

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

Awarding Agency Name	Public Health
Agency Contact	Abigail Newhall (Abigail.Newhall2@illinois.gov)
Announcement Type	Modified
Type of Assistance Instrument	Grant
Funding Opportunity Number	IPLP-26
Funding Opportunity Title	Infection Prevention Liaison Program
CSFA Number	482-00-1694
CSFA Popular Name	IPLP
Anticipated Number of Awards	1
Estimated Total Program Funding	\$450,000
Award Range	\$450000 - \$450000
Source of Funding	Federal
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Posted Date	06/05/2025
Application Date Range	06/06/2025 - 07/07/2025 : 5.00pm
Grant Application Link	Please select the entire address below and paste it into the browser... https://idphgrants.com/user/home.aspx
Technical Assistance Session	Offered : Yes Mandatory : Yes Date : 06/05/2025 : 11pm Registration link : http://call 312-5358110 , meeting ID 28634986205##. 6/17/25 1pm, call 312-5358110, meeting ID 28691538592##



Uniform Notice of Funding Opportunity (NOFO)

	Data Field	
1.	Awarding Agency Name:	Illinois Department of Public Health
2.	Agency Contact:	Name: Caroline Soyemi Phone: 312-8056676 Email: caroline.soyemi@illinois.gov
3.	Announcement Type:	<input type="checkbox"/> Initial announcement <input checked="" type="checkbox"/> Modification of a previous announcement
4.	Type of Assistance Instrument:	Grant
5.	Agency Opportunity Number:	IPLP-26
6.	Funding Opportunity Title:	Infection Prevention Liaison Program 2026
7.	CSFA Number:	482-00-1694
8.	CSFA Popular Name:	Infection Prevention Liaison Program
9.	CFDA Number(s):	93.323
10.	Number of Anticipated Awards:	1
11.	Estimated Total Funding Available:	\$450,000
12.	Single Award Range:	\$450,000
13.	Funding Source: Mark all that apply	<input checked="" type="checkbox"/> Federal or Federal pass-through <input type="checkbox"/> State <input type="checkbox"/> Private / other funding
14.	Is Cost Sharing or Match Required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Indirect Costs Allowed? Restrictions on Indirect Costs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the citation governing the restriction:
16.	Posted Date:	6/5/2025
17.	Application Date Range: Leave the 'End Date' and 'End Time' empty if there is no deadline.	Start Date: 6/2/2025 End Date: 7/1/2025 End Time: 5 PM CST
18.	Technical Assistance Session:	Session Offered: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Session Mandatory: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date and time: 6/5/25 11am and 6/17/25 1pm CST Conference Info/Registration Link: 6/5/25 at 11am, call 312-5358110, meeting ID 28634986205##. 6/17/25 1pm, call 312-5358110, meeting ID 28691538592##

Agency-specific Content for the Notice of Funding Opportunity

A. Program Description

The purpose of this grant is to improve healthcare provider(s) knowledge of infection control and prevention practices in healthcare facilities in the state of Illinois. The grantee, in coordination with the Illinois Department of Public Health (IDPH) Healthcare Associated Infections and Antimicrobial Resistance (HAI/AR) Prevention Program and Regional Infection Prevention Program (RIPP), will provide infection prevention and control guidance and support to long term care facilities (LTCFs), targeted acute care facilities, and local health departments.

The grantee will do the following:

- Provide infection prevention and control educational opportunities for long term care infection preventionists to enhance their knowledge and understanding of regulatory requirements and implementation of infection prevention and control best practices.
- Conduct educational webinars topics to include general long term care focused infection prevention and control and address best practices for prevention and control of extensively drug resistant/multidrug resistant organisms (XDRO/MDRO).
- Deploy expert level infection preventionists to conduct on-site and remote infection control assessments at safety net and/or critical access hospitals using the CDC's Infection Control Assessment and Response (ICAR) or similar/adapted tool as a guide. As part of this work, grantee will provide recommendations and technical assistance to facilities to mitigate gaps identified.
- Identify and implement best practice strategies to engage nursing home administrators and corporate/system leadership in promoting infection prevention in LTCFs. This should include, but is not limited to, development of a business case for infection prevention in LTCFs.

Strong applications will:

- a) identify target groups and rationale
- b) demonstrate use of innovative evidence-based approaches
- c) articulate how proposed activities align with national and state priorities
- d) demonstrate understanding of, and collaboration with, key stakeholders
- e) articulate how the proposed activities will promote health equity
- f) include a clear evaluation plan
- g) address the other requirements noted below

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.

Illinois Department of Public Health - Office of Performance Management

This is a competitive award funded through a cooperative agreement with the CDC Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Program and is contingent upon federal funding. The grantee will work with the IDPH Division of Patient Safety and Quality to ensure alignment with state and federal goals and objectives.

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

All potential applicants are eligible except public housing organizations and foreign applicants.

2. Cost Sharing or Matching

N/A

3. Indirect Cost Rate

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

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:

Abigail.Newhall2@illinois.gov

2. Content and Form of Application Submission

Applications must be submitted through IDPH's grants management system, EGrAMS (idphgrants.com). All sections of the application must be completed, and the application must be validated, certified, and submitted through EGrAMS.

Grantees should also include two letters of support as an attachment 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.

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:
N/A

Prior Approval ONLY

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

Funding Use Prohibitions

Funding may NOT be used for the following:
Funding may not be used for research, clinical care, propaganda or lobbying, and in general not for furniture or equipment in accordance with federal guidelines.

Additional Funding Guidance

N/A

7. *Other Submission Requirements*

N/A

E. Application Review Information

1. *Criteria*

Need (5 points): Does the applicant provide data, facts, and/or evidence that demonstrate that the proposal supports the grant program purpose?

Capacity (20 points): (a) (10 points) Does the applicant demonstrate its ability to execute the grant project according to project requirements? (b) (10 points) Does grantee have experience in the last five years developing or implementing activities related to infection prevention at a regional or statewide

level?

Quality (10 points): Does the applicant demonstrate that the project, in total, is well articulated and in alignment with the project requirements?

Clearly defined scope of work (15 points): (a) (5 points) Are target audiences clearly defined and realistic? (b) (10 points) Is there a complete summary of methods and procedures that will be utilized to accomplish goals stated in the scope of work?

SMART (7 points): Are objectives specific, measurable, attainable, realistic, and timely and aligned with the grant guidelines?

Justifiable budget (8 points): Are the budget items and justifications valid and appropriate for the grant project?

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

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

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

The application will be reviewed by a panel and scored based on the criteria described above.

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.

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>

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): 6/2/2025
Anticipated Program Start Date: 9/1/2025
Anticipated Program End Date: 8/31/2026

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

N/A

All grantees receiving one or more federally-funded subawards from IDPH equal to or greater than \$30,000 must provide compensation information within EGrAMS prior to issuance of an award.

Grantees will not be able to sign grant agreements or amendment agreements until this requirement is complete. Annual completion of this requirement is necessary for multiyear grants.

3. Reporting

The Grantee must participate in calls and meetings with IDPH's Division of Patient Safety and Quality and the CDC to discuss activities. In addition, monthly performance reports will be required to summarize activities performed, activity results if applicable, steps taken to address any challenges, results of technical assistance, and priorities for the next month. Grantees will also submit monthly expenditure and reimbursement reports.

G. State Awarding Agency Contact(s)

Caroline Soyemi, Caroline.soyemi@illinois.gov; 312-8056676

H. Other Information, if applicable

This Agreement may be renewed for additional periods not to exceed 3 years including the initial period of performance when in the best interest of the State, by mutual consent of the Parties, expressed in writing and signed by the Parties. This Agreement may neither renew automatically nor renew solely at the Grantee's option. Any renewal of this Agreement is subject to the same terms and conditions as the original Agreement.

This Agreement is a competitive grant subject to the following applicable renewal requirements and limitations:

Competitive Grants. Competitive grants may be awarded to successful applicants for up to 3 years (one-year initial period of performance with the option to renew for up to 2 additional years) if:

- The initial Notice of Funding Opportunity (NOFO) and the Catalog of State Financial Assistance (CSFA) set forth the possible renewal options and the annual grantee requirements to renew;
- The grant program and Grantee meet the requirements set forth in 44 Ill. Admin. Code 7000.110(b); and
- A separate budget is provided by Grantee for each year of the grant program.

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:

Letter of support – This should be supplied by grantee and submitted with application. IDPH does not have a form for letters of support.