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

Awarding Agency Name	Human Services
Agency Contact	Natalie Bullock (natalie.bullock@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	26-444-80-3383-02
Funding Opportunity Title	Better Birth Outcomes - Comprehensive
CSFA Number	444-80-3556
CSFA Popular Name	BMCH-BBOC
Anticipated Number of Awards	14
Estimated Total Program Funding	$1,685,700
Award Range	Not Applicable
Source of Funding	Federal and State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	Yes : Indirect costs cannot be compensated without an election or a negotiated rate on file with the State of Illinois. All applicants are encouraged to utilize Indirect Cost as other budget categories will not be allowed to capture costs incurred for common or joint objectives and that cannot be readily identified with a particular final cost objective including but not limited to: -Costs of operating and maintaining your organization's facilities -General Administrative Expenses -Property Insurance -Administrative Support -Clerical Support eCFR :: Appendix IV to Part 200, Title 2 -- Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Nonprofit Organizations
Posted Date	06/06/2025
Application Date Range	06/06/2025 - 06/23/2025 : 5:00pm
Grant Application Link	Please select the entire address below and paste it into the browser... https://www.dhs.state.il.us/page.aspx?item=173262
Technical Assistance Session	No

<p style="text-align:center"># Better Birth Outcomes – Comprehensive (BBO-C)
26-444-80-3556-02
Notice of Funding Opportunity</p>

1. Basic Information (CSFA Data Section)

i. Required Information:

    A. Awarding Agency Name
    B. Funding Opportunity Title
    C. Announcement Type
    D. Funding Opportunity Number
    E. Assistance Listing Number(s)

Items A through E are included in the CSFA Data Table below**.**

Awarding Agency Name	Illinois Department of Human Services
Agency Division Name	Family and Community Services
Agency Contact	Natalie Bullock DHS.OFWNOFO@illinois.gov (312)415-7369
Announcement Type	Competitive
Funding Opportunity Title	Better Birth Outcomes – Comprehensive (BBO-C)
Funding Opportunity Number	26-444-80-3556-02
Application Posting Date	*June 6, 2025*
Application Closing Date	*June 23, 5:00pm CDT*
Catalog of State Financial Assistance (CSFA) Number	444-80-3556
Catalog of State Financial Assistance (CSFA) Name	BMCH-BBOC
Assistance Listing Number(s) (Federal)	93.667
Awarding Source	State and Federal
Estimated Total Program Funding Amount	Up to $1,685,700

Anticipated Number of Awards	Up to 96 awards total for this program 444-80-3556. (Including up to 14 total for this NOFO 444-80-3556-02) Up to 1 award for each of the following community areas: 1. Kankakee County 2. Stephenson County 3. Carroll County 4. Grundy County 5. McDonough County 6. Vermilion County 7. Bureau County 8. Brown County 9. Macoupin County 10. Menard County 11. Christian County 12. Coles County 13. Greene County 14. Washington County
Award Range	Dependent on proposed unique dyads served annually. Anticipated allocation of $900-1,100 per dyad.
Cost Sharing/Matching Requirement?	No
Indirect Costs Allowed?	Yes; Indirect costs cannot be compensated without an election or a negotiated rate on file with the State of Illinois. All applicants are encouraged to utilize Indirect Cost as other budget categories will not be allowed to capture costs incurred for common or joint objectives and that cannot be readily identified with a particular final cost objective including but not limited to: - Costs of operating and maintaining your organization's facilities - General Administrative Expenses - Property Insurance - Administrative Support - Clerical Support eCFR :: Appendix IV to Part 200, Title 2 -- Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Nonprofit Organizations
Restrictions on Indirect Costs?	Yes: Indirect costs cannot be compensated without an election or a negotiated rate on file with the State of Illinois. 2CFR200.414
Technical Assistance Session Offered	Session Offered: No

F. Funding Details
1. Total Amount of Funding
The Department expects to award up to $1,685,700 total for this program repost.
The sources of funding for this program are General Revenue Infant Mortality funds and Social Services Block Grant funds.

2. Number of Grant Awards
   a. The Department anticipates funding up to 14 grant awards .
3. Expected Dollar Amount of Individual Grant Awards
   a. The Department anticipates that the dollar amount will depend on number of proposed unique dyads to be served annually. Anticipated allocation of $900-1,100 per dyad.

4. Average Amount of Funding per Grant Award in Previous Years
   a. Average funding amount for this grant award program in previous years was:
      Not applicable, this is a new grant program.

5. Renewal or Supplementation of Existing Projects Eligibility
   a. Applications for renewal or supplementation of existing projects: Not applicable. This is not a renewal year.
   b. Successful applicants under this NOFO may be eligible to receive two subsequent one-year grant renewals for this program. Renewals are at the discretion of the Department and are based on sufficient appropriation and performance criteria including, but not limited to:
      i. Grantee has performed satisfactorily during the previous reporting period.
      ii. All required reports have been submitted on time, unless a written exception has been provided by the Division/Department.
      iii. No outstanding issues are present (e.g., in good standing with all pre-qualification requirements and no outstanding corrective action, etc.)

6. Sub-Recipient Agreements
   a. Sub-Recipient Agreement(s) and budgets must be pre-approved by the Department and on file with the Department. Sub-Recipients are subject to all provisions of this Agreement. The successful applicant Agency shall retain sole responsibility for the performance and monitoring of the sub-recipient.

7. Funding restrictions
   a. Pre-Award Costs
      i. Pre-Award costs are not allowable for this award.
      ii. IDHS grants are governed by 2 CFR. Part 200, Subpart E-Cost Principles. Principles and 30 ILCS 708 which include information on allowable costs, audit requirements, and financial records.
   b. [Indirect Costs](#)
      i. Indirect Costs may be applied to this grant award. Indirect Cost rates must be approved through the Illinois Indirect Cost Rate Election System (ICRES)

8. The release of this NOFO does not obligate the Illinois Department of Human Services to make an award.

G. Key Dates
   1. Application Posting Date: June 6, 2025

2. The Department must receive the Preliminary Submission materials (Letter of Intent, etc.): Not applicable. Letter of intent is not required.
3. The Department must receive the Full Application: June 23,2025 at 5:00pm CDT
4. Anticipated Award Date*:* To be determined
5. Anticipated Start Dates and Periods of Performance for new grant awards.
   a. Subject to appropriation, the grant period will begin no sooner than 7/1/25 and will continue through 6/30/26.

H. Executive Summary: BBO-C is a program that provides a comprehensive nursing assessment to dyads (pregnant and postpartum individuals and their infants) at their initial contact and helps connect families to a myriad of medical, social, and other benefits and supports available in their community. Through in-person visits, a Nurse Navigator completes an initial assessment during the prenatal and postpartum period. With the optional support of non-nurse Navigators, the program staff collaborate with each family to identify and mitigate barriers to accessing desired supports and services. By providing direct, 1:1 assistance to connect and engage with desired services, the Navigator helps the client meet their family's health and wellness goals and promotes the reduction of maternal and infant morbidity and mortality. The BBO-C program provides these services to dyads throughout pregnancy and the first six months after birth to Illinois residents who meet the eligibility criteria for the program. Nurses are required to conduct the initial, in person, pregnancy visit and initial postpartum visit for this program and are expected to follow-up as indicated using clinical discretion. Non-nurse Navigators may provide follow-up at the discretion of the nurse.

I. Agency Contact Information
   1. If you have questions about this NOFO, please contact DHS.OFWNOFO@illinois.gov
   2. A frequently asked Question and Answer page is posted on the DHS website. Questions submitted up to two business days prior to the end of the NOFO posting period, will be posted on the website.

J. Indirect Costs (for more information, refer to [Indirect Costs](#))

2. Eligibility

i. Eligible Applicants

A. The specific types of applicants that may apply for the grant award are public or private organizations that have or will have a physical presence serving in the eligible geographic area described in Section I above, and the required staffing model in place within 30 days of the contract start date for which they intend to provide BBO-C services for the geographical area applied for, as described herein. Grantees failing to have required staff in place within 30 days of the grant agreement start date or at any time during the grant period may be subject to grant suspension or termination. Eligible applicants are inclusive of units of local government, hospitals,

community-based organizations, federally qualified health centers, and nonprofit organizations that plan to serve the eligible community in the geographical area applied for.

B. The applicant must meet the Registration, Pre-qualification and any other Mandatory Requirements listed in this funding opportunity.

1. Applicants must provide the following information via the Grantee Portal annually to be registered with the State of Illinois as an awardee:

   a. Organization name and contact information

   b. Federal Employee Identification Number (FEIN)

   c. Unique Identity Number (UEI)

   d. Organization type

2. Applicants must be prequalified; therefore, applications from entities that have not prequalified *prior to and are not prequalified on the due date of this application* will NOT be reviewed and will NOT be considered for funding. Items a) through e) below are the prequalification requirements.

   a. Unique Entity Identifiers and SAM Registration: Each applicant (unless the applicant is an individual 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.gov before the application due date.

      ii. Provide a valid unique entity identifier (UEI) in its application.

      iii. Continue to maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by the awarding agency.

      iv. The State Agency may not make an award until applicant has fully complied to all UEI and SAM requirements.

      v. The State Agency may determine that an applicant is not qualified if they have not complied to requirements and use that determination as a basis to award another applicant or applicants.

   b. Must be in "good standing" with the Illinois Secretary of State if the Illinois Secretary of State requires the entity's organization type to be registered.

   c. Must not be on the Illinois Stop Payment List

   d. Must not be on the Sam.gov Exclusion List

   e. Must not be on the Medicaid Sanctions List (DHFS Provider Sanctions List)

3. Additional Mandatory Requirements

a. Not applicable

C. Eligibility factors for the principal investigator or project director:

1. Not Applicable

D. Successful Applicants will not receive an award if [pre-award requirements](#) are not met. Qualified status is re-verified nightly. If the entity's status changes, an email notice is sent to the designated entity representative with a link to the Grantee Portal.

E. See Section number I(F) for funding restrictions, if applicable.

F. Other factors that would disqualify an applicant or application include:

1. Not Applicable

G. Limit on number of applications:

1. Not Applicable

ii. Cost Sharing:

A. Providers are not required to participate in cost sharing or provide match.

3. Program Description

The Illinois Department of Human Services (IDHS/"Department") Bureau of Maternal Child Health (BMCH/"Bureau") seeks to facilitate Better Birth Outcome Comprehensive (BBO-C) services across the State with the goal of reducing maternal and infant morbidity and mortality rates with an emphasis on addressing racial/ethnic disparities in outcomes.

BBO-C is a program that provides pregnant, and parenting clients with direct, comprehensive, 1:1 nursing assessments and assistance to connect and engage with desired services and understand the importance of a medical home.   The Nurse Navigator provides a comprehensive nursing assessment and any immediate nursing intervention necessary to dyads (pregnant and postpartum individuals and their infants) helping to connect families to needed supports available in their community at in person visits. Nurses are required to conduct the initial pregnancy visit and initial postpartum visit for this program and are expected to follow-up as indicated using clinical discretion. Non-nurse Navigators may provide follow-up at the discretion of the nurse for collaborating with each family to identify and mitigate barriers to accessing desired supports and services. By providing direct, 1:1, assistance to connect and engage with desired services, the Nurse Navigator and Non-Nurse Navigators help the client meet their family's health and wellness goals and promote the reduction of maternal and infant morbidity and mortality.   The BBO-C program provides these services to dyads throughout pregnancy and the first six months after birth to Illinois residents who meet the eligibility criteria for the program. Refer to the BBO-C Policy & Procedure Manual for required staffing model.

Refer to the BBO-C Policy & Procedure Manual *Vulnerability Index* (available to applicants via email upon request) for the list of factors used to determine eligibility for the program. Families not meeting the eligibility criteria may be authorized with pre-approval by the Department. Refer to the BBO-C Policy & Procedure Manual for required staffing model.

i. Required Information

A. The general purpose of the funding is to provide BBO-C services which provide a comprehensive nursing assessment and any immediate nursing intervention necessary to dyads, help pregnant and parenting clients understand the importance of a medical home, and connect them to a myriad of medical, social, and other benefits and supports available in their community for the public good.

B. The State agency's funding priorities or focus areas
    1. IDHS is working to counteract systemic racism and inequity, and to prioritize and maximize diversity throughout its service provision process. This work involves addressing existing institutionalized inequities, aiming to create transformation, and operationalizing equity and racial justice. It also focuses on the creation of a culture of inclusivity for all regardless of race, gender, religion, sexual orientation, or ability.
    2. IDHS acknowledges that creating equitable access means being responsive to the differing needs across the state. Shared decision making between providers and families allows services to be tailored to best meet the families' needs.
    3. IDHS prioritizes a strengths-based approach to services. Survey results show resistance to labels such as "high-risk" and a strong objection to "medical case management." IDHS recognizes that risk is nuanced and not static, but evolves with changing medical needs, social circumstances, and supports available at any given time.
    4. Further, through a competitive merit-based review and selection process, the Bureau expects to fund applicants who demonstrate the following Bureau funding priorities:
        a. Genuine and trusted relationships with community residents, stakeholders, and health care entities
        b. Plan to have a physical presence serving in the entire geographic area to which they are applying to serve
        c. Propose cost-effective and fiscally efficient programming while minimizing administrative burden to their organization
        d. Prioritize preventing the leading causes of maternal and infant morbidity and mortality
        e. Promote diversity and inclusion with demonstrated efforts to adapt services to fit the cultural contexts of the individuals, families or communities
    5. Recognizing the administrative burden of managing grants and the critical need to hire and retain qualified staff, the Bureau encourages the submission of proposals covering multiple counties. A lead agency would handle administrative tasks and ensure there are no gaps in coverage.

C. Goals and objectives of the Program
    1. Better Birth Outcomes Comprehensive programs funded by this NOFO will provide dyads direct, comprehensive, 1:1 nursing assessment and assistance to connect and engage with desired services. The Nurse Navigator helps the client meet their family's health and wellness goals and promotes the reduction of maternal and infant morbidity and mortality. The program

deliverables, performance measures, and performance standards are described in the sections that immediately follow.

D. Program Deliverables
   1. Through 1:1 supportive nursing assessment, intervention, navigation and referrals, providers will be expected to report data on the following efforts in the Department's data management information system:
      a. Provide trauma-informed, culturally responsive maternal child health navigation services to eligible families at no cost to the family
      b. Support the health and well-being of birthing families to reduce maternal and infant morbidity and mortality by the following methods:
         i. Provide interventions to promote, destigmatize, and support identification and treatment of maternal mental health concerns
         ii. Provide interventions to promote, destigmatize, and support identification and treatment of maternal substance use
         iii. Provide interventions to reduce pregnancy and postpartum complications associated with pre-existing chronic medical conditions
         iv. Provide interventions to reduce antepartum, intrapartum, and postpartum complications
         v. Provide interventions to promote a safe infant sleep environment
         vi. Provide interventions to promote adequate maternal and infant nutrition
         vii. Promote and support age-appropriate and diagnosis-appropriate growth and development
         viii. Collaborate with family to identify and mitigate barriers to accessing desired supports and services
E. Performance Measures and Standards
   1. Performance Measures (as evidenced by documentation in the Department approved MIS)
      a. % of enrolled dyads who received at least 1 nursing assessment at initial prenatal visit
      b. % of enrolled dyads who received at least 1 dyad nursing assessment at initial postpartum visit

      c. % of enrolled dyads who received a Social Determinants of Health screening addressing the 10 domains recognized by American College of Obstetrics and Gynecology

      d. % of enrolled dyads who received follow-up/referral for identified SDOH-related need
      e. % of enrolled dyads referred to MCO care coordination
      f. % of dyads reported using at least one MCH value-added service upon completion of the program
      g. % of enrolled dyads are educated on the importance of engaging and maintaining a medical home
      h. % of dyads report having a primary care provider upon completion of the program
      i. % of total dyad visits that are conducted face-to-face
      j. % of assigned unique dyads served

   2. Performance Standards

a. 100% of enrolled dyads received at least 1 prenatal nursing assessment
b. 100% of enrolled dyads who received at least 1 postpartum nursing assessment
c. 90% of enrolled dyads have SDOH screening completed addressing the 10 domains recognized by American College of Obstetrics and Gynecology
d. 70% of enrolled dyads have follow-up/referral for identified SDOH- related need
e. 90% of enrolled dyads referred to MCO care coordination
f. 70% of enrolled dyads utilized at least one MCO value added service upon completion of the program
g. 90% of enrolled dyads educated in the importance of engaging and maintaining a medical home
h. 70% of dyads report having a primary care provider upon completion of the program
i. 70% of total dyad visits conducted face-to-face
j. 70% of pregnant individuals provided information on Family Connects program
k. 70% of assigned unique dyads served

F. For cooperative agreements, the "substantial involvement" that the State agency expects to have is (or is located):
1. Not applicable

G. Specific unallowable costs for this program included in Section 1 above.

H. Program beneficiaries or program participants must meet the following requirements:
1. Receive services in the geographic services listed in Section I.
2. Meet the eligibility requirements as outlined in the Vulnerability Index. Families not meeting the eligibility criteria may be authorized with pre-approval by the Department.

I. Authorizing statutes and regulations for the funding opportunity include the following:
1. State Statutes and Regulations
   a. Family Case Management Act (410 ILCS 212)
   b. Improving Health Care for Pregnant and Postpartum Individuals Act (20 ILCS 1305/10-23 new)
   c. Grant Accountability and Transparency Act (20 ILCS 808)
   d. Grant Accountability and Transparency Act (JCAR Title 44 Part 7000)
2. Federal Regulations
   a. 45 CFR Part 96.70 - 96.75: Social Services Block Grant
   b. Uniform Guidance, Grants and Agreements eCFR:: 2 CFR Chapter II -- Office of Management and Budget Guidance

ii.   Additional Information:

A. This is a new grant program.
B. Adhere to all guidelines set forth in the Department's BBO-C Policy and Procedure Manual (available to applicants via email upon request)

4. Application Contents and Format

    i.   Content and Format Requirements

        A. Content and Form of Application Submission

            1. Pre-applications, letters of intent, or white papers are not required.

            2. Required Content of Application

                a. If an applicant is applying for more than 1 of the community areas listed, a separate application does not need to be submitted for each. The proposal narrative should clearly state which listed areas are being applied for.   Applicants must plan to serve the entire geographic area for which they are applying.

                b. Applications must include the required documents and demonstrate that the program eligibility requirements have been met. The Department will not contact applicants for missing items listed below. Applicants that do not include all the following documents will be considered substantially incomplete and will not be considered for funding. Refer to Section 5 (iii)B for details.

            3. Proposal Narrative Content and Attachments

                a. Program Narrative: IMPORTANT: The program (proposal) narrative makes up the bulk of the application. If the program narrative is missing from your application packet, your application will receive a significantly reduced score and the applicant organization will not meet the criteria to receive a grant under this notice of funding opportunity.

                b. Proposal Narrative Sections (total maximum 12 pages): *Please provide a complete response to the following sections.* If the applicant believes that the subject has been adequately addressed in another part of the application narrative, then provide the cross-reference to the appropriate part of the narrative. If a cross-reference is not included in the section, the reviewer will only consider content contained within that specific section.

                    i. Executive Summary (1 page maximum-total 5 Points)

                        1. Purpose: The Executive Summary will serve as a stand-alone document for successful applicants that will be shared with various state-level stakeholders and others requesting a brief overview of each funded project.

Therefore, applicants should be concise and direct in their description.

2. Components: Information in this section should include, but not be limited to, the following:

    a. Applicant information: Provide agency name and agency mailing address along with name, phone number, and email address of the contact person for this application. Include the number and location of sites where services will be provided.

    b. Community and Population Served: Identify which counties specified in section 1 above that the applicant intends to serve with this program. Briefly describe the local population to be served, including age, income, race, ethnicity, and primary language spoken.

    c. Budget: Provide total amount of applicant agency's SFY26 budget requested for this program and the anticipated total number of unique dyads (families) the applicant agency intends to serve annually through this program.

    d. Experience: Briefly describe agency experience in providing maternal/child health navigation, case management, and/or care coordination services in the geographical area the applicant agency is applying to serve. Include an overview of any additional services or programs the applicant agency offers to assist birthing families including work around advancing equity, racial justice, and birth disparities.

ii. **Need (2 pages maximum-total 10 points)**

1. Purpose: The purpose of this section is to provide a clear and accurate picture of the need for proposed services within the targeted community and how the applicant will address these needs. It is necessary for the applicant to demonstrate that it has thorough knowledge and understanding of the need.

2. Components

a. Geographic Service Area (5 points)

    i. List the proposed service area(s) by county. Applicants must plan to serve the entire geographical area for which they are applying. If the applicant agency is proposing to serve more than 1 county listed in the NOFO using a lead-agency model approach, explain that here for bonus points as described in E1.

    ii. Provide data on community needs related to birthing families in the service area. Include leading causes of maternal and infant morbidity and mortality in the area served. Include any contributing factors specific to the area served, or state as unknown. Include source of data used.

    iii. Include locations of birthing hospitals and/or birthing centers in the area to be served. If none, include the nearest locations outside of the area served.

b. Families to be Served (5 points)

    i. Describe the demographic characteristics of families to be served. Include age, income, race, ethnicity, and primary language spoken.

    ii. Describe the strengths of birthing families in the community, as well as the barriers that they experience to accessing high quality services.

    iii. Briefly describe how the applicant agency's program will prioritize preventing the leading causes of maternal and infant morbidity and mortality. If the applicant agency is currently a registered DHS Drug Overdose Prevention Program (DOPP), please include this information here for bonus points as described in E1. Include the date the applicant agency was

registered. If the applicant agency's registration is in process, include the date the applicant agency requested registration.

iv. Briefly describe how the applicant agency's program will prioritize racial equity in services provided to reduce disparities in maternal and infant morbidity and mortality.

iii. **Readiness (1 page maximum - total 20 points)**

1. The purpose of this section is to provide a clear and accurate picture of the physical readiness to provide for proposed services within the targeted community.

2. Components:

   a. Physical Readiness (10 points)

      i. Discuss the applicant agency's physical readiness, including but not limited to the presence of existing computer and telecommunication technology, medical tools, comfortable private consultation space to carry out 1:1 navigation activities. If applicable, describe whether this is space the applicant agency currently occupies (and/or pays for), whether it is under construction, if arrangements to rent/lease/buy or build a physical facility are or are not yet final.

   b. Training (10 points)

      i. Describe the training staff have had and will receive to ensure their ongoing ability to successfully perform required duties to meet program goals

      ii. If additional training is needed, describe what those training needs are, as well as the agency's willingness to ensure that all staff in need of training receives it prior to

commencement of service delivery. For purposes of the Application, assume that if the applicant agency requires training on the Department's data collection process, the Department will provide that training to appropriate staff within your agency prior to commencement of services.

iv. **Capacity (4 pages maximum – total 60 points)**

1. The purpose of this section is for the applicant to present an accurate picture of the agency's capacity, qualifications, and ability to successfully implement the proposed program described in this Notice of Funding Opportunity. Include the following:

2. Components

   a. Mission (5 points) - Describe the alignment between the proposed program and the applicant agency mission, as well as the agency's knowledge of and standing in the community to be served.

   b. Nursing Staff (25 points)

      i. List the program's Illinois Licensed Registered Nurses or Licensed Advanced Practice Registered Nurses planned to staff the program along with their highest applicable credentials and any certifications related to maternal child nursing, public health, or case management. Note if they are employed by the applicant organization or obtained through a contractual relationship. If a role is vacant, describe what contributes to the vacancy and how the applicant plans to fill the role within 30 days of the grant agreement start date.

      ii. List the program's non-nurse direct service staff planned to deliver navigation services along with their highest applicable credentials and any certifications related to community health, public health, or

case management. Note if they are employed by the applicant organization or obtained through a contractual relationship. If a role is vacant, describe what contributes to the vacancy and how the applicant plans to fill the role within 30 days of the grant agreement start date.

iii. Explain applicant agency's staff recruitment and/or retention efforts and provide at least 1 example of effectiveness.

iv. Outline the program's staffing structure, whether by employment or contractual relationship, including if staff FTEs are split across programs or if staff are budgeted 100% of their time to the program. Describe their areas of responsibility and lines of communication, and ensure the description aligns with the organizational chart submitted as Attachment A to the application. If more than 50% of the navigator staff (total nurses and non-nurses) share the cultural background of the families served, please include this information here for bonus points as described in E1.

v. Include planned navigator to family (dyad) ratio for the program.

c. Administrative Capacity and Leadership (25 points)

i. List the applicant agency's Executive Officer, Fiscal Officer, and proposed Program Coordinator(s), along with their highest applicable credentials and note if they are employed by the applicant organization or obtained through a contractual relationship. If a role is vacant, describe what contributes to the vacancy and how the applicant plans to fill the role

within 30 days of the grant agreement start date.

ii. Outline the program's management and staffing structure, whether by employment or contractual relationship, including if staff FTEs are split across programs or if staff are budgeted 100% of their time to the program. Describe their areas of responsibility and lines of communication, and ensure the description aligns with the organizational chart submitted as Attachment A to the application.

iii. If more than 50% of the administrative staff listed above share the cultural background of the families served, please include this information here for bonus points as described in E1.

d. Governance (5 points)

i. Briefly describe the applicant agency's governance structure. Include a list of the agency's Board of Directors or other governing body(ies). Identify the chairperson and/or other key positions, submitted as Attachment B to the application.

ii. Include the role the governing body will play in decision making processes and how they receive key program information to inform these responsibilities.

iii. If more than 50% of the Board/Governing leaders share the cultural background of the families served, please include this information here for bonus points as described in E1.

v. **Quality (4 pages maximum – total 75 points)**

1. The purpose of this section is to provide a clear and accurate picture of the applicant agency's experience and ability to successfully implement a quality program.

2. Components

   a. Clinical Expertise (15 points) - Briefly describe the applicant agency's maternal child nursing expertise and knowledge of maternal and child health. Include number of years.

   b. Prior Navigation Experience (10 points) - Briefly describe the applicant agency's experience in providing navigation, care coordination, community health work, or case management services to birthing families. Include number of years.

   c. Collaboration (30 points)

      i. Briefly describe the applicant agency's current relationship with Managed Care Organizations. Briefly describe how the applicant agency plans to assist clients in accessing MCO benefits they are eligible for (example: care coordination programs, transportation, cribettes, car seats, infant supplies).

      ii. Briefly describe how the applicant agency's program will coordinate with inpatient and outpatient maternal/child health care providers in the applicant agency's geographic area to assist the applicant agency's clients in meeting their desired health outcomes.

      iii. Describe how the applicant agency participates in local cross-system or cross-sector referrals to support timely access to requested health or social services or supports that are outside of the scope of the program or not otherwise provided at the applicant agency. Provide at least 1 example of a successful, closed-loop referral in the past year related to a birthing family.

d. Participant Recruitment & Outreach (10 points)

    i. describe how applicant agency will provide outreach to the community to ensure birthing families are aware of navigation services available.

    ii. Describe how the applicant agency partners with community assets in the applicant agency's service area (such as community-based organizations, faith-based institutions, healthcare providers, health departments, daycares, libraries, Family & Community Resource Centers, community collaborations, and local businesses) who serve birthing families to assist with client recruitment and outreach. Provide at least 1 example of this type of partnership.

e. Quality Assurance and Quality Improvement (10 points)

    i. Describe the applicant agency's quality assurance process and oversight to ensure compliance with stated programmatic design and achievement of NOFO deliverables including clinical and cultural competence.

    ii. Explain how the applicant agency will ensure clear. rapid pathways for staff to escalate urgent or emergent needs of the client. Include applicant agency's ability to access physician consultation for development of standing orders and agency policy and procedure to address abnormal findings.

    iii. For applicant agencies using a multi-disciplinary approach for client contacts (nurses and non-nurse Navigators), describe how the agency will monitor for active, unencumbered Licenses and/or Certifications, when applicable, and ensure that all duties are

provided within the scope and training of the RN/non-RN/non-APRN staff.

    iv. Describe how the program will utilize data collected to support continuous quality improvement. Provide at least 1 specific example of how the applicant agency has used data to drive improvement related to Maternal and Child Health services.

    v. Describe how the applicant agency ensures confidentiality and compliance with Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including but not limited to proper consent for release of information.

4. Budget and Budget Narrative (not included in page limit – 5 points maximum)

    a. Applicants must enter a budget electronically in the CSA system (Refer to IDHS: CSA Tracking System.)The Budget entered into the CSA system will include a narrative or detailed description/justification for each line in the budget and will describe why each expenditure is necessary for program implementation and how you arrived at the particular amount. Please include cost allocations as necessary. This narrative must also clearly identify indirect costs, direct program costs, direct administrative costs, and match within each line item as appropriate. The Budget (including MTDC base exclusions as appropriate) should clearly describe how the specified resources and personnel have been allocated for the tasks and activities described in your plan.

    b. The Budget must be electronically signed and submitted in the CSA system. The Budget must be signed by the Provider's Chief Executive Officer and/or Chief Financial Officer.

    c. IMPORTANT: Please be sure the budget status in CSA says "GATA Budget signed and submitted to program review." This status will appear after the budget is electronically signed by the agency CEO or CFO and submitted to IDHS. See IDHS CSA Tracking System webpage for additional information on CSA at IDHS: CSA Tracking System

    d. The budget and narrative must tie fiscal activity to program objectives and deliverables and demonstrate that all proposed costs are:

        i. Reasonable and necessary

        ii. Allocable, and

iii. Allowable as defined herein and by program regulatory requirements and the Uniform Guidance (2CFR 200), as applicable.

e. Additional Information

   i. Budgeted expenses covering no more than a 12-month period (services 7/1/25-6/30/26).

   ii. Navigators in personnel and/or contractual categories should be in alignment with projected caseload. Narrative should note what cost allocation method is used to calculate % of FTE. All staff listed need to have time and effort tracking in place to ensure the grant is billed for the time spent on grant activities. Staff for whom tracking time and effort would not be reasonable should be claimed as an indirect cost. Staff that are claimed to indirect are not subject to time and effort review.

   iii. Research and Development, Equipment, and Construction categories may not be used.

   iv. Technology including computers costing less than $10,000 per item needed to meet program deliverables may be budgeted in supplies category, unless agency has a lower threshold outlined in their local capitalization policy.

   v. Client transportation assistance may not be budgeted. Items distributed to clients as an incentive for program completion may not be budgeted. Grant Exclusives Line Item may only be budgeted if indicated in the Program Policy and Procedure Manual and in Deliverables.

   vi. Direct Administration category, if used should note in the narrative what cost allocation method is used to calculate % of FTE. All staff listed need to have time and effort tracking in place to ensure the grant is billed for the time spent on grant activities. Staff for whom tracking time and effort would not be reasonable should be claimed as an indirect cost. Staff that are claimed to indirect are not subject to time and effort review.

   vii. All applicants are encouraged to utilize Indirect Cost as other budget categories will not be allowed to capture costs incurred for common or joint objectives and that cannot be readily identified with a particular final cost objective including but not limited to:

1. Costs of operating and maintaining the applicant agency's facilities

2. General Administrative Expenses

3. Property Insurance

4. Administrative Support

5. Clerical Support

5. Required Forms

a. The [Uniform Application for State Grant Assistance](#) is a three-page document used to formalize organization's request to apply for funding. The document requires the signature and email address of the organization's authorized representative. This email address will be used for official communication between the Department and the applicant organization for matters regarding this application.

b. The [Grantee Conflict of Interest Disclosure](#) is a required for all grant award programs. The document requires agencies to identify actual or potential conflicts of interest. The form must be signed by a representative of the organization.

c. [Federal Form W-9](#)

A completed federal form W-9 Request for Taxpayer Identification Number and Certification is required for all applicants.

6. Required Format

a. The narrative portion must follow the page maximums where prescribed and must be organized in the format outlined or points may be deducted.

b. All applications must be typed on 8 ½ x 11-inch paper using 12-point type and at 100% magnification. The entire proposal should be typed in black font on white background. The program narrative must be typed single-spaced, with 1-inch margins on all sides. The narrative components must not exceed 12 pages total. Additional pages will not be reviewed or scored. Items included as Attachments are NOT included in the page limitation. The entire application must be sequentially numbered and submitted as a single PDF document.

c. The department may determine that an applicant is not qualified if they have not complied to requirements and use that determination as a basis to award to another applicant.

Submission Requirements and Deadlines

    iii. Address to Request Application Package.

        A. Actions Needed Prior to Applying:

           1. The complete application package (this Notice of Funding Opportunity, including links to required forms) is available through the Illinois Catalog of Financial Assistance and the IDHS Grants Website Page located: [IDHS: Grant Funded Programs](#)

           2. Each Applicant must have access to the internet. The Department's website will contain information regarding the NOFO and materials necessary for submission. Questions and answers will also be posted on the Department's website as described in this announcement (section 1 - Alpha section I) It is the responsibility of each applicant to monitor the website and comply with any instructions or requirements related to the NOFO.

    iv. Unique entity identifier and System for Award Management (SAM.gov). This subsection must state the requirements for unique entity identifiers and registration in SAM.gov. It must include the following:

        A. Each applicant must:

           1. Be registered in [SAM.gov](#) before submitting its application;

           2. Provide a valid unique entity identifier in its application; and

           3. Continue to maintain an active registration in [SAM.gov](#) with current information at all times during which it has an active award or an application or plan under consideration.

           4. The Department may not make an award until applicant has fully complied to all UEI and SAM requirements

           5. The department may determine that an applicant is not qualified if they have not complied to requirements and use that determination as a basis to award to another applicant.

        B. If individuals are eligible to apply, they are exempt from this requirement under 2 CFR 25.110(b).

        C. If the agency exempts any applicants from this requirement under 2 CFR 25.110(c) or (d), a statement to that effect.

    v. Submission Instructions

        A. Actions needed prior to applying:

        Applicants must be registered with the State of Illinois and Pre-qualified in the GATA portal prior to applying for Illinois awards. Instructions for creating an account and registering are located at the following link: [Illinois GATA Grantee Portal](#). Additionally, detailed instructions for registration and prequalification requirements, including the expected amount of time for completion are located here: [Grant Applicant Pre-Qualification and Pre-Award Requirements](#)

        B. The methods for submitting the application:

1. Applicants must electronically submit the complete application including all required narratives and attachments in the prescribed order:

   a. Program Narrative

   b. Uniform-Application-for-State-Grant-Assistance.pdf

   c. Grantee Conflict of Interest Disclosure

   d. Budget (entered into the CSA system as described in section (4)(A)

2. Applications must be sent electronically to DHS.OFWNOFO@illinois.gov.   The application will be electronically time-stamped upon receipt. The Department will ONLY accept applications submitted by electronic mail sent to DHS.OFWNOFO@illinois.gov. Include the following in the subject line: NOFO number and your agency name. Application submissions or delivery to any other email address or contact, including other IDHS offices or employees, will not be considered for review or funding. Applications will not be accepted if received by fax machine, hard copy, disk, or thumb drive.

3. Documents must include the following password: Not applicable

4. Software or electronic capabilities required are as follows:

   a. Internet access

   b. Email capability

   c. PDF reader software

   d. Word processing software

5. Applicants are required to notify the Department within 48 hours of the deadline if they did not receive an email notifying them that their application was received. If the applicant does not receive an email and does not notify the Department within 48 hours, their application will be considered a late submission and will NOT be reviewed or scored. The applicant will NOT have the right to protest the submission/receipt of their application to the Department after the 48 hours. In the event of a dispute the applicant bears the burden of proof that the application was received on time at the email location listed above (and that the budget was submitted into the CSA system on time).

C. Pre-application materials must be submitted as follows: Not applicable

D. If you are experiencing system problems or technical difficulties submitting your application, you may contact:

   1. Name: *Natalie Bullock*

   2. Phone: *(312)415-7369*

   3. Email: *DHS.OFWNOFO@illinois.gov*

vi. Submission Dates and Times

A. Full applications are due on the following date and time: June 23, 2025 at 5:00pm CDT

B. Any preliminary submissions, such as letters of intent, white papers, or pre- applications are due: Not applicable.

C. Other submissions required before the award (separate from the full application) include: Not applicable.

D. This announcement is open for a limited period of time and has specific due dates as outlined herein.

E. Missed Deadlines:

1. Applications received after the due date and time will not be considered for review or funding. All applicants/applications determined to be non-compliant or otherwise determined to be disqualified from consideration will be separately notified in writing, by email, upon determination. This email will be sent to the email addresses provided in the application and will identify the reason for disqualification.

2. For your records, please keep a copy of your submission with the date and time the application was submitted along with the email address to which it was sent. The deadline will be strictly enforced.

3. IMPORTANT: It is strongly recommended that the applicant not wait until the last minute to submit an application in case they experience technical difficulties with the submission process. Applicants should keep copies of all documentation that that may prove their application was submitted to the correct location and that it was received by IDHS on or before the deadline. Applicants should also maintain all electronic documentation, including screen shots, email correspondence, help desk ticket numbers, etc. that would document any unforeseen difficulties the applicant may have encountered regarding the timely submission of the application. Submission of electronic documentation of unforeseen difficulties does not guarantee that the application will be reviewed.

vii. Intergovernmental Review

A. This funding opportunity is NOT subject to Executive Order 12372, "Intergovernmental Review of Federal Programs"

Application Review Information.

a. Eligibility Review

i. Applications that are received will be reviewed on June 24, 2025 to ensure they meet the criteria for consideration. Applications that do not meet the criteria in paragraph B below will be rejected and will not enter the Merit Review process.

ii. The following are the criteria that must be met for eligibility:

1. Applicant has a current registration with the State of Illinois in the Grantee Portal.

2. Applicant has an active Sam.gov public account.

3. Applicant has an active Unique Entity Identifier (UEI) with Sam.gov

4. Applicant is in "good standing" with the Secretary of State.

5. Applicant is not on the DHS Stop Payment List Service or the Illinois Stop Payment List.

6. Applicant is not on the [Sam.gov](#) Exclusion List.

7. Applicant is not on the Illinois Medicaid Sanctions (DHFS Provider Sanctions) List.

8. Program specific eligibility restrictions include:

   a. Not applicable

iii. Restrictions on eligibility for State awards are referenced in 44 Ill Admin Code 7000.70. Program specific eligibility restrictions are referenced in this Notice of Funding Opportunity.

iv. All applicants/applications determined to be non-compliant or otherwise determined to be disqualified from consideration will be notified. This email will be sent to the email addresses provided in the application and will identify the reason for disqualification.

b. Review Criteria

i. Review Criteria

1. Evaluation criteria is based upon requirements set forth in 44 Ill Admin Code 7000.350 Merit Review of Applications and the IDHS Merit Review Manual. The review criteria and sub-criteria include the following:

   a. Applications will be evaluated based applicant's response to the program narrative described in Section 4.i.3 Program Narrative and Contents. Each section will be weighted as described below.

2. Criteria and Weighting of each criterion

BBO-C Scoring Criteria (Total Maximum 12 pages)	Maximum Points
Executive Summary (maximum 1 page)	5

Need (maximum 2 pages)
   I.   Geographic Service Area (maximum 5 points)
  II.   Families to Be Served (maximum 5 points)
	10

Readiness (maximum 1 page)
   I.   Physical Readiness (maximum 10 points)
  II.   Training (maximum 10 points)
	20

Capacity (maximum 4 pages)	60

I. Mission (maximum 5 points)	
II. Nursing Staff (maximum 25 points)	
III. Administrative Capacity and Leadership (maximum 25 points)	
IV. Governance (maximum 5 points)	

Quality (maximum 4 pages)
  I. Clinical Expertise (maximum 15 points)
  II. Prior Navigation Experience (maximum 10 points)
  III. Collaboration (maximum 30 points)
  IV. Participant Outreach and Recruitment (maximum 10 points)
  V. Quality Assurance and Quality Improvement (maximum 10 points)
	75

Budget and Budget Narrative – signed and submitted in the CSA	5
MAXIMUM REGULAR POINTS	**175**
Bonus Points: Lead Agency model approach - (25 points) Applicant is applying to more than 1 service area listed in the NOFO	25

Bonus Points: Applicant attests to:
  - (15 points) – fully registered as a current DHS DOPP provider including date registered.
  - (5 points) - submitted an application which is still pending to become a DHS DOPP provider including date application was submitted
	15

Bonus Points: Applicant attests to at least 50% of the following teams being comprised by individuals who share the cultural background of the community being served.
  - (2 points) Board of Directors or governing body
  - (2 points) Administrative team (CFO, CEO, Coordinator)
  - (6 points) Navigator staff (direct service nurses and non-nurses)
	10

MAXIMUM BONUS POINTS	**50**
TOTAL MAXIMUM POINTS	**225**

3. Statutory, regulatory, or other preferences*:*

    a. Not applicable

4. Cost Sharing will not be considered in the review process.

5. Information regarding Applicant-nominated reviewers:

    a. Not applicable

c. *Review and Selection Process*

    i. The process for evaluation of the application is as follows:

        1. Each review team will be comprised of a minimum of three individuals representing State Agencies. Conflict of Interest disclosures are required to be submitted by all reviewers. Applications will first be reviewed and scored individually. Then, team members will collectively review the application, their scores, and comments. Individual team members may choose to adjust scores to appropriately capture content that may have been missed initially. Scores will then be sent to the

Application Review Coordinator to be compiled and averaged to produce the final application review team score.

ii. The numerical score may not be the sole award criterion. The Department reserves the right to consider any factors such as: geographical distribution, demonstrated need, and agency past performance as a State of Illinois grantee, etc. While the recommendation of the review panel will be a key factor in the funding decision the Department maintains final authority over funding decisions and considers the findings of the reviewers to be non-binding recommendations. Any internal documentation used in scoring or awarding of grants shall not be considered public information.

iii. In the event of a tie, the Department may choose to elect one or more of the following options:

   1. Apply one or more of the additional factors for consideration described above to prioritize the applications; or
   2. Not fund any of the tied applications.

iv. The Department reserves the right to negotiate with successful applicants to adjust award amounts, targets, deliverables, etc.

v. In the event of multiple applicants seeking a lead agency model and applicants propose to cover overlapping counties, the Department may choose to elect the following option to achieve administrative efficiency:

   1. The qualifying applicant seeking to cover the largest total caseload will receive the award for those counties.

vi. Anticipated Announcement and State Award Dates: To Be Determined

vii. Merit Based Review Appeal Process

   1. Competitive grant appeals are limited to the evaluation process. Evaluation scores may not be protested. Only be evaluation process is subject to appeal and shall be reviewed by IDHS' Appeal Review Officer (ARO).

      a. Submission of Appeal

         i. Appeals submission IDHS contact information:
            1. Contact Name: Natalie Bullock
            2. Email address: DHS.OFWNOFO@illinois.gov
            3. Email Subject Line: 26-444-80-3556 Appeal-Organization Name

         ii. An appeal must be submitted in writing to appeals submission IDHS contact listed above, who will send to the IDHS Appeal Review Officer (ARO) for consideration.

         iii. An appeal must be received within 14 calendar days after the date that the grant award notice has been published.

         iv. The written appeal shall include at a minimum the following:

1. Name and address of the appealing party
2. Identification of the grant; and
3. Statement of the reasons for the appeal
4. Supporting documentation, if applicable
   b. Response to appeal
      i. IDHS will acknowledge receipt of an appeal within 14 calendar days from the date the appeal was received.
         1. IDHS will respond to the appeal within 60 days or supply a written explanation to the appealing party as to why additional time is required.
         2. The appealing party must supply any additional information requested by IDHS within the time period set in the request
   c. Resolution
      i. The ARO will make a recommendation to the Agency Head or designee as expeditiously as possible after receiving all relevant, requested information.
      ii. In determining the appropriate recommendation, the ARO shall consider the integrity of the competitive grant process and the impact of the recommendation on the State Agency.
      iii. The Agency will resolve the appeal by means of written determination.
      iv. The determination shall include, but not be limited to:
      v. Review of the appeal;
      vi. Appeal determination; and
      vii. Rationale for the determination.

d. Risk Review

   i. Requirements:
      1. IDHS conducts risk assessments for all awardees, prior to the award being issued.
         a. An agency wide Internal Control Questionnaire (ICQ) to be completed by the awardee within the Grantee Portal. The ICQ evaluates fiscal, administrative, and programmatic risk in the following categories:
            i. Quality of Management Systems
            ii. Financial and Programmatic Reporting
            iii. Ability to Effectively Implement Award Requirements
            iv. Awardee Audits
         b. A program specific Programmatic Risk Assessment conducted by the awarding agency to evaluate the following categories:
            i. Programmatic financial stability
            ii. Management systems and standards that would affect the program.

        iii. Programmatic audit and monitoring findings

        iv. Ability to effectively implement program requirements.

        v. External partnerships

        vi. Programmatic reporting

    c. Risk assessments are not intended to be punitive in nature, rather they are conducted in order to evaluate the support, technical assistance, and training that may be needed for the awardee and the level of monitoring that is needed for the award.

    d. Risk assessments may result in Specific Conditions being placed on the award to include more frequent monitoring or the implementation of a corrective action plan.

2. Simplified Acquisition Threshold - Federal and State awards

    a.

    b. It is anticipated that some grants under this award may receive award over the Simplified Acquisition Threshold defined in 48 CFR part2, subpart 2.1. Potential grantees under this funding announcement may receive an award in excess of the simplified acquisition threshold. Therefore, the grantee is subject to the simplified acquisition threshold and related requirements.

        i. Prior to making an award with a total amount greater than the simplified acquisition threshold, IDHS is required to review and consider any information about the applicant that is in the designated integrity and performance system accessible through SAM. (Currently FAPIIS) (See 41 U.S.C. 2313)

        ii. That an applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that a State or Federal awarding agency previously entered and is currently in the designated integrity and performance system accessible through Sam.

        iii. IDHS will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicants' integrity, business ethics, and record of performance under State and Federal awards when completing the review of risk posed by applicants as described in 2 CFR 200.206

Award Notices

    a. This section addresses what a successful applicant can expect to receive following selection.

        i. State Award Notices

1. Applicants recommended for funding under this NOFO following the review and selection process will receive a Notice of State Award (NOSA). The NOSA shall include:
   a. Grant award amount
   b. The terms and conditions of the award
   c. Specific conditions, if any, assigned to the applicant based on the fiscal and administrative risk assessment (ICQ), programmatic risk assessments (PRA), and the Merit Review.

2. The applicant shall receive the NOSA through the Grantee Portal. The NOSA must be signed by the grants officer (or equivalent). This signature effectively accepts the state award amount and all conditions set forth within the notice. The signed NOSA is the document authorizing the department to proceed with issuing an agreement. The Agency signed NOSA must be remitted to the Department as instructed in the notice.

3. The notice is not an authorization to begin performance (to the extent that it allows charging to State awards of pre-award costs; pre-award costs are incurred at the non-State entities own risk unless they have received written prior approval to begin performance).

4. The authorizing document to begin performance is the fully executed Uniform Grant Agreement (UGA) signed by the grants officer, or equivalent. This is the official document that obligates funds. The UGA is sent to the non-State entity via the CSA system. The non-State entity will print and sign the signature page of the UGA and return signature page to DHS.OCA.SignaturePages@illinois.gov. A final signed copy of the UGA will be provided to the non-State entity via an upload into the CSA Tracking system. Note: The Department cannot issue an Agreement until the successful applicant has an approved budget entered into the CSA system.

5. Applicants who are not eligible due to registration or pre-qualification issues, or late applications will receive a Notice of Ineligibility prior to the Merit-Based Review.

6. Applicants who are not selected to receive an award following the Merit Review process will receive a Notice of Denial/Non-Selection.

Post-Award Requirements and Administration

   a. Administrative and National Policy Requirements

i. The agency awarded funds shall provide services as set forth in the IDHS grant agreement and shall act in accordance with all State and Federal statutes and administrative rules applicable to the provision of the services.

ii. [Sample of the current IDHS Uniform Grant Agreement](#)

iii. Payment Terms:

1. It is the policy of the Illinois Department of Human Services (IDHS) that this policy complies with 2 CFR 200.302, 2 CFR 200.305, 31 CFR 205 (Procedures implementing the Cash Management Improvement Act and Treasury State Agreement (TSA)) and 44 Ill. Admin. Code 7000.120 GOMB Adoption of Supplemental Rules for Grant Payment Methods. Three different award payment methods exist, namely Advance Payment, Reimbursement, and Working Capital Advance.

b. Reporting

i. Reporting upon execution of the grant agreement shall be in accordance with the requirements set forth in the UGA and related exhibits which include but is not limited to the following:

1. Periodic Financial Reports submitted electronically in accordance with instructions in the UGA no more frequent than quarterly and no less frequent than annually, unless unusual circumstances exist.
2. Periodic Programmatic Reports submitted electronically in accordance with instructions in the UGA no more frequent than quarterly and no less frequent than annually, unless unusual circumstances exist.
3. Close-out Performance Reports and Financial Reports as instructed in the UGA.
4. Other Unique Programmatic Reporting Requirements: additional annual performance data may be collected as directed by the Department and in the format prescribed by the Department.
5. If the State share of any State award may include more than $500,000 over the period of performance applicants are also subject to the reporting requirements reflected in Appendix XII to 2 CFR 200. Noncompliance with any of the identified reports may lead to being placed on the Illinois Stop-Payment List

Other Information

a. Additional Information

i. Application Checklist

1. Applicant must meet [pre-qualification requirements](#)
2. Budget and Budget Narrative must be submitted in [CSA](#) (do not attach a copy to application packet) (not included in page limit)

3. Application package must include the following mandatory forms/attachments in a single PDF document, in the following order:
   a. [Uniform Application for State Grant Assistance (pdf)](#) (not included in page limit)
   b. Proposal Narrative (page limit applies)
      i. Executive Summary (1 page maximum)
      ii. Need (2 pages maximum)
      iii. Readiness (1 page maximum)
      iv. Capacity (4 pages maximum)
      v. Quality (4 pages Maximum)
      vi. Attachment A: Organizational Chart (not included in page limit)
      vii. Attachment B: Governing Body/Board of Directors (not included in page limit)

   c. [Grantee Conflict of Interest Disclosure](#) (not included in page limit)
   d. [Federal W-9 Form (pdf)](#) (not included in page limit)