

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

Awarding Agency Name	Human Services
Agency Contact	Rob Putnam (DHS.DMHGrantApp@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	27-444-42-3851-01
Funding Opportunity Title	834 Jail Based Mental Health Services
CSFA Number	444-42-3851
CSFA Popular Name	834 Jail Based Mental Health Services
Anticipated Number of Awards	3
Estimated Total Program Funding	\$1,420,000
Award Range	\$300000 - \$520000
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 : 12:00 pm
Grant Application Link	Please select the entire address below and paste it into the browser... https://www.dhs.state.il.us/page.aspx?item=177009
Technical Assistance Session	Offered : Yes Mandatory : Yes Date : 02/17/2026 : 2:30 pm Registration link : https://www.dhs.state.il.us/page.aspx?item=177011

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 >

834 Jail Based Mental Health Services (27-444-42-3851-01)

I. Basic Information

Awarding Agency Name	Illinois Department of Human Services
Awarding Division Name	Division of Behavioral Health & Recovery
Agency Contact	Rob Putnam DHS.DBHR.GrantApp@Illinois.gov
Announcement Type	Competitive/Initial Announcement
Funding Opportunity Title	834 Jail Based Mental Health Services
Funding Opportunity Number	27-444-42-3851-01
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	444-42-3851
Catalog of State Financial Assistance (CSFA) Popular Name	834 Jail Based Mental Health Services
Catalog of Federal Domestic Assistance (CFDA) Number(s)	Not Applicable
Award Source	State
Estimated Total Program Funding	\$1,420,000
Anticipated Number of Awards	3
Award Range	McHenry County based program: \$300,000 - \$450,000 Franklin County based program: \$300,000 - \$450,000 Kankakee County based program: \$350,000 - \$520,000
Cost Sharing or Matching Requirement	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Technical Assistance Session	Session Offered: Yes Session Mandatory: No Date/Time: 2/17/2026 at 2:30 p.m. Central Time Registration Link

- [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 \$1,420,000.
- The source of funding for this program is State funds.

2. Number of Grant Awards

- a. The Department anticipates funding approximately 3 grant awards to provide this program.

3. Expected Dollar Amount of Individual Grant Awards

- a. The Department anticipates that the dollar amount of individual awards will be:
 - i. between \$300,000 and \$450,000 for the McHenry County based program
 - ii. between \$300,000 and \$450,000 for the Franklin County based program
 - iii. between \$350,000 and \$520,000 for the Kankakee County based program.

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

- a. Previous funding amounts per grant award on average was \$481,164.

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. 2/2/2026

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 3/3/2026 at 12:00 p.m. (Noon) Central Time

4. Anticipated Award Date

- a. 7/1/2026

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. In many instances, individuals in an Unfit to Stand Trial (UST) legal status are awaiting a DHS inpatient admission to a State Operated Psychiatric Hospital (SOPH) and are doing so in county jails with little or no mental health services. The intention of this program is to provide jail-based mental health services to DHS remanded individuals in those circumstances. A lack of access to mental health services often exacerbates their mental health symptoms and are a challenge for these jails to manage. This program seeks to provide clinical staffing for dedicated beds of co-ed capacity within the county jails referenced above. Establishing capacity and services in these counties will offer a voluntary option to county jails statewide to transfer these individuals in order to receive mental health services and education on court processes while awaiting transfer to an SOPH. This staffing for each program would include at a minimum, a licensed Psychiatric provider for both in-person and telehealth services, a Licensed Clinical Social Worker, LCPC or Licensed Clinical Psychologist for daily programming, clinical monitoring, and mental health crisis intervention. Staff will also work with program participants providing educational materials and/or assistance with court processes.

D. Agency Contact Information

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

- a. Rob Putnam 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:

- o 834 Jail Based Mental Health Services - 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. Government Organizations
 - b. Small Businesses
 - c. Nonprofit Organizations
 - d. 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. Applicants must apply to serve a forensic population of individuals found Unfit to Stand Trial (UST) and who are awaiting admission to a State Operated Psychiatric Hospital in 1 of the 3 Geographic Areas:
 - i. McHenry County Jail - L01
 - ii. Franklin County Jail - L02
 - iii. Kankakee County Jail - L03
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. Not Applicable.

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 intention of this program is to provide jail-based mental health services to DHS remanded individuals in select county jails and other smaller jails with little or no mental health services referred as participants to this program, while awaiting a DHS inpatient admission to a State Operated Psychiatric Hospital (SOPH). Many consumers in an Unfit to Stand Trial (UST) legal status are waiting in jail facilities that provide minimal mental health services which often exacerbates their mental health symptoms and are a challenge for these jails to manage. This program seeks to provide clinical staffing for dedicated beds of co-ed capacity within the county jails referenced immediately below. This staffing would include at a minimum, a licensed Psychiatric provider for both in-person and telehealth services and a Licensed Clinical Social Worker, LCPC or Licensed Clinical Psychologist for daily programming, clinical monitoring, and mental health crisis intervention. Staff will also work with program participants providing educational materials and/or assistance with court processes.

Kankakee County Jail - up to 25 dedicated beds

McHenry County Jail - up to 12 dedicated beds

Franklin County Jail - up to 12 dedicated beds

A. Funding Purpose

1. The general purpose of this program's funding is to fund mental health services to a forensic population of individuals found UST and awaiting transfer to an SOPH. Individuals detained and housed in county jails where there is a lack of sufficient mental health services or where their mental health needs are a challenge for jail staff to manage are referred to the program for treatment.

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

1. Comprehensive mental health assessments for all DHS referrals (program participants) upon admission to the program. For program participants transferred to the designated county jail from other jurisdictions, this assessment will occur upon transfer to the facility. For program participants currently detained by the designated county and currently residing in the designated county's jail, this assessment will occur upon admission to the program.
2. Medication management and administration for program participants with psychiatric conditions.
3. Provision of individual and/or group therapy sessions and milieu therapy for program participants led by licensed mental health professionals during business hours.
4. Weekly mental health status updates to monitor the progress of each program participant.
5. Crisis intervention services and emergency mental health evaluations, as needed during business hours.
6. Collaboration and consultation with the DHS Forensics Bureau and community resources, as needed.
7. Education and training for jail staff on mental health issues and how to respond to mental health crises in the jail environment.
8. Development and implementation of discharge recommendations for program participants upon release, as needed. Collection and analysis of data on the utilization and outcomes of mental health services in the jail using DHS GATA reporting forms.
9. Provide timely and accurate reporting to the jail administration and other stakeholders of all mental health services provided, as required.

10. Provide report of:
11. Number of DHS referrals, by county, admitted in the program quarterly.
12. Number of program participants, by county, provided a mental health/clinical assessment.
13. Number of program participants, by county, receiving weekly group/individual treatment quarterly.
14. Number of program participants, by county, seen by psychiatry within 1 week of admission.
15. Number of program participants, by county, prescribed psychotropic medication.
16. Number of program participants, by county, transported to the DHS for inpatient treatment.
17. Number of program participants, by county, restored to fitness in custody.
18. Number of program participants, by county, restored to fitness in custody with a discharge plan.
19. Specify why any DHS referrals recommended for the program were not transferred and admitted as program participants.

D. Performance Measures

1. Number of DHS referrals recommended for the program.
2. Number of DHS referrals recommended for the program that were transferred and admitted as program participants.
3. Number of program participants provided a mental health/clinical assessment.
4. Number of program participants provided group and/or individual treatment, weekly.
5. Number of program participants seen by psychiatry within 1 week of admission.
6. Number of program participants assessed for medication needs.
7. Number of program participants assessed for psychotropic medication needs and found to need prescribed medication, as appropriate.
8. Number of program participants found to need psychotropic medication who received medication management and administration.
9. Number of program participants transported to the DHS for inpatient treatment.
10. Number of program participants restored to Fitness in Custody.
11. Number of program participants restored to Fitness in Custody, had this status communicated to court of jurisdiction in writing within 7 days.
12. Number of program participants restored to Fitness who had discharge recommendations developed prior to transfer or release.

E. Performance Standards

1. 100% of program participants are provided a mental health/clinical assessment.
2. 100% of program participants are provided group and/or individual treatment weekly.
3. 100% of program participants are seen by psychiatry within 1 week of admission.
4. 100% of program participants found to need prescribed psychotropic medication, were prescribed medication as appropriate.
5. 100% of program participants restored to fitness in custody, had this status communicated to court of jurisdiction in writing within 7 days.
6. 100% of program participants restored to fitness had discharge recommendations developed prior to transfer or release.

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. Program participants must be part of a forensic population of individuals found Unfit to Stand Trial (UST) and who are awaiting admission to a State Operated Psychiatric Hospital (SOPH)

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. Under "Grant Suffix" Column in CSA you must include the suffix listed.

i. The locations and suffixes are as follows:

- McHenry County Jail: Suffix L01

- Franklin County Jail: Suffix L02
- Kankakee County Jail: Suffix L03

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. A Suffix will need to be used when submitting your budget (under "NOFO Suffix" in CSA). Details about this can be found in Section IV(A)(4) above.

- 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 12 pages. If there are more than 12 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; and
 - 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. Program 834 Jail Based Mental Health Services

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: Rob Putnam
- b. Email: DHS.DBHR.GrantApp@Illinois.gov

D. Submission Dates and Times

1. Full applications are due on 3/3/2026 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 restrictions
 - i. Applicants must apply to serve a forensic population of individuals found Unfit to Stand Trial (UST) and who are awaiting admission to a State Operated Psychiatric Hospital in 1 of the 3 Geographic Areas:
 - McHenry County Jail - L01
 - Franklin County Jail - L02
 - Kankakee County Jail - L03
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 12 pages. If there are more than 12 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
 - ii. **Community Identification and Need** - Point Value 10:
 - Please indicate the location in which the services will be offered identifying the service area by county. The list of counties where services will take place can be found in Exhibit A of the Notice of Funding Opportunity.
 - Provide a description of need and describe the impact of the need on both the individuals to be served by the program and the community at large. This should include data, facts and evidence that support the grant program purpose (Note: While the program design is to establish services in defined locations, referrals to the program are not limited to those locations or the immediate surrounding area. Therefore, statewide data and information may be used in response to this prompt).

- o Describe the potential barriers to participation by and engagement with the target population, including but not limited to language, cultural, motivational, and access barriers.

iii. **Capacity/Agency Qualifications** - Point Value 40:

- o Describe the agency's mission, history and experience in providing mental health services to the community. Include information on the agency's capacity to administer and manage medications for individuals with psychiatric conditions and to monitor their progress.
- o Describe the agency's history and experience in providing mental health services to the target population of justice-involved individuals who are detained in a correctional setting.
- o Describe your agency's experience in providing education and training to a collaborative partner or external audience on programs related to mental health and crisis mental health services.
- o Describe the agency's administrative and fiscal capacity to operate a successful jail-based mental health program.
- o Describe how the agency will track time and effort for all staff working on the project, including those working less than full-time.
- o Provide a full organizational chart for program-related staff indicating number of staff, titles and licensures.
- o Describe the process and provide a timeline the applicant will follow to be fully prepared to provide services indicated in the NOFO.

iv. **Quality - Description of Program Services** - Point Value 35:

- o For each program-related staff member indicated in the above qualifications section, please provide a full description of program responsibilities that will be assigned to that position.
- o For each of the program-related staff member indicated in the above qualifications section, provide a schedule of the days of the week and the hours of the day that services will be available and accessible to the targeted population. Finally, please indicate when and under what circumstances telehealth services will be utilized, if at all.
- o Describe the proposed process and methods for completing comprehensive mental health assessments for all DHS referrals (program participants) upon admission to the program.
- o Describe your agency's proposed plan for monitoring progress of each program participant. Your plan design should include regular engagement with and reporting out to jail stakeholders and staff and DHS program staff.
- o Describe your agency's proposed plan to provide crisis mental health services and/or emergency mental health evaluations to the population of program participants. Please indicate the staff responsible for all parts of the proposed plan.
- o Describe your agency's plan to work with program participants providing educational materials and/or assistance with court processes on an ongoing basis.

v. **Data Collection, Evaluation and Reporting** - Point Value 15:

- o Describe internal processes for collecting data and monitoring service delivery and how data will be incorporated into an internal quality management process.
- o Describe the agency's plan for tracking required performance measures and standards.
- o Provide an explanation how the provider intends to ensure accountability at all levels of services including those services not provided by the agency but instead referred out.
- o Describe training protocol for staff, including mandatory trainings and additional professional development opportunities including evidence-based practices.

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:
 - a. The numerical score may not be the sole award criterion.
 - b. The Department reserves the right to consider other factors such as: geographical distribution, demonstrated need, and agency past performance as a state awardee, etc.
 - c. 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:
 - a. 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
 - Appeals submission IDHS contact information:
 - Contact Name: Rob Putnam
 - Email Address: DHS.DBHR.GrantApp@Illinois.gov
 - Email Subject Line: Applicant Name - 834 Jail Based Mental Health Services - Appeal
 - 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.
 - An appeal must be received within 14 calendar days after the date that the grant award notice has been published.
 - 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
 - IDHS will acknowledge receipt of an appeal within 14 calendar days from the date the appeal was received.
 - 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.
 - The appealing party must supply any additional information requested by IDHS within the time period set in the request.
 - iii. Resolution
 - The ARO will make a recommendation to the Agency Head or designee as expeditiously as possible after receiving all relevant, requested information.
 - 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.

- The Agency will resolve the appeal by means of written determination.
- 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](#) prior to the deadline listed below. 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 and comment on any information about itself that a State or Federal awarding agency previously entered and is currently in the designated integrity and performance system accessible through SAM.
 - iii. IDHS will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicants' integrity, business ethics, and record of performance under State and Federal awards when completing the review of risk posed by applicants as described in [2 CFR 200.206](#).

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.ChesterInvoices@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.
 - PFR Email Address for General Grants: DHS.DBHR.QuarterlyReports@Illinois.gov
 - PFR Email Address for Williams Consent Decree: DHS.DBHR.WilliamsInvoices@Illinois.gov
 - PFR Email Address for Colbert Consent Decree: DHS.DBHR.ColbertInvoices@Illinois.gov
 - 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. Licensed Psychiatric provider for both in-person and telehealth services, a Licensed Clinical Social Worker, LCPC or Licensed Clinical Psychologist for daily programming, clinical monitoring, and mental health crisis intervention.

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)