

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

Awarding Agency Name	Public Health
Agency Contact	Tiffani Saunders (tiffani.saunders@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	HPRAA-26
Funding Opportunity Title	HIV/ AIDS Prevention and Response Services for African Americans 2026
CSFA Number	482-00-3645
CSFA Popular Name	HPRAA
Anticipated Number of Awards	15
Estimated Total Program Funding	\$4,000,000
Award Range	\$85000 - \$200000
Source of Funding	State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Posted Date	04/30/2025
Application Date Range	04/30/2025 - 06/11/2025 : 5:00 PM
Grant Application Link	Please select the entire address below and paste it into the browser... <a href="https://idphgrants.com">https://idphgrants.com</a>
Technical Assistance Session	Offered : Yes Mandatory : No Date : 05/15/2025 : 12:00 Registration link : <a href="https://illinois.webex.com/illinois/j.php?MTID=me48e5af691f8f8c85c6e5c4bb2bbe4bd">https://illinois.webex.com/illinois/j.php?MTID=me48e5af691f8f8c85c6e5c4bb2bbe4bd</a>



## Uniform Notice of Funding Opportunity (NOFO)

D	
1.	<b>Awarding Agency Name:</b> Illinois Department of Public Health
2.	<b>Agency Contact:</b> Name: Tiffani Saunders Phone: 217-524-6525 Email: tiffani.saunders@illinois.gov
3.	<b>Announcement Type:</b> <input checked="" type="checkbox"/> Initial announcement <input type="checkbox"/> Modification of a previous announcement
4.	<b>Type of Assistance</b> Grant
5.	<b>Agency Opportunity</b> HPRAA-26
6.	<b>Funding Opportunity Title:</b> HIV/AIDS Prevention and Response Services for African Americans 2026
7.	<b>CSFA Number:</b> 482-00-3645
8.	<b>CSFA Popular Name:</b> HPRAA-26
9.	<b>CFDA Number(s):</b> N/A
10.	<b>Number of Anticipated</b> Up to 15
11.	<b>Estimated Total Funding</b> \$4,000,000
12.	<b>Single Award Range:</b> \$85,000 to \$200,000
13.	<b>Funding Source:</b> Mark all that apply <input type="checkbox"/> Federal or Federal pass-through <input checked="" type="checkbox"/> State <input type="checkbox"/> Private / other funding
14.	<b>Is Cost Sharing or Match</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	<b>Indirect Costs Allowed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Restrictions on Indirect Costs?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the citation governing the restriction: Indirect cost rate must be approved.
16.	<b>Posted Date:</b> 4/30/2025
17.	<b>Application Date Range:</b> Leave the 'End Date' and 'End Time' empty if there is no deadline. Start Date: 4/30/2025 End Date: 6/11/2025 End Time: 5:00pm
18.	<b>Technical Assistance Session:</b> 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: May 15, 2025 at 12:00pm CDT Conference Info/Registration Link: <a href="https://illinois.webex.com/illinois/j.php?MTID=me48e5af691f8f8c85c6e5c4bb2bbe4bd">https://illinois.webex.com/illinois/j.php?MTID=me48e5af691f8f8c85c6e5c4bb2bbe4bd</a>

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

### A. Program Description

While progress is being made in the effort to end the HIV Epidemic among African Americans in Illinois, many challenges remain. Over the past decade, the number of HIV infections annually among African Americans fell 22% between 2010 and 2019. HIV infections among African American women fell even more sharply with a 26% decrease during this period. Despite this positive progress, painful disparities remain. African Americans account for half (50%) of all HIV cases in the State of Illinois, though they comprise only 14% of the state's total population. In 2019, the Illinois HIV incidence rate of African Americans (37 new diagnoses per 100,000 per year) was more than 11 times higher than that of whites (3 diagnoses per 100,000 per year).

The African-American HIV/AIDS Response Fund (410 ILCS 303/27) (<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2738&ChapterID=35>) was created as a special fund to support programs to prevent HIV transmission, ensure HIV treatment access, and strengthen the capacity of HIV disease service delivery systems within the African-American community in Illinois. The fund provides resources to support an HIV/AIDS service delivery system that reduces the disparity of HIV infections between African Americans and other racial/ethnic populations in Illinois.

**Activity 1.** The primary focus of this grant opportunity is core HIV prevention services, including HIV/STD testing, linkage to medical care, and partner services along with risk reduction and interventions for individuals most at risk for HIV infections. This is required and IDPH expects to award up to 15 grants for this purpose.

Applications for Activity 1 will:

- a) Have current documentation of a Physician Standing Order and CLIA waiver for conducting HIV testing;
- b) Focus on reaching African-American persons at greatest risk for HIV infection and unaware of their status;
- c) Submit a HIV Surveillance Case Report for every client testing HIV positive;
- d) Link individuals with newly diagnosed HIV to medical care;
- e) Refer individuals with newly diagnosed HIV to partner services;
- f) Provide services in a culturally competent manner;
- g) Implement health education and effective risk reduction interventions;
- h) Ensure staff members assigned to implement HIV and STD testing and those assigned to implement risk reduction services have successfully completed the four required IDPH HIV trainings:
  - i. IDPH Confidentiality and Security Training;
  - ii. IDPH HIV Prevention Home Study Course;
  - iii. IDPH HIV/STD Risk Reduction Counseling Training;
  - iv. IDPH Risk Based HIV Testing Training.

**Activity 2.** Additional funding will be awarded to 1-2 grant applicants to develop and/or maintain a resource hub, whereby clients can access a range of HIV-related services in one location. This is optional.

Applications for Activity 2 will:

- a) Establish a location where clients can receive

- i. HIV/STD counseling and testing, including linkage to care;
  - ii. HIV-related case management
  - iii. Primary HIV-related medical care;
  - iv. PrEP services; and
  - v. Support services such as housing, food pantry/soup kitchen, clothing, harm reduction, and substance use services.
- b) Develop MOU or other formalized agreements with organizations/agencies to provide services not offered by the applicant on-site. Strategies should ensure timely, barrier-free access to services, such as:
  - i. Active referral/warm hand-off with priority given to clients referred by applicant agency or a dedicated staff person at the referral agency to serve as a liaison by accepting phone referrals, taking phone calls, and ensuring coordination; and
  - ii. Other innovative approaches to facilitate rapid linkage to services within the network.

Grant applications should clearly describe the scope of work and budget justification for one or both the above grant activities that includes the following content:

- Description of the need or justification of the proposed effort
- Detailed project description with key strategies and objectives
- Alignment with stated priorities, goals, and values of this NOFO
- Background and history of the organization, areas of expertise, familiarity, and capacity
- Expected challenges or limitations and a description of how the applicant will mitigate them
- A description of how applicant will evaluate activities to determine success.

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 Illinois Department of Public Health anticipates up to 15 awards ranging between \$85,000 and \$200,000 to individual agencies for services totaling \$4,000,000. Successful applicants may be eligible to receive two (2) months advance payment initiated upon execution of the grant agreement, subject to rules outlined by GATA. If applicable, grantees will not receive a direct deposit upon the actual receipt of their executed grant agreement; however, the payment process will begin upon execution. The grant term will be July 1, 2025 – June 30, 2026, with the option for two (2) renewals. Subsequent awards are based on availability of funding and contingent upon appropriation and allocation.

### **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](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**

Agencies applying for funds through this notice, must be located in Illinois and meet the following eligibility requirements set forth in Ill. Admin. Code tit. 77, § 691.300 (2007):

- a. Be in good standing with the State of Illinois;
- b. Have a Board of Directors, the majority of which are African-American;
- c. Provide services to individuals or families impacted by HIV;
- d. Be physically located within the community to be served;
- e. Provide HIV/AIDS services, including, but not limited to, HIV prevention, case management and treatment services, in communities primarily populated by individuals and families that identify themselves as African-American;
- f. Be in existence for at minimum one year prior to applying for a grant award.

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

N/A

#### **3. Indirect Cost Rate**

Indirect costs are allowable, but not required.

Instructions regarding the application of an indirect cost rate may be found at [www.illinois.gov/sites/GATA/Grantee/CentralizedIndirectCostSystem/Pages/default.aspx](http://www.illinois.gov/sites/GATA/Grantee/CentralizedIndirectCostSystem/Pages/default.aspx).

Annually, each organization receiving an award from a State grantmaking agency is required to enter the centralized Indirect Cost Rate System and make one of the following elections for indirect costs to State and federal pass-through grants:

- I. Federal Negotiated Indirect Cost Rate Agreement (NICRA);
- II. Election of the de minimis rate;
- III. Election not to charge indirect costs; or
- IV. Negotiate an indirect cost rate with the State of Illinois.

The awardee shall make one election or negotiate a rate that all State agencies must accept unless there are federal or State program limitations, caps or supplanting issues.

#### **4. Other, if applicable**

Applicants, especially first-time grantees, are encouraged to complete the grant management training modules available through the GATA Learning Management System at [gata.illinois.gov/training.html](https://gata.illinois.gov/training.html)

### **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](https://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:  
[dph.cmhs.info@illinois.gov](mailto:dph.cmhs.info@illinois.gov)

#### **2. Content and Form of Application Submission**

The application format is provided in EGrAMS, which must be completed in its entirety. While some sections of the application relate specifically to the grant program of interest, many sections must be completed for all grant programs. Those sections include Applicant Information, Applicant Grant History, Scope of Work, Work Plan, Grant Budget, Indirect Cost Information, and Miscellaneous (W-9, resumes, job descriptions, risk assessment, and application certification). You are also asked to upload an organizational chart, as well as a list of Board of Directors. Please note that "Instructions" boxes appear on screens throughout the EGrAMS online application, and it is suggested that you click on these for additional guidance and tips for completion.

#### **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.

April 30, 2025 – June 11, 2025 by 5:00pm CDT

**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:

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 your grant agreement, work plan, and budget. 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.

**Prior Approval ONLY**

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

**Funding Use Prohibitions**

Funding may NOT be used for the following:

All grant funds must be used for the sole purpose 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 another grant program, even if the grants or subgrants are related or the same population is being served. Regardless of the source of funding, all grant-funded expenses must be compliant with Cost Principles under Subpart E of 2CRF200 unless an exception is noted in federal or state statutes or regulations.

**Additional Funding Guidance**

## 7. Other Submission Requirements

### E. Application Review Information

Applications will be reviewed and scored by IDPH Program staff for completeness and accuracy as well as the criteria identified below (See Section E.1.).

#### 1. Criteria

The successful applicant must demonstrate that they have background and expertise in core HIV prevention services, including HIV testing services, linkage to medical care/case management, partner services, referrals to support services, risk reduction, and interventions.

Upon submission, applications will be reviewed for completeness and for consistency with program parameters. Applications will then be scored out of 100 points as follows:

Criterion	Points
Scope of Work	31
Work Plan	24
Justifiable Budget	10
Health Equity Checklist	35
<b>TOTAL POINTS</b>	<b>100</b>

### 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.’<sup>1</sup> 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).<sup>2</sup>

### **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.<sup>3</sup> 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.<sup>4</sup> In addition, there must be a focus on health through collaboration with Non-Health Sectors.

---

<sup>1</sup> Illinois Department of Public Health. (2020). Health Equity Checklist. Retrieved from

[https://docs.google.com/document/d/1GZTg7\\_RdnC8XRahQ1trcLTnsHD6k5OAX6Pbg1LUk7ql/edit?usp=sharing](https://docs.google.com/document/d/1GZTg7_RdnC8XRahQ1trcLTnsHD6k5OAX6Pbg1LUk7ql/edit?usp=sharing)

<sup>2</sup> 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/>

<sup>3</sup> 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>

<sup>4</sup> U.S. Department of Health and Human Services. (2020). Social Determinants of Health. Retrieved from  
Illinois Department of Public Health - Office of Performance Management

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

Only completed applications with all required materials will be reviewed. Review teams will consist of at least three individuals, with the number of review teams dependent upon the number of applications received. Applications scoring 70 or above will be considered for an award, with the highest scoring applications recommended for funding.

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.***

Anticipated Announcement Date (if known): 6/20/2025  
 Anticipated Program Start Date: 7/1/2025  
 Anticipated Program End Date: 6/30/2026

## **F. Award Administration Information**

### **1. *State Award Notices***

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***

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***

Successful applicants will be required to submit monthly financial reimbursements with documentation of activities. In addition, monthly progress reports and a final report are required. Demographic metrics and work plan results form the basis for all reporting requirements. Additional details regarding these requirements will be provided within the terms of each grant agreement.

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

Tiffani Saunders  
Chief, Center for Minority Health Services  
Illinois Department of Public Health  
dph.cmhs.info@illinois.gov

**H. Other Information, if applicable**

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

1. Uniform State Grant Application – Available at [idphgrants.com](http://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: