAMS), accessible at idphgrants.com. Applications must be received by 5:00 PM CST on May 13, 2024.

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

N/A

6. ***Funding Restrictions***

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

Allowability

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

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

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

Allowed Uses

Funding may be used for the following:

Prior Approval ONLY

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

Funding Use Prohibitions

Funding may NOT be used for the following:

Unallowable or prohibited uses of grant funds include, but are not limited to the following:

1. Political or religious purposes
2. Contributions or donations
3. Fundraising or legislative lobbying expenses
4. Payment of bad or non-program related debts, fines or penalties
5. Contribution to a contingency fund or provision for unforeseen events
6. Research
7. Incentives, including but not limited to t-shirts, bags, backpacks, hats, pencils, rulers, coloring books, stress balls, Band-Aid holders, mugs and cookware
8. Entertainment, food, alcoholic beverages and gratuities
9. Membership fees, interest or financial payments, or other fines or penalties
10. Purchase or improvement of land or purchase, improvement or construction of a building
11. Lease of facility space
12. Equipment in excess of 5 percent of the grant award
13. Expenditures that may create conflict of interest or the perception of impropriety
14. Audit expenses
15. Exhibit fees of any kind
16. Subscription costs
17. Association dues
18. Expenses for credentialing (e.g., CHES certification, CGC)
19. Physician salaries in excess of 10 percent of the grant award
20. Airfare
21. Out-of-state travel costs

Additional Funding Guidance

7. *Other Submission Requirements*

If the applicant encounters technical difficulties with EGrAMS, the applicant may contact: Rebecca Barnett at rebecca.barnett@illinois.gov or 217-494-2393 or IDPH Grants Support E-mail: DPH.GrantReview@illinois.gov

E. Application Review Information

Applications will be reviewed for content, work plan activities, budget proposals and required application supplemental material.

1. Criteria

This grant is competitive. All applications received will undergo a merit-based review by the IDPH grant committee consisting of two or more reviewers.

Applicants may reference and/or consider the following guidelines when completing the online application to demonstrate the ability to meet the program goals.

- Need (data, facts, and/or evidence supporting the program purpose)
- Capacity (ability to execute the grant project requirements)
- Quality (well-articulated and in alignment with program requirements)
- Clearly defined Scope of Work
- Specific, Measurable, Attainable, Realistic, and Timely (SMART) objectives
- Justifiable Budget

The IDPH grant committee will score applications using the following criteria with priority given to hematology centers serving children and families in underserved areas.

Scoring guide:

1. Scope of Work Section (28 pts)
2. Work Plan Section (27 pts)
3. Health Equity Checklist (35 pts)
4. Budget Section (5 pts)
5. Miscellaneous: Component Worksheet and Personnel Duties Plan (5 pts)

Health-Equity Based Review

A significant portion of the application review will be based on how the application abides with the following areas**:**

A. Addressing all components of the IDPH Health Equity Checklist
B. Reference the Health Equity Definition
C. Incorporation of key definitions from the IDPH Health Equity Checklist
D. Reference to culturally and linguistically appropriate services
E. Focus on the Social Determinants of Health

Health Equity Checklist

Applying this checklist to all IDPH grant applications will assist and guide applicants to review their existing practices and provide a structure for them to modify their practices in a way that promotes health equity. The Health Equity Checklist walks entities through considerations for assessing health equity by posing 7 questions and action steps to engage disparately impacted populations and to assess the short and long-term impacts of health inequities within these communities.

The Health Equity Checklist is worth **35 points** unless otherwise noted above.

Health Equity Definition

The proposed program should aim to reduce health disparities and health inequities where they exist. Differences in the incidence and prevalence of health conditions and health status between groups are commonly referred to as **health disparities**. **Health equity**, then, as understood in public health literature and practice, is when everyone has the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance."[1] This definition is taken from IDPH's Health Equity Checklist. Given that social disparities are rooted in institutional structuring, quality and controls of the underlying infrastructure and resource

[1] Illinois Department of Public Health. (2020). Health Equity Checklist. Retrieved from https://docs.google.com/document/d/1GZTg7_RdnC8XRahQ1trcLTnsHD6k5OAX6Pbg1LUk7qI/edit?usp=sharing

sectors that support the community members, it is imperative that participating entities engage in a structured inquiry that identifies unmet social determinants of health that communities of color are enmeshed within which have resulted in population-based disparities. Understanding health equity is essential for all participating agencies to engaged in intervention strategies, reflect on social determinants of health, and promote health equity in research, development, practice, and evaluation.

Incorporation of Key Definitions from IDPH Health Equity Checklist

The Health Equity Checklist from IDPH includes key terminology to incorporate. These terms will help guide the awardees in developing strategies that are shared across other public health organizations. These key definitions address health inequities in research and practice. Incorporating health equity terms into the lexicon will not only improve communications between communities but will also help engage diverse stakeholders. This is a step towards shifting the paradigm on how to approach and view health. Please address the Health Equity checklist as a referral to terms that are used most frequently to discuss health disparities, health equity and minority health The detailed list of the key definitions can be found in the Health Equity Checklist.

For more information on Health Equity terminology from the Association of State and Territorial Health Officials (ASTHO).[2]

Culturally and Linguistically Appropriate Services

Due to the diversity of Illinois residents, there must be an aim to implement the National Standards for Culturally and Linguistically Appropriate Services (National CLAS Standards) set by the Department of Health and Human Services.[3] The National CLAS Standards is intended to improve health outcomes, advance healthcare quality and eliminate health inequities. In order to address current and past discrimination, maltreatment, and cultural barriers, the programs should strive to ensure that all services and resources are provided in a manner that is equitable to the underserved, underrepresented, socially disadvantaged due to race, ethnicity, sexual or gender identity, and/or disability. All activities and interventions should be designed to align with the health equity framework.

Focus on Social Determinants of Health

The program must address the Social Determinants of Health. Social Determinants of health are the conditions where people are born, live, learn, work, play and worship. The reality of these conditions and the distribution of life-enhancing resources have major impacts on the health, longevity, and the quality of life for Illinois residents. Efforts in addressing social determinants of health will provide a health equity framework for program development.[4] In addition, there must be a focus on health through collaboration with Non-Health Sectors.

2. Review and Selection Process

This grant is competitive. A merit-based review will be scored by the Department grant committee consisting of two or more reviewers. Scoring is based on the evaluation criteria listed above.

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[2] Association of State and Territorial Health Officials (ASTHO). (2018). Guidance for Integrating Health Equity Language Into Funding Announcements February 2018. Retrieved from https://www.astho.org/Health-Equity/Guidance-for-Integrating-Health-Equity-Language-Into-Funding-Announcements/

[3] U.S. Department of Health and Human Services. (2018). The National CLAS Standards. Retrieved from https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

[4] U.S. Department of Health and Human Services. (2020). Social Determinants of Health. Retrieved from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Applicants must use the health equity checklist questions to identify both the short and long-term impacts to health equity, health inequalities and health inequities of the proposed intervention strategy.

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.***
May 2024

Anticipated Announcement Date (if known):	Click or tap to select a date.
Anticipated Program Start Date:	7/1/2024
Anticipated Program End Date:	6/30/2027

F. Award Administration Information

1. ***State Award Notices***
The grant application will be reviewed after grant application deadline. Grant award notification will be May 2024.

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***
None

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***
Grantees are required to submit quarterly performance and fiscal reporting in EGrAMS. Failure to submit required reports in a timely manner will result in delays with approval of reimbursements. **For the State Fiscal Years 2025, 2026, 2027**, grantees will ensure quarterly reports are submitted in EGrAMS by the following due dates.

- Quarter 1 Reports Due: October 31 of each year (2024 - 2026)
- Quarter 2 Reports Due: January 31 of each year (2025 - 2027)

- Quarter 3 Reports Due: April 30 of each year (2025 - 2027)
- Quarter 4 Reports Due: July 31 of each year (2025 - 2027)

G. State Awarding Agency Contact(s)

Grants Manager: Rebecca Barnett, Rebecca.Barnett@illinois.gov, 217-494-2393
Alternate Contact: Joan Ehrhardt, Joan.Ehrhardt@illinois.gov, 217-606-1292

H. Other Information, if applicable

Other Websites:

- Grant Accountability and Transparency Act (GATA) Grantee Portal, http://www.grants.illinois.gov
- Illinois Department of Public Health's EGrAMS, https://idphgrants.com/
- EGrAMS Instructional Guide: Application Entry and Submission

IDPH Help Desk Contacts:

- EGrAMS Help Desk: DPH.GrantReview@illinois.gov
- GATA Help Desk: DPH.Staffhelpdesk@illinois.gov

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:

The following **required documents** are available under "Show Documents" within the application. Upload each completed document under the "Miscellaneous" tab.

- Component Worksheet
- Organization Current W-9
- Personnel and Duties Plan
- Subcontractor Disclosure Form, if applicable

Additional **reference materials** are available under "Show Documents" within the application.

- Application Instructional Guide
- Logic Model
- Technical Assistance Webinar, scheduled 4/8/24, the recording will be available on the NOFO, under "Show Documents" when this session is complete.
- Budget Glossary

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Technical Assistance Session
Sickle Cell Follow Up 2025-2027

Joan Ehrhardt, Genetic Counselor
Rebecca Barnett, Grants Manager

April 8, 2024
1:00 – 2:00 p.m.

Housekeeping

- This TA Session will be recorded and available.
- For attendance, type in your name and affiliation in the chat box (lower, right side of your screen).
- All participants can enlarge all shared documents by selecting the +/- magnifying glass icon on the left, middle part of your screen.
- **As a courtesy, please mute your phones or speaker when you are not speaking to prevent background noise.**
- Time for questions at the end.

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Agenda

- Welcome
- Program Overview
- Applicant Eligibility
- Pre-Award Requirements
- Application Overview
- Health Equity Checklist
- Question and Answer

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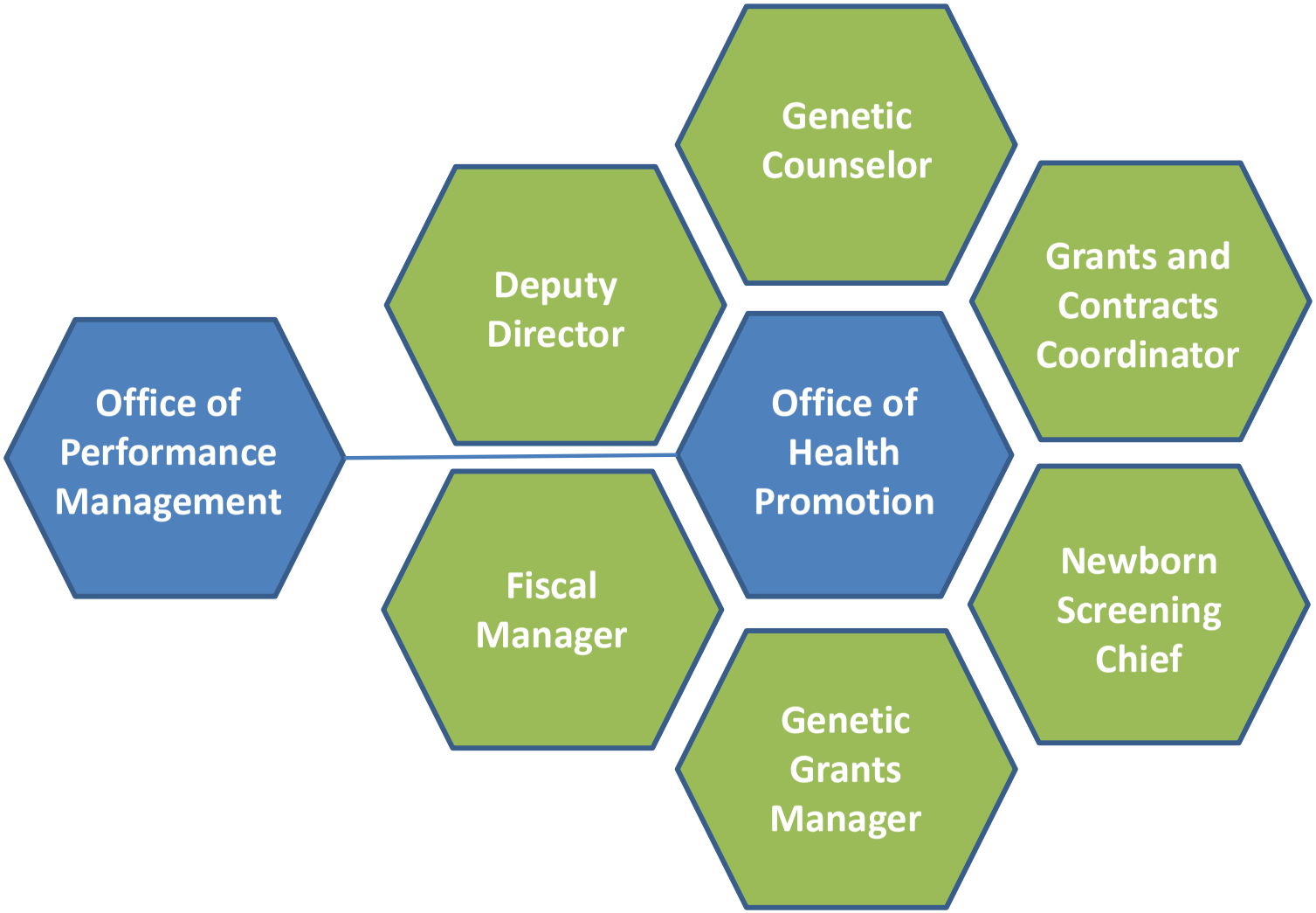
Key Grant Staff



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Program Purpose

To increase access to hematology centers to assure the availability of statewide services to families in Illinois who have a newborn or child with a sickling disorder or trait.

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Logic Model Summary

Inputs	Outputs	Short-term Outcomes
• IDPH Staff Support • Grants Management Tools • Grants Accountability and Transparency Act (GATA) • Data Collection • IL Genetic and Newborn Screening (NBS) Collaborative (IGNC) (replacing the IL Regional Genetic Services Workgroup) • Illinois State Genetic Services Strategic Plan • CDC/ATSDR Social Vulnerability Index • Health Department Regional Map	• Medical services to newborns and children with sickle cell disease/trait or other clinically significant hemoglobinopathies. • Educational and/or promotional activities. • Outreach services and support activities.	• Improved sickle cell referral rates. • Improved access to comprehensive care and management. • Increased communication and collaboration between sickle cell centers, local health departments, the NBS Follow Up program, and providers. • Increased awareness of sickle cell services and referral program by providers and lay public.

Long-term Program Goals: Increased early diagnosis and treatment · Consistent awareness/use of genetic counseling services · Improved LHD/public "buy-in" for importance of genetic counseling / family health history · Improved IL newborn and pediatric health

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Applicant Eligibility

- Sickle cell centers who provide consultation, evaluation, diagnosis, and/or treatment services for Illinois residents.

- Scoring priority is given to centers serving children and families in underserved areas.

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Pre-Award Requirements

All pre-award requirement information is located at:
https://gata.illinois.gov/grantee.html

There are five (5) grantee pre-award requirements:

1. Authentication, https://iloginhelp.illinois.gov/
2. Grantee Registration, https://grants.illinois.gov/portal/
3. Grantee Pre-qualification
4. Fiscal and Administrative Risk Assessment (ICQ)
5. Programmatic Risk Assessment

GATA Helpdesk: DPH.staffhelpdesk@illinois.gov

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Application Reference Materials

https://www.idphgrants.com/misc/ViewTutorials.aspx

Instructional Guides → "EGrAMS Instructional Guide – Application Entry and Submission"

https://www.idphgrants.com/user/categoryprograms.aspx

Current Grants → 'Health Promotion' → 'SCFU-25' or 'Sickle Cell Follow Up 2025-27' → 'General'/ 'Additional Information'/'Documents' tabs

Under the 'Documents' tab, reference:

- Notice of Funding Opportunity (NOFO)
- Application Guide
- Logic Model
- Budget Glossary
- Component Worksheet

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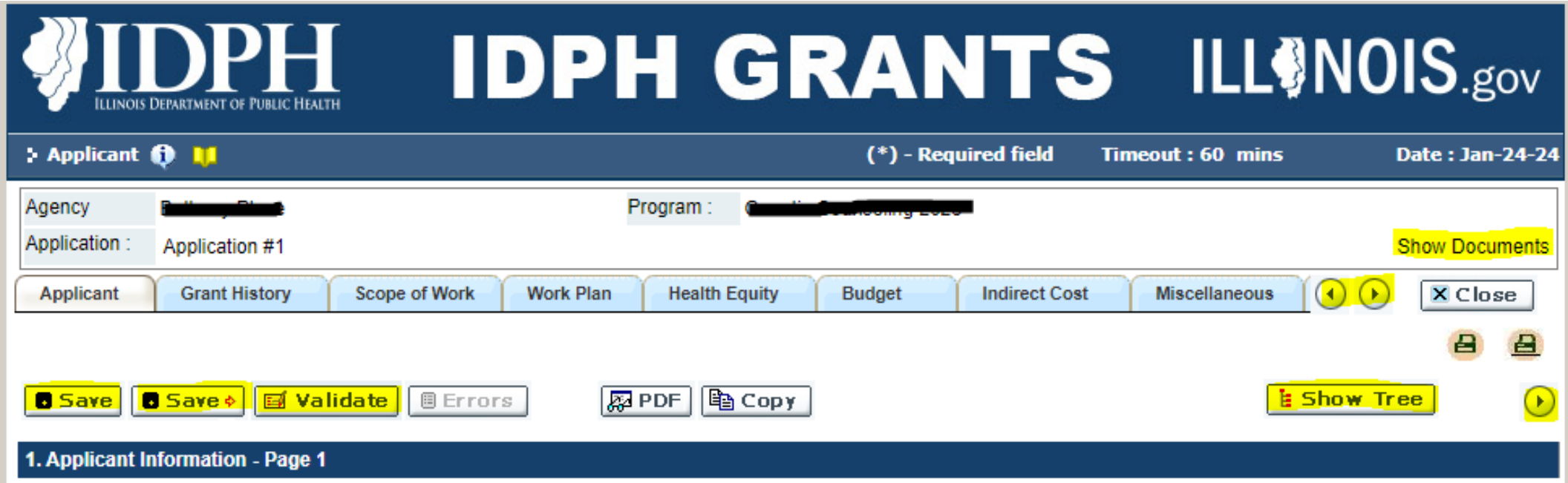
EGrAMS: Application Layout



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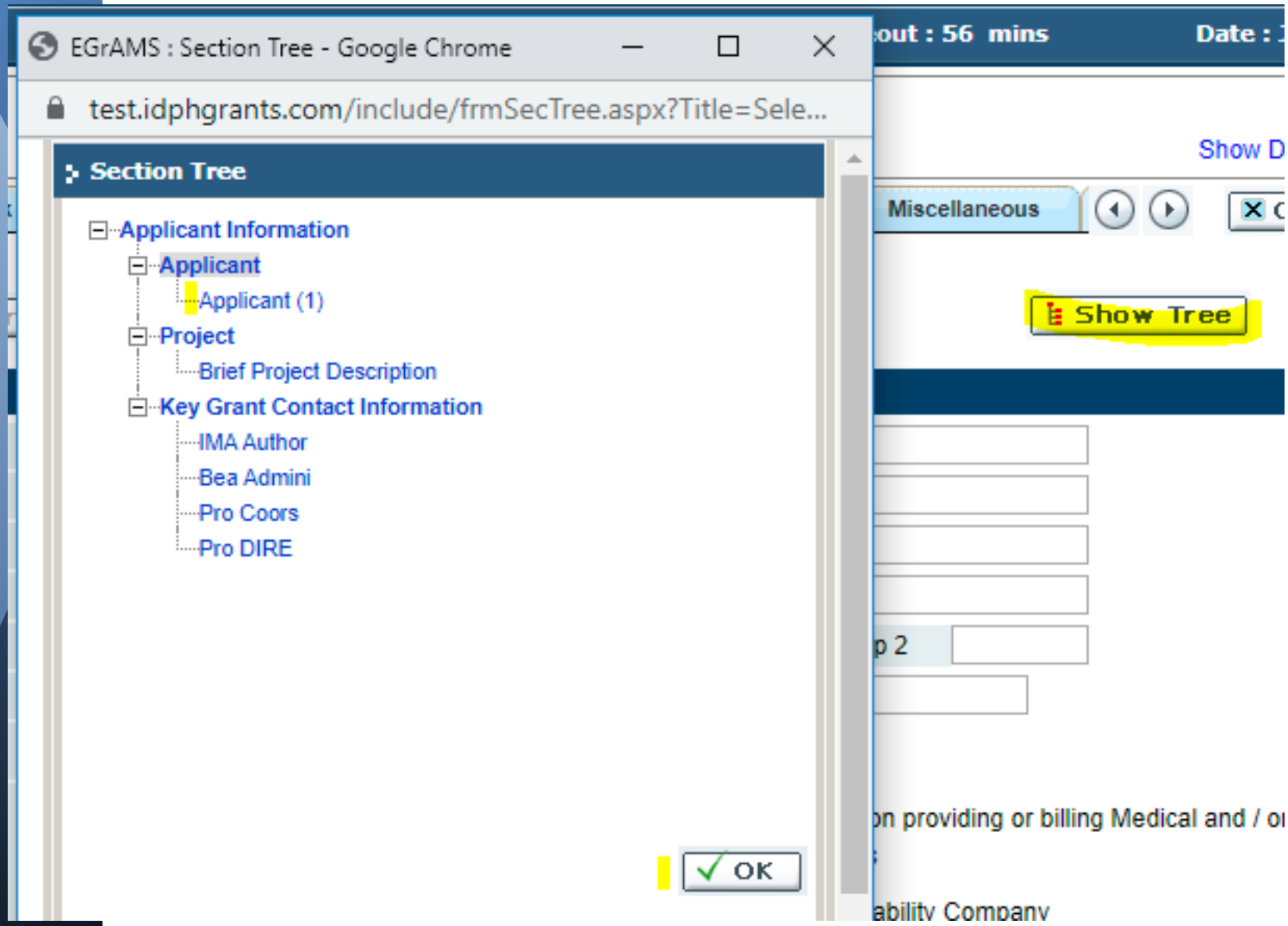
EGrAMS: Show Tree



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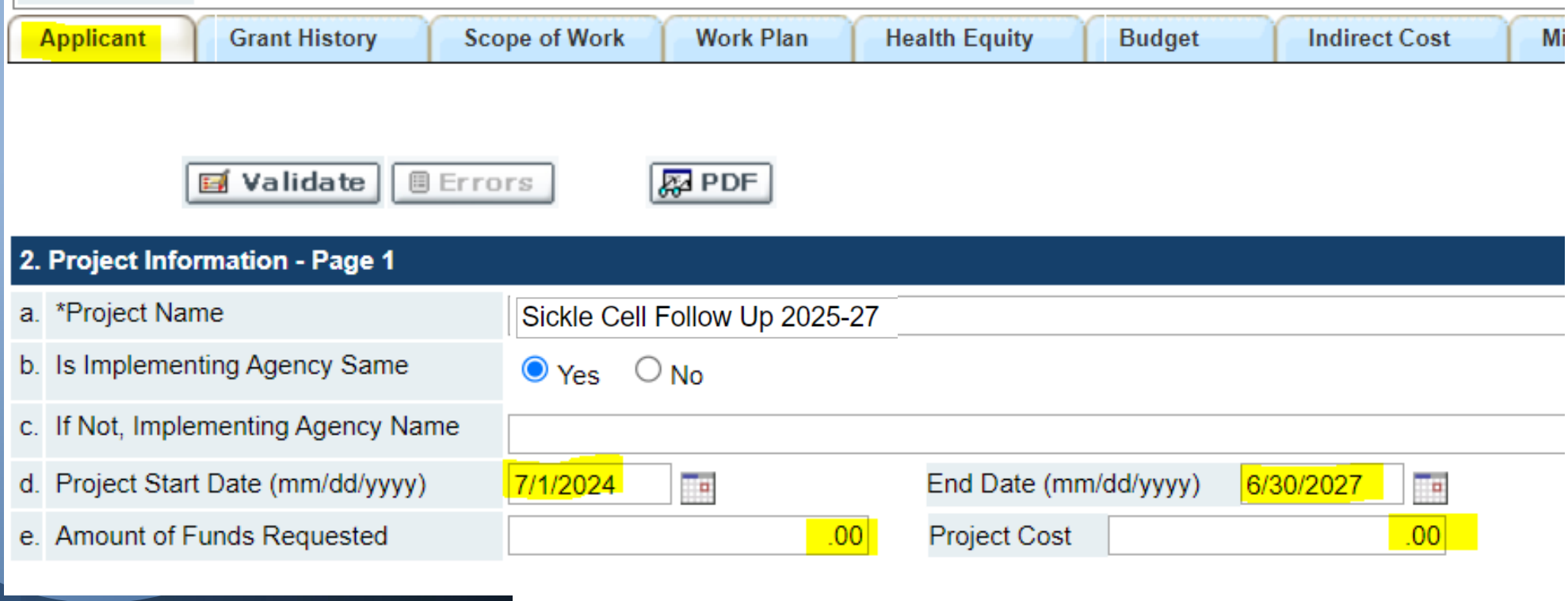
EGrAMS: Project Information



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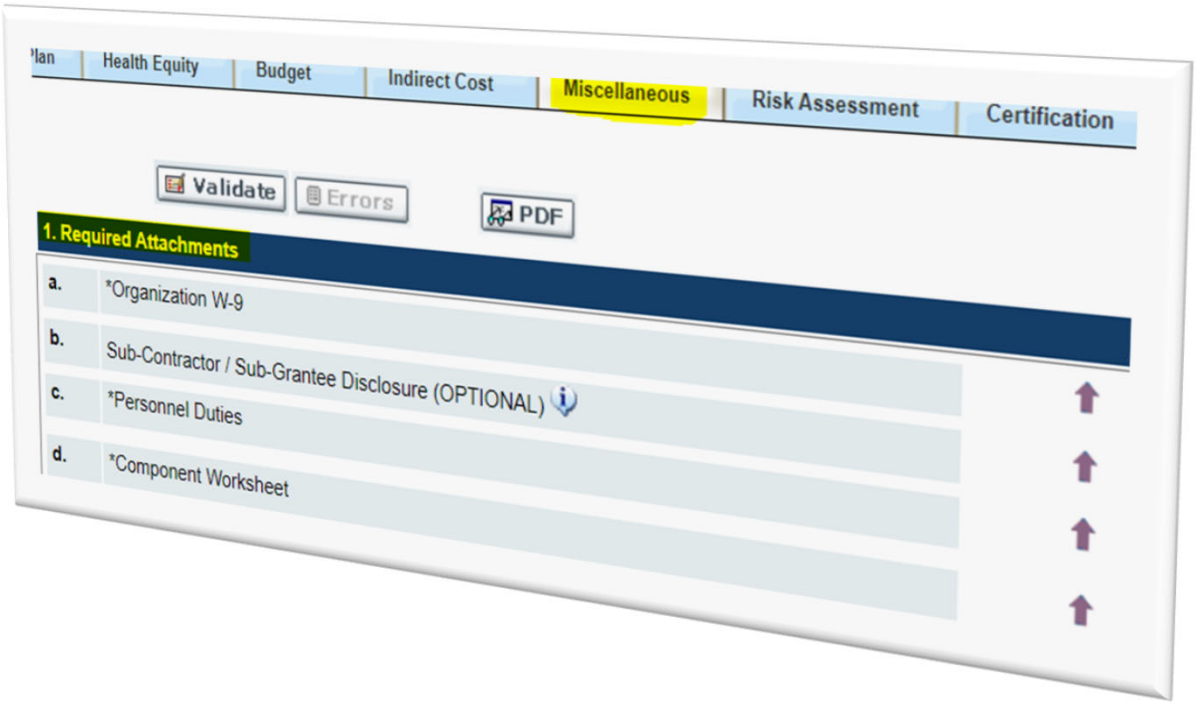
EGrAMS: Required Forms

1. Current W-9
2. Sub-Contractor / Sub-Grantee Disclosure (if appliable)
3. Personnel Duties
4. Component Worksheet



Components Worksheet – page 1

INSTRUCTIONS: **Complete all the yellow fields. Include % effort for each component, total effort should equal 100%. Component requirements and performance metrics need to correlate with the application's Scope of Work, Work Plan, and Budget sections.**

Upload the completed worksheet to the application's "Miscellaneous" tab. Email rebecca.barnett@illinois.gov with questions.

COMPONENT A: Medical Services

Provide medical services to newborns and children with sickle cell disease/trait or other clinically significant hemoglobinopathies.

- **Performance Metrics:** # of patients seen meets or exceeds projected patient volume; # of status updates provided to NBS Follow Up program.

Component A % Effort	**70**

COMPONENT B: Sickle Cell Disease and Trait Education, Awareness, and Health Promotion

Provide sickle cell education, awareness, and health promotion for consumers, providers, and professionals (e.g., IDPH Newborn Screening Follow Up program, local health departments' genetic program staff, etc.). Collaborative efforts are encouraged.

Support may include one or more of the following:

1. Training presentations (e.g., sickle cell disease and trait topics, the importance of family health history screening/referral, and long-term treatment and care)
   - **Performance Metrics:** # of trainings, # of participants, target audience (e.g., consumers, providers, professionals)
2. Utilize and/or develop media and/or website content (e.g., IDPH or sickle cell center websites) to increase consumers', providers', and professionals' knowledge, understanding, and "buy-in" of the importance of health screenings, wellness check-ins, treatment plans, long-term care and support.
   - **Performance Metrics:** Media metrics (e.g., "likes/hits", # of posts, etc.)
3. Events (e.g., workshops, conferences) to promote education and awareness for providers and consumers.
   - **Performance Metrics:** # of trainings, # of participants, target audience (e.g., consumers, providers, professionals)

Component B % Effort (minimum 10%)	**15**

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Components Worksheet – page 2

COMPONENT C: Outreach Services and Support

Provide outreach services to support consumers, providers, and professionals (e.g., IDPH Newborn Screening Follow Up).

Services and support may include one or more of the following:

1. Provide tele-health services for non-compensated visits, consults, and follow-up. Services may include audio (only) as well as video visits. May utilize satellite offices to accommodate services.
   - **Performance Metrics:** # of patients served (e.g., well checks, follow-up), # of provider consults, format used (e.g., video and/or audio).
2. Provide medical services in outreach clinics for newborns and children with sickle cell disease/trait or other clinically significant hemoglobinopathies.
   - **Performance Metrics:** # of outreach sites/facilities; # of outreach clinics and # of patients attending per clinic; # of status updates provided to NBS Follow Up program.
3. Attend and participate in the IL Genetic and Newborn Screening Collaborative (taking the place of the IL Regional Genetic Services Workgroup) and/or the IDPH Hemoglobinopathy Collaborative to support access to specialty care services.
   - **Performance Metrics:** # of collaborative meetings attended, description of each activity, effort, and progress.

Component C % Effort (minimum 10%)	**15**
TOTAL % EFFORT	**100**

CONTACT INFORMATION

Worksheet completed by (First/Last Name)	Jane Doe
Contact Phone/Email	111-111-1111 / jane.doe@illinois.gov

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Personnel and Duties List

Complete the following table. List all responsible staff, including vacant positions, to achieve your proposed grant activities. Add additional rows as needed. Upload this completed document under the 'Miscellaneous' tab of the application. Contact rebecca.barnett@illinois.gov with questions.

AGENCY NAME:				
Staff Name	**Title**	**Email**	**Description of Duties on Grant**	**Percentage of Time on Grant**

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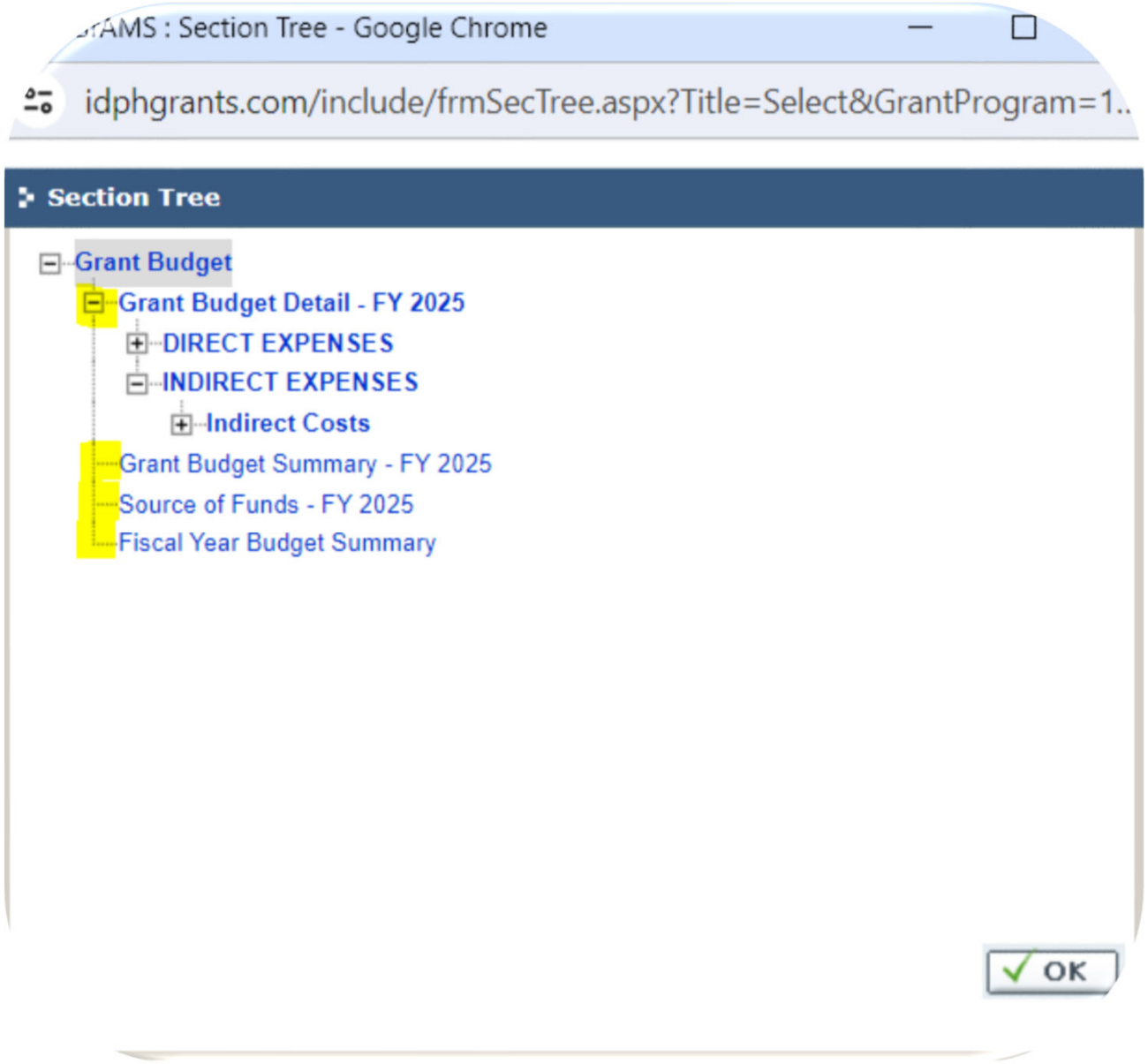
EGrAMS: Budget Sections

1. Budget Detail
2. Budget Summary
3. Source of Funds
4. Fiscal Year Budget Summary



EGrAMS: Budget Detail
"Budget Categories"

Direct Expense

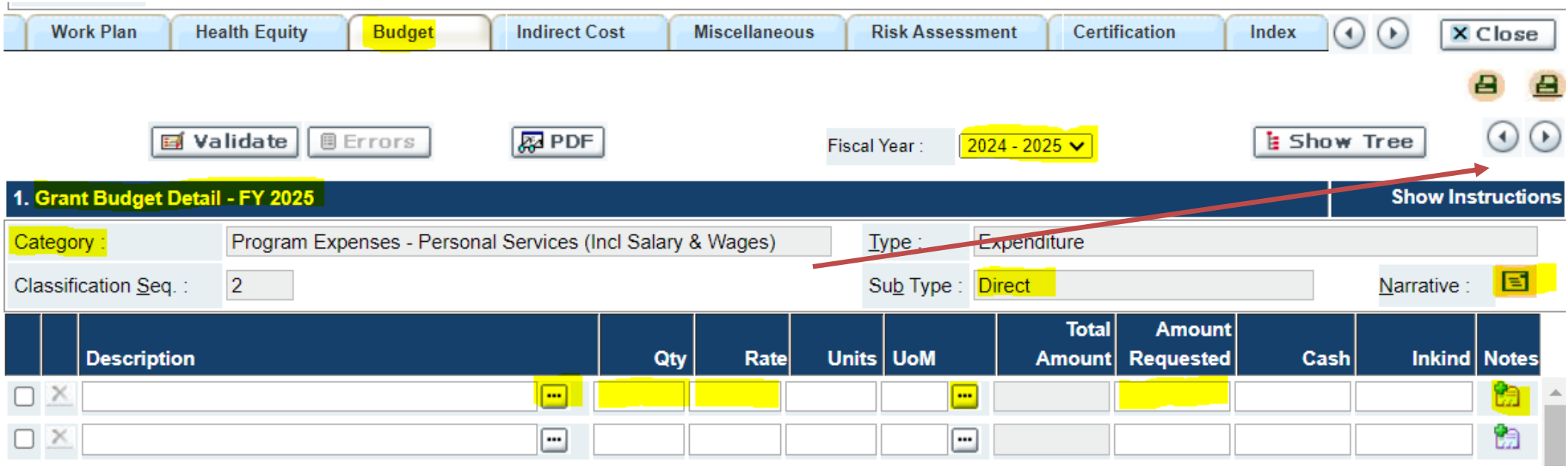
- Personal Services (Incl Salary & Wages)
- Fringe Benefits
- Travel
- Equipment
- Supplies
- Contractual Services
- Training and Education
- Telecommunications
- Tele-health Services

Indirect Expense

- Federally approved indirect cost rate

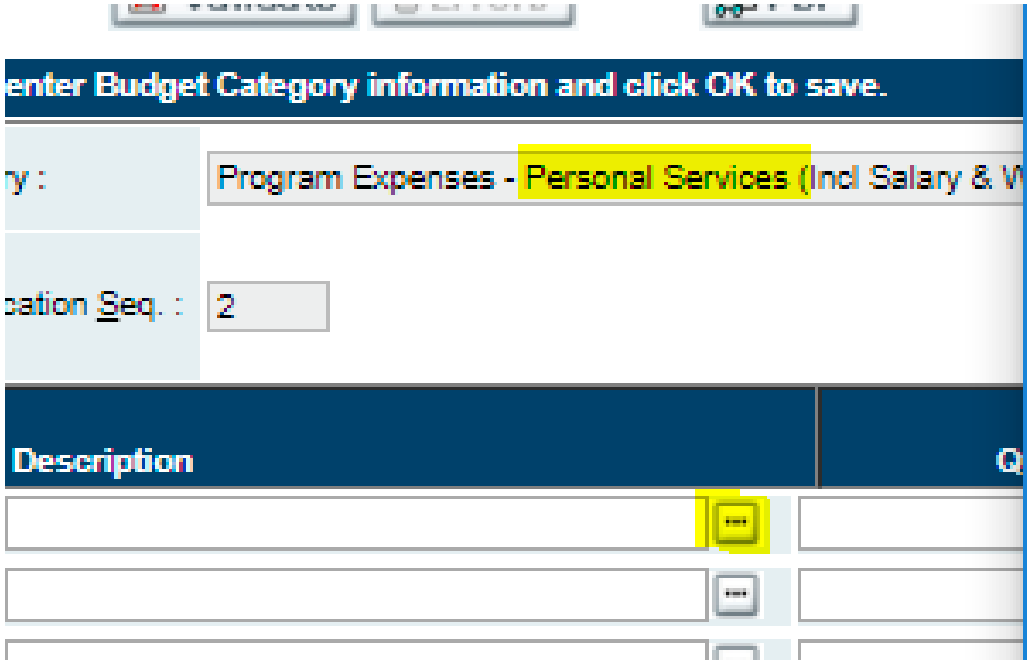
EGrAMS: Budget Detail

- Complete details for each applicable budget category
- Use the arrows to progress to the next budget category



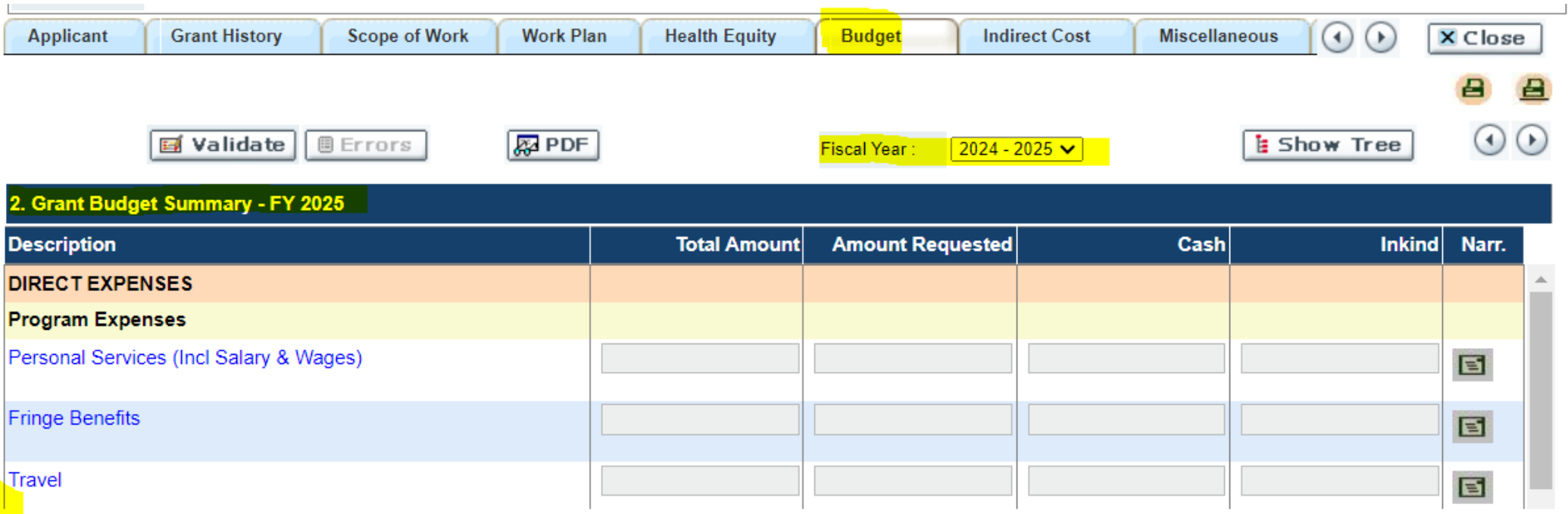
EGrAMS: Budget Detail

- Complete line-item detail for each budget category
- The 3-dots button gives you more options

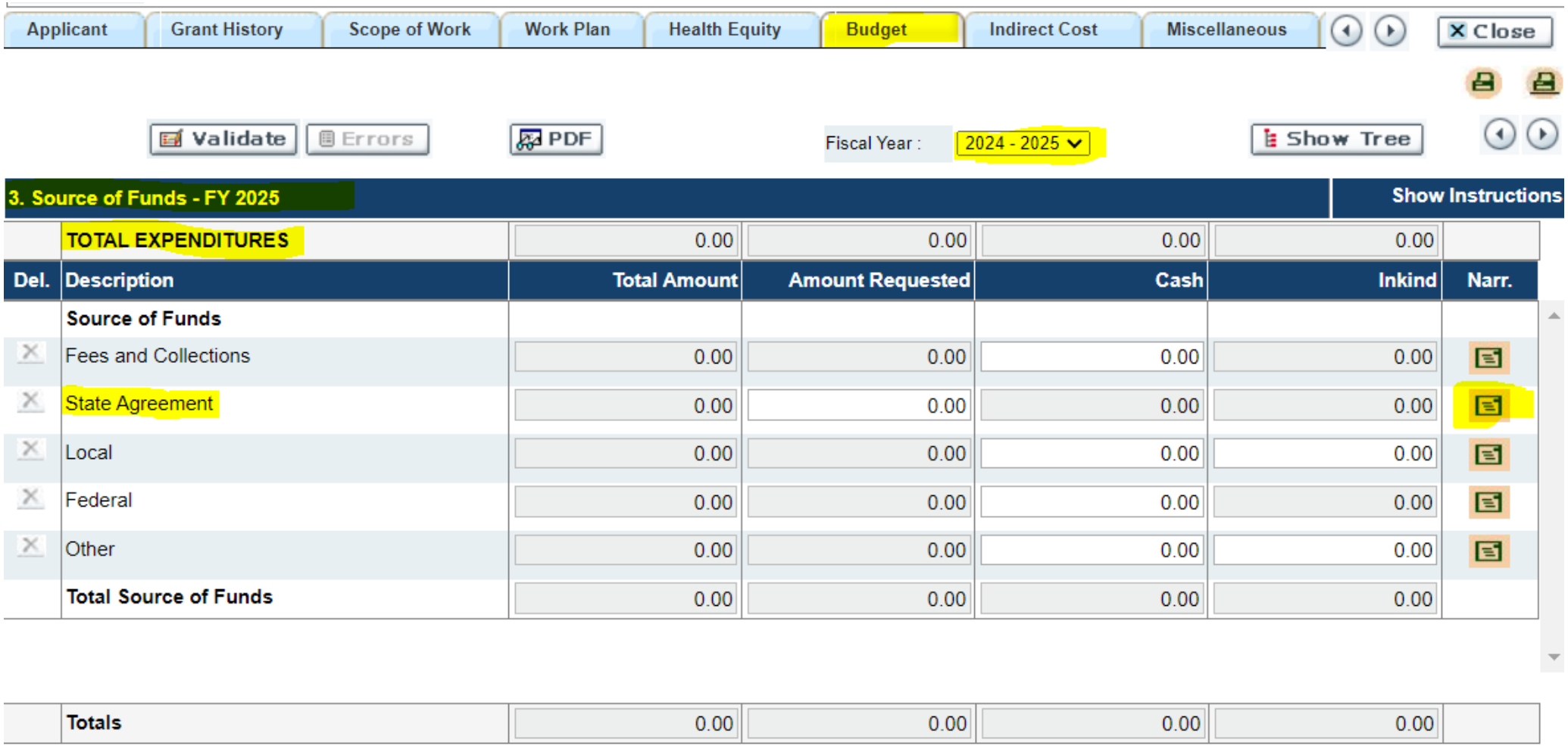


Sel.	Code	Description
☐	CW	Case Worker
☐	HE	Health Educator
☐	OW	Outreach Worker
☐	PD	Project Director
☐	PM	Program Manager
☐	PS	Program Supervisor
☐	WC	Wellness Coordinator
☐	ZZZ	Others

EGrAMS: Budget Summary



EGrAMS: Source of Funds



EGrAMS: Fiscal Year Budget Summary

Applicant | Grant History | Scope of Work | Work Plan | Health Equity | Budget | Indirect Cost | Miscellaneous | Close

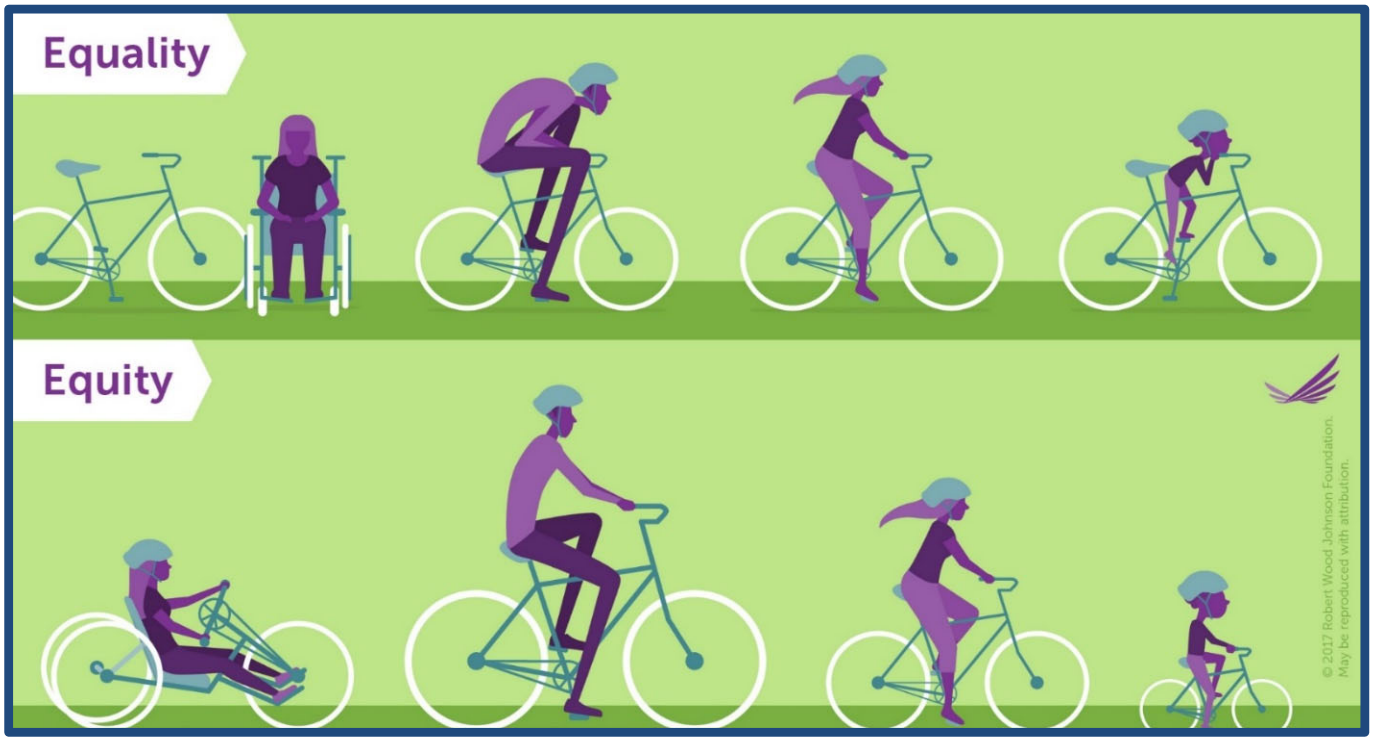
Validate | Errors | PDF | Fiscal Year : 2024 - 2025 | Show Tree

10. Fiscal Year Budget Summary — Show Instructio

DESCRIPTION	2025	2026	2027	Total
DIRECT EXPENSES				
Program Expenses				
Personal Services (Incl Salary & Wages)	0.00	0.00	0.00	0.00
Fringe Benefits	0.00	0.00	0.00	0.00
Travel	0.00	0.00	0.00	0.00
Equipment	0.00	0.00	0.00	0.00
Supplies	0.00	0.00	0.00	0.00
Contractual Services	0.00	0.00	0.00	0.00
Training and Education	0.00	0.00	0.00	0.00
Telecommunications	0.00	0.00	0.00	0.00
Tele-genetic Services	0.00	0.00	0.00	0.00
INDIRECT EXPENSES				
Indirect Costs				
Indirect Costs	0.00	0.00	0.00	0.00
Total Indirect Costs	**0.00**	**0.00**	**0.00**	**0.00**
TOTAL INDIRECT EXPENSES	**0.00**	**0.00**	**0.00**	**0.00**
TOTAL EXPENDITURES	**0.00**	**0.00**	**0.00**	**0.00**

Health Equity Checklist

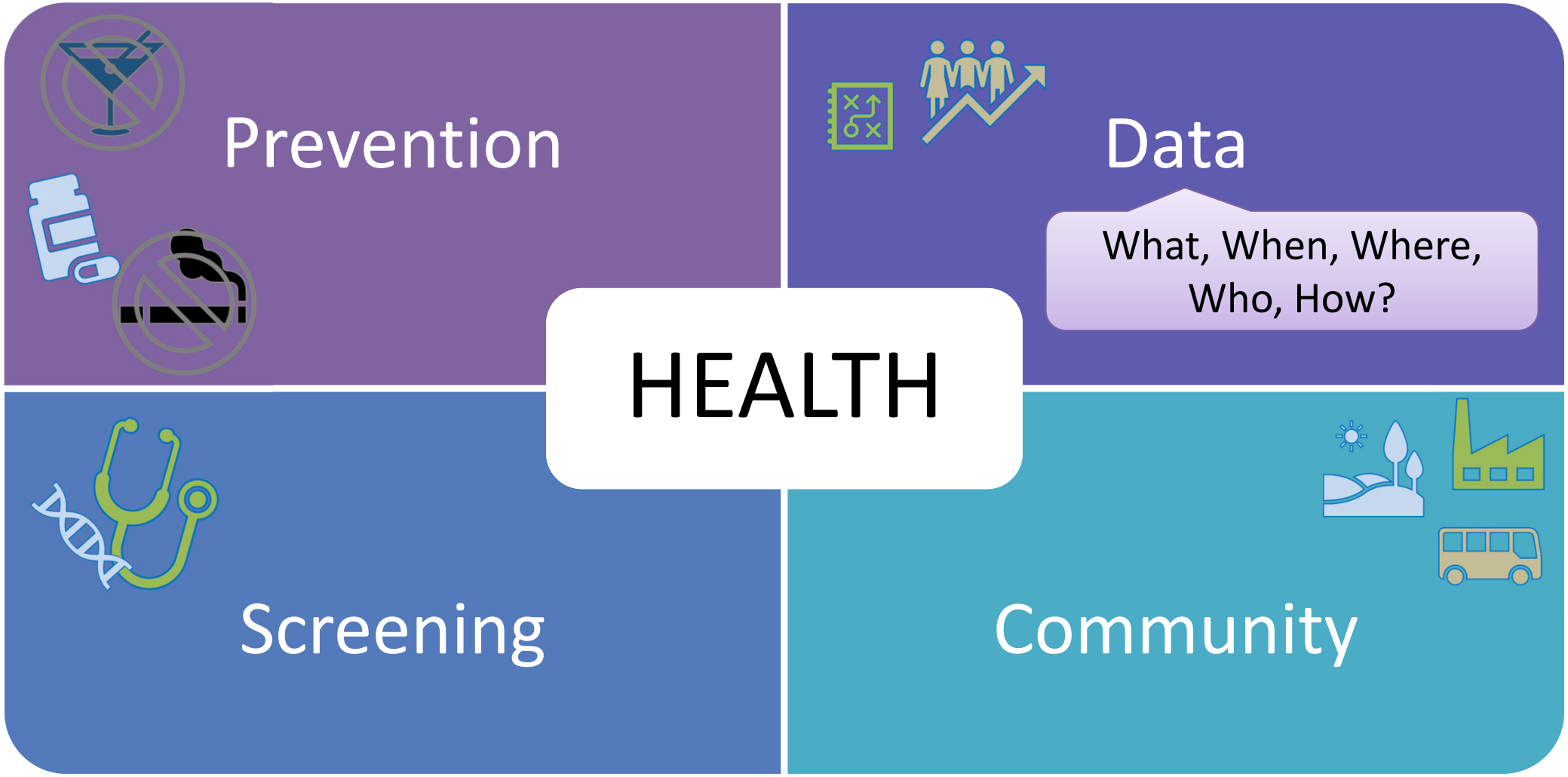
What is Health Equity?



In public health, **health equity** is the opportunity for everyone to reach their full health potential, regardless of any socially determined circumstance.

Health Equity Checklist

Health equity may be achieved by eliminating differences in access to genetic and genomic health information and services.



EGrAMS: Health Equity

Worth 35/100 points

Key Definitions

Considerations for Assessing Health Equity

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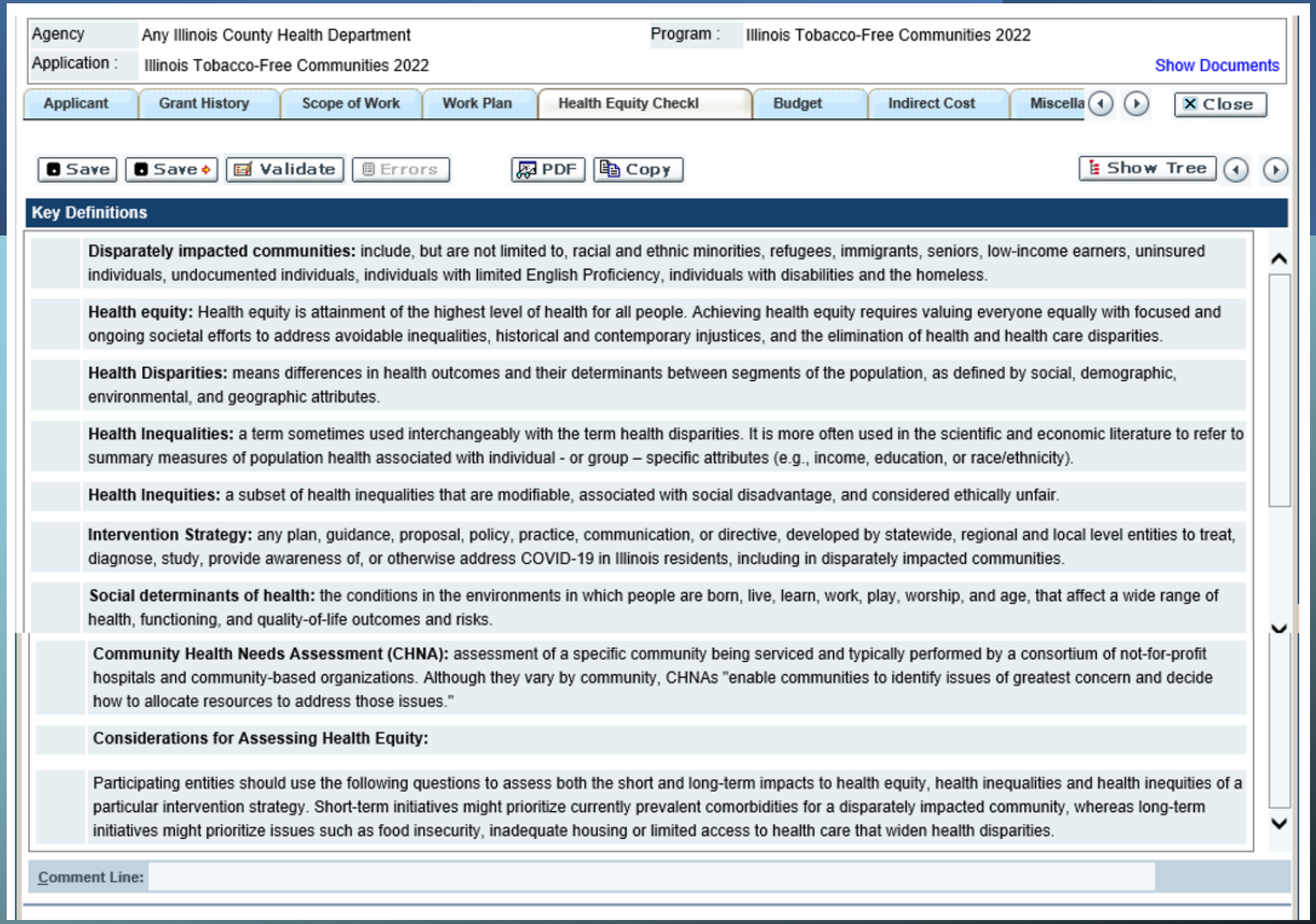
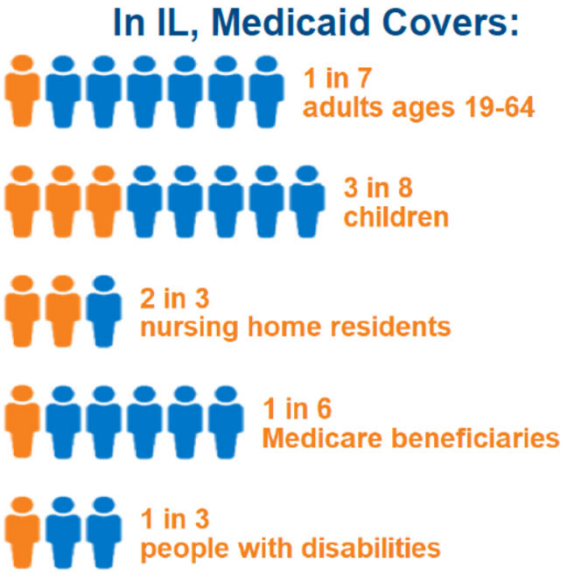

Agency
Any Illinois County Health Department
Program :
Illinois Tobacco-Free Communities 2022
Application :
Illinois Tobacco-Free Communities 2022
Show Documents
Applicant
Grant History
Scope of Work
Work Plan
Health Equity Checkl
Budget
Indirect Cost
Miscella
Close
Save
Save
Validate
Errors
PDF
Copy
Show Tree
Key Definitions
Disparately impacted communities: include, but are not limited to, racial and ethnic minorities, refugees, immigrants, seniors, low-income earners, uninsured individuals, undocumented individuals, individuals with limited English Proficiency, individuals with disabilities and the homeless.
Health equity: Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.
Health Disparities: means differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.
Health Inequalities: a term sometimes used interchangeably with the term health disparities. It is more often used in the scientific and economic literature to refer to summary measures of population health associated with individual - or group – specific attributes (e.g., income, education, or race/ethnicity).
Health Inequities: a subset of health inequalities that are modifiable, associated with social disadvantage, and considered ethically unfair.
Intervention Strategy: any plan, guidance, proposal, policy, practice, communication, or directive, developed by statewide, regional and local level entities to treat, diagnose, study, provide awareness of, or otherwise address COVID-19 in Illinois residents, including in disparately impacted communities.
Social determinants of health: the conditions in the environments in which people are born, live, learn, work, play, worship, and age, that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Community Health Needs Assessment (CHNA): assessment of a specific community being serviced and typically performed by a consortium of not-for-profit hospitals and community-based organizations. Although they vary by community, CHNAs "enable communities to identify issues of greatest concern and decide how to allocate resources to address those issues."
Considerations for Assessing Health Equity:
Participating entities should use the following questions to assess both the short and long-term impacts to health equity, health inequalities and health inequities of a particular intervention strategy. Short-term initiatives might prioritize currently prevalent comorbidities for a disparately impacted community, whereas long-term initiatives might prioritize issues such as food insecurity, inadequate housing or limited access to health care that widen health disparities.
Comment Line:

Question #1



Henry J Kaiser Family Foundation

What persons/communities are most likely to benefit from this intervention strategy? Which disparately impacted communities are most affected by this intervention strategy?

For example, consider the use of the following resources to identify and inform where the most health needs are in your community. Sample resources:

Your Community Health Needs Assessment

- Community Health Rankings
- The CMS AHC Screening Tool for the Social Determinants of Health
- Social Vulnerability Index (CDC/ATSDR)

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Slide 28

EJV0 I was thinking we could keep NCCRGN, but maybe that's not best for this grant program. But ok to keep on the GC and GEFU programs. The site should be solid through May I think.
Ehrhardt, Joan V., 2024-01-24T22:37:00.434

EJV0 0 Maybe the SVI tool would be good?
If the intervention strategy is a different care model, then maybe other resources?
Ehrhardt, Joan V., 2024-01-24T22:42:59.627

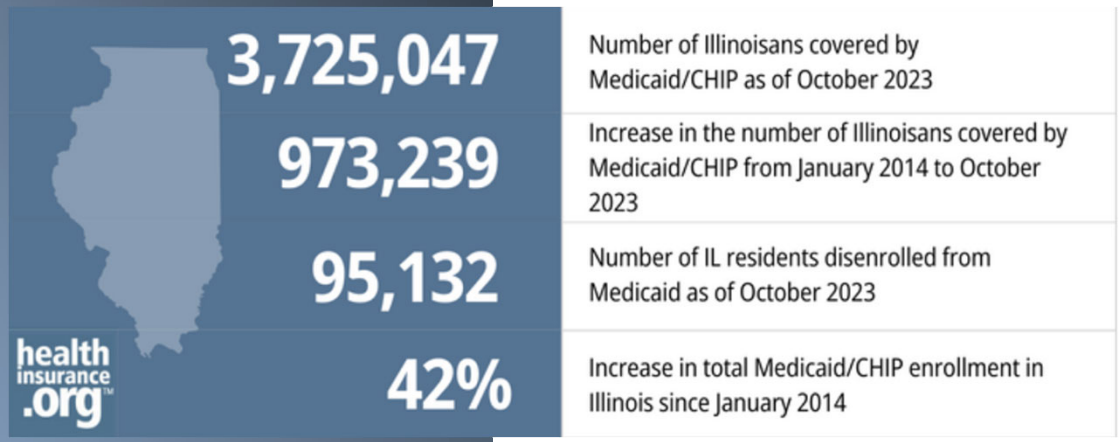
Chicagoland Sickle Cell Center

Question #1 Considerations:

- Consider the client base of Chicagoland Sickle Cell Center.
- Chicagoland is in an urban setting and serves a diverse population across the northern half of IL. *Challenges may vary.*

https://www.healthinsurance.org/medicaid/illinois/

https://www.cms.gov/files/document/sickle-cell-disease-action-plan.pdf



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Question #2

How does this intervention strategy benefit disparately impacted persons / communities?

- What specific health conditions (e.g., diabetes, asthma, hypertension, etc.) and inequities will be addressed with this intervention strategy?
- What social determinants are targeted for intervention?
- How will the members of each disparately impacted community be affected?

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Chicagoland Sickle Cell Center

Question #2 Considerations:

- Describe your communities' needs and callout any specific challenge(s) of the target population you will be serving.
- For example, what social determinants of health impact your communities?
- How will you address social determinants to improve access to care and services to achieve better outcomes?

Reducing Health Care Disparities in Sickle Cell Disease: A Review

State Health Access Data Assistance Center (SHADAC)
https://www.shadac.org/

Question #3

Will the proposed intervention strategy expand socio-economic opportunities for disparately impacted persons/community members and their overall health?

- If yes, how?
- If no, how can the proposed intervention strategy be revised to address that?

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Chicagoland Sickle Cell Center

Question #3 Considerations:

- Discuss how services may benefit individuals and families.
- Describe how education and outreach activities will improve the understanding and trust of medical services for individuals, families and communities.
- Include any opportunity to train providers, educators, and others. Are there opportunities to increase diversity in the workforce as well as supporting clients' needs in education and employment.

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Question #4

Will the proposed intervention strategy promote inclusive collaboration and/or civic engagement of all disparately impacted communities?

- Is there community support for the intervention strategy?
- If yes, who are your collaborating partners?
- If no, which communities are in opposition, why does that opposition exist (i.e. what interests conflict with the intervention strategy), and how do you plan to address it?
- Have you or do you plan to engage the disparately impacted community in a dialogue?
- Do you have strategies in place to identify unintended consequences or barriers to racial equity as a result of the proposed intervention strategy? Are there strategies in place to mitigate any negative impacts? Are revised strategies needed to address those consequences?

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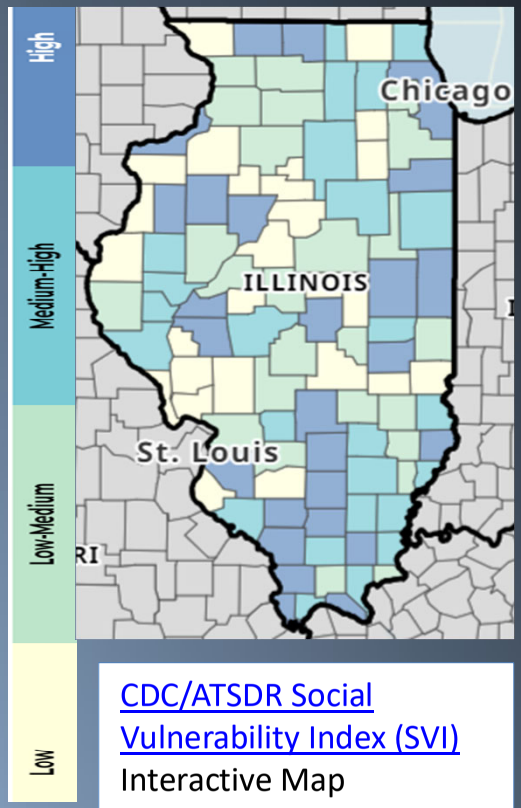
Chicagoland Sickle Cell Center



CDC/ATSDR Social Vulnerability Index (SVI) Interactive Map

Question #4 Considerations:

- Collaborating partners may include multidisciplinary team members, peer support staff and volunteers, schools, local public health, and support organizations, for example.

- Local and regional client and community engagement may help identify and reduce factors that limit the implementation of science-based health recommendations, acceptance of referrals, and use of preventative strategies.

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Question #5

Will your intervention strategy ensure support of workforce equity and/or contracting equity?

- If yes, how?
- What goals are contemplated for workforce equity and/or contracting equity?
- If no, what modifications are needed to ensure the intervention strategy supports workforce equity and/or contracting equity?

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Chicagoland Sickle Cell Center

Question #5 Considerations:

- Describe how program activities ensure clients served reflect demographics of the community and the population of at-risk persons.
- Discuss how educational outreach activities are science-based, program-focused, and support equitable workforce development.

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Question #6

How will this intervention strategy achieve greater health equity for disparately impacted persons/communities?

- Can you demonstrate how this intervention strategy improves health equity?
- If not, why not, and what modifications are needed to ensure the plan meets the health equity goals?

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Chicagoland Sickle Cell Center

Question #6 Considerations:

- Discuss how client service models and innovations are evaluated, and successful strategies may be identified, implemented and adopted for long-term use.

- How will you demonstrate the impact of education and outreach activities in supporting health equity?

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Question #7

Name and explain at least two metrics that will be used to evaluate your health equity goals.

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Chicagoland Sickle Cell Center

Question #7 Considerations:

- Metrics should align with objectives and strategies implemented to show reduction in barriers to care and increased health equity.
- The program Logic Model shows the framework for program objectives and outcomes.

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Courtesy Reminder

- Carefully review your application prior to submitting.
- Unable to make revisions after application deadline, 5/13/24 at 5PM.
- Competitive application will go through an IDPH team review.

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Question and Answer Session

SICKLE CELL FOLLOW UP 2025-2027

GRANT APPLICATION

IDPH
Illinois Department of Public Health

Program Contacts

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217-494-2393

EGrAMS Help Desk
DPH.GrantReview@illinois.gov

GATA Help Desk
DPH.StaffHelpdesk@illinois.gov

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Sickle Cell Follow Up 2025-27
TA Session Q&A
4/8/24

TA Session Meeting Recording

Q1: I understand we need to adhere to the federal salary cap. Where is the federal salary cap documented?

A1: The State of Illinois follows the federal salary cap guidelines, as explained: https://executivegov.com/articles/federal-salary-cap-pay-scale-locality/. However, since this program does not mirror another federal program, and there is no state statute requiring the federal salary cap be implemented, it is not applicable for this grant program.

Q2: In prior grant years, the Component Worksheet included base budget amounts with funding additions if applicable. Does this opportunity have that budget tool available?

A2: Since Components do not equate to budget categories, this tool was confusing to some applicants. This year, applicants will only need to enter the percentage of effort anticipated for each component. The component activities will need to be detailed in the Scope of Work and Work Plan, which should justify the applicant's proposed budget and funding requested.

Q3: With this opportunity being a continuous, three-year grant cycle, can the funding amounts requested vary per fiscal year, if they add up to the total funding amount requested?

A3: The yearly amounts requested do not need to be the same. If the application is awarded, however, the annual budget totals cannot be modified without an amendment.