

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

Awarding Agency Name	Public Health
Agency Contact	Teresa Lindsey (teresa.e.lindsey@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	CNA-26-2
Funding Opportunity Title	Community Network Anchors (CNA-26)
CSFA Number	482-00-3692
CSFA Popular Name	Community Network Anchors (CNA-26)
Anticipated Number of Awards	1
Estimated Total Program Funding	\$100,000
Award Range	\$100000 - \$100000
Source of Funding	Federal and State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	No
Restrictions on Indirect Costs	No
Posted Date	09/24/2025
Application Date Range	09/24/2025 - 10/24/2025 : 4pm
Grant Application Link	Please select the entire address below and paste it into the browser... https://idphgrants.com/user/home.aspx?Mode=Logout
Technical Assistance Session	Offered : Yes Mandatory : No Date : 10/06/2025 : 1pm Registration link : https://illinois.webex.com/illinois/j.php?MTID=mdebbfe460878e1bfea32c3163b1cfaa7

Uniform Notice of Funding Opportunity (NOFO)

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1. Awarding Agency Name:	Illinois Department of Public Health
2. Agency Contact:	Name: Lisa Masinter Phone: 312/814-1884 Email: lisa.masinter@illinois.gov
3. Announcement Type:	☒ Initial announcement ☐ Modification of a previous announcement
4. Type of Assistance	Grant
5. Agency Opportunity	CNA-26-2
6. Funding Opportunity Title:	Community Network Anchors – Cycle 2 (CNA-26-2)
7. CSFA Number:	482-00-3692
8. CSFA Popular Name:	Community Network Anchors (CNA2626)
9. CFDA Number(s):	93.994
10. Number of Anticipated	1
11. Estimated Total Funding	\$100,000
12. Single Award Range:	Up to \$100,000
13. Funding Source: Mark all that apply	☒ Federal or Federal pass-through ☒ State ☐ Private / other funding
14. Is Cost Sharing or Match	☐ Yes ☒ No
15. Indirect Costs Allowed? Restrictions on Indirect Costs?	☐ Yes ☒ No ☐ Yes ☐ No If yes, provide the citation governing the restriction:
16. Posted Date:	9/24/2025
17. Application Date Range: Leave the 'End Date' and 'End Time' empty if there is no deadline.	Start Date: 9/24/2025 End Date: 10/24/2025 End Time: 4:00 pm
18. Technical Assistance Session:	Session Offered: ☒ Yes ☐ No Session Mandatory: ☐ Yes ☒ No Date and time: 10/6/2025 at 1:00 pm Conference Info/Registration Link: https://illinois.webex.com/illinois/j.php?MTID=mdebbfe460878e1bfea32c3163b1cfaa7

A. Program Description

Community Network Anchor Grants Cycle 2 – **Metro East Region ONLY**

Counties included: Pike, Scott, Morgan, Sangamon, Calhoun, Greene, Macoupin, Montgomery, Christian, Jersey, Madison, Bond, St. Clair, Monroe, Clinton, East Side, Washington, and Randolph



Illinois has a rich history of supporting children and families across its diverse communities, but continued efforts are needed to strengthen connections and prioritize the voices of youth and families at every level of the process. Since 2022, the work of the Illinois Children’s Behavioral Health Transformation Initiative (CBHTI) has united state agencies that partner under a shared mission of streamlining and better coordinating children’s behavioral health care in Illinois. The Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children, which was developed via partner engagement and data analysis, outlines 12 strategic recommendations that together can improve behavioral health care for families in Illinois. These include building a centralized Care Portal for families (launched in January 2025 and known as BEACON), improving service coordination, adjusting provider rates for residential care, and implementing mental health screening in school and pediatric settings. The Blueprint

emphasizes both preventive and acute services, and advocates for capacity expansion and technological advancements to facilitate efficient service delivery and real-time data insights. Additionally, the Blueprint underscores the importance of equity, recommending culturally informed approaches to address disparities that affect underrepresented groups.

Blueprint Recommendation 12 encompasses the goal of fortifying community networks by investing in local communities and parent leadership. As noted in the Blueprint, children's mental health Systems of Care values and principles are best implemented in smaller regions where individual relationships between child-serving system leaders, provider partners, and community members can be developed and nurtured. Similarly, the groundwork for supporting parent and youth leadership and voice is best initiated at the local level. Family-voice is the most critical aspect of Systems of Care at the local level to ensure policies, programs, and services keep the lived experiences of those directly affected in mind. By centering family-voice, communities promote supports that are culturally responsive, equitable, and more aligned with realities and needs. Families have crucial information about gaps in services, barriers to access, and opportunities for meaningful engagement that lead to better and sustainable solutions. When families are respected as equal partners in decision-making, systems become more accountable, collaborative, and better equipped to promote child and family well-being. To be truly effective, family-voice must be engaged from the very beginning of policy, program, and service development—including budgeting, governance, and implementation—so that decisions reflect the priorities, strengths, and challenges of those they are intended to serve. This early and ongoing inclusion strengthens outcomes and fosters shared ownership across systems and communities.

The Illinois Department of Public Health (IDPH) has taken a lead role in the community network fortification effort, which includes the release of this Notice of Funding Opportunity (NOFO). One award will be given to the Metro-East Region. Cycle 1 of this grant included the other 5 regions. The purpose of this grant is to support six entities to become six Community Network Anchors that will coordinate, organize, streamline and grow community networks across their designated IDPH Health Region. IDPH will provide one year of funding to six organizations to become six Community Network Anchors representing the six IDPH Health Regions, with the opportunity to renew for a second year.

A Community Network Anchor is regional lead entity funded to coordinate, organize, streamline and grow community networks across an IDPH Health Region. Network Anchors will support and regularly convene local community networks to prevent and mitigate crises utilizing creative and coordinated approaches to existing supports. They will be expected to engage with IDPH to execute best practices across communities in their region to serve and fortify local mental health, public health, behavioral health, wellness, family-centered care, and general health needs of local communities. Community Network Anchors will report regional data and information up to IDPH and report regional and statewide data and information out to community networks efficiently and effectively related to child and family needs and supports that bolster health and mental health, including both urgent short-term needs and long-term opportunities. They will partner across communities and statewide to creatively and collectively reach Illinois families through community networks with what communities and families say they need to thrive. Ideal candidates will be interested in promoting system change and efforts to support the growth of local and community resources.

Community Network Anchors will be expected to fortify existing Community Networks, which are defined as ecosystems of diverse partners coupled with braided supports that promote the well-being of families by connecting them with the people and resources they say they need to heal and thrive, helping to prevent and mitigate crisis. A network host convenes a community network with diverse partners regularly (such as monthly or quarterly) who represent sectors such as, but not limited to, local mental health providers, hospitals, healthcare providers, schools, family-run organizations, parents, faith-based

groups, advocacy organizations, local government, law enforcement, etc. IDPH and CBHTI will provide Community Network Anchors with a foundational understanding of existing community network activity in their region. Grant recipients will be expected to build upon these materials as part of their scope of work.

Successful applicants must demonstrate a clear ability to partner with the state to lead and engage new and existing community networks in their region in the topic areas of children's mental and behavioral health, family well-being, and public health. Examples of goals include, but are not limited to:

- Growing the number of community networks in their region to fortify and strengthen family-voice.
- Increasing child, youth, and family connections to mental health providers in their local communities.
- Improving mental, behavioral, and public health providers' connections with available state and local programs, such as the BEACON portal, state programs that directly serve children and adults, learning collaboratives, technical assistance, and training opportunities.
- Engaging communities to build awareness of and connect community members with emerging family well-being and prevention providers and services.
- Partnering with local regional offices of education, school districts, or schools to bolster the connection between schools, families, communities, mental health, and public health initiatives and processes to increase opportunities for collaboration to improve health outcomes.
- Demonstrating the ability to share power across community networks and with families and youth so that all may have equitable decision-making, co-creation, and accountability in policies, programs, and services.

Applicants must complete a narrative with a scope of work that includes the following content:

- Description, including evidence, of the suitability of the applicant to execute the activities required for to be a Community Network Anchor for their IDPH Health Region, , including but not limited to:
 - o the specific tasks to be undertaken to partner with the state to lead and engage new and existing community networks within the applicant's DPH Health Region
 - o plans to support and regularly convene local community networks to prevent and mitigate crises utilizing creative and coordinated approaches
 - o history of engagement with state leaders to execute best practices across communities in their region to serve and fortify local mental health, public health, behavioral health, wellness, family-centered care, and general health needs of local communities.
 - o plans to ensure their ability to evaluate and share regional data and information related to child and family needs and supports that bolster health and mental health, including both urgent short-term needs and long-term opportunities.
 - o interest in promoting system change and efforts to support the growth of local and community resources
 - o the applicant's alignment to System of Care and Public Health core values, including the involvement of people with lived experience in mental health and healthcare systems in the entire spectrum of grant activities
- Detailed project description with key strategies and objectives of how the applicant plans to execute the duties of a Community Network Anchor and serve existing Community Networks in the noted community area(s) in the topic areas of children's mental and behavioral health, family well-being, and public health.
- Alignment with stated priorities, goals, and values of this NOFO
- Background and the history of the organization, areas of expertise, familiarity, capacity, and years of connection to the community area
- Expected challenges or limitations and a description of how the applicant will mitigate them
- A list of subgrantees, if any, and a description of their specific areas of expertise, as well as any subject matter experts or other partners that would be significantly advising and/or collaborating on the

strategies outlined in the application

- At least 3 letters of support from regional public health or mental health leaders, such as the area's Local Public Health Administrator, a Healthcare provider, a Regional or School District Superintendent, a mental or behavioral health expert, a family-voice or parent leader, a local government leader, or another community leader
- Include strategies for involving and recruiting individuals with lived experience with the adult and child mental health or healthcare systems in the planning and execution of the grant deliverables. For example:
 - o Create formal roles (e.g., Community Co-Leads, Parent Advisors, Peer Consultants) with clear responsibilities
 - o Co-design with lived experts, rather than soliciting feedback after decisions are made
 - o Create shared decision-making processes
 - o Engage lived experts early on and plan sufficient time to build a shared vision
 - o Remove barriers to lived experts' involvement and provide concrete support for strong, sustained community leadership
 - o Conduct equity impact assessments with lived experts to anticipate unintended consequences
 - o Use participatory evaluation methods so lived experts help define what success looks like and how it's measured
 - o Implement feedback loops so lived experts can see how their input shaped the work
- A description of how applicant will collect and share data about their work and the activities of the community networks in their designated region, including but not limited to:
 - o Community Network Anchor and community networks governance structure
 - o Data about the frequency, attendance, participation, and outcomes of meetings among community network anchors and community networks related to the grant goals
 - o The roles of meeting and process participants, including data about engagement with parents, guardians, families, and individuals with lived experience in the mental health and healthcare systems
- A plan for how to evaluate activities to determine success
- Sustainability plan: description of how applicant will approach the need for ongoing financial and technical support for activities after grant cycle ends

Applicants are required to submit a workplan delineating objective, activities, deliverables and measures using the SMART framework: Strategic, Measurable, Ambitious, Realistic, and Time-bound. Applications should have at least three objectives in the workplan. More information about the SMARTIE framework can be found at the following link: <https://www.cdc.gov/cancer/ncccp/pdf/smartie-objectives-508.pdf>

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. Grant funds are to be used to facilitate successful engagement of organizations with the State who are doing or planning innovative, community based, work with the objectives of fortifying community networks to support children's mental health and family wellbeing. Grant fund uses may include but not limited to:

- Growing the number of community networks in their region to fortify and strengthen family and provider connections across communities and with state resources
- Increasing child, youth, and family connections to mental health providers in their local communities.
- Engaging more mental, behavioral, and public health providers with State-based programming, including learning collaboratives, technical assistance, and training.
- Engaging communities to build awareness of and connect community members with emerging family well-being and prevention providers and services.
- Enhancing shared power among community networks, family-run organizations, youth-led initiatives,

schools, healthcare organizations and other providers.

Supplies and equipment. Equipment is defined as an item of property that has a per unit acquisition cost of \$5,000 or more and has an expected service life of more than one year. If it is less than \$5,000 it goes under supplies. Supplies means all tangible personal property other than those described in Equipment. (e.g., A computing device is a supply if the acquisition cost is lower than the capitalization level established by the grantee agency or the grant program, whichever is lower, regardless of the length of its useful life.

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.

This funding opportunity through The Office of Women’s Health and Family Services, will be offered during fiscal year 2026. This grant is anticipated to be for 9 months (October 1, 2025, through June 30, 2026) with the opportunity for one renewal.

Staff salary, fringes, travel expenses, conference fees, equipment, fees to cover renting a space for meetings, office and meeting supplies, direct administrative costs, contractual services, printing costs, etc.

Incentive items (e.g., gift cards, prizes, etc.), promotional items, interest payments, charitable contributions, and construction are not allowable expenses.

- A narrative portion must accompany grant budget detail line items or grant budget summary for each category.
- Contractual vendor’s contact information.
- The name of staff, if currently hired, must accompany the line item titles for any personnel and direct admin staff.
- For monthly reimbursement certificates, any line item that exceeds \$5,000 (excluding personal services and fringe) will require documentation including invoice and proof of payment.

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

The successful applicant must demonstrate that they have background and expertise in regional and local coordination of children's mental and behavioral health services and/or initiatives, family well-being projects, and/or public health services. Additionally, the grantee must have demonstrable ties to communities at higher risk of adverse outcomes and/or partnerships with organizations actively engaged with the community they are serving. The applicant must also be willing to produce reports and any other required documentation that IDPH requests. Applicants eligible to apply include not-for-profit corporations, government entities, school districts, regional offices of education, universities, and community colleges.

One award will be given per IDPH Health Region for a total of six awards. Awards will be based on geographical need and saturation, and available funding. The cap amount is the highest award that may be provided, award amounts are determined based on the score given during merit review, number of eligible applicants, and scope of services provided.

2. Cost Sharing or Matching

N/A

3. Indirect Cost Rate

N/A

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

N/A

D. Application and Submission Information

1. Address to Request Application Package

Applications must be submitted via the Illinois Department of Public Health's Electronic Grants Administration and Management System (EGrAMS), accessible at idphgrants.com.

Since high-speed internet access is not yet universally available for downloading documents or accessing the electronic application, and applicants may have additional accessibility requirements, applicants may request paper copies of materials by contacting:

Lisa Masinter: Lisa.Masinter@illinois.gov

2. Content and Form of Application Submission

The application format is provided via EGrAMS, which must be completed in its entirety. While some of the sections in the application relate specifically to the grant program of interest, many sections must be completed for all grant programs. Those sections include, Applicant Information, Applicant Grant History, Scope of Work, The Work Plan, Grant Budget, Indirect Cost Information, Miscellaneous section (W-9, resumes, job descriptions, a Risk Assessment and the Applicant Certification). Therefore, it might be helpful for your Agency to prepare standard responses for those sections. Please note that "Instructions" boxes appear on screens throughout the EGrAMS online application, and it is suggested that you click on these for additional guidance and tips for completion.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Each applicant, unless the applicant is an individual or Federal or State awarding agency that is exempt from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the Federal or State awarding agency under 2 CFR § 25.110(d)), is required to:

- i. Be registered in SAM before submitting its application. If you are not registered in SAM, this link provides a connection for SAM registration: <https://sam.gov/SAM/>
- ii. provide a valid UEI in its application; and
- iii. continue to maintain an active SAM registration with current information at all times during which it has an active Federal, Federal pass-through or State award or an application or plan under consideration by a Federal or State awarding agency.

The State awarding agency may not make a Federal pass-through or State award to an applicant until the applicant has complied with all applicable UEI and SAM requirements and, if an applicant has not fully complied with the requirements by the time the State awarding agency is ready to make a Federal pass-through or State award, the State awarding agency may determine that the applicant is not qualified to receive a Federal pass-through or State award and use that determination as a basis for making a Federal pass-through or State award to another applicant.

4. Submission Dates and Times

See 17 on Page 1 of this NOFO.

5. Intergovernmental Review, if applicable

N/A

6. Funding Restrictions

All grant funds must be used for the sole purposes set forth in the grant proposal and application

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

Allowability

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

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

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

Allowed Uses

Funding may be used for the following:

All grant funds must be used for items that are necessary and reasonable for the proper and efficient performance of the grant and may only be used for the purposes stated in your grant agreement, work plan, and budget.

The Grantee will expend funds awarded under this agreement in accordance with the budget approved and on file with the Department. Departmental approval of a budget, including subcontractors or subgrantees, does not constitute written consent for the use of such services.

The Grantee will not commingle funds between separate grants or subgrants, even if the grants or subgrants are related or the same population is being served.

Supplies and equipment. Equipment is defined as an item of property that has a per unit acquisition cost of \$5,000 or more and has an expected service life of more than one year. If it is less than \$5,000 it goes under supplies.

Supplies means all tangible personal property other than those described in Equipment. (e.g., A computing device is a supply if the acquisition cost is lower than the capitalization level established by the grantee agency or the grant program, whichever is lower, regardless of the length of its useful life.

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:

Pre-award costs are not allowed.

Illinois Department of Public Health - Office of Performance Management

Additional Funding Guidance

N/A

7. Other Submission Requirements

N/A

E. Application Review Information

1. Criteria

2. Criteria

The successful applicant must demonstrate that they have background and expertise in regional and local coordination of children's mental and behavioral health services and/or initiatives, family well-being projects, and/or public health services. Additionally, the grantee must have demonstrable ties to communities at higher risk of adverse outcomes and/or partnership with an organization doing community engaged work. The applicant must produce reports and any other required documentation.

Applicants must be registered in the Grant Accountability and Transparency Act (GATA) Grantee Portal, <https://grants.illinois.gov/portal/>, at the time of the grant application.

Organizations on the Illinois Stop Payment List and/or the Federal Excluded Parties List at time of application submission will not be considered for an award.

SCORING CRITERIA

Grants will be reviewed by program staff during a competitive review process. The categories are as follows:

Scope of Work: 30 points

Work Plan: 20 points

Budget: 15 points

Total: 65

3. Review and Selection Process

Merit-Based Review Appeal Process

For competitive grants, only the evaluation process is subject to appeal. Evaluation scores or funding determinations/outcomes may not be contested and will not be considered by the Department's Appeals Review Officer.

To submit an appeal, the appealing party must:

- Submit the appeal in writing and in accordance with the grant application document through IDPH's Merit-Based Review Appeal Request Form available here: <https://app.smartsheet.com/b/form/ed4d113385de41feb38964a8005ce72b>
- Appeals must be received within 14 calendar days after the date that the grant award notice was published.
- Appeals must include the following information:
 - The name and address of the appealing party

- Identification of the grant
- A statement of reasons for the appeal
- If applicable, documents or exhibits to support statement of reason

The IDPH Appeals Review Officer (ARO) will consider the grant-related appeals and make a recommendation to the appropriate Deputy Director as expeditiously as possible after receiving all relevant, requested information.

- The ARO must review the submitted Appeal Request Form for completeness and acknowledge receipt of the appeal within 14 calendar days from the date the appeal was received.
- The ARO will utilize an Appeal Review Tool to consider the integrity of the competitive grant process and the impact of the recommendation.
- The appealing party must supply any additional information requested by the agency within the time period set in the request.
- The ARO shall respond to the appeal within 60 days or supply a written explanation to the appealing party as to why additional time is required.

Documentation of the appeal determination shall be sent to the appealing party and must include the following:

- Standard description of the appeal review process and criteria
- Review of the appeal
- Appeal determination
- Rationale for the determination
- In addition to providing the written determination, the grant-making office may do the following:
 - Document improvements to the evaluation process given the findings and re-review all submitted applications.
 - Document improvements to the evaluation process given the findings and implement improvements into the following year's grant evaluation process.
 - Provide written notice to the appealing party as to how the identified actions will be remedied.

Appeals resolutions may be deferred pending a judicial or administrative determination when actions concerning the appeal have commenced in a court of administrative body.

Health-Equity Based Review

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

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

Health Equity Checklist

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

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

Health Equity Definition

The proposed program should aim to reduce health disparities and health inequities where they exist. Differences in the incidence and prevalence of health conditions and health status between groups are commonly referred to as **health disparities**. **Health equity**, then, as understood in public health literature and practice, is when everyone has the opportunity to ‘attain their full health potential’ and no one is ‘disadvantaged from achieving this potential because of their social position or other socially determined circumstance.’¹ This definition is taken from IDPH’s Health Equity Checklist. Given that social disparities are rooted in institutional structuring, quality and controls of the underlying infrastructure and resource sectors that support the community members, it is imperative that participating entities engage in a structured inquiry that identifies unmet social determinants of health that communities of color are enmeshed within which have resulted in population-based disparities. Understanding health equity is essential for all participating agencies to engaged in intervention strategies, reflect on social determinants of health, and promote health equity in research, development, practice, and evaluation.

Incorporation of Key Definitions from IDPH Health Equity Checklist

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

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

Culturally and Linguistically Appropriate Services

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

Focus on Social Determinants of Health

The program must address the Social Determinants of Health. Social Determinants of health are the conditions where people are born, live, learn, work, play and worship. The reality of these conditions and the distribution of life-enhancing resources have major impacts on the health, longevity, and the quality of life for Illinois residents. Efforts in addressing social determinants of health will provide a health equity

¹ Illinois Department of Public Health. (2020). Health Equity Checklist. Retrieved from https://docs.google.com/document/d/1GZTg7_RdnC8XRahQ1trcLTnsHD6k5OAX6Pbg1LUk7ql/edit?usp=sharing

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

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

framework for program development.⁴ In addition, there must be a focus on health through collaboration with Non-Health Sectors.

4. Review and Selection Process

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

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- 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:

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>

- 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.

5. *Anticipated Announcement and State Award Dates, if applicable.*

Anticipated Announcement Date (if known): [Click or tap to select a date.](#)
 Anticipated Program Start Date: 10/1/2025
 Anticipated Program End Date: 6/30/2026

F. Award Administration Information

1. *State Award Notices*

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

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

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

2. *Administrative and National Policy Requirements*

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

3. *Reporting*

Three quarterly reports and a final report will be required. Monthly reimbursement reports due on the 15th of the following month.

G. State Awarding Agency Contact(s)

Lisa Masinter, MD, MPH, MS, FACOG
Deputy Director
Office of Women's Health and Family Services
Illinois Department of Public Health
Email: lisa.masinter@illinois.gov
Cell: 312-814-1884

H. Other Information, if applicable

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:

Scope of work/Work Plan