

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

Awarding Agency Name	Public Health
Agency Contact	Wesley Bridges (wesley.e.bridges@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	LTCSD
Funding Opportunity Title	CMP Long Term Care Staff Development
CSFA Number	482-00-3545
CSFA Popular Name	CMP Long Term Care Staff Development
Anticipated Number of Awards	50
Estimated Total Program Funding	\$675,000
Award Range	\$0 - \$13500
Source of Funding	Federal
Cost Sharing or Matching Requirements	Yes
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	
Posted Date	02/12/2025
Application Date Range	02/12/2025 - 04/25/2025 : 3pm
Grant Application Link	Please select the entire address below and paste it into the browser... https://idphgrants.com/user/home.aspx
Technical Assistance Session	Offered : Yes Mandatory : No Date : 03/26/2025 : 1pm Registration link : https://illinois.webex.com/illinois/j.php?MTID=mdc263161f1570ee1bb2b46887571548d



Uniform Notice of Funding Opportunity (NOFO)

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1. Awarding Agency Name:	Illinois Department of Public Health
2. Agency Contact:	Name: Wesley Bridges Phone: (217) 782-7412 Email: Wesley.e.bridges@illinois.gov
3. Announcement Type:	<input checked="" type="checkbox"/> Initial announcement <input type="checkbox"/> Modification of a previous announcement
4. Type of Assistance	Grant
5. Agency Opportunity	LTCSD-26
6. Funding Opportunity Title:	CMP Long Term Care Staff Development
7. CSFA Number:	482-00-3545
8. CSFA Popular Name:	CMP Long Term Care Staff Development
9. CFDA Number(s):	N/A
10 Number of Anticipated	50
11 Estimated Total Funding	\$675,000.00
12 Single Award Range:	Up to \$13,500.00 (pending number of purpose areas)
13 Funding Source: Mark all that apply	<input type="checkbox"/> Federal or Federal pass-through <input checked="" type="checkbox"/> State <input type="checkbox"/> Private / other funding
14 Is Cost Sharing or Match	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15 Indirect Costs Allowed? Restrictions on Indirect Costs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the citation governing the restriction:
16 Posted Date:	2/12/2025
17 Application Date Range: Leave the 'End Date' and 'End Time' empty if there is no deadline.	Start Date: 2/12/2025 End Date: 4/25/2025 End Time: 4:00 PM
18 Technical Assistance Session:	Session Offered: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Session Mandatory: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date and time: March 26, 2025 from 1:00 – 3:00 PM Conference Info/Registration Link: https://illinois.webex.com/illinois/j.php?MTID=mdc263161f1570ee1bb2b46887571548d

Agency-specific Content for the Notice of Funding Opportunity

A. Program Description

In an effort to support the maintenance of cognitive and mobility skills and promote positive and nurturing interactions, the Illinois Department of Public Health, Office of Healthcare Regulation (OHCR) announces an opportunity for certified facilities to submit applications for. There are two purpose areas to which a long-term care facility may apply for either/or: Alzheimer's and dementia trainings in addition to grief training.

This purpose areas of the grant seek to: (1) strengthen bonds between staff and residents, and (2) strengthen the long-term facility staff and their capabilities

A technical assistance meeting will be available on **March 26, 2025** from **1:00 PM – 3:00 PM**.

Various training vendors are able to be utilized via the non-profit organization PESI and can be located on their website: <https://catalog.pesi.com/>. ****NOTE: ALL trainings that the long-term care facility is interested must be listed in the application, accounted for in the budget, and is subject to approval but IDPH staff.****

Through Civil Monetary Penalty (CMP) funds provided by the Civil Money Penalty Reinvestment Program (CMRP) through the federal Centers for Medicare & Medicaid Services (CMS), IDPH OHCR is able to fund opportunities such as this and others that benefit residents in long-term care (LTC) facilities. Assistance is tailored to issues which present in multiple facilities throughout Illinois. It seeks to build quality care and experiences in LTC facilities to residents as well as provide staff with training to ensure improved care.

The participating facilities will report quarterly to the IDPH CMRP Specialist the aforementioned information to gauge the viability of utilizing a similar program in other LTC facilities.

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.

The application will be reviewed, evaluated, and funded based on program need, availability of funds and history of efficient use of project funds. A progress report to the Department will be submitted by the applicant and will be used to track progress made towards achievement of the program goals and objectives. Fiscal reimbursement request shall be made quarterly. Failure to submit required reports in a

timely manner will result in reimbursement delays.

C. Eligibility Information

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

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

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

1. Eligible Applicants

Illinois long term care facilities, including veteran's home and Indian Health Service (IHS)/tribal LTC facilities, under the condition that they are CMS certified and in good standing.

2. Cost Sharing or Matching

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

3. Indirect Cost Rate

Allowed. Upon submission of the proposed budget, the grant award can be used for indirect costs up to the approved amount while any costs in excess would be the responsibility of the grantee.

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

Not applicable

D. Application and Submission Information

1. Address to Request Application Package

Applications must be submitted via the Illinois Department of Public Health's Electronic Grants

Illinois Department of Public Health - Office of Performance Management

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:

Wesley Bridges, MPA
CMPRP Specialist, Executive II
Office of Healthcare Regulations
Illinois Department of Public Health
525 W Jefferson Street, 5th Floor
Springfield, IL 62761
Wesley.e.bridges@illinois.gov
(217)782-7412

2. Content and Form of Application Submission

All applications will be submitted through the eGRAMS system

The applicant must submit a project plan that describes how the award will be executed. The project plan should include necessary detail to enable the agency to manage the grant agreement activity against planned projected performance.

The applicant shall include information about the following:

- Describe the applicant organization (500 character maximum).
- A description of the problem statement/need for this project within the proposed community (or communities)
- A description of the intended audience.
- Describe your ability and experience with developing curriculum content that includes best practices and/or evidence-based strategies.
- A description of the proposed project. Be as detailed as possible to clearly describe the project and ensure the description aligns with the activities outlined in the Workplan section.
- Describe your organization's past or current experience implementing multiple projects and reporting the results their outcomes to facility, state, and/or federal administrators and agencies.
- A description of your organizations' experience and capacity developing, implementing, and/or delivering various curriculum.
- A description of your organizations' current or past experience with providing training within long-term care facilities.
- A list of entities your organization may partner with to develop and implement the proposed project, including a description of the partnership.
- An overview to the proposed implementation as a narrative. Including staff involvement, frequency of training, what policies or procedures would have to be changed or added either temporarily or permanently, and where would the training occur?

Work Plan

- Objectives and Activities - Complete the Work Plan section for the program goals listed in the Program Description section of the Notice of Funding Opportunity (found under "Show Documents"). For each goal, define the objective and specific activities that will be undertaken to accomplish the objective, and provide the job title of responsible staff. Objectives must be specific, measurable, attainable,

realistic, and timely. The Work Plan should identify the timeline describing how and when the objectives will be met during the grant-funding period.

Budget

Detailed budget by line item and justification. See Budget Glossary under “Show Documents” for general instructions and guidelines to successfully complete a budget in EGrAMS

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 electronically through the Illinois Department of Public Health Electronic Grants Administration & Management System (EGrAMS), accessible at idphgrants.com. Applicants must be received by the close of business (4:00 p.m. CST) on **April 25, 2025**. Submission confirmation will be generated by EGrAMS.

5. **Intergovernmental Review, if applicable**

Not applicable

6. **Funding Restrictions**

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

Allowability

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

Allocable – Grant-funded costs must be chargeable or assignable to the grant in accordance with

relative benefits received. The allocation methodology should be documented and should be consistent across funding sources for similar costs.

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

Allowed Uses

Funding may be used for the following:

Prior Approval ONLY

With prior approval, funding may be used for the following:
Contact the IDPH representative for any potential subsequent approvals outside of the defined scope of the grant.

Funding Use Prohibitions

Funding may NOT be used for the following:

- Political or religious purposes.
- Contributions or donations.
- Incentives would need prior approval (including but not limited to t-shirts, bags, backpacks, hats, pencils, rulers, coloring books, stress balls, band-aid holders, mugs and cookware).
- Fundraising or legislative lobbying expenses.
- Payment of bad or non-program related debts, fines or penalties.
- Contribution to a contingency fund or provision for unforeseen events.
- Food, alcoholic beverages, gratuities or entertainment.
- Membership fees.
- Interest or financial payments or other fines or penalties.
- Purchase or improvement of land or purchase, improvement, or construction of a building.
- Lease of facility space.
- Any expenditure that may create conflict of interest or the perception of impropriety.
- Audit expenses.
- Equipment.
- Prescription drugs.
- Conference registration fees, including registration fees to attend or exhibit at events that can be defined as fundraisers.
- Exhibit fees.
- Subscriptions.
- Association dues.
- Expenses for credentialing (e.g., CHES certification)
- Travel
- Supplies

Additional Funding Guidance

Not applicable

7. Other Submission Requirements

Applications must be submitted through the Illinois Department of Public Health Electronic Grants

Illinois Department of Public Health - Office of Performance Management

Administration & Management System (EGrAMS) accessible at idphgrants.com. Applications must be received by the close of business (4:00 p.m.) on **April 25, 2025**. If the applicant encounters technical difficulties with the EGrAMS system, the applicant may contact:

IDPH Grants Support Phone: (312) 793- 2592, E-mail: DPH.GrantReview@illinois.gov

E. Application Review Information

Applications will be reviewed for content, work plan activities, budget proposals, and required application materials. In addition, based on adherence to prior grant guidelines, timely submission of reports and fiscal monitoring

1. Criteria

Grants will be reviewed and graded based on a 100-point scoring rubric. Criteria are listed in order from highest to lowest relative importance. The categories are as follows:

- **Scope of Work Section (40 points)** - Applicant capacity and experience; Need; Target audience clearly defined; Proposed implementation approach; Plan provided with detailed activities.
- **Work Plan Section (15 points)** - Activities, outcomes and measurements are provided and aligned with program requirements; Information provided in the SMART format
- **Budget Section (5 points)** - Budget reasonable & justified
- **Healthy Equity (40 points)** – Please see below:

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 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

¹ Illinois Department of Public Health. (2020). Health Equity Checklist. Retrieved from

https://docs.google.com/document/d/1GZTg7_RdnC8XRahQ1trcLTnsHD6k5OAX6Pbg1LUk7qI/edit?usp=sharing

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>

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

Applicants will be screened to ensure compliance with state and federal regulations. Additionally, consideration will be considered for any current findings within the facility which may or may not exclude them from being selected.

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.

After, review, the anticipated award announcement will be in the end of June 2025

Anticipated Announcement Date (if known): 6/30/2025
 Anticipated Program Start Date: 7/1/2025
 Anticipated Program End Date: 6/30/2026

F. Award Administration Information

After, review, the anticipated award announcement will be in the end of June 2025

1. State Award Notices

The grant application will be reviewed after grant deadline. Anticipated award announcement is **JUNE 2025**

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

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

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

2. Administrative and National Policy Requirements

Not applicable

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

3. Reporting

Grantees are required to a performance report on their work plan objectives and quarterly fiscal reporting

in EGrAMS within 15 days after the reporting period. Failure to submit required reports in a timely manner will result in delays with approval of reimbursements.

Participating facilities will be required to submit quarterly Periodic Performance Reports (PPR) including the following information for **each** purpose area applied for:

- Frequency and number of sessions
- Techniques and/or activities utilized
- Response from residents
- Observed behavioral changes

This information will be reported to the IDPH CMPRP Specialist listed as the agency contact at the beginning of this NOFO.

G. State Awarding Agency Contact(s)

Wesley Bridges, MPA
CMPRP Specialist, Executive II
Office of Healthcare Regulations
Illinois Department of Public Health
525 W Jefferson Street, 5th Floor
Springfield, IL 62761
Wesley.e.bridges@illinois.gov
(217)782-7412

Erin Rife, MS CCC-SLP
Assistant Bureau Chief
Office of Health Care Regulation-Long Term Care
525 West Jefferson Street
Springfield, IL 62761
Office: 217- 782-5180
Erin.rife@illinois.gov

H. Other Information, if applicable

The state of Illinois is not obligated to make any State award as a result of the announcement, and funding is contingent upon approval and receipt of state appropriation.

Other webpages:

Grant Accountability and Transparency Act (GATA) Grantee Portal - <http://www.grants.illinois.gov>

Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM) - <https://governmentcontractregistration.com/sam-registration.asp>

Illinois Department of Public Health's Electronic Grants Administration and Management System (EGrAMS) - dphgrants.com.

EGrAMS Help Desk: DPH.GrantReview@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:

Not applicable