

ILLINOIS DEPARTMENT OF HUMAN SERVICES

# Rural Grant Services Enhance (RYSE)

---

FY22 Notice of Funding Opportunity

**Office of Community and Positive Youth Development**

**5/26/2021**

# NOFO Contents

## A Program Description

### 1 Program Summary

The federal Office of Juvenile Justice Delinquency and Prevention has released funding to states to implement evidence-based strategies to address the unmet needs of at-risk or delinquent youth through a continuum of delinquency prevention programs for juveniles who have had or who are likely to have contact with the juvenile justice system. With a focus on the rural community, this program concentrates on helping youth avoid involvement in delinquency by reducing risk factors and enhancing protective factors in their schools, communities, and families.

Approximately 19% of the U.S. population live in rural and frontier areas. Rural is defined by the U.S. Census Bureau as communities that are not included within an urban area. Urbanized areas have 50,000 or more people and urban clusters have at least 2,500 and less than 50,000 people. Populations that do not reside in urban or urban clusters are considered to be rural communities. The state of Illinois has 102 counties, with only 36 counties considered metro (urban) and 66 or two-thirds are defined as non-metro (rural).

While rural communities can differ in geography, population, socio-economic status and demographics; there are unique challenges that these communities face as a whole. Rural communities tend to have higher rates of poverty, unemployment and underemployment, uninsured and underinsured, when compared to urban areas. Lack of insurance can also prohibit families from accessing needed mental health treatment and can lead to undiagnosed mental illnesses.

Mental illness is prevalent in both urban and rural communities; however, the availability of mental health treatment and services is sparse in rural communities. This is an unmet need for rural communities due to the lack of adequate services coupled with other factors that prevent access to these vital services.

Poverty is also prevalent in rural communities. The top five counties in Illinois with the highest child poverty rates are located in downstate Illinois<sup>1</sup> and will be targeted to receive services under this program. These counties have child poverty rates that are higher than the state rate of poverty. Alexander, Hardin, Pulaski, Gallatin and Saline counties are clustered in downstate Illinois and are overseen by the 1<sup>st</sup> and 2<sup>nd</sup> Judicial Circuit Courts. These rural communities face similar challenges as the rest of rural America; access to healthcare and mental health services, broadband accessibility, k-12 education funding, lack of public transportation and longevity issues.

---

<sup>1</sup> Voices for Illinois Children, <https://www.voices4kids.org/2019-illinois-kids-count-report-a-view-by-region-race-and-ethnicity/>

**Table 1 Poverty Rates**

<b>County</b>	<b>Poverty Rate</b>
Alexander County	33.4%
Hardin County	17%
Pulaski County	17.1%
Saline County	20.6%
Gallatin County	16.6%

Significant inequalities in education also exist in Illinois. Over 50 percent of all k-12 public and charter school students are considered low-income according to the Illinois School Board of Education 2016-2017 data. Fifty percent of school age children in Illinois are also eligible for free and reduced lunch<sup>2</sup>. Children with less resources at home and at school face greater barriers than students with resources.

In the recent events of the COVID-19 pandemic and school closings, many students have had to move to almost complete digital online learning. For some families living in rural communities, this is difficult to do due to the lack of access to broadband internet and the devices needed to complete online learning. Within the five counties with the highest childhood poverty rates in Illinois, two of the counties, Alexander and Pulaski, at most, 58% of households have access to a computer. The same can be said about access to broadband internet WIFI, with only 51% of households having access<sup>3</sup>. Even after the pandemic has passed and schools open back up, there will still be a need for online digital learning and rural communities will need resources in order to be fully engaged academically.

The same supports are needed for youth involved in the juvenile justice system and youth who are at risk of system involvement. For these youth there are additional barriers to academic success and access to needed supports that could impede on their success. Over the last several years, the number of youth who are detained or incarcerated in Illinois has declined as a result of a deliberate effort to divert youth who do not present safety threats to themselves or the community from further system involvement. Unfortunately, youth living with mental health conditions are still entering the justice system at higher rates. Across the United States, tens of thousands of youth who are arrested each year meet diagnostic criteria for having a mental health condition, and at least 20 percent live with a serious mental health condition. Frequently, a youth's disruptive or illegal behavior is related to symptoms of a mental health condition that has gone undetected and untreated. These youth – the majority who have lives already marred by racism, poverty, and violence – then cycle through detention centers, probation offices, courts, and prisons. The opportunity to divert youth

<sup>2</sup> County Health Rankings & Roadmaps, <https://www.countyhealthrankings.org/app/illinois/2018/measure/factors/65/data>

<sup>3</sup> U.S. Census Bureau, <https://www.census.gov/quickfacts/fact/table/salinecountyillinois.gallatincountyillinois.pulaskicountyillinois.hardincountyillinois.alexandercountyillinois/PST045219>

early is wasted, and youth end up in a system that is ill-equipped to provide the necessary treatment.

For youth living in rural communities, these problems are exacerbated. Rural youth (and their families) already involved and those at risk of becoming involved with the juvenile justice communities face unique challenges including extremely limited access to mental health, poverty, and educational inequalities. These risk factors increase a youth's chances of becoming involved in the system and decrease the youth's chances for future success.

The five counties, Alexander, Hardin, Pulaski, Gallatin and Saline; that this grant is targeting, all are facing a fundamental lack of services, including mental health services; often having to take juveniles out of the home county for services. This is especially true of Alexander and Pulaski. If the juveniles are seeing anything greater than outpatient treatment, these youth are sent outside of their home county and sent up to central Illinois, many miles away. Lack of social services coupled with the lack of public transportation, can make it very difficult for juveniles to access resources to avoid entering the system in the first place or to succeed while in the system.

## **2 Funding Priorities**

The Rural Youth Services Enhanced (RYSE) Program is a new program designed by the Illinois Department of Human Services to address the lack of access to mental health services and social services for youth in rural communities who are involved or at-risk of being involved in the juvenile justice system. RYSE was designed to not only support the families in need of these services, but also to support the social service agencies needing resources to provide these vital services

IDHS is seeking applications to increase access to mental health and social services for youth in rural Alexander, Gallatin, Hardin, Pulaski and Saline counties who are involved or at-risk of being involved in the juvenile justice system. Applicants may propose one or more of the following strategies to increase mental health services:

- Directly provide mental health and social services to youth and their families
- Provide linkages to existing mental health and social services (eg. CCBYS)
- Provide technology to youth and their families to participate in telehealth and virtual services
- Provide transportation services to youth and their families to attend mental and social service appointments

The Illinois Department of Human Services strongly emphasizes the use of data and evidence in policymaking and program development; therefore, IDHS encourages the use of evidence-based and evidence-informed programs<sup>4</sup> and practices to address these issues. IDHS strongly encourages the use of research and data that points to racial disparities and the need to address them. The use of equity and racial justice research and data should be used when conducting these analyses.

---

<sup>4</sup> For more information about the definitions of evidence-based and evidence-informed interventions, see <https://www.childwelfare.gov/topics/management/practice-improvement/evidence/ebp/definitions/>

- Evidence-based *practices* are approaches to prevention or treatment that are validated by some form of documented scientific evidence. For more information and resources on evidence-based programs or practices for juvenile justice and youth prevention, interventions, and reentry programs, refer to the OJJDP Model Programs Guide [here](#).
- Evidence-based *programs* use a defined curriculum or set of services that, when implemented with fidelity as a whole, has been validated by some form of scientific evidence.

Evidence-*informed* practices use the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature. Ideally, evidence-based and evidence-informed programs and practices should be responsive to families' cultural backgrounds, community values, and individual preferences.

### 3 Required Services and Programming

Applicants will be required to complete one or more of the following:

- Provide mental health and social services to youth and their families.**  
This category is designed to increase access to direct social services and/or connect families to social services and mental health services within their local region, concentrating on evidence-based programming. Examples of evidence-based programming include; Multisystemic Therapy (MST)- A home-based approach conducive for use in rural communities and works for youth with more serious behavioral issues, Cognitive Behavioral Therapy (CBT), and Cognitive Behavioral Intervention for Trauma in the Schools (CBITS).
- Provide linkages to existing mental health and social services (e.g. CCBYS)**  
Provide linkage to existing services like Comprehensive Community Based Youth Services (CCBYS) providers and provide access to existing services through telehealth, transportation vouchers, or other means. Special emphasis will be given to those evidence-based practices that can be successfully delivered using a Telehealth treatment model.
- Capacity Building of Providers**  
Provide capacity building opportunities and support for social service staff thru professional development training (to include implicit bias and racial equity training) and providing enhanced technology tools to support tele-health and telecommunications. The main objective of this category is to provide resources for providers to increase their skills and capacity through training. Providers will develop a train the trainer module on using technology to deliver social services in rural communities and will share this resource widely.
- Increasing Technology Access**  
Provide access to technology hardware (tablets, Chromebooks, smartphones, etc.) and make referrals to broadband internet WIFI providers for families without access for them to participate in telehealth, telemedicine, remote learning, and other digital online needs. Providers will conduct technology needs assessments.
- Addressing Transportation Needs**  
Provide transportation services to address transportation issues through the provision of services, travel vouchers, and other mobility platforms.

- f. Reflect a trauma-informed approach, which involves understanding and responding to the symptoms of chronic interpersonal trauma and traumatic stress, as well as the behavioral and mental health consequences of trauma. Applicants must commit to becoming trauma-informed and demonstrate an ongoing commitment to developing/maintaining trauma informed capacity within the organization. Training and technical assistance will be made available to successful applicants to achieve/maintain this status.
- g. Include strategies for helping youth build protective factors and resiliencies that moderate the impact of past and future negative experiences.
- h. Assess its effectiveness and measure increase or decrease in risk/protective factors for individual by administering a pre- and post-assessment to each program youth. If applicant is a CCBYS agency, the applicant will be required, at minimum, to use the Youth Assessment Screening Instrument (YASI) as the pre- and post-assessment.
- i. Collect and report data on youth receiving services under this proposal in accordance with OJJDP and DHS reporting requirements and systems including recidivism and victimization data.
- j. Evaluate the effectiveness of applicant's proposed program by establishing and reporting on measurable objectives determined by the applicant and approved by the Department.

#### **4 Performance Measures**

Each quarter, successful applicants will submit a periodic performance report (PPR), which includes the following performance measures. At the end of the year, successful applicants will also submit a cumulative report.

- a. Number of programs implemented or expanded as a result of this funding opportunity.
- b. Percentage of DHS required reports completed and submitted accurately and on time.
- c. Number of youths served broken down by racial demographics.
- d. Percentage of youth served who completed program broken down by racial demographics.
- e. Percentage of youth who have a pre- and post-assessments administered and completed.
- f. Percentage of program youth who completed program who demonstrate improvement (such as increased protective factors and/or decreased risk factors) based upon risk assessment results, broken down by racial demographics.
- g. Based on the racial demographic data reported in c, d, and f above, number of policies, practices and procedures that have been implemented, revised or repealed to reduce disparities
- h. Number of existing mental health and social service providers available for referrals.
- i. Percentage of proposed number of youth and their families who received technology supports.
- j. Percentage of proposed number of youth and families who received transportation supports.
- k. Percentage of program youth tracked to determine juvenile justice system involvement.
- l. Percentage of program staff who have completed training in program area (evidence-based or evidence informed programs, youth assessment, youth case-management, racial equity training, trauma training, etc.)
- m. Percent of program staff with increased knowledge of program area (evidence-based or evidence informed programs, youth assessment, youth case-management, racial equity training, trauma training, etc.)

- n. Percentage of agency determined performance measures and standards met.

## **5 Performance Standards**

- a. At least one program will be implemented or expanded as a result of this funding opportunity
- b. A minimum of 80% of DHS required reports will be completed and submitted accurately and on time
- c. A minimum of 75% of applicant's proposed number of youths will be served; demographic data on youths served will be reported to the Department on quarterly reports.
- d. A minimum of 65% youth served will complete the program; demographic data on youths completing the program will be reported to the Department on quarterly reports.
- e. A minimum of 85% of youths served will have a completed pre and post-assessment.
- f. A minimum of 65% of program youth who completed program will demonstrate improvement (such as increased protective factors and/or decreased risk factors) based upon risk assessment results; demographic data on youths demonstrating improvement will be reported to the Department on quarterly reports.
- g. Based on the racial demographic data reported in c, d, and f above, a minimum of one policy, practice and procedure will be implemented, revised or repealed to reduce disparities. (If applicant can demonstrate that racial/ethnic disparities are not present in applicant's targeted population, a minimum of zero will be acceptable.)
- h. A minimum of two existing mental health and social service providers will be available for referrals. Applicants will list the names of mental health and social service providers to which they have referred youth on their quarterly report.
- i. A minimum of 75% of applicant's proposed number of youths and their families will receive technology supports.
- j. A minimum of 75% of applicant's proposed number of youths and their families will receive transportation supports.
- k. A minimum of 75% of program youth tracked to determine juvenile justice system involvement.
- l. A minimum of 75% of program staff will complete training in at least one area (evidence-based or evidence informed programs, youth assessment, youth case-management, racial equity training, trauma training, etc.)
- m. A minimum of 50% of program staff will report increased knowledge in at least one program area (evidence-based or evidence informed programs, youth assessment, youth case-management, racial equity training, trauma training, etc.)
- n. A minimum of 75% of agency determined performance measures and standards will be met.

## **6 Authorizing statutes**

**Statutory Authority:** Department of Justice Appropriations Act, 2020, Pub. L. No. 116-93; 133 Stat. 2317, 2410.

## **B. Award and Funding Information**

1. This is a competitive funding opportunity
2. The release of this NOFO does not obligate the Illinois Department of Human Services to make an award.

3. The Department anticipates funding three grant awards to provide RYSE programs.
4. The Department anticipates that approximately \$180,000 will be available for grants under this Notice of Funding Opportunity.
5. This award will be funded Federal funds awarded to the State of Illinois by the federal Office of Juvenile Justice Delinquency and Prevention.
6. This grant does not require an in-kind or financial match requirement.
7. This grant does not have limitation on indirect costs.
8. Subject to appropriation, the grant period will begin not sooner than the grant start date and will continue through 6/30/2022
9. The grant start date is estimated to be 7/1/2021
10. Successful applicants under this NOFO may be eligible to receive up to two subsequent one-year grant renewals for this program. Renewals are at the discretion of the department and are based on performance.
11. Proposed budgets must be sufficiently detailed and justified to be approved by DHS. Successful applicants will NOT receive a grant agreement until after their budget has been approved through the CSA system. Refer to **Appendix A: CSA Budget Information** for additional instructions for registering and completing budgets in the CSA system.
12. Subcontractor Agreement(s) and budgets must be pre-approved by the Department and on file with the Department. Subcontractors are subject to all provisions of this Agreement. The successful Applicant Agency shall retain sole responsibility for the performance of the subcontractor.
13. Pre-Award costs will be allowed under the following conditions:  
The applicant must:
  - a. have received and accepted the Notice of State award (NOSA)
  - b. have a current, approved budget in the CSA system for this award
  - c. have submitted any and all requested program plan and budget revisions per the NOSA
  - d. NOT incur pre-award costs prior to the acceptance date of the NOSA
  - e. Refer to 2 CFR 200.209 Pre-award Costs for more information.
14. All funding is subject to sufficient appropriations.

## C Eligibility Information and Grant Funding Requirements

### 1 Eligible Applicants

This competitive funding opportunity is limited to applicants that meet the following requirements:

- a. Applicant is an Illinois unit of local government, OR
- b. Applicant is an Illinois not-for-profit community-based organization

### 2 Pre-Qualification

- a Applicant entities will not be eligible to apply for a grant award until they have pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee Portal, [www.grants.illinois.gov](http://www.grants.illinois.gov) Grantee Links tab. To learn more about GATA, there is an online learning tool for the public. This tool can be accessed at <https://enuggetlearning.com/idhs>

Registration and pre-qualification are required annually. During pre-qualification, verifications are performed including a check of federal Debarred and Suspended status on the Illinois Stop Payment List and good standing with the Secretary of State. An automated email notification is sent to the entity alerting them of “qualified” status or providing information about how to remediate a negative verification (e.g., inactive DUNS, not in good standing with the Secretary of State). A federal Debarred and Suspended status cannot be remediated.

- b **Applicants must be pre-qualified; therefore, applications from entities that have not pre-qualified prior to the due date of this application will NOT be reviewed and will NOT be considered for funding.**

**A statement indicating the applicant has completed Pre-Qualification steps and is currently Pre-Qualified will be required with the application.** (A screenshot indicating the applicant has completed Pre-Qualification steps and is currently Pre-Qualified will also be accepted). Include statement or screenshot indicating completion of Pre-qualification steps as **Attachment 1: Statement of Prequalification.**

- c The following information is required to complete registration:
  - i Organization’s Dun & Bradstreet number (DUNS); For additional information on DUNS, refer to **Section Unique entity identifier (DUNS number) and System for Award Management (SAM)** below.
  - ii Organization’s federal employer identification number (FEIN);
  - iii Organization type;
  - iv Illinois Secretary of State File ID (required for non-profits, for-profits and limited liability corporations);
  - v Organization’s name
  - vi Organization’s mailing address;
  - vii Organization’s primary email address;
  - viii Organization’s primary phone number
  - ix Organization’s fiscal year-end date

### **3 Unique entity identifier (DUNS) and System for Award Management (SAM)**

Each applicant is required to:

- a Be registered in SAM before submitting its application; If your organization has not yet registered with SAM.gov, refer to [How to register with SAM.gov](#)
- b Provide a valid unique entity identifier in its application; if your organization does not yet have a DUNS number refer to <https://fedgov.dnb.com/webform/displayHomePage.do> to request one; and
- c 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 Department.

The Department may not make an award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements and, if an applicant has not fully

complied with the requirements by the time the Department is ready to make an award, the Department may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant.

#### 4 Pre-Award Requirements

- a The pre-award process includes a financial and administrative risk assessment utilizing an Internal Controls Questionnaire (ICQ) and a Programmatic Risk Assessment (PRA). The PRA must be completed for each separate grant for which an applicant intends to apply. The Department may NOT issue a Notice of Award or a Grant Agreement to any applicant that does not have a submitted and approved FY 22 ICQ and a submitted and complete FY 22 PRA for Rural Youth Service Enhanced (RYSE). While these are NOT required prior to submitting the application, they are required prior to the Department issuing an award. Include a statement or screenshot indicating completion or other status of the FY22 ICQ and FY22 PRA as **Attachment 2: Status of FY22 ICQ and FY22 PRA**.
- b Applicants that have not completed an FY22 ICQ and/or an FY22 PRA at the time of application will be contacted by the Department to complete these Pre-Award requirements.
- c These grantee pre-award requirements are mandated by Federal Uniform Guidance (2 CFR 200) and the Grant Accountability and Transparency Act (GATA). Grantees must complete these requirements prior to receiving a grant award from the State of Illinois.

#### 5 Registration in CSA

- a The CSA Tracking System is where the Illinois Department of Human Services (IDHS) expects all applicant entities to enter their GATA Budget information. It is also where IDHS staff will review and take action on the proposed budget.
- b **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 by the application due date. For instructions on registering in CSA, refer to How to Register in CSA**
- c When submitting an application, the applicant entity's proposed budget must be entered into the CSA system. The completed budget must be electronically signed and submitted in the CSA system, and a printed copy of the signed and submitted budget must be included with the application. **To do this, the following is required: at a minimum, *the applicant agency's Chief Executive Officer (CEO) or equivalent, or the Chief Financial Officer (CFO) or equivalent must be registered in the CSA system to electronically sign the required budget documents prior to submission. Refer to Process for Adding GATA Budget Signoff Authority***
- d While registration in CSA is not part of the prequalification process, successful applicants will NOT be issued an award without a fully approved budget in the CSA System. Furthermore, if the Uniform Grant Budget is not entered, signed and submitted in the CSA system by the application due date and time, ZERO points will be awarded for the Budget

Narrative. Refer to **Section C: Application and Submission Information, Budget** for more information.

- e It may take several days to complete the registration process so do not wait until the application due date to begin the process. For more information about registering and submitting a budget in the CSA system, refer to **Appendix A: CSA Budget Information**.

## **6 Mandatory Requirements of Applicant/Application**

The Mandatory Requirements are essential items that must be met by the Applicant. If any Mandatory Requirement is not met, the responding Applicant's entire proposal will not be considered. If all responding applicants fail to meet a particular mandatory requirement, that mandatory requirement may, at the sole discretion of the State, be removed from the Mandatory Requirements so the evaluation process may continue. However, this does not obligate DHS to make an award to any applicant that fails to meet all mandatory requirements.

- a. The selected applicant must propose to begin providing services within 3 months following the contract start date. The applicant must provide a timeline demonstrating when it will begin to provide services as part of this application. (Refer to **Section D. 2. Content and Form of Application Submission; f. Attachments**).
- b. Applicant must provide a clear statement of commitment to operating with a racial equity lens when proving programming and creating or updating policies. The applicant statements of commitment must be included in the Executive Summary section of the application.

## **7 Cost Sharing or Match Requirements**

Providers are not required to provide in-kind and/or financial match. However, if a successful applicant proposes a voluntary match amount and the budget is approved, the total match amount incorporated into the approved budget becomes mandatory and subject to audit.

## **8 Grant Fund Use Requirements**

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.

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.

### **a Allowable costs:**

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. Funding allocated under these grants is intended to provide direct services to youth. 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.

**b 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. In addition, and specific to this grant, the following costs will be unallowable without specific prior written approval from DHS:

- i Entertainment costs, except where specific costs that might otherwise be considered entertainment have a programmatic purpose and are authorized in the approved budget (2 CFR 200.438)
- ii Capital expenditures for general purpose equipment, including any vehicle regardless of cost, buildings, and land (2 CFR 200.439)
- iii Capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life (2 CFR 200.439)
- iv Food, and other goods or services for personal use of the grantee’s employees, contractors, or consultants of the grantee unless authorized as per diem under the State of Illinois Governor’s Travel Control Board (2 CFR 200.445).
- v Deposits for items, services, or space

**c Limitation of Use**

Limitation of Use of Award funds for Employee Compensation: With respect to any award over \$250,000, recipients may not use federal funds to pay total cash compensation to any employee that exceeds 110% of the maximum annual salary payable to a member of the Federal Government's Senior Executive Service (SES) at an agency with a Certified SES Performance Appraisal System for that year. A salary table is available at the U.S. Office of Personnel Management website: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/ES.pdf>

**d Indirect Cost Requirements and Restrictions**

In order to charge indirect costs to this grant, the applicant organization must have a Federal or State annually negotiated indirect cost rate agreement (NICRA) or must elect to use the De Minimis Rate.

**Every organization that receives a state award must make an indirect cost rate proposal or election in the Crowe Activity Review System (CARS), including organizations that are choosing not to claim payment for indirect costs.**

CARS URL: <https://solutions.crowe.com/CARS/StateofIllinoisGOMB/Login.aspx>

**i Indirect Cost Rate Election:**

- (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 (Refer to *Section D. Application and Submission Information, 4. Other Submission Requirements* for a list of required attachments)

- (b) **State Negotiated Rate.** The organization must negotiate an indirect cost rate with the State of Illinois by completing an indirect cost rate proposal in the CARS system if they do not have Federally Negotiated Rate or elect to use the De Minimis Rate.
- (c) **De Minimis Rate.** An organization that has never received a Federal or State 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. If programs elect to use the De Minimis rate, it is **critical** that program budgets accurately calculate the MTDC base. Please see the regulation below and note the exclusions to MTDC.

**2 CFR § 200.68 Modified Total Direct Cost (MTDC).**

*MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards and subcontracts up to the first \$25,000 of each subaward or subcontract (regardless of the period of performance of the subawards and subcontracts under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward and subcontract in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.*

- (d) **"No Rate":** Grantees have discretion not to claim payment for indirect costs. Grantees that elect not to claim indirect costs cannot be reimbursed for indirect costs. The organization must record an election of "No Indirect Costs" into CARS.

ii Crowe Activity Review System (CARS).

CARS will allow your organization to document your already established federally approved indirect cost rate, complete an indirect cost rate proposal (see State Negotiated Rate above), elect to charge the De Minimis rate (10%) of modified total direct costs (MTDC), or select that no reimbursement of indirect costs will be requested. Submission requirements are located on page 2 of the Uniform Budget Template as well as 2 CFR 200 Appendices IV, V & VII.

Organizations which have not previously made an indirect cost rate election must submit an election (and indirect cost rate proposal, if necessary) immediately and no later than 3 months after receiving an award notification or invitation to the CARS system.

Organizations that have previously established an indirect cost rate election must submit a new indirect cost rate election immediately and no later than 6 months after the close of their organization's fiscal year.

Every organization must make an indirect cost rate election in CARS even if the organization is choosing De Minimis Rate or "no rate". Organizations that do not make an election or submission inside the CARS system within the required timeframes will not be allowed to claim indirect cost reimbursement.

For more information, see <https://www.illinois.gov/sites/GATA/Pages/default.aspx>

e **Administrative Costs**

It is expected that administrative costs, both direct and indirect, will represent a small portion of the overall program budget. Program budgets and narratives will detail how all proposed expenditures are directly necessary for program implementation and will distinguish between Indirect/Direct Administrative and Direct Program expenses. Any budget deemed to include inappropriate or excessive administrative costs will not be approved. *At no time may the approved NICRA be exceeded under this agreement. Documentation will be required to verify the approved NICRA.*

f **Simplified Acquisition Threshold**

Potential grantees under this funding announcement may receive an award in excess of the Simplified Acquisition Threshold, currently \$250,000 (Refer to 2CFR200 Section 200.88). Therefore, the grantee must be aware of the following regarding the Simplified Acquisition Threshold as it will be applicable to any qualifying sub award:

- i That the grantee agency, prior to making a sub-award with a total amount of funds greater than the simplified acquisition threshold, 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 the awarding agency previously entered and is currently in the designated integrity and performance system accessible through SAM;
- iii That the awarding agency 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 applicant's integrity, business ethics, and record of performance under awards when completing the review of risk posed by applicants as described in §200.205 awarding agency review of risk posed by applicants.

9 **Post Award Requirements of Applicant**

Applicants agree to provide **program services** as described throughout this Funding Notice.

- a **Start Date:** The selected provider must be in a position to begin providing services within 3 months following the contract start date.
- b **Technology:** Agencies awarded funds through this funding notice must have a computer that meets the following minimum specifications for the purpose of utilizing any required DHS web-based reporting system and the receipt/submission of electronic program and fiscal information:
  - 1. Internet access, preferably high-speed
  - 2. Email capability
  - 3. Microsoft Excel

4. Microsoft Word
5. Adobe Reader

- c **Trauma Informed:** Applicants must commit to becoming **trauma-informed** as recognized through a Department recognized/accepted assessment tool. For example, the CBAT-O Assessment tool. Applicants will demonstrate an ongoing commitment to developing/maintaining trauma informed capacity within the organization. Training and technical assistance will be made available to successful applicants to achieve/maintain this status.
- d **Racial Equity Training:** Applicants must commit to participate in racial equity training. Training and technical assistance will be made available to successful applicants to further education and understanding of racial and ethnic disparities within the juvenile justice system.
- e **Collaboration with local Family and Community Resource Centers (FCRCs):** Providers will maintain a collaborative working relationship with the local IDHS FCRCs. This will include outreach to FCRCs to develop awareness of this program, recruit potential participants, and participating in local FCRCs' service provider meetings as requested.
- f **Program Evaluation Reporting Requirements:** Providers will be required to participate in evaluation efforts as directed by the Department and/or its subcontractor(s) and collect and report data accordingly. Providers will be required to report quarterly regarding program performance measures and outcomes. Providers will be required to participate in a Department directed Performance and Standards Assessment reviews. A year-end program and performance measures and outcomes report will also be required. Additional data and information may be requested throughout the year as determined by the Department.
- g **Training and Technical Assistance:** Programs must agree to receive consultation and technical assistance from authorized representatives of the Department. The program and collaborating partners will be required to be in attendance at site visits. Programs will be required to attend regular meetings and training as provided by the Department or a subcontractor of the Department. Programs should budget accordingly (at least quarterly).
- h **Site Visits:** The Applicant agrees to participate in site visits as requested by the Department and agrees that program and collaborating partners may attend such site visits.
- i **Presentations:** The Applicant will be available as requested by the Department to present information regarding service deliverables, provide data updates, or to answer questions arising from the Applicant's work.
- j **COVID Policies and Procedures:** Provider organizations shall have written COVID policies and procedures that align with current guidelines put forth by the local Health Department, the Illinois Department of Public Health and/or the Center for Disease Control.
- k **Sectarian Issue:** Provider organizations may not expend federal or state funds for sectarian

instruction, worship, prayer or to proselytize. If the Provider organization is a faith-based or a religious organization that offers such activities, these activities shall be voluntary for the individuals receiving services and offered separately from the program.

- l **Background Checks:** Background checks are required for **all program staff and volunteers** who have the potential for contact with youth under 18. These background checks must be completed in advance of individuals working directly with youth. Such individuals will authorize such checks in writing and submit to fingerprinting when required. The agency shall retain the signed form authorizing the background check. All background check information, including the signed authorizing forms shall be maintained separately in a confidential file, apart from the employee's personnel records. Funded programs will be required to have a written protocol in place detailing the requirement for background checks; evidence of their completion; the protocol for reviewing and making determinations regarding results; etc. In no case shall a Person who has been indicated as the perpetrator of any of the child abuse/neglect allegations identified in 89 Ill. Adm. Code Section 385.50(a) be deemed fit for service that allows access to children.
  
- m **Child Abuse/Neglect Reporting Mandate:** Per the Abused and Neglected Child Reporting Act (ANCRA, 325 ILCS 5/4), mandated reporters are professionals who may work with children in the course of their professional duties. Mandated reporters are required to report suspected child maltreatment immediately when they have "reasonable cause to believe that a child known to them in their professional or official capacity may be an abused or neglected child" (ANCRA Sec.4). This is done by calling the Illinois Department of Children and Family Services (DCFS) Hotline at 1-800-252-2873 or 1-800-25ABUSE. Programs funded through this grant opportunity must review ANCRA and, where appropriate, have a written protocol for identifying and reporting suspected child maltreatment.
  
- n **Hiring and Employment Policy:** It is the policy of the Department to encourage cultural diversity in the work environment and to promote employment opportunities through its programs. The Department philosophy is that the program workforce should appropriately reflect the populations to be served, with special attention given to hiring individuals indigenous to those communities. Consistent with Department policy, whenever a position becomes available, funded programs are encouraged to consider TANF clients for employment, contingent upon their qualifications in the areas of education and work experience.
  
- o **State and Federal Laws and Regulations:** The agency awarded funds through this NOFO must agree to comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity including, but not limited to: The Illinois Human Rights Act (775 ILCS 5/1-101 et seq.), The Public Works Employment Discrimination Act (775 ILCS 10/1 et seq.), The United States Civil Rights Act of 1964 (as amended) (42 USC 2000a-and 2000H-6), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), The Americans with Disabilities Act of 1990 (42 USC 12101 et seq.), and The Age Discrimination Act (42 USC 6101 et seq.).

## D Application and Submission Information

### 1 Address to Request Application Package

Application materials are provided throughout this announcement. Appendices will be made available in user/printer friendly format and may be found on the Illinois Department of Human Services web site at [this link](#). Additional copies may be obtained by contacting the Department at the email address below.

Each applicant must have access to the internet. The Department's web site 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 later in this announcement. It is the responsibility of each applicant to monitor that web site and comply with any instructions or requirements relating to the NOFO.

Email Address: [DHS.YouthServicesInfo@illinois.gov](mailto:DHS.YouthServicesInfo@illinois.gov)

Subject Line: RYSE CSFA# 444-80- 2531 Request

Phone Number: 312 914 0476

### 2 Content and Form of Application Submission

#### Proposal Narrative Content

Applicants must submit a plan that contains the information outlined below. Each section must begin on a new page and have a heading that corresponds to the headings listed below after each section number. The total application may not exceed **20 pages**, single-spaced. **The application Uniform Application for State Grant Assistance, checklist, attachments, letters of intent and Uniform Budget are not included in the page limitation.** If the applicant believes that the subject has been adequately addressed in another part of the application narrative, then provide the cross-reference to the appropriate part of the narrative. If a cross-reference is not included in the section, the reviewer will only consider content contained within that specific section. The narrative portion must follow the page maximums where prescribed and must be organized in the format outlined below. If an applicant receives an award through this NOFO the proposal will become the local program plan and budget unless revisions are required. The application/plan will be the basis for monitoring compliance by DHS.

**Failure to provide an application in the format detailed throughout this section will result in the loss of points – also, refer to *Section D; 4. Other Submission Requirements.***

#### a **Executive Summary: (1 Page Maximum; 10 points)**

The Executive Summary will serve multiple purposes. First, as a scored portion of this application and secondly, for successful applicants it will serve as a stand-alone document that may be shared with various state-level stakeholders and others requesting a brief overview of each funded project. Therefore, applicants should be concise and direct in their description. At a minimum, each of the following should be addressed in the Executive

Summary:

- i List the name, address and type (local unit of government or non-for-profit) of applicant entity
- ii List the name of your proposed Rural Youth Program and give brief description
- iii Identify if applicant is proposing a new program or proposing to enhance or expand an existing program.
- iv Identify which strategy(ies) to increase mental health services your program is proposing.
  - (a) Directly provide mental health and social services to youth and their families
  - (b) Provide linkages to existing mental health and social services (eg. CCBYS)
  - (c) Provide technology to youth and their families to participate in telehealth and virtual services
  - (d) Provide transportation services to youth and their families to attend mental and social service appointments
- v Describe anticipated outcome(s) of your program, including impact on racial disparities
- vi Indicate the anticipated number of youths to be served
- vii Indicate if applicant will be delivering services directly or using a sub-contractor
- viii Indicate amount requested under this proposal
- ix Provide a clear statement of commitment to operating with a racial equity lens when providing programming and creating or updating policies.

**b Capacity –Agency Qualifications/Organizational Capacity: (5 pages maximum, 25 points)**

The purpose of this section is for the applicant to present an accurate picture of their ability to implement this program as outlined in this NOFO. Information in this section should include, but not necessarily be limited to, the following:

- i Identify Applicant Entity (unit of local government or not-for-profit community-based organization)
- ii Describe your experience providing services to youth in the rural community; list major achievements and accomplishments, especially for programs serving justice-involved youth. Identify any evidence-based programs you have provided.
- iii Describe your experience providing services to youth of color in the rural community; list major achievements and accomplishments, especially for programs serving justice-involved youth.
- iv Describe your organization's efforts to advance equity and racial justice.
- v Describe your experience managing state and/or federal grants.
- vi Is applicant entity part of the juvenile justice system?
  - (a) If not, describe your collaboration/connection with the juvenile justice system.
  - (b) If so, describe your collaboration/connection with the Department of Human Services Comprehensive Community Based Youth Services System (CCBYS). Include the name of the local CCBYS agency and the geographic area covered by the agency.
  - (c) Describe your collaboration with local mental health or other social service providers.

- (d) Describe how the collaboration will enable you to make or receive referrals, case plan, share data, including attendance and outcomes and/or otherwise collaborate around individual youth and his or her treatment. Collaboration should be formalized through an MOU, a letter or some other documentation to that effect. Attach Documentation of Collaboration as **Attachment 3: CCBYS and JJS Collaboration**
  - v Describe any experience you have managing collaborative projects.
  - vi Describe your organization's efforts to become trauma-informed; including (but not limited to) the adoption of trauma-informed principles, changes to policies and practices to reflect those principles; and trauma-informed trainings agency staff have attended. Applicants must provide documentation to support the applicant organization is recognized as a trauma-informed organization and provide a statement of an ongoing commitment to further developing/maintaining trauma informed capacity within the applicant organization; **or** applicants must provide a statement demonstrating a commitment to develop and maintain trauma informed capacity within the applicant organization. Assessment, training and technical assistance will be made available to successful applicants to achieve/maintain this status. Attach documentation that applicant organization is recognized as trauma-informed or commits to develop and maintain trauma informed capacity as **Attachment 4: Documentation of Trauma-Informed Organization.**
  - vii Does your mission statement and goals align with the work proposed under this funding opportunity? How so?
  - viii If applicant plans to use a Sub-Contractor to deliver services related to this program, describe how the applicant agency will monitor the Sub-Contractor. Subcontract Attachments will be described under the Budget Narrative Section.
  - ix Complete **Appendix C: COVID Impact Questionnaire** and include as **Attachment 5: COVID Impact Questionnaire.**
- c **Need-Description of Need (2 pages maximum; 10 points)**

The purpose of this section is to provide a clear and accurate picture of the need for these services within the targeted community and how the proposed project will address these needs. It is necessary for the applicant to demonstrate that it has a thorough knowledge and understanding of the needs of their targeted community and the youth they are proposing to serve by this application. **Include demographics of program staff and agency leadership and discuss if these demographics match the targeted community.**

  - i Describe the need for services in the proposed service area. Include any relevant information to document whether the target populations are underserved. A population is underserved when there are insufficient services and resources to meet the level of need or risk in the community.
  - ii Identify needs specific to the rural community and provide examples of these needs within your proposed service area.

- iii Racial and ethnic disparities exist in virtually every key indicator of child, family, and community well-being.<sup>5</sup> To assess the anticipated impact this program will have on reducing disparities and achieving racial equity provide the following:
    - (a) Describe your agency’s ability to analyze and identify racial and ethnic disparities
      - (i) What is the demographic make-up of the proposed service area?
      - (ii) Providers, provide the demographics for the anticipated youths to be served. Do the demographics of anticipated youths to be served match the demographics of the service area? If not, explain why.
      - (iii) List and address factors that could potentially impact disparities within this program (such as historical factors, referral sources, program priorities and design, location and accessibility of services, etc.)
    - iv Describe the anticipated impact this program will have on reducing racial and ethnic disparities.
    - v Describe your agency’s method and capacity for revising, revoking or implementing new policies, programs and procedures to address on-going disparities.
    - vi Describe how the program/applicant agency obtains ongoing input and feedback from diverse community members and how the agency incorporates that feedback into the program design
    - vii Describe anticipated or existing challenges to addressing disparities in your community.
    - viii Describe any successes your agency has had in addressing disparities. If applicable, describe how those successes could be replicated in other communities.
- d Quality-Description of Program Design and Services (10 pages maximum; 50 points)**

The purpose of this section is for the applicant to provide a comprehensive, clear and accurate picture of its intended program design. The applicant must demonstrate evidence of linguistic and cultural competence throughout. At a minimum, the proposal must address each of the following components in the order below:

- i **Name of Program:** Restate the name of your proposed RYSE Program and give a brief description.
- ii Identify which strategy(ies) to increase mental health services your program is proposing.
  - (a) Directly provide mental health and social services to youth and their families
  - (b) Provide linkages to existing mental health and social services (e.g. CCBYS)
  - (c) Provide technology to youth and their families to participate in telehealth and virtual services
  - (d) Provide transportation services to youth and their families to attend mental and social service appointments
- iii **Outcomes:** For each proposed strategy, describe the anticipated outcome(s) of your program.
- iv **Program Elements:** For each proposed strategy, describe the treatment modality, program dosage, and staff qualifications of your program. Include resume or job description of person who will be primarily responsible for program implementation as **Attachment 6: Job Description.**

---

<sup>5</sup> <https://www.aecf.org/resources/race-matters-racial-equity-impact-analysis/>

- v **Referral and Intake:** List your proposed referral source(s) and describe your intake process. Include the name and a description of individual assessments that will be used and indicate if they will be used as pre- and post-assessments.
  - vi **Implementation Plan:** Describe how your program will be implemented. Include an Implementation timeline as **Attachment 7: Implementation Timeline**. If you are proposing an enhancement or expansion of an existing program indicate how long it has been operating and any major achievements or accomplishments or revisions to the program that have occurred.
  - vii **Evaluation:** Describe the process that will be used to evaluate the effectiveness of the proposed project.
    - (a) Provide at least three and no more than eight measurable objectives and dates of expected completion specific to your proposed activities. These should include process and outcome measures. (See **Section A.4. "Performance Measures"**) If applicant is selected for funding, applicant will work with the Department to finalize measurable objectives that will be included in your contract deliverables.
    - (b) At least one of your measurable objectives should include evaluation of your program's impact on Racial and Ethnic Disparities.
    - (c) Describe how your program will analyze racial demographic data and how the data will help inform changes to your policies, practices and procedures. Refer to performance measures c, d and k.
    - (d) Describe your plan to participate in racial equity training.
    - (e) Describe how you will evaluate your program against your anticipated outcomes.
    - (f) Describe any assessments that will be used to evaluate your program and outcomes, including risk/needs assessments, pre/post assessments, tests or screens, youth/family satisfaction surveys, etc.
    - (g) Describe your ability to collect recidivism and victimization data for youth who have exited the program.
  - viii **Sub-Contractors:** If applicant plans to use a Sub-Contractor to deliver services related to this program, describe the role and responsibilities of the sub-contractor. Describe how the applicant agency will evaluate the performance of the Sub-Contractor. Subcontract Attachments will be described under the Budget Narrative Section.
- e **Budget and Budget Narrative (2 pages maximum; 8 points)**
- The budget and budget narrative must tie fiscal activity to program objectives and deliverables and demonstrates that all proposed costs are:
- Reasonable and necessary
  - Allocable, and
  - Allowable as defined by program regulatory requirements and the Uniform Guidance (2 CFR 200), as applicable.

In this section, provide a detailed Budget Narrative of the items allocated within your proposed budget. This will include all funds budgeted for the program. Identify the source of those funds and detail how the specified resources and personnel are being allocated to ensure the tasks, activities, goals and objectives described in your proposal will be implemented. Illustrate the use of state or federal funds, other than grant funds, that will be

used to support the program. If sub-contractors are planned, please also describe how these funds will be utilized to implement the program.

In addition to the above narrative, budgets must be submitted electronically in the CSA system (Refer to **Appendix A: CSA Budget Information** for more information and a link to budget forms). The Budget entered into the CSA system will also include a narrative or detailed description/justification for each line in the budget and will describe why each expenditure is necessary for program implementation and how you arrived at the particular amount. Please include cost allocations as necessary. This narrative must also clearly identify indirect costs, direct program costs, direct administrative costs, and match within each line item as appropriate. The Budget (including MTDC base exclusions as appropriate) should clearly describe how the specified resources and personnel have been allocated for the tasks and activities described in your plan. Include a PDF copy of the budget submitted in CSA as **Attachment 8: Applicant Uniform Grant Budget**.

The Budget **must be** electronically signed and submitted in the CSA system. The Budget must be signed by the Provider's Chief Executive Officer and/or Chief Financial Officer. (Refer to **Section C. Eligibility Information and Grant Funding Requirement; 5. Registration in CSA**.) If indirect costs are included in the budget, a copy of the approved NICRA must be included with the Application as **Attachment 9: Applicant NICRA**.

**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 DHS.

If the Uniform Grant Budget is not entered, signed and submitted in the CSA system by the application due date and time, **ZERO points will be awarded for the Budget Narrative section of the application.**

Successful applicants will NOT receive a grant agreement until after their budget has been submitted and approved through the CSA system. It is critical that the budget submitted with the application is as detailed as possible.

Applicant must submit Federal Form W9 as **Attachment 10: Applicant Federal Form W9**.

Subcontractor budgets must be pre-approved, and therefore must be submitted with this application. **Subcontractor budgets should NOT be submitted in the CSA system.** Instead, Subcontractor budgets should be completed using a PDF form of the Uniform Budget Template available in **Appendix A: CSA Budget Information**. This PDF template should only be used for Subcontractor budgets. If Subcontractors will be used, also include the following:

- **Attachment 11-Program Contact Information-Subcontractor Form** (Refer to **Appendix D**)
- **Attachment 12-Additional Subcontractor Information** (Refer to **Appendix E**)

- **Attachment 13-Subcontractor Agreement and Budget** (The Sub-Contractor Agreement is generated by the Applicant Agency and is not a Department form.)
- **Attachment 14-Copy of Federal Form W9 for the Subcontractor Agency**
- **Attachment 15-Copy of approved NICRA for Subcontractor Agency** if indirect costs are included and Subcontractor Agency has a current approved Federal or State NICRA

f **Attachments to Your Application Narrative (Not included in page Limits)**

Although this section is not scored individually, points will be deducted in the above sections if these items are not included as directed. The Attachments should be labeled accordingly and placed in the order below. If any attachments are not applicable, a page labeled with the attachment number should be submitted and should include a statement explaining why the attachment was not applicable.

Order of Attachments:

- Attachment 1: Statement of Prequalification**
- Attachment 2: Status of FY22 ICQ and FY22 PRA**
- Attachment 3: CCBYS and JJS Collaboration**
- Attachment 4: Documentation of Trauma-Informed Organization**
- Attachment 5: COVID Impact Questionnaire**
- Attachment 6: Job Description**
- Attachment 7: Implementation Timeline**
- Attachment 8: Applicant Uniform Grant Budget (PDF)**
- Attachment 9: Applicant NICRA (if applicable)**
- Attachment 10: Applicant Federal Form W9**
- Attachment 11: Program Contact Information Subcontractor Form**
- Attachment 12: Additional Subcontractor Information Form**
- Attachment 13: Subcontractor Agreement and Budget**
- Attachment 14: Copy of Subcontractor Federal Form W9**
- Attachment 15: Copy of Subcontractor NICRA (if applicable)**

### 3 Application Submission Dates and Times

- a Applicants must electronically submit the complete application including all required narratives and attachments in the prescribed order, with the signed Uniform Application for State Grant Assistance (Uniform Application) on top. The Uniform Application is available as **Appendix B**. Applications must be sent electronically to [DHS.YouthServicesInfo@Illinois.gov](mailto:DHS.YouthServicesInfo@Illinois.gov) and received no later than **12:00 p.m. (noon) on Wednesday, 5/26/2021**
- i The application container will be electronically time-stamped upon receipt. The Department will ONLY accept applications submitted by electronic mail sent to [DHS.YouthServicesInfo@Illinois.gov](mailto:DHS.YouthServicesInfo@Illinois.gov). Include the following in the subject line: **22-444-80-2531 Andrea Hall RYSE"**.

**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. **The electronic copy must be a complete single PDF file. If applicant needs assistance creating a single PDF file, please reach out to contact person listed in this NOFO.**

- b Applicants will receive a receipt confirmation email within 48 hours of receipt notifying them that their application was received and the date and time it was received. This email will be sent to the email addresses provided in the application. This receipt confirmation email is solely confirmation that the application has been received by the Department; it is *not* a confirmation of applicant's eligibility; pre-qualifications, etc. **Refer to Section C. Eligibility Information and Grant Funding Requirements**, for more information on applicant's eligibility.

Applicants are required to notify the Department by 12:00 PM on Wednesday, 6/2/2021 if they did NOT receive an email notifying them that their application was received. If the applicant does not receive an email and/or does not notify the Department by 6/2/2021 at noon, 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 Wednesday; 6/2/2021 at noon. **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.**

- c **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.
- d All applicants are strongly encouraged to submit the completed grant application (single PDF document) to [DHS.YouthServicesInfo@Illinois.gov](mailto:DHS.YouthServicesInfo@Illinois.gov) utilizing the CMS File Transfer Utility located at <https://filet.illinois.gov/filet/PIMupload.asp>. This will ensure large documents are able to cross firewalls and will provide you with a transmission receipt. Please follow the instructions to attach your application. Don't forget the subject line above.
- e 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.

**Note:** It is strongly recommended that the applicant not wait until the last minute to submit an application in case they experience technical difficulties with the submission process. Applicants should keep copies of all documentation that that may prove their application was submitted to the correct location and that it was **received** by DHS 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.

#### **4 Other Submission Requirements**

##### **a Proposal Container and Format Requirements**

All applications must be typed on 8 ½ x 11-inch paper using 12-point type and at 100% magnification. With the exception of letterhead and stationery for letter(s) of support (not required), the entire proposal should be typed in black ink on white paper. The program narrative must be typed single-spaced, on one side of the page, with 1-inch margins on all sides. The program narrative must not exceed the page totals specified in the “Content and Form of Application Submission” section including the Executive Summary. Items included as Attachments are NOT included in the page limitations.

The entire application, including attachments, must be sequentially page numbered and compiled in the order specified below. The complete application must be compiled in a single PDF document, and submitted as directed.

Applications will **ONLY** be accepted as described herein. Faxed copies, hard copies, etc. will not be accepted. The Department is under no obligation to review applications that do not comply with the above requirements.

##### **b ALL Applications MUST include the following mandatory forms/attachments in the order identified below.**

- i Uniform State Grant Application (Refer to **Appendix B**)
- ii A statement indicating the applicant has completed Pre-Qualification steps and is currently Pre-Qualified. A screenshot will also be accepted. Include the statement or screenshot of Pre-Qualification as **Attachment 1**.
- iii Proposal Narrative
  - (a) Executive Summary
  - (b) Capacity - Agency Qualifications/Organizational Capacity
  - (c) Need - Description of Need
  - (d) Quality - Description of Program Design and Services
  - (e) Budget Narrative
  - (f) Attachments to Your Application

**Attachment 1: Statement of Prequalification**

**Attachment 2: Status of FY22 ICQ and FY22 PRA**

**Attachment 3: CCBYS and JJS Collaboration**

**Attachment 4: Documentation of Trauma-Informed Organization**

**Attachment 5: COVID Impact Questionnaire**

**Attachment 6: Job Description**

**Attachment 7: Implementation Timeline**

**Attachment 8: Applicant Uniform Grant Budget (PDF)**

**Attachment 9: Applicant NICRA (if applicable)**

**Attachment 10: Applicant Federal Form W9**

- Attachment 11: Program Contact Information Subcontractor Form**
- Attachment 12: Additional Subcontractor Information Form**
- Attachment 13: Subcontractor Agreement and Budget**
- Attachment 14: Copy of Subcontractor Federal Form W9**
- Attachment 15: Copy of Subcontractor NICRA (if applicable)**

- iv Uniform Grant Budget – The proposed budget must be entered, signed and submitted in CSA and is required for the application to be considered complete. A hard copy of this signed and submitted budget must be included with the application.

## **5 Unique Entity Identifiers (DUNS Number and SAM Registration)**

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:

- a Be registered in SAM.gov before the application due date. To establish a SAM.gov registration, go to <https://www.sam.gov/SAM/> and/or utilize this instructional link: “How To Register in SAM”  
<https://www2.illinois.gov/sites/GATA/Documents/Resource%20Library/SAM-Registration.pdf>
- b Provide a valid unique entity identifier (DUNS number) in its application; and
- c 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.
- d For more information, refer to *Section C: Eligibility Information and Grant Funding* Applications that fail to meet the criteria described in *Section C: Eligibility Information and Grant Funding* will not be scored and/or considered for funding,

## **6 Intergovernmental Review**

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

## **7 Funding Restrictions**

The applicant must develop a budget consistent with program requirements as described in **Section A. Program Description** and in accordance with **Section C. 6 Grant Funds Use Requirements**.

---

## **E Application Review Information**

All competitive grant applications are subject to merit-based review.

### **1 Criteria and Weighting of Each Criteria**

Applications that fail to meet the criteria described in *Section C “Eligibility Information”* will not be scored and/or considered for funding.

All applicants / applications determined to be non-compliant or otherwise determined to be disqualified from consideration will be 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.

Review teams comprised of a minimum of 3 individuals either employed by DHS serving in the Division of Family and Community Services, contractual staff or contractual agency staff will be assigned to review applications. These review teams may include interns working under the direction of the Illinois Juvenile Justice Commission Executive Director and individuals working as Government Public Service Interns under contract from the University of Illinois at Springfield, assigned to the Bureau of Youth Intervention Services.

Applications will first be reviewed and scored individually. Then, review team members will collectively review the application and team member's scores and comments to ensure team members have not missed items within the application that other team members may have identified. Application highlights and concerns will be discussed. Once this process has been completed, the individual review team members will finalize their scores and recommendations.

Scoring will be on a 100-point scale.

Application Narratives will be evaluated on the following criteria:

▪ Executive Summary	7 points
▪ Capacity - Agency Qualifications/Organizational Capacity	25 points
▪ Need – Description of Need	10 points
▪ Quality - Description of Program Design and Services	50 points
▪ Budget Narrative*	8 points
Total	<u>100 POINTS</u>

\* **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 DHS. If the Uniform Grant Budget is not in this status by the application due date and time, **ZERO points will be awarded for the Budget Narrative section of the application.**

The application criteria to be reviewed and scored are found under each category in this announcement in *Section D. Application and Submission Information, 2. Content and Form of Application Submission; Proposal Narrative Content.*

This award is not subject to Cost Sharing/Matching.

## 2 Review and Selection Process

As described in the Criteria section above, scoring will be done by committee on a 100-point scale with priority points if indicated. The numerical score may not be the sole award criterion. The Department reserves the right to consider other factors such as: geographical distribution, projected cost per youth; demonstrated need, and agency past performance as a state grantee, etc. While the score/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

review panel to be non-binding recommendations. Any internal documentation used in scoring or awarding of grants shall not be considered public information.

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

- Apply one or more of the additional factors for consideration described above to prioritize the applications; or
- Partially fund each of the tied applications at the same percentage; or
- Not fund any of the tied applications.

Final award decisions will be made by the Director of the Division of Family and Community Services at the recommendation of the Bureau Chief for the for the Bureau Youth Intervention Services and the Associate Director of the Office of Community & Positive Youth Development.

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

### **3 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).
- b Appeals submission IDHS contact information:
  - Name of Agency contact for appeals: Karrie Rueter
  - Email of Agency contact for appeals: DHS.YouthServicesInfo@illinois.gov
  - Email Subject Line: "applicant agency name RYSE 444-80-2531 Karrie"
- c Submission of Appeal.
  - i 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.
  - ii An appeal must be received within 14 calendar days after the date that the grant award notice has been published.
  - iii The written appeal shall include at a minimum the following:
    - (a) Name and address of the appealing party;
    - (b) Identification of the grant; and
    - (c) Statement of reasons for the appeal.
    - (d) Supporting documentation, if applicable
- d Response to Appeal.
  - i DHS will acknowledge receipt of an appeal within fourteen (14) calendar days from the date the appeal was received.
  - ii DHS will respond to the appeal within 60 days or supply a written explanation to the appealing party as to why additional time is required.
  - iii The appealing party must supply any additional information requested by DHS within the time period set in the request.

- e Resolution
  - i The ARO shall make a recommendation to the Agency Head or designee as expeditiously as possible after receiving all relevant, requested information.
  - ii In determining the appropriate recommendation, the ARO shall consider the integrity of the competitive grant process and the impact of the recommendation on the State Agency.
  - iii The Agency will resolve the appeal by means of written determination.
  - iv The determination shall include, but not be limited to:
    - (a) Review of the appeal;
    - (b) Appeal determination; and
    - (c) Rationale for the determination.

#### 4 Simplified Acquisition Threshold

Potential grantees under this funding announcement may receive an award in excess of the Simplified Acquisition Threshold, currently \$250,000 (Refer to 2CFR200 Section 200.88). Therefore, the grantee is subject to Simplified Acquisition Threshold. Refer to **Section C. 8. Grant Funds Use Requirements** for more information.

## F Award Administration Information

### 1 State Award Notices

Applicants recommended for funding under this NOFO following the above 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 (ICQ), programmatic risk assessments (PRA) and merit-based review.

**Note:** The Department cannot issue a NOSA until the successful applicant has an approved budget entered into CSA. **Refer to Section C. Eligibility Information and Grant Funding Requirements, 6. Registration in CSA.**

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

Upon acceptance of the grant award, announcement of the grant award shall be published by the awarding agency to Grants.Illinois.gov

A written Notice of Denial shall be sent to the applicants not receiving the award.

## 2 Administrative and National Policy Requirements

The agency awarded funds shall provide services as set forth in the DHS grant agreement and shall act in accordance with all state and federal statutes and administrative rules applicable to the provision of the services.

To review a sample of the FY2022 DHS Uniform Grant Agreement, please visit the DHS Website at <http://www.dhs.state.il.us/page.aspx?item=29741>.

The agency awarded funds through this Funding Notice must further agree to comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity including, but not limited to: The Illinois Human Rights Act (775 ILCS 5/1-101 *et seq.*), The Public Works Employment Discrimination Act (775 ILCS 10/1 *et seq.*), The United States Civil Rights Act of 1964 (as amended) (42 USC 2000a-and 2000H-6), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), The Americans with Disabilities Act of 1990 (42 USC 12101 *et seq.*), and The Age Discrimination Act (42 USC 6101 *et seq.*). Additional terms and conditions may apply.

## 3 Reporting

Upon execution of the grant agreement, reporting shall be in accordance with the requirements set forth in the Uniform Grant Agreement and related Exhibits which includes, but is not limited to the following:

### a Forms

#### i Periodic Financial Report (PFR)

- (a) The Provider will submit monthly expenditure documentation and certification forms (EDCFs), quarterly and final Periodic Financial Reports (PFRs) in the format prescribed by the Department.
- (b) The monthly reports must be submitted no later than the 30th of each month for the preceding month by email.
- (c) The quarterly reports must be submitted no later than the 30th of month following the end of the quarter; Quarter 1 (July1 – September 30) is due October30th; Quarter 2 (October 1-December 31st) is due - January 30th, Quarter 3 (January 1- March 31st) is due - April 30th, and Quarter 4 (April 1st -June 30th) is due - July 30th).
- (d) The final (cumulative fiscal year) Periodic Financial report is due July 30th of the next fiscal year.

#### ii Periodic Performance Report (PPR)

- (a) The Provider will submit quarterly and final Periodic Performance Reports (PPRs) in the format prescribed by the Department.
- (b) The quarterly reports must be submitted no later than the 30th of month following the end of the quarter; Quarter 1 (July1 – September 30) is due October30th; Quarter 2 (October 1-December 31st) is due - January 30th, Quarter 3 (January 1- March 31st) is due - April 30th, and Quarter 4 (April 1st -June 30th) is due - July 30th).
- (c) The final (cumulative fiscal year) Periodic Financial report is due July 30th of the next fiscal year.

- iii Other Unique Programmatic Reporting Requirements - The Provider will submit Performance Measures data required by OJJDP on or before November 1st of each year for the preceding period of October 1 - September 30. Data will be submitted in the format prescribed by the Department and IJJC.
- b Annual Audit in conformance with Audit Requirements set forth in the grant agreement.
- c If the State share of any State award is more than \$500,000 over the period of performance, successful applicants must adhere to the post award reporting requirements reflected in **Title 45 Part 75 Appendix XII CFR—Award Term and Condition for Recipient Integrity and Performance Matters**, available at <https://ecfr.io/Title-45/Part-75/Appendix-XII>

**Non-compliance with any of the above reporting requirements, including timeliness of reports may lead to being placed on the Illinois Stop Payment List.**

#### **4 Payment Terms**

##### **a. Payment Options**

To determine payment options, OCPYD will look at the results of the Internal Controls Questionnaire (ICQ) as described below AND the answers supplied by the applicant to the following four questions as part of this application: *(Refer to Section D Application and Submission Instruction, 2f Budget.)*

- i Does your Agency maintain written procedures that minimize the time elapsing between the receipt and disbursement of grant funds?
- ii Does your Agency comply with/meet the financial management standards of 2 CFR 200.302?
- iii Does your Agency anticipate any immediate cash needs to implement this grant?
- iv Does your Agency have sufficient working capital to fully operate the grant program for 2 months beginning July 1, without advance payment, including initial startup costs and normal monthly grant expenses?

##### **b Payment Determination Process**

- i Payment Determination (for grant awards not requiring a match)
  - (a) **Applicants identified as low risk on the ICQ:** Applicants will be identified as low risk if they have zero high risk scores and one or less medium risk scores on the items on the ICQ. Applicants identified as low-risk will receive monthly advance payments. An initial 2/12 of the Award amount will be issued upon execution of the agreement; and may be rounded to the nearest \$100.00. Subsequent payments will be issued, after reconciling all current and previously reported expenditures, ensuring the Applicant maintains a 1/12 rolling advance.
  - (b) **Applicants identified as Medium to High Risk on the ICQ:** Applicants will be identified as medium to high risk if they have one or more high risk scores and/or two or more medium risk scores on the items on the ICQ. An annual determination will be made regarding the need for a working capital advance. This determination will be made based on information submitted by the applicant as part of the FY21 Grant Application/Plan process. Applicants will be placed in one of the following payment categories:

- (i) For applicants that indicate insufficient working capital to fully operate the grant program for 2 months beginning July 1, will receive an initial working capital advance payment of 2/12 of the Award amount upon execution of the agreement; and may be rounded to the nearest \$100.00. Subsequent payments will be issued on a reimbursement basis and will consider all previously submitted and documented expenditures.
    - (ii) For applicants that indicate sufficient working capital to fully operate the grant program for 2 months beginning July 1, grant payments will be issued on a reimbursement basis that will consider all previously submitted and documented expenditures.
  - ii The Department will compare, as applicable, the amount of the initial advance/working capital payment made to date with the documented expenditures provided to the Department by the Applicant.
    - (a) **Applicants identified as low risk on the ICQ:** In the event the documented services provided by the Applicant do not justify the level of award being provided to the Applicant, future payments may be withheld or reduced until such time as the services documentation provided by the Applicant equals the amounts previously provided to the Applicant to ensure each payment advanced does not exceed 1/12 cash-on-hand. Failure of the Applicant to provide timely, accurate and sufficiently detailed documentation will result in delayed payments and may result in a reduction to the total award.
    - (b) **Applicants identified as Medium to High Risk on the ICQ:** In the event the documented services provided by the Applicant do not justify the level of award being provided to the Applicant, future payments may be withheld or reduced until such time as the services documentation provided by the Applicant equals the amounts previously provided to the Applicant. Failure of the Applicant to provide timely, accurate and sufficiently detailed documentation will result in delayed payments and may result in a reduction to the total award.
  - iii Final Payment
 

The final payment from the Department under this Agreement shall be made upon the Department's determination that all requirements under this Agreement have been completed, which determination shall not be unreasonably withheld. Such final payment will be subject to adjustment after the completion of a review of the Applicant's records as provided in the Agreement.
  - iv Repayment
 

In the event payments made by the Department to the Applicant exceed the total amount of Applicant reported and Department authorized expenditures, the Applicant will be required to issue a repayment to the Department in an amount equal to the overpayment.
- c **Additional Advance Payments**

Additional working capital advance payments may be considered on a case-by-case basis. Such requests must be made in writing, may require supporting documentation and must be approved by DHS Executive Staff.

## G State Awarding Agency Contact(s)

### 1 Point of Contact

Name: Andrea Hall

Email Address: [DHS.YouthServicesInfo@illinois.gov](mailto:DHS.YouthServicesInfo@illinois.gov)

Phone Number: 312 914 0476

## 2 Questions and Answers

If you have questions relating to this NOFO, please send them via email to: [DHS.YouthServicesInfo@illinois.gov](mailto:DHS.YouthServicesInfo@illinois.gov) with “**RYSE FUNDING NOTICE - Andrea**” in the subject line of the email. Beginning 4/21/2021 questions with their respective answers will be posted on the DHS website at [this link](#). Questions and answers will be updated frequently as new questions are received. Applicants are responsible for checking frequently as the responses provided may have an impact on their ability to submit a responsive application. Only written answers posted on the website will be considered valid and official.

The final deadline to submit any written questions regarding this Funding Notice will be Wednesday, 5/19/2021. The Final listing of Q&A will be posted by End of Day on Friday, 5/21/2021.

## H Other Information, if applicable

### Technical Assistance Conference Information.

One Web-based Technical Assistance (TA) Conference will be provided for potential applicants on Thursday, **4/29/2021**. Attendance is NOT a requirement of the application although it is strongly encouraged. During this session, DHS staff will provide an overview of the program and expectations of the grant. DHS staff will devote a significant amount of time responding to questions from potential applicants. Potential applicants are asked to review the Funding notice and associated Appendices in detail in advance of the TA Conference. Questions should be prepared and submitted in **ADVANCE** of the scheduled TA session. Although we will still take questions during the TA session, to ensure your question is addressed, please submit your questions as directed below no later than Close of Business **Monday, 4/26/2021**.

TA Conference Date: **Thursday, 4/29/2021 at 1:00pm**

When available, registration details will be found at:

<https://attendee.gotowebinar.com/register/5910143694335377423>

Technical Assistance Conference Questions should be submitted to:

Email: [DHS.YouthServicesInfo@illinois.gov](mailto:DHS.YouthServicesInfo@illinois.gov)  
Subject: RYSE FUNDING NOTICE TA Questions  
Deadline: **Monday, 4/26/2021**.

## I Mandatory Forms – Required for grant program

- Uniform State Grant Application
- Project Narrative and Attachments (*Refer to Section D. Application and Submission Information, 4. Other Submission Requirements for a list of required attachments*)
- Uniform Grant Budget (CSA Budget)

**FY2022 Rural Youth  
Services Enhanced  
Program  
Appendix A  
CSA & Budget Information**

For information regarding CSA. <http://www.dhs.state.il.us/page.aspx?item=61069>

**How to register for the CSA Tracking System**

1. You will need a functioning Illinois.gov ID and password
2. If you do not have an Illinois.gov ID you will need obtain one at the following [web link](#).
  - **Please note:** Choose General Public (Not employed by the State of Illinois) [EXTERNAL] even if you are a State of Illinois employee. Your CSA registration will not be validated if you choose Other Employees [SPS].
  - **If you do not have a State of Illinois driver's license**, please email your request to [DHS.DHSOCA@Illinois.gov](mailto:DHS.DHSOCA@Illinois.gov) with the following information: Name, Company, Address, Phone #, DUNS #, FEIN # and email address.
3. The address for the CSA Tracking System Registration Site is:  
<https://csa.dhs.illinois.gov/gtrpublic/gtr>
4. You will need to input an Invitation Key Code in order to submit your request for CSA Tracking System access. If you do not have an Invitation Key Code, send an email to [DHS.dhsoca@illinois.gov](mailto:DHS.dhsoca@illinois.gov) to receive your Invitation Key Code.
  - **Please register only once with your Illinois.gov ID.** IDHS Grantee-Providers may have more than one employee register for the CSA Tracking System access. Once your registration is processed by the Office of Contract Administration personnel you will receive instructions on how to log into the Provider Access Area. After you successfully log in to the CSA Tracking System there may be a facilities page that will appear (if you are a new IDHS Provider) where you will need to enter your facilities information into the CSA Tracking System.
  - **Please note:** In order to access your IDHS Uniform Grant Agreements/EEC Contracts you will also need to ensure your organization has registered for access to the Centralized Repository Vault (CRV). If your organization has not registered for CRV access you will not be able to view your contracts. Please use the following web link to access the CRV Registration web page: [Central Repository Access \(CRV\)](#)

Confidentiality Notice - The Grantee-Provider shall comply with applicable State and Federal statutes, Federal regulations and Department administrative rules regarding confidential records or other information obtained by the Provider concerning persons served under this Agreement. The records and information shall be protected by the Provider from unauthorized disclosure.

After registering for CSA, you must submit a budget for the period designated in the Funding Notice. Your budgets can be entered at this link <https://csa.dhs.illinois.gov/gtpsecure/gtp>.

If you have any questions about your budget you can email [DHS.YouthServicesInfo@illinois.gov](mailto:DHS.YouthServicesInfo@illinois.gov).

### **How to create a budget in CSA**

- To access the IDHS Training Manual for use of the [Budget Templates in the CSA System](#)

#### **Uniform Grant Budget**

Complete the Uniform Grant Budget in the CSA system. For more information about how to access the CSA system, see <http://www.dhs.state.il.us/page.aspx?item=61069>. For instructions about how to enter a budget into the CSA system see the [Training Manual for use of the Budget Templates in the CSA System](#). For EACH cost item listed in the budget worksheet, a detailed justification must be included in the narrative section. This justification should describe specifically how the budgeted amount was derived. The justification must also directly correlate the expenditure to the grant program – why/how it is necessary under the grant. Items being cost allocated must be fully detailed as to the method utilized. The Budget and Budget narratives should be prepared to reflect the budget period as required by the funding notice. The Budget should be electronically signed and submitted in the CSA system. The budget must be electronically signed by the applicant's Chief Executive Officer and or Chief Financial Officer. See <http://www.dhs.state.il.us/page.aspx?item=95350> for more information about requesting CSA budget signoff authority.

#### **Sub-Contractor PDF Uniform Grant Budget Forms**

Complete the PDF version of the Uniform Grant Budget for Sub-Contractor budgets ONLY! Include completed Sub-Contractor Budgets found at this [link](#)

# UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

## Agency Completed Section

1. Type of Submission: Pre-application  Application  Change/Corrected Application
2. Type of Application: New  Continuation (i.e. multiple year grant)  Revision (modification to initial application)
3. Completed by State Agency upon Receipt of Application

Date Received by State: \_\_\_\_\_ Time Received by State: \_\_\_\_\_

4. Name of the Awarding State Agency: Illinois Department of Human Services

5. Catalog of State Financial Assistance (CSFA) Number: 444-80-2531

6. CSFA Title: Rural Youth Services Enhanced (RYSE)

## Catalog of Federal Domestic Assistance (CFDA)

Not Applicable

7. CFDA Number: 16.548

8. CFDA Title: Title V Delinquency Prevention Program

9. CFDA Number: \_\_\_\_\_

10. CFDA Title: \_\_\_\_\_

## Funding Opportunity Information

11. Funding Opportunity Number: 22-444-80-2531-01

12. Funding Opportunity Title: Rural Youth Services Enhanced (RYSE)

13. Funding Opportunity Program Field: \_\_\_\_\_

## Funding Opportunity Information

Not Applicable

14. Competition Identification Number: \_\_\_\_\_

15. Competition Identification Title: \_\_\_\_\_

# UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

## Applicant Completed Section

### Applicant Information

16. Legal Name (Name used for Data Universal Number System (DUNS) registration and grantee pre-qualification): \_\_\_\_\_

17. Common Name (Doing Business As-DBA): \_\_\_\_\_

18. Employer/Taxpayer Identification Number (EIN, TIN): \_\_\_\_\_

19. Organizational Data Universal Number System (DUNS) Number: \_\_\_\_\_

20. Federal System for Award Management Commercial And Government Entity Code (SAM Cage Code): \_\_\_\_\_

21. Business Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip+4: \_\_\_\_\_

### Applicant's Organization Unit

22. Department Name: \_\_\_\_\_

23. Division Name: \_\_\_\_\_

### Applicant's Name and Contact Information for Person to be Contacted for *Program* Matters involving this Application

24. First Name: \_\_\_\_\_ 25. Last Name: \_\_\_\_\_ 26. Suffix: \_\_\_\_\_

27. Title: \_\_\_\_\_

28. Organizational Affiliation: \_\_\_\_\_

29. Telephone Number: \_\_\_\_\_ 30. Fax Number: \_\_\_\_\_

31. E-mail Address: \_\_\_\_\_

### Applicant's Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters involving this Application

32. First Name: \_\_\_\_\_ 33. Last Name: \_\_\_\_\_ 34. Suffix: \_\_\_\_\_

35. Title: \_\_\_\_\_

36. Organizational Affiliation: \_\_\_\_\_

37. Telephone Number: \_\_\_\_\_ 38. Fax Number: \_\_\_\_\_

39. E-mail Address: \_\_\_\_\_

### Areas Affected

40. Areas Affected by the Project (cities, counties, state-wide): \_\_\_\_\_

41. Legislative and Congressional Districts of Applicant: \_\_\_\_\_

42. Legislative and Congressional Districts of Program/Project: \_\_\_\_\_

# UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

## Applicant's Project

43. Description Title of Applicant's Project (Text only for the Title of the Applicant's Project):

44. Proposed Project Term:

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

45. Estimated Funding (include all that apply):

Amount Requested from the State: \_\_\_\_\_

Applicant Contribution (e.g., in kind, matching): \_\_\_\_\_

Local Contribution: \_\_\_\_\_

Other Source of Contribution: \_\_\_\_\_

Program Income: \_\_\_\_\_

### Applicant Certification:

By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)

(\* ) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

I Agree

## Authorized Representative

46. First Name: \_\_\_\_\_ 47. Last Name: \_\_\_\_\_ 48. Suffix: \_\_\_\_\_

49. Title: \_\_\_\_\_

50. Telephone Number: \_\_\_\_\_ 51. Fax Number: \_\_\_\_\_

52. E-mail Address: \_\_\_\_\_

53. Signature of Authorized Representative: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## COVID 19 Planning and Procedures

### APPENDIX C

- 1) Does your agency have written COVID policies and procedures that align with current guidelines put forth by the local Health Department, the Illinois Department of Public Health and/or the Center for Disease Control?
- 2) What is your procedure for youth and staff who test positive for COVID 19?
- 3) Did your agency, at any time, have to shut down all services due to the initial impacts of COVID? If yes, when and has your agency re-opened? When? While shutdown, did your agency provide remote services to youth?
- 4) Separate from any initial shutdown, has your agency had to shut down all or some services to youth due to positive tests or risk exposure? If yes, please provide the number of times and the average length of each shutdown. Did you provide any services to youth during these shutdown periods (virtual or in-person)? Explain. If a shutdown occurs again, please describe what Administrative and program functions will continue.
- 5) Describe how your agency can complete necessary job functions or services on a normal, daily basis while following basic COVID mitigation practices (social distancing, masks etc.) Describe how your agency can complete necessary job functions during a shutdown, should one occur.
- 6) Please describe any training that have or will be provided for your staff to assist with the recognition of signs and symptoms of depression or recognizing possible signs of suicidal behavior in both virtual and in person communications? Upon recognition of signs or symptoms of the above, what steps are in place to ensure the appropriate treatment and/or care is given?
- 7) What type of training has your staff been provided in recognizing the signs of abuse and neglect in both virtual and in person communications? Upon recognition of signs or symptoms of the above, what steps are in place to ensure the appropriate treatment and/or care is given?
- 8) Due to the impacts of Covid-19, how do you address the social emotional needs of the youth you are serving? Does this include virtual sessions? Do you provide, or have in place a referral service for counseling and support?
- 9) Due to the impacts of Covid-19, What type of supports do you have in place for the social emotional needs of your staff? Is there counseling available to support them through the additional stress of the pandemic?
- 10) If your agency provided remote services during the pandemic, do you plan to continue remote services post-pandemic? Explain.
- 11) Describe any “lessons learned” about service delivery during the pandemic (both negative and positive.)

**FY 2022 RYSE NOFO Application – Appendix D**  
**Program Contact Information**

<b>Agency Name:</b>		FEIN:	
Address:	City:	State:	Zip:
Agency Telephone Number and Email Address:		Agency Website:	

<b>Executive Director:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Program Supervisor:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Program Staff Contact:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Fiscal Contact:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Report Contact:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		