Firearms Safe Storage Strategies
FY25 Notice of Funding Opportunity
CSFA 482-00-3365
Frequently Asked Questions (FAQ)

TECHNICAL ASSISTANCE CALL

- March 15, 2024 - recording.
- A copy of the power point presentation can be found on the IDPH Electronic Grants Administration & Management System (EGrAMS) webpage (Current Grants -> Health Promotion -> FSSS-24 Firearm Safe Storage Strategies – 2024).

PROJECT PERIOD

- Question – Can you confirm the term of the grant? Question - Do project activities need to be completed by June 30 or can they continue beyond the project period?
    - o **UPDATE – after the technical assistance call, IDPH staff where informed funds will be available through FY25. The new project period will be June 1, 2024 – June 30, 2025. The application deadline will be extended to April 30, 2024 to allow interested parties to apply.**
- Question – Can you speak to the short time frame for the project (3 months) and how the longer-term outcomes can or should be addressed? Example – changes in injury rate. These types of data have a significant lag and would not be attributed to these activities.
    - o In reference to "short time frame" – Note new project period.
    - o "Change in injury rate" is language in the legislation regarding evaluating the impact of the funded strategies. IDPH staff would refence the limitation in the evaluation of the funding.

FUNDING AMOUNT

- Question – Is the maximum awards $50,000? Can you confirm the minimum and maximum award amounts?
    - o It is anticipated the average award will be $50,000. There is not a minimum; maximum is $1,400,000. Applicants can request the amount needed to fund the proposed project.

ELIGIBILITY

- Question – Is the applicant required to be based and/or registered in the state of IL to apply?
    - o As part of the prequalification process, the grantee must be registered to do business in Illinois with the IL Secretary of State.

APPLICATIONS (re: collaboration with local public health authorities)

- Question – A local non-profit wants to partner with the local health department (LHD). The LHD also is interested in applying. Can they submit separate applications or are they required to submit the application under one account in EGRAMS?
    - o They can submit separate applications. Non-LHDs are required to contact their local public health authority to inform them of their intent to apply and invite them to join their efforts.

However, the LHD is not required to collaborate. The goal is to inform and invite the local public health authority. This is an effort to connect firearm safety with public health, but collaboration is not required.

PAGE COUNT

- Question – Is there a page count listed?
    - A page count was not included in the Notice of Funding Opportunity. Pages aren't uploaded; rather responses are entered into the online electronic grant system (EGrAMS). However, there is a 500-character limit for describing the applicant organization.

NOTIFICATION OF AWARD

- Question – How quickly will grantees be notified of funded awards? The due date is 4 days into the grant period.
    - UPDATE – based on the revised NOFO, the revised estimated announcement will be mid-May 2024.
- Question – Are applications accepted on a rolling basis or will a decision be made as quickly as possible after the due date?
    - Note revised NOFO with new application deadline and project period.

ACTIVITIES-RELATED QUESTIONS
GOAL 1-RELATED QUESTIONS (GUN LOCK AND SAFE [INCLUDING LOCK BOX] DISTRIBUTION)

- Question – What was the California-related guidance on gun locks?
    - If an applicant proposes purchasing gun lock, the locks need to meet the California-approved firearm safety device that meets the American Society for Testing and Materials requirement (see page 3 of the NOFO).
- Question – Is there a limit to the number of gun locks you can order through the IDPH Gun Lock Request?
    - There are 100 locks per box. There is not a limit to the number of boxes that can be requested or how often. If the locks won't be distributed at once, then agencies are asked to place a smaller order, as the supply runs low then more can be ordered.
        - Note – during the technical assistance call, the example of "orders over 19 boxes would need to be shipped by freight" was given. Update: this year the number is less. Shipping by freight is avoided. Instead, large orders are split so part of the order would be shipped one week, more a few weeks later, etc.

GOAL 3-RELATED QUESTIONS (EDUCATION AND TRAINING ON SAFE STORAGE COUNSELING AND SCREENING FOR HEALTHCARE PROVIDERS)

- Question – Is pediatric primary care are required part of education and training for hospitals? Or could a Hospital-based Violence Intervention Program focus exclusively on emergency departments and other non-pediatric care?
    - To recap, the education and training activities for Goal 3 are around safe storage counseling and screening. When defining health care providers, pediatric primary care and emergency

room department settings are included in that definition. For clarification, if the proposal is to implement Goal 3 strategies, it is not required to provide education and training to pediatric primary care and emergency room department. Rather these are settings IDPH would aim to reach with this funding. It is possible, an agency could propose to reach pediatric primary care providers, another agency propose to reach emergency departments, and other agencies propose to reach other healthcare settings.

GOAL 4-RELATED QUESTIONS (EDUCATION AND TRAINING ON THE FIREARM RESTRAINING ORDER ACT)

- Comment made by staff during technical assistance session.
  - o As a resource for Goal 4, the Ad Council has done some excellent research on messaging around extreme risk protection orders (ERPOs, similar to IL's FRO): https://www.adcouncil.org/learn-with-us-ad-council-research-institute/extreme-risk-protection-orders-erpos-study.

ALLOWABLE EXPENSES (including clarification on prior approval requirements)

FOOD

- Question – Can funds be used to host an informational luncheon to healthcare providers?
  - o The intent of Goal 3 is to educate and train healthcare providers on safe storage counseling and screening. Please note, food is not an allowable expense.
    - *Entertainment costs are disallowed under 2CFR200 (https://www.ecfr.gov/current/title-2/section-200.438). Food can often be considered an entertainment cost. If the food serves a programmatic purpose, food can be an allowable expense (e.g., lunches for children would be funded under a Head Start grant or food for meals on wheels).*

MATERIALS

- Question – Request of preapproval of purchase/create materials.
  - o "*Educational and instructional materials and supplies, including booklets and reprinted pamphlets.*" is an allowable cost to include in the proposed budget (see page 13 of the NOFO).
  - o Preapproval request would be reviewed after a proposal is funded, then IDPH staff would need to review the sample before determining approval. You'll want to include it in the proposal and budget if you'd like them to be considered.
- Question – Given the short project period, can we assume agencies aren't expected to develop education and training materials themselves and can use existing resources and materials? Can grant funds be used to purchase those materials? Is there guidance or preferences to which existing materials to use?
  - o In reference to "short project period" – Note new project period.
  - o Purchasing existing educational and training materials are an allowable expense, following purchasing laws and requirements. There also are free materials available. There is not a list of approved sources; however, applicants would be encouraged to use materials that are created by experts in the field and follow best practice, such as materials that following the wording recommended by the American Public Health Journal article.

PERSONNEL
- Question - Can funding be allocated for staff personnel?
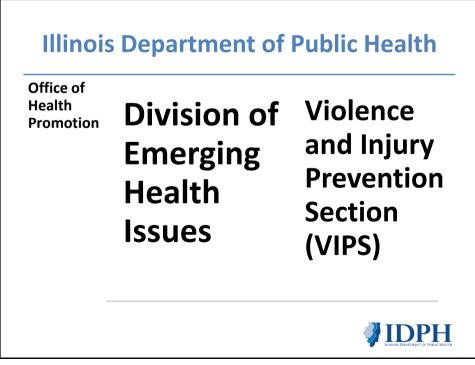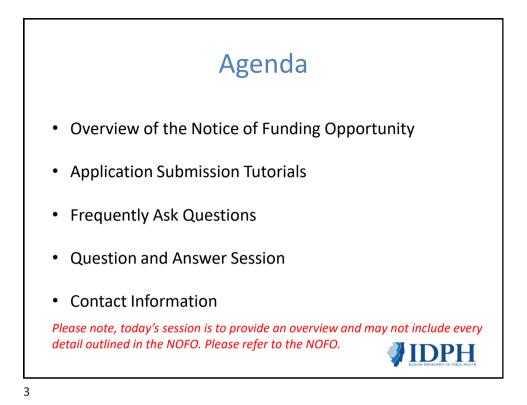   - Yes, personnel are an allowable expense.

RESOURCES
- Question – Can we have a copy of the American Journal of Public Health.
    - The American Journal of Public Health article on Talking about "Firearm Injury" and "Gun Violence"; Words Matter for guidance on recommended terminology related to firearms (see page 2 of the NOFO).
- Below is a list of resources in the NOFO.
    - Application-related
        - Electronic Grants Administration and Management System (EGrAMS)
        - Getting started
        - Grant Accountability and Transparency Act (GATA)
        - System for Award Management (SAM)
        - EGrAMS HelpDesk - DPH.GrantReview@illinois.gov
        - Health Equity Checklist
        - IDPH's Merit-Based Review Appeal Request Form
    - Program-related
        - Safe Gun Storage Public Awareness Campaign Act (Public Act 102-1067)
        - Making Illinois Safer: Strategic Plan 2018-2022
        - Illinois Suicide Prevention Strategic Plan 2020
        - local health department
        - Talking about "Firearm Injury" and "Gun Violence"; Words Matter
        - IDPH/VIPS Gun Lock Request Form (smartsheet.com)
        - Get A Safety Kit – Project Childsafe (Updated link)
        - Recalls | CPSC.gov

QUESTIONS CAN BE SUBMITTED TO:
- Additional questions can be emailed directly to Jennifer.L.Martin@illinois.gov or to the IDPH Violence and Injury Prevention Section shared email at DPH.Safety@illinois.gov.

Firearms Safe Storage Strategies
FY25 Notice of Funding Opportunity
CSFA 482-00-3365

IDPH Violence and Injury Prevention Section (VIPS)

Informational Session
March 15, 2024
9a
A link to the recoding can be found on the
Frequently Asked Questions document.

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Illinois Department of Public Health

Office of Health Promotion

Division of Emerging Health Issues

Violence and Injury Prevention Section (VIPS)

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Agenda

- Overview of the Notice of Funding Opportunity

- Application Submission Tutorials

- Frequently Ask Questions

- Question and Answer Session

- Contact Information

Please note, today's session is to provide an overview and may not include every detail outlined in the NOFO. Please refer to the NOFO.

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Purpose of Funding

- Illinois General Revenue Funds
- Implement Safe Gun Storage Public Awareness Campaign Act (Public Act 102-1067)
  - Phase 2: A gun lock and gun safe distribution campaign and gun buy-back program.

- Expand the following state strategic plans:
  - Making Illinois Safer: Strategic Plan 2018-2022
  - Illinois Suicide Prevention Strategic Plan 2020

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Estimated Awards

- $1,400,000
  - Average award - $50,000
  - Maximum award - $1,400,000

- Applications due April 4, 2024 (5pm-Central)

- Project period – April – June 2024

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Eligible Applicants

- Government Organizations, Education Organizations, Nonprofit Organizations
  - Per CSFA 482-00-3365
- For example (outlined in NOFO)
  - Community-based organizations
    - Those who serve counties with higher rate have higher rate have priority
  - Law enforcement
  - Local health departments
  - Hospitals
  - Entities with experience in education and training intended audience

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Overarching Goals

- **Goal 1** – Gun Lock and Safe (including lock box) Distribution

- **Goal 2** – Gun Buyback Programs

- **Goal 3** – Education and Training on Safe Storage Counseling and Screening for Health Care Providers

- **Goal 4** - Education and Training on the Firearm Restraining Order Act

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All Applicants

- Strategies should focus on suicide prevention, youth or young adult survivors of gun violence, and families at risk due to domestic violence

- Inform their public health authority, such as local health department or public health associations

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All Funded Organizations

- Follow guidance on talking about "Firearm Injury" and "Gun Violence"

BOX 1— Examples of Recommended Terminology Related to Firearms

Rather Than...	Consider...	Rationale
Firearms and firearm ownership		
"Gun"	"Firearm"	"Firearm" may be more neutral
"Restriction," "surrender," or "confiscation" (unless as an outcome of enforcement activity)	"Transfer," "relinquishment," or "temporary removal"	Avoids provocative language; distinguishes between enforcement and voluntary actions
"Assault weapon," "assault rifle," or "military-style rifle"	"AR15-style rifle," "AK-style rifle," "semiautomatic rifle," "Rifle"	Avoids terms that gun owners may perceive as pejorative or inaccurate
"Firearm safety counseling" to describe counseling about secure firearm storage	"Firearm responsibility," "prevention of unauthorized access," or "secure firearm storage" counseling	"Firearm safety" connotes safe firearm handling (e.g., how to safely use a firearm); focuses on access (vs storage) avoids linkage to storage-related laws
"Are your firearms locked up?"	"Do you prevent access of your firearms by unauthorized individuals" (e.g., untrained, unable to control firearms owing to strength/age, unable to understand risks, altered judgment or perception)	Shifts focus from the item to the at-risk user, drawing on standard principle of responsible firearm ownership (preventing unauthorized access)
"All guns should be stored unloaded and separate from ammunition"	Responsibly "stage" firearms intended for defensive purposes; responsibly "store" firearms used for hunting or recreation	Acknowledges that norms and preferences for staging or storage vary according to use (e.g., a personal defense weapon is often stored locked but loaded and quickly accessible)
Suicide		
"Commit" suicide	"Die by" or "die of" suicide	"Commit" implies criminality of the act and assigns blame
"Successful" or "failed" suicide attempt	"Died by suicide," "completed suicide," "killed themselves," "survived an attempt"	Avoids assigning moral judgment to outcome of attempt or implying that suicide death is a good outcome
"X caused the suicide"; "it was out of the blue"	Acknowledge that suicide is complex with no single cause and that there are often warning signs	Avoids oversimplifying suicide and encourages awareness of warning signs
"Suicide is inevitable"; "they'll always find a way"	Acknowledge that suicide can be prevented and that most people who survive a suicide attempt do not later die by suicide	Supports rationale for reducing access to firearms and other lethal methods during often brief (hours or days) periods or risk to prevent death
Omitting practical tips for seeking or	Emphasize that asking people about suicide does not	Supports efforts to make it easy to give and find help

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All Funded Organizations

- Follow guidance on talking about "Firearm Injury" and "Gun Violence"
- Promote and increase awareness of
  - Public awareness campaign on safe storage
  - Firearms Restraining Order
  - 988 and Crisis Lifeline
- Participate in
  - Grantee meeting
  - Webinar to highlight funded project(s)
- Collaborate and partner with IDPH VIPS grantees (when possible)

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Goal 1 – Gun Lock and Safe (including lock box) Distribution

- Availability of Cable Gun Locks
  - IDPH/VIPS Gun Lock Request Form (partnership with the U.S. Dept. of Veteran Affairs
  - Law enforcement partners (Project ChildSafe)
- If purchasing gun locks/safes
  - Locks – verify meet requirements
    - Any language/logos added to device needs approval from IDPH/VIPS.
  - Safes – verify not been recalled
- Safe storage educational materials should be distributed with locks/safes.

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Goal 2 – Gun Buyback Programs

- Guidance to incorporate in the program:
  - What participants must be informed of
  - Gift cards (not cash) are allowed in exchange
  - Determine policy for accepting/not accepting 3-D printed guns
- Utilize the event to increase awareness of community violence, suicide prevention, and provide education on how to safely store firearms.

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Goal 3 – Education and Training on Safe Storage Counseling and Screening for Health Care Providers

- Education and training program
  - Safe storage counseling and screening for health care professionals
    - Including pediatric primary care and emergency room departments
- Programs should include, but not limited to:
  - When and how to screen and counsel
  - How to identify, ask about lethal means, and work with family to reduce access
  - Share information to additional resources

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Goal 4 - Education and Training on the Firearm Restraining Order Act

- Education and Training
  - FRO Act for practitioners, law enforcement, and the general public.
- Follow ERPO-related guidance documents
- Program should include, but not limited to:
  - Overview of the act.
  - Overview of FROs and how they work
  - For health care providers – awareness of role to report Clear and Present Danger and how to report
  - Share information to additional resources

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Performance Measures

- Metric include, but not limited to:
  - Changes in behavior
  - # of people reached, # of events, # of materials developed and disseminated
  - # of new partnerships
  - Changes in injury rate
- Funded organizations agree to share a success story

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Performance Measures – Gun Lock/Safe Distribution & Gun Buy Back

- No data on the individuals should be collected
- Metrics -
  - # of locks/safes/boxes distributed
  - # of firearms collected (if able, reason for turning in a firearm)

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Application Content and Scoring

- Project narrative – see page 9-10
  - Extra points if reach DAP
  - Upload
    - Project director resume or CV
    - Organization W-9
    - Subcontractor Disclosure Form, if applicable (under EGrAMS Document Tab
- Risk assessment – see page 10
- Health equity – see pages 10, 15-16
- Funding restrictions – see pages 11-14
- Scoring
  - Scope of Work (45 points), Work Plan (15 points), Budget Section (5 points), and Health Equity (35 points)

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EGrAMS

- Create User Profile
- Training material
  - In EGrAMS (guides and video)
  - Recipe for Grant Success (for applicants and grantees)
- Encourage to review each tab in EGrAMS to see what additional information you'll need to submit
- EGrAMS help desk - DPH.GrantReview@illinois.gov

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FAQ and Q&A

- Frequently asked questions
  - Overview of questions asked to-date

- Questions and Answer session
  - Please share questions in the chart or unmute to ask

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Resources

- Application-related
  - Electronic Grants Administration and Management System (EGrAMS)
    - Getting started
  - Grant Accountability and Transparency Act (GATA)
  - System for Award Management (SAM)
  - EGrAMS HelpDesk - DPH.GrantReview@illinois.gov
  - Health Equity Checklist
  - IDPH's Merit-Based Review Appeal Request Form
- Program-related
  - Safe Gun Storage Public Awareness Campaign Act (Public Act 102-1067)
  - Making Illinois Safer: Strategic Plan 2018-2022
  - Illinois Suicide Prevention Strategic Plan 2020
  - local health department
  - Talking about "Firearm Injury" and "Gun Violence"; Words Matter
  - IDPH/VIPS Gun Lock Request Form (smartsheet.com)
  - Get A Safety Kit – Project Childsafe (Updated link)
  - Recalls | CPSC.gov

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Uniform Notice of Funding Opportunity (NOFO)

	Data Field	
1.	**Awarding Agency Name:**	Illinois Department of Public Health
2.	**Agency Contact:**	Name: Jennifer Martin Phone: 217-558-4081 Email: Jennifer.L.Martin@illinois.gov
3.	**Announcement Type:**	☐ Initial announcement ☒ Modification of a previous announcement
4.	**Type of Assistance Instrument:**	Grant
5.	**Agency Opportunity Number:**	FSSS-24 updates in red
6.	**Funding Opportunity Title:**	Firearm Safe Storage Strategies
7.	**CSFA Number:**	482-00-3365
8.	**CSFA Popular Name:**	Firearm Safe Storage Strategies
9.	**CFDA Number(s):**	N/A
10.	**Number of Anticipated Awards:**	Approximately 28
11.	**Estimated Total Funding Available:**	$1,400,000
12.	**Single Award Range:**	Average award up to $50,000. Maximum of $1,400,000.
13.	**Funding Source:** Mark all that apply	☐ Federal or Federal pass-through ☒ State ☐ Private / other funding
14.	**Is Cost Sharing or Match Required?**	☐ Yes ☒ No
15.	**Indirect Costs Allowed?** **Restrictions on Indirect Costs?**	☒ Yes ☐ No ☐ Yes ☒ No If yes, provide the citation governing the restriction:
16.	**Posted Date:**	3/4/2024
17.	**Application Date Range:** Leave the 'End Date' and 'End Time' empty if there is no deadline.	Start Date: 3/4/2024 End Date: 4/30/2024 End Time: (5 pm (Central) – note revised application end date.

18.	**Technical Assistance Session:**	Session Offered: ☒ Yes ☐ No
		Session Mandatory: ☐ Yes ☒ No
		Date and time:
		  March 15, 2024, from 9-10 am (CST).
		Conference Info/Registration Link:
		  The session was recorded - recording.

Agency-specific Content for the Notice of Funding Opportunity

A. **Program Description**

Through Illinois General Revenue Funds, the Illinois Department of Public Health (IDPH), Violence and Injury Prevention Section (VIPS), will provide funding for organizations to implement firearm safe storage strategies.

The **purpose of funding** is to implement components of the second phase of the safe gun storage public awareness campaign outlined under the Safe Gun Storage Public Awareness Campaign Act (Public Act 102-1067). The funding opportunity also helps expand the implementation of objectives in the Making Illinois Safer: Strategic Plan 2018-2022 to build capacity at the state and local level for evidence-based injury prevention so communities can reduce and prevent injuries, violence, and suicide; in addition to objectives in the Illinois Suicide Prevention Strategic Plan 2020 around reducing access to lethal means of suicide.

There are four overarching goals for the funding. It is estimated approximately 28 awards will be funded. Average award would be up to $50,000; maximum award is $1,400,000. Organizations can apply for funds to implement one, some, or all the goals. Pick the opportunities that would work best in your community:

- **Goal 1 – Gun Lock and Safe (including lock box) Distribution**
  - o Develop a focused strategy to distribute, through community-based organizations, gun locks and gun safes in areas most affected by gun violence; and/or
  - o Pair gun lock distribution with brief counseling or education sessions, which has been shown to significantly increase safe storage practices.
- **Goal 2 – Gun Buyback Programs**
  - o Incorporate gun buyback opportunities in partnership with law enforcement, community-based organizations, and other local stakeholders.
- **Goal 3 – Education and Training on Safe Storage Counseling and Screening for Health Care Providers –**
  - o Develop an education and training program on safe storage counseling and screening for health care professionals, including pediatric primary care and emergency room departments.
- **Goal 4 - Education and Training on the Firearm Restraining Order Act**
  - o Develop education and training on the Firearms Restraining Order Act for practitioners, law enforcement, and the general public.
  - o *Note: Those interested in identifying funds to support the implementation of firearms restraining orders are encouraged to monitor the Illinois Criminal Justice Information Authority's website for State Crisis Intervention Program (SCIP) funding opportunity.*

For **all** applicants:

- All strategies should focus on suicide prevention, youth or young adult survivors of gun violence, and families at risk due to domestic violence.
- Applicants are required to inform their public health authority, such as local health department or public health associations, of their intent to apply for this funding opportunity. Applicants are required to invite their public health authority to be involved in the project and document of that coordination should be included in the application.

- Funded organizations will refer to the American Journal of Public Health article on [Talking about "Firearm Injury" and "Gun Violence"; Words Matter](#) for guidance on recommended terminology related to firearms.
- Funded organizations will be required to assist in promoting this and other components of the public awareness campaigns on safe storage increasing awareness of the firearms restraining order.
- Funded organization will increase awareness of the 988 Suicide and Crisis Lifeline.
- Funded organizations will participate in a grantee meeting near the conclusion of the project period to share their experience, to provide guidance for future funding opportunities.
- Funded organizations will participate in a webinar to share an overview of their project and outcomes with injury, violence, and suicide prevention partners.
- When possible, it is expected funded organizations will collaborate and partner with other IDPH grantees working towards injury, violence, and suicide prevention.

Safe storage

The goal of safe storage is to prevent unintentional firearm-injuries (e.g., children, those with dementia) and to prevent those who may be at risk of hurting themselves (e.g., suicide) and other (e.g., homicide, assault, intimate partner violence) from having access to lethal means. It is important to store all firearms safely when not in use. Putting a firearm out of sight or out of reach is not safe storage and not enough to prevent use by children or unauthorized adults. Also, if transporting a firearm in a vehicle, it should be stored in a secure storage device. A locked vehicle or keeping it in a glove compartment or console is not secure storage. A secure storage device can help prevent theft (and possibly used in a crime) and unauthorized access.

Gun locks and safes are one option of safe storage. They are designed to be or can be used to store a firearm and that is designed to be unlocked only by means of a key, a combination, or other similar means. Storing firearms locked and unloaded, with ammunition locked separately, can reduce the risk of firearm-related injuries and deaths. Though gun locks are included with new firearms by firearm manufactures, there are millions of firearms in the hands of gun owners that did not include a gun lock at the time of purchase. Distribution of locks and safes (including lock boxes), along with educational material, can reach current and potential firearm owners about the value and use of these devices and dangers of unlocked firearms.

For applicants requesting funds for **gun lock and gun safe (including lock boxes) distribution**:

- IDPH/VIPS has a partnership with the U.S. Department of Veteran Affairs to provide free cable gun locks to community-based organizations interested in providing cable gun locks at events or with brief counseling or education session, orders can be placed through the [IDPH/VIPS Gun Lock Request Form](#). Applicants also can contact one of the following [law enforcement partners in Illinois](#) participating in Project ChildSafe to gain free Safety Kits. Applicants can utilize theses initiative to obtain cable gun locks, then request funding under this grant program to expand those efforts.
- If an applicant proposes purchasing gun lock, the locks need to meet the California-approved firearm safety device that meets the American Society for Testing and Materials requirement. Any language or logos added to the gun locks must be approved by IDPH/VIPS.
- If an applicant proposes purchasing gun safes, the applicant is expected to verify the gun safe have not been [recalled](#).
- Safe storage educational materials should be distributed with the free gun lock or safe.
- Potential avenues for distribution:
    - Reminder of guidance in the legislation
        - Through community-based organizations in gun violence areas.

- - Paired with brief counseling or education sessions.
    - Focusing on a suicide prevention, youth or young adult survivors of gun violence, and families at risk due to domestic violence.
  - Places which gun owners come into contact, such as conceal and carry trainings, firearm instructors and retailers, gun clubs, hunting awareness events, shooting ranges, sports shooting events, and veteran fairs.
  - Places hosting community events, such as fairs, festivals, and presentations.
  - Through activities and during sessions of public and behavioral health programs, such as counseling sessions, home visits, screenings for access to lethal means, trainings, and violence prevention programs.
  - Through other innovative means and non-traditional partnerships.
- Create partnerships with law enforcement and other community partners to assist with the distribution of gun locks and safes.

Gun buyback

The goal of gun buyback programs is to prevent firearm violence by reducing the number of firearms in a community. Gun buyback programs provides a safe disposal opportunity of legal and illegal firearms without risk of prosecution. The sponsoring agency compensates individuals who turn over unwanted and unneeded firearms. The program also creates an opportunity to increase awareness of participants of safe storage, risks associated with firearms, and connecting violence prevention programs.

For applicants requesting funds for **gun buyback program**:

- Create partnerships with law enforcement, community-based organizations, and other local stakeholders to incorporate the gun buyback program.
- Participants must be informed that weapons have to be unloaded and be transported in a case, box, bag, or vehicle trunk; and informed it is a no-questions-asked event.
- Funded organizations are allowed to offer a gift card (not cash) in exchange for firearms.
- Funded organizations must determine the rule on if the organizer will accept 3-D printed gun parts that are turned in. (Some gun buyback programs have a rule either (1) require privately manufactured firearms be capable of being fired more than once or (2) disqualify them entirely).
- Utilize the gun buyback event to increase awareness of community violence, suicide prevention, and provide education on how to safely store firearms.

Education and Training on Safe Storage Counseling and Screening for Health Care Providers

Firearm-related injuries and deaths are a major public health concern. Health care providers see firsthand the immediate and long-term impact firearm-related injuries have on patient and their families. As with any public health issue, healthcare providers serve an important role in addressing the root causes and promoting a comprehensive public health approach to keep families and communities safe. Often patients have a trusted relationship with their healthcare provider and will share concerns they may not share with others. This puts healthcare providers in a unique position to assess and provide resources about restricting access to lethal means to patients, and their families, at-risk of harming themselves or others.

The goal of this funding is to provide guidance to healthcare professionals on talking about firearm safety and conditions when to have discussions, counseling, and/or screening around firearm safety might be particularly relevant to the health of a patient and potentially to others.

For applicants requesting funds to **educate and train on safe storage counseling and screening for health care providers**:

- Develop an education and training program on safe storage counseling and screening for health care professionals, including pediatric primary care and emergency room departments.
- Safe storage education and training should include, but limited to, the following topics:
  - When and how to screen and counsel patients and families on the risk factors for suicide and violence and the increased risk of having access to firearms present in the home.
  - How to identify people who could benefit from safe storge counseling, ask about their access to lethal means, and work with them and their families to reduce access.
- Share information to additional resources.

Education and Training on the Firearm Restraining Order Act
The Firearms Restraining Order (FRO) Act was passed on January 1, 2019, in Illinois and provides a formal legal process to ask a civil court to issue a FRO to **temporarily** limit an individual's access to firearms, ammunition, and firearm parts when that person poses a significant danger to themselves or others, such as those at-risk of or show signs of:
- dementia (though the individual may have been a responsible gun owner in the past, they may become at-risk of harming themselves or others and could benefit from limited access to lethal means)
- domestic violence (including victim suicide, intimate partner homicide, and murder-suicide)
- suicide
- violence (including mass shooting)

A FRO is a tool to buy time when it matters most and empowers family or household members and law enforcement to prevent gun violence and fire-arm related suicide. The goal is to ensure safety of the individual and those around them. This creates safer circumstances for the individual to seek treatment, stabilize their behavior, or access resources to address the underlying causes of their dangerous behaviors.

The goal of this funding is to increase awareness of the Firearms Restraining Order Act in Illinois, specifically, but not limited to practitioners, law enforcement, and the general public.

For applicants requesting funds to **educate and train on safe storage counseling and screening for health care providers**:

- Develop education and training on the Firearms Restraining Order Act for practitioners, law enforcement, and the general public.
- Apply findings in the Emergency Risk Protection Order (ERPO) Communications Toolkit, and other reports, created by The Ad Council Research Institute and Joyce Foundation to gain direction on talking points, messaging to certain populations, in addition to key narratives and phrasing that most resonate with and motivate the general public to learn more about ERPO laws.
- FRO education and training should include, but limited to, the following topics:
  - Overview of the FRO Act, the goal of FROs, the two types of FROs, who can petition for a FRO and how to ask (petition) for a FRO, how long a FRO lasts, how a FRO works, what kind of evidence does the court need, and can FROs be terminated/extended.
  - For health care providers, awareness of their role to report Clear and Present Danger and how to report, in addition to the awareness of the FRO.
  - Share information to additional resources.

<u>**PERFORMANCE MEASURES**</u>

All

- Funded organizations will track performance measures to measure changes in gun safety behaviors and the overall impact and effectiveness of the campaign to promote safety.
- Funded organizations will share a success story(s).
- Metrics to be measured include, but are not limited to, the following:
  - Changes in parent behavior and perception.
  - The number of people reached through each strategy.
  - The number and description of events held.
  - The number of promotional and educational materials developed and disseminated through each educational channel (e.g., social media, webpage, presentations).
  - The number of existing and new partnerships established during the reporting period.
  - Changes in intentional and unintentional firearm injury.

Specific for the gun lock and safe distribution and gun buyback projects:

- No data on the individual should be collected the gun lock and safe distribution or gun buyback program. The goal of these strategies is to get safety devices (such as gun locks, safes, and lock boxes) into the hands of current and future gun owners and an opportunity to safely dispose of unwanted or unneeded guns. The aim is not to create any barriers (such as fear of sharing demographics) from reaching that goal.
- Metrics to be measured include, but are not limited to, the following:
  - The number of gun locks and gun safes (including lock boxes) distributed by grantee; number distributed by partners.
  - The number of firearms collected through gun buyback programs, and if able, the reason for turning in a firearm.

The Illinois Department of Public Health places health equity as a top priority. Health equity is the "basic principle of public health that all people have a right to health". Health equity exists when all people can achieve comprehensive health and wellness despite their social position or any other social factors/determinants of health. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these. People in such groups not only experience worse health but also tend to have less access to the social determinants or conditions (e.g., healthy food, good housing, good education, safe neighborhoods, disability access and supports, freedom from racism and other forms of discrimination) that support health…. Health disparities are referred to as health inequities when they are the result of the systematic and unjust distribution of these critical conditions. The department's efforts are committed to addressing health through an equity lens by empowering communities who have been historically marginalized and developing intervention strategies with the end goal of furthering health equity among all Illinoisans.

B. Funding Information

This award is utilizing ☐ federal pass-through, ☒ state and/or ☐ private funds.

The application will be reviewed, evaluated, and funded based on program need, availability of funds and history of efficient use of project funds. A progress report to the Department will be submitted by the applicant and will be used to track progress made towards achievement of the program goals and objectives. Fiscal reimbursement request shall be made quarterly. Failure to submit required reports in a timely manner will result in reimbursement delays.

C. Eligibility Information

 Regardless of the source of funding (federal pass-through or State), all grantees are required to register with the State of Illinois through the Grant Accountability and Transparency Act (GATA) website, https://gata.illinois.gov/, complete a prequalification process, and be determined "qualified" as described in Section 7000.70.   Registration and prequalification is required before an organization can apply for an award.

The entity is "qualified" to be an awardee if it:
1. has an active UEI (Unique Identity ID) number;
2. has an active SAM.gov account;
3. has an acceptable fiscal condition;
4. is in good standing with the Illinois Secretary of State, if the Illinois Secretary of State requires the entity's organization type to be registered. Governmental entities, school districts and select religious organizations are not required to be registered with the Illinois Secretary of State. Refer to the Illinois Secretary of State Business Services website: http://www. cyberdriveillinois.com/departments/business_services/home.html;
5. is not on the Illinois Stop Payment List;
6. is not on the SAM.gov Exclusion List;
7. is not on the Sanctioned Party List maintained by HFS.

1. *Eligible Applicants*

   Eligible Applicants (as outlined in CSFA Number: 482-00-3365- Government Organizations; Education Organizations; Nonprofit Organizations.

   Gun lock and safe distribution program:
   - Community-based organizations including local health departments and hospitals.
   - Community-based organizations serving counties with higher rate have higher priority.

   Gun buyback program:
   - Law enforcement and community-based organizations

   Education and Training on Safe Storage Counseling and Screening for Health Care Providers program:
   - Eligible applicants will be expected to be an entity with experience in educating and training health care professionals; and has expertise in safe storage counseling and screening.

   Education and Training on the Firearms Restraining Order Act program:
   - Eligible applicants will be expected to be an entity with experience in educating and training practitioners, law enforcement, and the general public; and has expertise in the Firearms Restraining Order Act.

   Eligible applicants must be themselves or be capable of and willing to coordinate the project with the Illinois Department of Public Health, Violence and Injury Prevention Section. The Department encourages diverse applicants and organizations to apply.

   Applicants my apply for this grant but will not be eligible for a grant award until they are pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee portal, www.grants.illinois.gov. During pre-qualification, Dun and Bradstreet verifications are performed including a check of Debarred and Suspended status and good standing with the Secretary of State. The pre-qualification process also includes a financial and administrative risk assessment utilizing an Internal Controls Questionnaire. If

applicable, the entity will be notified that it is ineligible for award as a result of the Dun and Bradstreet verification. The entity will be informed of corrective action needed to become eligible for a grant award.

2. *Cost Sharing or Matching*
   Cost sharing or matching are not required. Eligible applicants may voluntarily identify indirect costs as a programmatic match, in order to allocate the entire grant award for direct costs.

3. *Indirect Cost Rate*
   Allowed. Eligible applicants may voluntarily identify indirect costs as a programmatic match, or in-kind, in order to allocate the entire grant award for direct costs.

   In order to charge indirect costs to a grant, the applicant organization must have an annually negotiated indirect cost rate agreement (NICRA). There are three types of NICRAs: a) **Federally Negotiated Rate**. Organizations that receive direct federal funding may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. Illinois will accept the federally negotiated rate. The organization must provide a copy of the federal NICRA. b) **State Negotiated Rate**. The organization must negotiate an indirect cost rate with the State of Illinois if they do not have Federally Negotiated Rate or elect to use the De Minimis Rate. The indirect cost rate proposal must be submitted to the State of Illinois within 90 days of the notice of award. c) **De Minimis Rate**. An organization that has never received a Federally Negotiated Rate may elect a de minimis rate of 10% of modified total direct cost (MTDC). Once established, the de minimis rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the de minimis rate.

   Annually, each organization receiving an award from a State grantmaking agency is required to enter the centralized Indirect Cost Rate System and make one of the following elections for indirect costs to State and federal pass-through grants:
   I.   Federal Negotiated Indirect Cost Rate Agreement (NICRA);
   II.   Election of the de minimis rate of 10% of MTDC;
   III.   Election not to charge indirect costs; or
   IV.   Negotiate an indirect cost rate with the State of Illinois.
   The awardee shall make one election or negotiate a rate that all State agencies must accept unless there are federal or State program limitations, caps or supplanting issues.

4. *Other, if applicable*
   Indirect Costs are limited to 10% of the total award, unless the applicant provides a copy of a current Federally Negotiated Rate Indirect Cost Agreement.

D. Application and Submission Information

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

   Since high-speed internet access is not yet universally available for downloading documents or accessing the electronic application, and applicants may have additional accessibility requirements, applicants may request paper copies of materials by contacting:
   Jennifer L. Martin, MSW
   Injury and Violence Prevention Project Manager
   Violence and Injury Prevention Section

Office of Health Promotion
Illinois Department of Public Health
535 West Jefferson Street, 2nd Floor
Springfield, IL 62761
Jennifer.L.Martin@illinois.gov
Phone (217) 558-4081
Fax (217) 782-1321
TTY (800) 547-0466

2. *Content and Form of Application Submission*
   The applicant must submit a project plan that describes how the award will be executed. The project plan should include necessary detail to enable the agency to manage the grant agreement activity against planned projected performance.

   The applicant shall include information about the following:
   - Describe the applicant organization (500 character maximum).
   - Acknowledgment applicant informed their public health authority, such as local health department or public health associations, of their intent to apply for this funding opportunity. Description verifying their public health authority was invited to be involved in the project and a description of the collaboration, if applicable.
   - A description of the problem statement/need for this project within the proposed community (or communities)
   - A description of your agency's past or current work in the field of firearm safety. If you have not worked on firearm safety-related topics, please describe how you will obtain the educational content and subject matter experts needed for the grant activities.
   - List which goals (Goals 1-4), outlined in the NOFO, the applicant is proposing to implement.
   - A description of the intended audience.
     - To enhance the IDPH Comprehensive Suicide Prevention Project, extra points will be provided to applicants who reach the following disproportionally affected populations: males over 50 years of age in the following urban counties (determined by assessing suicide mortality rates by urbanicity) - Champaign, DeKalb, Kankakee, Macon, Madison, McLean, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, Vermillion, and Winnebago; and females from 10-19 years of age (based on self-harm emergency department visits).
   - A description of the proposed project. Be as detailed as possible to clearly describe the project and ensure the description aligns with the activities outlined in the Workplan section.
   - A list of the components of the project that focus on suicide prevention, youth or young adult survivors of gun violence, or families at risk due to domestic violence.
   - A description of your organizations' experience and capacity of the staff assigned to develop and deliver the activities outlined in the goals. In the description, please provide information that demonstrates how your organization's mission, knowledge, and/or experience are related to this program's purpose.
   - A description of your organization's capacity and ability to develop and complete time-limited projects with a short deadline. Include current staffing plan to complete firearm safety related activities within a time-limited window.
   - A list of entities your organization will partner with to develop and implement the proposed project, including a description of the partnership.
   - Agreement to assist in promoting this and other components of the public awareness campaigns on safe storage increasing awareness of the firearms restraining order.

Work Plan
- Objectives and Activities - Complete the Work Plan section for the program goals listed in the Program Description section of the Notice of Funding Opportunity (found under "Show Documents"). For each goal, define the objective and specific activities that will be undertaken to accomplish the objective, and provide the job title of responsible staff. Objectives must be specific, measurable, attainable, realistic, and timely. The Work Plan should identify the timeline describing how and when the objectives will be met during the grant-funding period.
- A resume of project director must be provided.
  Budget
- Detailed budget by line item and justification. See Budget Glossary under "Show Documents" for general instructions and guidelines to successfully complete a budget in EGrAMS.

Risk Assessment

Risk Assessment Questionnaire Information (completed within EGrAMS) - In response to the requirements of 2 CFR 200.205, the awarding agency is required to review the programmatic risk posed by applicants. Four risk categories are assessed through this questionnaire:
1. Quality of management systems and ability to meet the management standards;
2. History of performance;
3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit; and
4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.

Health Equity

Complete the Health Equity Checklist. (See more information below under "Criteria"). Respond to questions to assess both the short and long-term impacts to health equity, health inequalities and health inequities of a particular intervention strategy. Short-term initiatives might prioritize currently prevalent comorbidities for a disparately impacted community, whereas long-term initiatives might prioritize issues such as food insecurity, inadequate housing or limited access to health care that widen health disparities.

Please note that a Health Equity Checklist Questionnaire is also required in EGrAMS and will make up 35% of the total scoring for the grant application.

Progress report requirements – grantees are required to submit a quarterly progress reports on their work plan objectives.

3. ***Unique Entity Identifier (UEI) and System for Award Management (SAM)***
   Each applicant, unless the applicant is an individual or Federal or State awarding agency that is exempt from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the Federal or State awarding agency under 2 CFR § 25.110(d)), is required to:

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

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

4. *Submission Dates and Times*
See 17 on Page 1 of this NOFO.
Applications must be submitted electronically through the Illinois Department of Public Health Electronic Grants Adminstration & Management System (EGrAMS), accessible at idphgrants.com. Applicants must be received by the close of business (5:00 p.m. CST) on **April 30, 2024**. Submission confirmation will be generated by EGrAMS.

5. *Intergovernmental Review, if applicable*
N/A

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

Allowability

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

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

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

Allowed Uses

Funding may be used for the following:
Funding may be used for the following: All grant funds must be used for the sole purposes set forth in the grant proposal and application and must be used in compliance with all applicable laws. Grant funds may not be used as matching funds for any other grant program. Use of grant funds for prohibited purposes may result in loss of grant award and/or place the grantee at risk for recouping of those funds used for the prohibited purpose. Expenditure reports must be submitted quarterly. To be reimbursable under the Department/Office of Health Promotion Grant Agreement, expenditures must meet the following general criteria:

- Be necessary and reasonable for proper and efficient administration of the program and not be a general expense required to carry out the overall responsibilities of the applicant.
- Be authorized or not prohibited under federal, state or local laws, or regulations.
- Conform to any limitations or exclusions set forth in the applicable rules, program description, or grant agreement.
- Be accorded consistent treatment through application of generally accepted accounting principles, appropriate to the circumstances.
- Not be allocable to or included as a cost of any state or federally-financed program in either the current or a prior period.
- Be net of all applicable credits.
- Be specifically identified with the provision of a direct service or program activity.
- Be an actual expenditure of funds in support of program activities, documented by check number, and/or internal ledger transfer of funds.
- Not be used for research or clinical care.

NOTE: Grantee should prepare a budget that reflects expenses for the grant term. Use whole numbers and round to the nearest dollar. Once approved, the budget will be incorporated into the grant. Using the forms provided in this packet, submit additional information or justification as required in the allowable costs list section. Specific line items listed in the detailed budget must be explained on the budget forms. The grantee may divide employee work time among multiple staff directly involved in the Program development, implementation and evaluation. The allocation of employee work time in the grant budget must reflect and be commensurate with program activities attributed to the specific program staff in the approved Scope of Work Plan. Program staff members funded 100% from the grant are expected to work solely on this grant program and may not be funded by other IDPH grant programs. Use the Personnel Loading Chart found in the appendix to detail staff.

If the grantee is anticipating the use of sub-contractors/sub-grantees, those should be listed under the Contractual Costs section of the Budget Detail Template and the Contractual Services section of the grant application. For such sub-contractors and/or sub-grantees, justification should be of sufficient detail to document the items requested are essential to the achievement of the work plan activities. Complete Subcontractor Table found in the appendix to provide information for each subcontractor that will be used to provide services under this grant. If a vendor is to be determined, indicate so on the table.

Contractual Services are costs such as contractual employees, repair and maintenance of equipment, media development and placement, software for support of program objectives, among other costs. Payments (or pass-through) to subcontractors are to be shown in the Contractual Services section of the application (Section 5) as well as in the Budget Detail section.

The grantee acknowledges they must expend funds in accordance with the budget approved by the Department and in line with the line item categorical amounts approved in that budget. The grantee is required to submit quarterly documentation of actual expenditures incurred for conducting activities through use of the Department's reimbursement certification form. If changes in line items of the approved budget are necessary, the grantee must submit a Budget Adjustment Request in writing on Department forms for approval by the Department prior to making any of the requested expenditure changes. Documentation of actual expenditures incurred for the grant period must be submitted within 30 days after the close of the grant period. Any funds not documented and approved by the Department must be returned to the Department.

Allowable costs. Examples of allowable costs are listed below. This is not meant to be a complete list, but

rather specific examples of items within each line item category.

Personal Services:
- Gross salaries paid to agency employees directly involved in the provision of program services. All salaries to be provided as in-kind need to be documented and noted on the budget sheet as such.
- Employer's portion of fringe benefits actually paid on behalf of direct services employees. Examples include FICA (Social Security), life/health insurance, workers compensation insurance, unemployment insurance and pension/retirement benefits.

Contractual Services:
- Contractual employees (requires prior program approval).
- Postage, postal services, overnight mailing, or other carrier costs.
- Photocopies. If paid to a duplicating business, list the number of copies and costs. If charged by copy on a leased photocopy machine, list cost per actual copy.
- Telecommunications. Allowable charges are monthly telephone service costs for land lines and installation, repair, parts and maintenance of telephones and other communication equipment.
- Payments or pass-throughs to subcontractors or sub grantees are to be shown in the Contractual Services section. All subcontracts or sub grants require an attached detail line item budget supporting the contractual amount.
- Printing. Any printing job, e.g., letterpress, offset printing, binding, lithographing services, must be requested as a prior approval item in the budget submission. This expense requires substantive documentation as to its relevance to the work plan before approval will be granted. The cost of the printing may not exceed $1,000 or 5 percent of the total budget, whichever is less.

Travel:
- Auto travel mileage at no higher than $0.67 per mile - the state reimbursement rate as of January 1, 2024.
- Rail transportation expenses.
  Lodging. The rate must be in accordance with Illinois Travel Control Board rates or justification must be provided.
- Per Diem.

Supplies:
- Office supplies.
- Educational and instructional materials and supplies, including booklets and reprinted pamphlets. The budget narrative must describe the connection between the purchase of these materials and approved work plan before it will be approved.
- Paper supplies.
- Envelopes and letterhead.

Prior Approval ONLY

With prior approval, funding may be used for the following:
- Compensation, such as gift cards, will be allowed for the gun buyback program, with prior approval.

Funding Use Prohibitions
Funding may NOT be used for the following:

- Political or religious purposes.

- Contributions or donations.
- Incentives would need prior approval (including but not limited to t-shirts, bags, backpacks, hats, pencils, rulers, coloring books, stress balls, band-aid holders, mugs and cookware).
- Fundraising or legislative lobbying expenses.
- Payment of bad or non-program related debts, fines or penalties.
- Contribution to a contingency fund or provision for unforeseen events.
- Food, alcoholic beverages, gratuities or entertainment.
- Membership fees.
- Interest or financial payments or other fines or penalties.
- Purchase or improvement of land or purchase, improvement, or construction of a building.
- Lease of facility space.
- Any expenditure that may create conflict of interest or the perception of impropriety.
- Audit expenses.
- Equipment.
- Prescription drugs.
- Conference registration fees, including registration fees to attend or exhibit at events that can be defined as fundraisers.
- Exhibit fees.
- Subscriptions.
- Association dues.
- Expenses for credentialing (e.g., CHES certification)

Additional Funding Guidance
N/A

7. *Other Submission Requirements*
 Applications must be submitted through the Illinois Department of Public Health Electronic Grants Administration & Management System (EGrAMS) accessible at idphgrants.com. Applications must be received by the close of business (5:00 p.m.) on **April 30, 2024**. If the applicant encounters technical difficulties with the EGrAMS system, the applicant may contact: IDPH Grants Support Phone: (312) 793-2592, E-mail: DPH.GrantReview@illinois.gov.

E. Application Review Information
Applications will be reviewed for content, work plan activities, budget proposals, and required application materials. In addition, based on adherence to prior grant guidelines, timely submission of reports and fiscal monitoring.

The **Health Equity Checklist** is a scored portion of the IDPH grant application. In public health, health equity is the opportunity for everyone to reach their full health potential, regardless of any social determined circumstance. There are seven questions worth 35 points.

1. *Criteria*
 Grants will be reviewed and graded based on a 100-point scoring rubric. Criteria are listed in order from highest to lowest relative importance. The categories are as follows:
   a. **Scope of Work Section (45 points)** - Applicant capacity and experience; Need; Target audience clearly defined; Proposed implementation approach; Plan provided with detailed activities.

b. **Work Plan Section (15 points)** - Activities, outcomes and measurements are provided and aligned with program requirements; Information provided in the SMART format
c. **Budget Section (5 points)** - Budget reasonable & justified
d. **Healthy Equity (35 points) –** Please see below:

Health-Equity Based Review
A significant portion of the application review will be based on how the application abides with the following areas**:**
   A. Addressing all components of the IDPH Health Equity Checklist
   B. Reference the Health Equity Definition
   C. Incorporation of key definitions from the IDPH Health Equity Checklist
   D. Reference to culturally and linguistically appropriate services
   E. Focus on the Social Determinants of Health

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

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

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

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

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

found in the [Health Equity Checklist](#).

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

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

Focus on Social Determinants of Health
The program must address the Social Determinants of Health. Social Determinants of health are the conditions where people are born, live, learn, work, play and worship. The reality of these conditions and the distribution of life-enhancing resources have major impacts on the health, longevity, and the quality of life for Illinois residents. Efforts in addressing social determinants of health will provide a health equity framework for program development.[4] In addition, there must be a focus on health through collaboration with Non-Health Sectors.

2. ***Review and Selection Process***
   This grant is competitive. A merit-based review will be scored by the Department grant committee consisting of two or more reviewers. Scoring will be based on the evaluation criteria listed above.

   Applicants must use the health equity checklist questions to identify both the short and long-term impacts to health equity, health inequalities and health inequities of the proposed intervention strategy.

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

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

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

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

[4] U.S. Department of Health and Human Services. (2020). Social Determinants of Health. Retrieved from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

- The name and address of the appealing party
- Identification of the grant
- A statement of reasons for the appeal
- If applicable, documents or exhibits to support statement of reason

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

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

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

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

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

3. *Anticipated Announcement and State Award Dates, if applicable.*
   After, review, the anticipated award announcement will be mid-May 2024.

   Anticipated Announcement Date (if known): 5/17/2024
   Anticipated Program Start Date: 6/1/2024
   Anticipated Program End Date: 6/30/2025

F. Award Administration Information

N/A

1. *State Award Notices*
   The grant application will be reviewed after grant deadline. Anticipated award announcement is **mid-**

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

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

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

2. *Administrative and National Policy Requirements*
   N/A

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

3. *Reporting*
   Grantees are required to a performance report on their work plan objectives and quarterly fiscal reporting in EGrAMS within 15 days after the reporting period. Failure to submit required reports in a timely manner will result in delays with approval of reimbursements.

   The grantee will ensure quarterly reports are submitted in the provided format as follows:
   - Project Period 1 Report Due: July 15, 2024 (June 1 – 30, 2024)
   - Project Period 2 Report Due: October 15, 2024 (July 1 – September 30, 2024)
   - Project Period 3 Report Due: January 15, 2025 (October 1 – December 31, 2024)
   - Project Period 4 Report Due: April 15, 2025 (January 1 – March 31, 2025)
   - Project Period 5 Report Due: July 15, 2025 (April 1 – June 30, 2025)
   -

G. State Awarding Agency Contact(s)
   Jennifer L. Martin, MSW
   Injury and Violence Prevention Project Manager
   Violence and Injury Prevention Section
   Office of Health Promotion
   Illinois Department of Public Health
   535 West Jefferson Street, 2nd Floor
   Springfield, IL 62761
   Jennifer.L.Martin@illinois.gov
   Phone (217) 558-4081

Fax (217) 782-1321
TTY (800) 547-0466

H. Other Information, if applicable
The state of Illinois is not obligated to make any State award as a result of the announcement, and funding is contingent upon approval and receipt of state appropriation.

Other webpages:
Grant Accountability and Transparency Act (GATA) Grantee Portal - http://www.grants.illinois.gov

Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM) - - https://governmentcontractregistration.com/sam-registration.asp

Illinois Department of Public Health's Electronic Grants Administration and Management System (EGrAMS) - dphgrants.com.

EGrAMS Help Desk: DPH.GrantReview@illinois.gov.

Mandatory Forms -- Required for All Agencies
1. **Uniform State Grant Application – Available at idphgrants.com for eligible applicants**
2. **New to EGrAMS, click HERE to see how to Get Started**
3. **Project Narrative (included in EGrAMS application)**
4. **Budget (included in EGrAMS application)**
5. **Budget Narrative (included in EGrAMS application)**

Other program-specific mandatory forms:
1. Project director resume or CV
2. Organization W-9
3. Programmatic Risk Assessment (within EGrAMS Application)
4. Subcontractor Disclosure Form, if applicable (under EGrAMS Document Tab)