

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

Awarding Agency Name	Human Services
Agency Contact	Holly Robinson (DHS.DBHR.GrantApp@Illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	27-444-42-3801-01
Funding Opportunity Title	710 Outreach Peer Ambassador Program
CSFA Number	444-42-3801
CSFA Popular Name	710 Outreach Peer Ambassador Program
Anticipated Number of Awards	1
Estimated Total Program Funding	\$1,969,245
Award Range	\$1165232 - \$1969245
Source of Funding	State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Posted Date	02/02/2026
Application Date Range	02/02/2026 - 03/03/2026 : 12:00PM
Grant Application Link	Please select the entire address below and paste it into the browser... https://www.dhs.state.il.us/page.aspx?item=176850
Technical Assistance Session	

Illinois Department of Human Services

JB Pritzker, Governor · Dulce M. Quintero, Secretary

IDHS > Providers > IDHS Grants Administration > Grant Funded Programs > Mental Health Grants - FY 2027 >

710 Outreach Peer Ambassador Program (27-444-42-3801-01)

I. Basic Information

Awarding Agency Name	Illinois Department of Human Services
Agency Division Name	Division of Behavioral Health & Recovery
Agency Contact	Holly Robinson DHS.DBHR.GrantApp@Illinois.gov
Announcement Type	Competitive/ Initial Announcement
Funding Opportunity Title	710 Outreach Peer Ambassador Program
Funding Opportunity Number	27-444-42-3801-01
Application Posting Date	February 2, 2026
Application Closing Date	March 3, 2026, 12:00 PM (Noon) Central Time
Catalog of State Financial Assistance (CSFA) Number	444-42-3801
Catalog of State Financial Assistance (CSFA) Popular Name	710 Outreach Peer Ambassador Program
Assistance Listing (CFDA Number)	Not Applicable
Award Source	State
Estimated Total Program Funding	\$1,969,245
Anticipated Number of Awards	1
Award Range	\$1,165,232 - \$1,969,245
Cost Sharing or Matching Requirement	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Technical Assistance Session	Session Offered: No

- [IDHS: CSA Tracking System \(state.il.us\)](#)
- [Centralized Repository Vault \(CRV\)](#)
- [GATA Learning Management System \(LMS\)](#)

A. Funding Details

1. Total Amount of Funding

- The Department expects to award approximately \$1,969,245.
- The source of funding for this program is State funds.

2. Number of Grant Awards

- The Department anticipates funding approximately 1 grant award to provide this program.

3. Expected Dollar Amount of Individual Grant Awards

- The Department anticipates that the dollar amount of individual award will be between \$1,165,232 and \$1,969,245.

4. Amount of Funding per Grant Award on average in previous years

- a. Previous funding amounts per grant award on average was \$984,622.

5. Renewal or Supplementation of Existing Projects Eligibility

- a. Applications for renewals of existing projects are eligible to compete with applications for new State awards.
- 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. Subcontractor Agreement(s) and budgets must be pre-approved by the DBHR and on file with the DBHR. Subcontractors are subject to all provisions of this Agreement. The successful applicant Agency shall retain sole responsibility for the performance and monitoring of the subcontractor.

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 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 [Centralized Indirect Cost Rate System](#).
- ii. Per [2 CFR 200.414 \(f\) De minimis](#) rate grantees may utilize a De Minimis indirect cost rate up to a maximum of 15%.

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

B. Key Dates

1. Application Posting Date

- a. 02/02/2026

2. The Department must receive the Preliminary Submission Materials (Letter of Intent, Etc.):

- a. Not Applicable

3. The Department must receive the Full Application Packet:

- a. Due on 03/03/2026 at 12:00 p.m. (Noon) Central Time

4. Anticipated Award Date

- a. 07/01/2026

5. Anticipated Start Date and Periods of Performance for new grant awards

- a. Subject to appropriation, the grant period will begin no sooner than 07/01/2026 and will continue through 06/30/2027.

C. Executive Summary

1. The Grantee must administer the Engagement and Support Program and maintain a network of Engagement and Support Associates to deliver the activities described herein. Engagement and Support Associates are Consent Decree Class Members who have transitioned from Specialized Mental Health Rehabilitation Facilities (SMHRFs) or Skilled Nursing Facilities (SNFs) into community living and have completed a minimum of 20 hours of training specific to providing peer support services. Program supervisors and program staff must obtain and maintain the Certified Recovery Support Specialist (CRSS) certification from the Illinois Certification board.
2. The Engagement and Support Associates visit Class Members at the SMHRFs, SNFs or in community settings to speak about hope, recovery, resilience, their journey in transitioning to the community and conduct open question/answer discussion. These activities will be initiated through individual face-to-face engagement and group/community meetings with Class Members to discuss the Consent Decree, rights of choice in decision making, the process of assessment, transition activities and ongoing community supports. They address Class Member ambivalence and share their recovery stories and provide people with the hope that it is possible for them also. The program provides introductions into Wellness and Recovery Planning and supports Class Members along their transition journey from outreach to transition to their chosen community setting. Engagement and Support Associate support will occur on a continuous basis for the duration of the Consent Decrees.

D. Agency Contact Information

1. If you have questions about this NOFO, Please contact:

- a. Holly Robinson only to: DHS.DBHR.GrantApp@Illinois.gov

2. Questions

- a. IDHS encourages inquiries concerning this funding opportunity and welcomes the opportunity to answer questions from applicants. Questions and IDHS/DBHR Responses "[Q&A](#)" will be posted on the website.
- b. Deadline for Questions is February 24, 2026, 12:00 PM (Noon) Central Time
- c. Questions about this NOFO will ONLY be accepted via email to: DHS.DBHR.GrantApp@Illinois.gov.
- d. The subject line of the email MUST state:
 - i. 710 Outreach Peer Ambassador Program - Question(s)

E. Indirect Costs

1. An organization must have a negotiated indirect cost rate agreement (NICRA) with the State of Illinois, A Federal NICRA, or elect to use the 15% de minimis rate to be reimbursed for any indirect costs within a program. All State of Illinois grantees also have the option to select "no rate" and not claim any indirect costs.
Awardees must select an indirect cost election in the Grantee Portal on an annual basis. Note - The election for "no rate" and "de minimis" continue indefinitely once initially selected until a new election is made.
All State of Illinois grantees receiving awards from Illinois grant making agencies must substantiate or elect an indirect cost rate for their organization. Grantees that wish to negotiate a rate with the State of Illinois will start their election process in the Grantee Portal and the case will then be sent to the Crowe Resource Management Program (CRMP) to begin negotiation.
Please click on the [Centralized Indirect Cost Rate System](#) to begin the indirect cost rate election process and obtain access to resources and points of contact to assist your organization in completing this process.

II. Eligibility

A. Eligible Applicants

1. The specific types of applicants that may apply for the grant award are:
 - a. Education Organizations
 - b. Nonprofit Organizations
 - c. For-profit Organizations
2. The applicant must meet the Registration, [Pre-qualification](#), and any other Mandatory Requirements listed in this funding opportunity.

a. Applicants must provide the following information via the [Grantee Portal](#) annually to be registered with the State of Illinois as an awardee:

- i. Organization Name and Contact Information
- ii. Federal Employee Identification Number (FEIN)
- iii. Unique Identity Number (UEI)
- iv. Organization Type

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

- i. 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:
 - Be registered in [SAM.gov](#) before the application due date.
 - Provide a valid unique entity identifier ([UEI](#)) in its application.
 - 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.
 - The State Agency may not make an award until applicant has fully complied to all UEI and SAM requirements.
 - 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.
- ii. 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.
- iii. Must not be on the Illinois Stop Payment List.
- iv. Must not be on the SAM.gov Exclusion List.
- v. Must not be on the Medicaid Sanctions List.

3. Add Eligibility Factors for the Principal Investigator or Project Director

- a. Not Applicable

4. Additional Eligibility Restrictions (i.e. Geographic Area)

- a. Not Applicable

5. 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](#).

6. See Section number I(A)(7) for funding restrictions.

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

- a. Must be an organization specializing in Peer Support, that recruits, hires, trains and maintains a staff of peers. In the context of this program and services, a "peer" refers to individuals who have shared experiences with mental health diagnoses and have transitioned to the community from institutional settings such as a SMHRF or SNF.

8. Limit on Number of Applications: More than one application per entity is not permitted.

B. Cost Sharing

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

III. Program Description

The scope of activities for the Peer Engagement and Support program is in direct response to the stipulated intent of the Williams and Colbert Consent Decrees to provide all Class Members, family members and significant others, information about their rights as a Class Member under the terms of the Consent Decrees, as well as the available options and opportunities for to live in Community- Based

Settings and/or receive Community-Based Services. The program offers peer support to Class Members along their journey of community reintegration, from outreach to transition to community settings. The Grantee must administer the Engagement and Support Program and maintain a network of Engagement and Support Associates to deliver the activities described herein. Engagement and Support Associates are Consent Decree Class Members who have transitioned from Specialized Mental Health Rehabilitation Facilities (SMHRFs) or Skilled Nursing Facilities (SNFs) into community living and have completed a minimum of 20 hours of training specific to providing peer support services. Program supervisors and program staff must obtain and maintain the Certified Recovery Support Specialist (CRSS) certification from the Illinois Certification board.

The Engagement and Support Associates visit Class Members at the SMHRFs, SNFs or in community settings to speak about hope, recovery, resilience, their journey in transitioning to the community and conduct open question/answer discussion. These activities will be initiated through individual face-to-face engagement and group/community meetings with Class Members to discuss the Consent Decree, rights of choice in decision making, the process of assessment, transition activities and ongoing community supports. They address Class Member ambivalence and share their recovery stories and provide people with the hope that it is possible for them also. The program provides introductions into Wellness and Recovery Planning and supports Class Members along their transition journey from outreach to transition to their chosen community setting. Engagement and Support Associate support will occur on a continuous basis for the duration of the Consent Decrees.

A. Funding Purpose

1. The general purpose of this program's funding is to provide all Class Members, family members and significant others, information about their rights as a Class Member under the terms of the Consent Decrees, as well as the available options and opportunities for to live in Community- Based Settings and/or receive Community-Based Services. The program offers peer support to Class Members along their journey of community reintegration, from outreach to transition to community settings. It is expected to achieve services and supports needed to live in the least-restrictive environment. It assists with linkage to needed housing and community supports for the public good.

B. 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.

C. Performance Requirements

The Grantee will deliver the following:

1. Establish a frequent and consistent physical presence inside of facilities to support Class Members, providing 1 on 1 engagement and support pre and post transition with navigating the CCMTA journey.
2. Schedule and hold at least one individual face-to-face meeting with each identified and consenting resident of the Skilled Nursing Facility (SNF) or Specialized Mental Health Rehabilitation Facility (SMHRF) to provide Peer support and information on integrated community-based living options and support services. Repeat meetings will be held if requested by the Class Member, as often as desired.
3. Establish Engagement and Support Program caseloads, coordinating support and additional referrals with facility, transition agencies and community resources from outreach through post transition. Offer support to the caseload through 18 months of community adjustment period.
4. Accompany residents and Class Members into the community to explore neighborhoods and resources to support community reintegration efforts.
5. Re-engage Class Members who decline consent for the Colbert/Williams Assessment or who decline moving forward with transition, on the schedule determined by DMH and the Implementation Plan.
6. Hold informational question and answer sessions with Class Members as often as requested to address the array of realities on community resources and living independently; e.g., how resources are obtained, what is defined as an alternative resource, explanation on access to services and ongoing supports, navigating the community, accessing ancillary supports, etc.

7. Facilitate and speak at community meetings or community forums in the SNFs or SMHRFs to share information on transition options to larger audiences.
8. Provide information to residents of SNFs or SMHRFs, based on lived experience, during the first face to face meeting, or as requested, on the array of mental health services and other community services by explaining the supports they receive in the community such as ACT, CST, medication administering and monitoring, representative payee services, supportive employment, peer support and Psycho-social Rehabilitation.
9. Explain to residents the "Next Steps" in the ongoing implementation processes of the Williams and Colbert Consent Decrees, as requested.

D. Performance Measures

1. Number of unduplicated Class Members or residents who are not yet participating in transition activities with a provider engaged at the respective SNFs or SMHRFs by Engagement and Support Program Associates.
2. Number of unduplicated Class Members who are currently participating in transition activities with a provider engaged at the respective SNFs or SMHRFs by Engagement and Support Program Associates.
3. Number of unduplicated Class Members who previously declined transition activities with a provider engaged at the respective SNFs or SMHRFs by Engagement and Support Program Associates.
4. Number of Class Members who refused to engage with an Engagement and Support Associate.
5. Number of initial outreaches completed on Class Members not yet engaged in transition activities with a provider.
6. Number of Class Members interested in an assessment.
7. Number of Class Members referred for an assessment.
8. Number of Class Members interested in visiting a Drop-In Center.
9. Number of Class Members escorted to a Drop-In Center.
10. Number of Class Members interested in going out for leisure activities outside of the SMHRF or SNF.
11. Number of Class Members engaged in leisure activities outside of the SMHRF or SNF i.e. Went out for coffee, out to a restaurant, out for a walk, to a museum, etc.
12. Number of community meetings or community forums hosted in SMHRF or SNF.
13. Number of informational question and answer sessions hosted in SMHRF or SNF.
14. Number of Class Members on the Engagement and Support Program caseload in a SNF or SMHRF.
15. Number of Class Members on the Engagement and Support Program caseload in a SNF or SMHRF who received a visit from an Engagement and Support Associate.
16. Number of Class Members on the Engagement and Support Program caseload living in the community.
17. Number of unduplicated Class Members on the Engagement and Support Program caseload living in the community who received home visits.
18. Number of Engagement and Support Associates employed.
19. Number of Engagement and Support Associates who have completed 20 hours of training.

E. Performance Standards

1. 100% of Class Members interested in an assessment were referred for one.
2. 100% of Class Members interested in visiting a Drop-In Center were escorted to a DIC.
3. 90% of Class Members interested in going out for leisure activities outside of the SMHRF or SNF were obliged.
4. 90% of Class Members on the Engagement and Support Program caseload in a SNF or SMHRF received a visit from an Engagement and Support Associate.
5. 70% of Class Members on the Engagement and Support Program caseload that live in the community received a home visit.
6. 100% of Engagement and Support Associates employed have completed 20 hours of training.

F. Cooperative Agreements

1. Not Applicable.

G. Unallowable Costs

1. All applicants will use grant funds according to the guidelines, conditions, and parameters set forth in this funding notice and in compliance with federal statutes, regulations and the terms and conditions of any applicable federal awards.
2. Please refer to [2 CFR 200](#) - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, PART 200 Subpart E - Cost Principles to determine the appropriateness of costs.
3. Allowable costs are those that are necessary and reasonable based on the activity(ies) contained in the scope of work, are justified in the Budget Narrative, and are allowable under Subpart E of 2 CFR 200. It is expected that administrative costs, both direct and indirect, will represent a small portion of the overall program budget. Any budget deemed to include inappropriate or excessive administrative costs will not be approved. Program budgets and narratives must detail how all proposed expenditures are necessary for program implementation.
4. Unallowable costs: Please refer to 2 CFR 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, PART 200 Subpart E - Cost Principles to determine the appropriateness of costs.

H. Program beneficiaries or program participants must meet the following requirements:

1. Not Applicable.

I. Authorizing Statutes or Regulations

1. 59 Ill. Admin. Code 132 (Rule 132), Section 132.150g
2. Mental Health Community Services Act (405 ILCS 30/ Section (f))
3. Illinois Administrative Code Part 7000 Grant Accountability and Transparency Act

IV. Application Contents and Format

A. Content and Form of Application Submission

1. Pre-applications, letters of intent, or white papers

- a. Are not required and will not be reviewed during the Merit Review process.

2. Required Content of Application

- a. 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 V. Submission Requirement and Deadlines for details.

3. Program Narrative Content and Attachments

- a. Program Narrative: The program narrative makes up the bulk of the application. Please provide a complete response as specified in Section VI Application Review Information. If the program narrative is missing from your application packet, your application will receive a score of zero points and your agency will not meet the criteria to receive a grant under this notice of funding opportunity.
- b. Program Narrative Content and Attachments: 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 not consider content contained within that specific section.

4. Budget and Budget Narrative

- a. Applicants must enter a FY27 budget electronically in the CSA Tracking System.

- b. Budget must be electronically signed and submitted in the CSA Tracking System. 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 \(state.il.us\)](#). A copy is not to be submitted along with the application packet.
- 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 by program regulatory requirements and the Uniform Guidance (2CFR 200), as applicable.
- e. Deadline for submission of the budget, in the CSA Tracking System, is the same as the application deadline.
- f. A Budget Template can be used as a tool to assist in determining expenses; however, the final budget must be completed in the CSA Tracking System. The pdf budget or paper copy will not be accepted. Applicants will NOT be issued an award without the applicant's fully approved budget in the CSA Tracking System.
- g. **NOTE:** The Illinois Department of Innovation & Technology (DoIT) is now disabling external Illinois.gov IDs if they have not been used for 114 days. If you receive the error "HPDIA0309W This account is disabled," your ID has been disabled and cannot be re-activated by changing your password. You need to contact the DoIT HelpDesk at [217-524-DoIT (3648) or 312-814-DoIT (3648)] or their website at [Report A Problem](#). Request that they create an incident to re-enable your external ID. You will need to provide your external ID (firstname.lastname@external.illinois.gov) and the error message (this account is disabled). Please be sure to [Reset Your Password](#) every 3 months so your account is not disabled.
- h. There is space when preparing the budget on each line item for the budget narrative. For each line in the budget the applicant will describe why each expenditure is necessary for program implementation and how the amount was determined. Please include cost allocations as necessary. The Budget narrative (including MTDC base exclusions as appropriate) must clearly identify indirect costs, direct program costs, direct administrative costs, and describe how the specified resources and personnel have been allocated for the tasks and activities within each line item. The budget should be prepared to reflect 12 months.
- i. [Instructions](#) for the Budget Template
- j. Subcontractor budget(s), If applicable
 - i. If applicant is planning to use a subcontractor, a pdf copy of the subcontractor budget must be submitted as a separate pdf document with the other application materials.
 - ii. Subcontractor budgets shall be submitted on the GATA [Uniform Grant Budget Template](#) (GOMBGATU-3002).
 - iii. For more information see Section I(A)(6).

5. Required Forms

- a. Uniform Application for State Grant Assistance: The Uniform Application for State Grant Assistance is a three-page document used to formalize organization's request to apply for funding.
 - i. The document requires the electronic or wet(ink) 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.
 - ii. Page one of the application is pre-populated with the appropriate information. Applicants must not complete anything on Page one.
 - iii. On Page three, applicants will need to include the amount for which they are applying and sign.
 - iv. The correct application must be used.
- b. Grantee Conflict of Interest Disclosure - The grantee [Conflict of Interest Disclosure](#) is required for all grant award programs regardless if the grantee has identified a potential conflict or not. The document requires agencies to identify actual or potential conflicts of interest. The form must have a printed name and be signed by a representative of the organization.

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. The department may determine that an applicant is not qualified if they have not complied with the requirements listed in this Notice of Funding Opportunity and use that determination as a basis to award to another applicant.
- c. The Program Narrative shall not exceed 7 pages. If there are more than 7 pages, the remaining pages will not be reviewed or scored.
- d. All documents must be typed using Times New Roman 12-point type, 100% magnification and use black typeface on a white background, Except for letterhead.
- e. For charts and tables only, Times New Roman 10-point with color may be used.
- f. The Program Narrative must be typed, single-spaced with 1-inch margins on all sides.
- g. The submission must be on 8 1/2 x 11-inch page size using pdf.

V. Submission Requirements and Deadlines

A. Address to Request Application Package

- 1. The complete application package (this Notice of Funding Opportunity, including links to required forms) is available through the Illinois Catalog of State Financial Assistance and the [Mental Health Grants - FY 2027](#) website.
- 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 I(D)(2). It is the responsibility of each applicant to monitor the website and comply with any instructions or requirements related to the NOFO.

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

- 1. Each Applicant Must:
 - a. Be registered in [SAM.gov](#) before submitting its application;
 - b. Provide a valid Unique Entity Identifier ([UEI](#)) in its application; an
 - c. 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.
- 2. The Department may not make an award until applicant has fully complied with all UEI and SAM Requirements.
- 3. The department may determine that an applicant is not qualified if they have not complied with all requirements and use that determination as a basis to award to another applicant.
- 4. If individuals are eligible to apply, they are exempt from this requirement under 2 CFR 25.110(b).

C. Submission Instructions

- 1. Actions needed prior to applying:
 - a. 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 \(pdf\)](#).
 - b. Registration in CSA is required. The [IDHS: CSA Tracking System \(state.il.us\)](#) is the system the IDHS utilizes for approving budgets and issuing grant awards. It is strongly recommended that if an applicant entity is not already registered in the CSA Tracking System, they should begin the registration as soon as possible so they may submit a signed budget in CSA. Successful applicants will NOT be issued an award without a fully approved budget in the CSA Tracking System.
- 2. The Methods for submitting the application:
 - a. Applicants must electronically submit, via email, the complete application packet which includes the following materials as separate pdf documents:
 - i. Uniform Application for State Grant Assistance

- ii. Program Narrative
- iii. Grantee Conflict of Interest Disclosure
- iv. Budget (entered into the CSA Tracking System as described in section (IV)(A)(4)
- v. Subcontractor Budgets, if applicable
- vi. [Advance Payment Request Cash Budget Form \(IL444-4985\)](#), submit as a separate attachment (no submission will result in default to Reimbursement Method)

b. Applications must be submitted via email to DHS.DBHR.GrantApp@Illinois.gov. The application will be electronically time-stamped upon receipt. 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.

c. Include the following in the subject line:

- i. Your Entity Name
- ii. 710 Outreach Peer Ambassador Program

d. Documents must NOT include a password.

e. Software or Electronic Capabilities

- i. 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. It is the responsibility of each applicant to monitor that website and comply with any instructions or requirements relating to the NOFO.

f. 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 Tracking System on time).

3. Pre-application materials must be submitted as follows:

- a. Not Applicable.

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

- a. Name: Holly Robinson
- b. Email: DHS.DBHR.GrantApp@Illinois.gov

D. Submission Dates and Times

1. Full applications are due on 03/03/2026 at 12:00 p.m. (Noon) Central Time.
2. Missed Deadlines
 - a. 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.
 - b. 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.
 - c. **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 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.

E. Intergovernmental Review

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

VI. Application Review Information

A. Responsiveness Review

1. Applications that are received will be reviewed within 2 business days to ensure they meet the criteria for consideration. Applications that do not meet the criteria in paragraph B below will be rejected and not entered into the Merit Review process.
2. The following are the criteria that must be met for eligibility:
 - a. Applicant has a current registration with the State of Illinois in the Grantee Portal.
 - b. Applicant has an active Sam.gov public account.
 - c. Applicant has an active Unique Entity Identifier (UEI) with Sam.gov
 - d. Applicant is in "good standing" with the Secretary of State.
 - e. Applicant is not on the DHS Stop Payment List Service or the Illinois Stop Payment List.
 - f. Applicant is not on the Sam.gov Exclusion List.
 - g. Applicant is not on the Illinois Medicaid Sanctions List.
 - h. Program specific eligibility restriction
 - i. Must be an organization specializing in Peer Support, that recruits, hires, trains and maintains a staff of peers. In the context of this program and services, a "peer" refers to individuals who have shared experiences with mental health diagnoses and have transitioned to the community from institutional settings such as a SMHRF or SNF.
3. 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.
4. 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

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 criterion and sub-criterion include the following:
 - a. Label each section of the Program Narrative utilizing the format provided below. It must be organized in the format outlined below or points may be deducted. Information must be provided in the section in which it is requested.
 - b. Please see Section IV(A)(6) as you are preparing the Program Narrative for the required format. The Program Narrative shall not exceed 7 pages. If there are more than 7 pages, the remaining pages will not be reviewed or scored.
 - c. To be successful in the application process, applicants must submit the following information as part of the grant application process. Please provide a complete response to the following sections
 - i. **Executive Summary - Not Scored**
 - o Please provide a description of your agency.
 - o Please provide a brief history of your organization.
 - o What services does your organization provide, and how are they related to this funding opportunity and your future plans?
 - o Please provide a financial overview of your organization
 - ii. **Community Identification and Need - Point Value 15**
 - o Please describe the need for Peer Support and recovery services in the communities you serve.
 - o Can you explain the need for community reintegration from institutions among your target population?

- o Please describe the significance and/or purpose of the Williams/Colbert Consent Decrees for individuals with Serious Mental Illness (SMI)

iii. **Capacity/Agency Qualifications** - Point Value 35:

- o What past or current experience does your agency have providing outreach and recovery support services to people with SMI in institutional settings?
- o Please describe your staffing plan, including how many Engagement and Support Associates (individuals who have transitioned from institutional settings) you will employ to serve the required nursing facilities and SMHRFs.
- o How does your staffing plan support Certified Recovery Support Specialist (CRSS) training and certification for employees?
- o How will your agency implement culturally and linguistically responsive services that reflect the cultural, racial, ethnic, and linguistic characteristics of the target population?
- o How does your agency model the principles of Recovery in its philosophy, policies, and practices

iv. **Quality - Description of Program Services** - Point Value 30:

- o Please describe your agency's ability to meet the program requirements outlined in Exhibit A.
- o What is your Peer Engagement and Support Program plan for effectively serving all assigned nursing facilities and SMHRFs?
- o How will Engagement and Support Associates support Class Members' successful community integration?
- o What infrastructure (e.g., technology, facilities, transportation) will your agency use to support service delivery to SMHRFs, SNFs, and community locations?
- o Please describe how you will incorporate the Wellness Recovery Action Plan (WRAP) framework into your program

v. **Data Collection, Evaluation and Reporting Criteria** - Point Value 20:

- o What is your plan for regular tracking and reporting of performance data to stakeholders, including IDHS?
- o How will your agency manage and monitor program outcomes and performance metrics?
- o How will your agency interact with and share data with other providers, including Comprehensive Program Prime Agencies?
- o Please describe your quality improvement process, including how you will ensure data integrity and incorporate feedback from Class Members.

2. All competitive grant applications are subject to merit review.

3. Cost sharing will not be considered when evaluating the application.

4. IDHS/DBHR staff familiar with the requirements of the program will score and review the application package.

5. Review team members will have no conflicts of interest and will read and evaluate application packages independently.

6. Applications that fail to meet the criteria described in Section II. Eligibility will not be scored and/or considered for funding.

7. Applications must follow the instructions in Section V. Submission Requirements and Details.

C. Review and Selection Process

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

- The numerical score may not be the sole award criterion.
- The Department reserves the right to consider other factors such as: geographical distribution, demonstrated need, and agency past performance as a state awardee, 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.

2. In the event of a tie with insufficient funding for all tied applications, the Department may choose to elect one of the following options:

- Apply one or more of the additional factors for consideration described above to prioritize the applications; or

- b. Partially fund each of the tied applications; or
- c. Not fund any of the tied applications.

3. The Department reserves the right to negotiate with applicants to adjust award amounts, targets, deliverables, etc. These negotiations do not obligate IDHS to provide funding, nor should an applicant draw any conclusions about the Department's intentions to fund or not fund the application.

4. Anticipated Announcement and State Award Dates

- a. To be determined

5. Merit Based Review Appeal Process

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

i. Submission of Appeal

- o Appeals submission IDHS contact information:
 - Contact Name: Holly Robinson
 - Email Address: DHS.DBHR.GrantApp@Illinois.gov
 - Email Subject Line: Applicant Name - 710 Outreach Peer Ambassador Program - Appeal
- o 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.
- o An appeal must be received within 14 calendar days after the date that the grant award notice has been published.
- o The written appeal shall include at a minimum the following:
 - Name and address of the appealing party
 - Identification of the grant; and
 - Statement of the reasons for the appeal
 - Supporting documentation, if applicable

ii. Response to appeal

- o IDHS will acknowledge receipt of an appeal within 14 calendar days from the date the appeal was received.
- o 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.
- o The appealing party must supply any additional information requested by IDHS within the time period set in the request.

iii. Resolution

- o The ARO will make a recommendation to the Agency Head or designee as expeditiously as possible after receiving all relevant, requested information.
- o 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.
- o The Agency will resolve the appeal by means of written determination.
- o The determination shall include, but not be limited to:
 - Review of the appeal;
 - Appeal determination; and
 - Rationale for the determination.

D. Risk Review

1. IDHS conducts risk assessments for all awardees, prior to the award being issued.

- a. An agency wide FY27 Internal Control Questionnaire (ICQ) is 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. The deadline to submit the FY27 ICQ is March 10, 2026, 12:00 PM (Noon) Central Time

c. 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

d. 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.

e. 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. It is anticipated that grants under this award may receive an award over the Simplified Acquisition Threshold (as defined in [48 CFR part 2, subpart 2.1](#); the dollar amount set by the Federal Acquisition Regulation (FAR), currently at \$250,000 (with some exceptions)). Potential grantees under this notice of funding opportunity may receive an award in excess of the simplified acquisition threshold of \$250,000. 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.gov 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.gov.
- 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](#).

VII. Award Notices

A. 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. **Note:** The Department cannot issue a NOSA until the successful applicant has an FY27 approved budget entered into the CSA Tracking System. The applicant shall receive the NOSA through the Grantee Portal. The NOSA must be accepted/declined by the grants officer (or equivalent) within the Grantee Portal. This NOSA effectively accepts the state award amount and all conditions set forth within the notice. The NOSA is the document authorizing the department to proceed with issuing an agreement.

3. The NOSA 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 Tracking 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.
5. Applicants who are not eligible due to registration or pre-qualification issues, or late applications will be notified that they are ineligible for consideration when their application is processed.
6. A written Notice of Non-Selection shall be sent to the applicants not receiving an award following the Merit Review process.

VIII. Post-Award Requirements and Administration

A. Administrative and National Policy Requirements

1. 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.
2. You can find a sample of the grant agreement at [IDHS Uniform Grant Agreement](#).
3. Payment Terms
 - a. 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. Grantees selecting the Advance Payment Method, or the Working Capital Advance Payment Method must complete the Advance Payment Request Cash Budget Template as described in the procedures above. In addition, please note: If you will be submitting the Advance Payment Request Cash Budget, it must be submitted with the application materials as a separate document.
 - c. The Monthly Invoice IL444-5257 Template must be used for all DBHR programs and submitted no later than 15 days after the end of the month. All invoices shall be HIPA compliant and encrypted utilizing DHS approved encryption software and emailed to DBHR at the email address listed above.
 - d. Invoice and PFR Email Address for General Grants: DHS.DBHR.QuarterlyReports@Illinois.gov
 - e. Invoice and PFR Email Address for Williams Consent Decree: DHS.DBHR.WilliamsInvoices@Illinois.gov
 - f. Invoice and PFR Email Address for Colbert Consent Decree: DHS.DBHR.ColbertInvoices@Illinois.gov
4. Payment Forms
 - a. [Monthly Invoice \(IL444-5257\)](#)
 - b. [Advance Payment Request Cash Budget Form \(IL444-4985\)](#) submit as a separate attachment (no submission will result in default to Reimbursement Method)

B. Reporting

1. 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:
 - a. 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.
 - b. 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.
 - c. Close-out Performance Reports and Financial Reports as instructed in the UGA.
 - d. 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.

- e. 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.
- f. Non-compliance with any of the identified reports may lead to being placed on the Illinois Stop-Payment List.
- g. Grantee shall submit these reports to the appropriate email address listed below. Reported expenses should be consistent with the approved annual grant budget. Any expenditure variances require prior Grantor approval in accordance with Article VI of the UGA to be reimbursable.
 - i. PFR Email Address for General Grants: DHS.DBHR.QuarterlyReports@Illinois.gov
 - ii. PFR Email Address for Williams Consent Decree: DHS.DBHR.WilliamsInvoices@Illinois.gov
 - iii. PFR Email Address for Colbert Consent Decree: DHS.DBHR.ColbertInvoices@Illinois.gov
 - iv. PPR and PRTP Email Address for All Grants: DHS.DBHR.QuarterlyReports@Illinois.gov
- h. DBHR reporting templates and detailed instructions for submitting reports can be found in the Provider section of the [IDHS website](#).

IX. Other Information

A. Credentials/Documentation

1. Program supervisors and program staff must obtain and the Certified Recovery Support Specialist (CRSS) certification from the Illinois Certification board. Program supervisors and program staff should also have Wellness Recovery Action Plan (WRAP) training and experience.

B. Program Websites

1. [Mental Health Grants - FY 2027](#)
2. [IDHS Grants](#)
3. [IDHS website](#)

C. Mandatory Forms and Submissions

1. [Uniform Application for State Grant Assistance](#)
2. Program Narrative
3. [Uniform Grant Budget Template](#) (Submit in CSA) | [Instructions](#)
4. Subcontractor Budget, if applicable submit as a separate attachment
5. Grantee [Conflict of Interest Disclosure](#) submit as a separate attachment
6. [Advance Payment Request Cash Budget Form \(IL444-4985\)](#) submit as a separate attachment (no submission will result in default to Reimbursement Method)