

Illinois Department of Human Services (IDHS)
Office of Community and Positive Youth Development (OCPYD)
FY26 Special Projects Grant Application

I. Application Summary Page

Organization Name			
FEIN			
Address			
Organization Website			
Contact Information			
Authorized Rep Name		Authorized Rep Phone	
Authorized Rep Email			
Program Contact Name		Program Contact Phone	
Program Contact Email			
Fiscal Contact Name		Fiscal Contact Phone	
Fiscal Contact Email			
Billing Contact Name		Billing Contact Phone	
Billing Contact Email			
FY26 Award Amount <i>(enter amount listed in P.A. 104-0003. If you do not know the amount, please refer to the email you received with this application)</i>			

This FY26 application is limited to grantees named in P.A. 104-0003. To receive an award, grantees must complete the following steps:

- ☐ Grantees must be registered in the [Illinois GATA Grantee Portal](#) and must be [GATA Prequalified](#). (Visit link for instructions.)
- ☐ Grantees must complete the FY26 ICQ (Accessed through the Grantee Portal)
- ☐ Grantees must register in [CSA Provider Registration \(illinois.gov\)](#); for more information refer to [IDHS: CSA Tracking System \(state.il.us\)](#)
- ☐ Grantees must submit a complete FY26 Application Packet to DHS.PositiveYouthDevelopment@illinois.gov

A complete application packet includes:

- ☐ [Uniform Application for State Grant Assistance](#) Complete Pages two and three ONLY
- ☐ Application Summary Page and Program Narrative *(this form)*
- ☐ [IDHS: Uniform Grant Budget Template \(state.il.us\)](#) Enter Budget into CSA under F26 444-80-XXXX.
- ☐ Organization's choice of Payment Methodology; for any method other than reimbursement, complete [Advance Payment Request Cash Budget](#).
- ☐ A copy of your organization's [Form W-9 \(Rev. March 2024\) \(irs.gov\)](#)
- ☐ [Grantee Conflict of Interest Disclosure](#).
- ☐ **A copy of your organizations Board of Directors is required to determine if there is a Conflict of Interest.**
- ☐ If your organization is proposing to use subrecipients in this program, you must complete the Subrecipient section of this application and include the Subrecipient attachments listed on page 10.

Additional information may be requested by assigned IDHS program area.

II. Program Narrative (Program Plan)

Upon DHS approval, the program narrative will serve as your program plan for the project period ending in June 2026. The purpose of this form is to provide a description of the program and activities your organization proposes to implement under this award. Revisions may be required and additional contractual requirements may be included in the Uniform Grant Agreement.

Please complete the following:

Project Abstract: *This description should serve as a stand-alone description that may be shared with various state-level stakeholders and others requesting a brief overview of each funded project. Provide a brief overall description of the program your organization intends to provide under this award. (1000 character maximum)*

Service Area

Counties or Communities to be served with these funds

Describe your service area for this project (county, city/town, community area, zip codes, etc.)

Need: *Describe the identified need for your program in the targeted service area*

Capacity and Program Readiness				
Organization History: <i>Provide a brief history of your organization and its overall mission.</i>				
Experience:				
Briefly describe your organization's experience (if any) implementing programs of similar size / purpose.				
Briefly describe your organization's experience (if any) managing state or federal grants.				
Monitoring:				
Has your organization received a monitoring visit by a funder or other governing body (local, state, federal, other) in the past two years?				
If yes, who was the monitoring agent?				
Describe the results of the monitoring visit including any findings or required corrective action plans. <i>(Include a copy of the final monitoring visit report, as applicable.)</i>				
Physical Space:				
Does your organization have the physical space to implement this program?				
If yes, provide address and describe the proximity to the intended service population:				
If no, indicate how and when your organization will acquire the space:				
Staffing:				
How many total staff are/will be assigned to this program?	Program Staff		Fiscal/administrative Staff	
What is the total Full Time Equivalents (FTEs)				
Of the number above, how many staff are currently employed by your organization?				
How many of the staff currently employed by your organization that will be assigned to this program have more than 3 years of experience with this program or similar programs?				
Does the organization have a policy to track personnel time applied to this program?				

Program Design and Services

Program Model: *Provide a description of the proposed overall program model and implementation design.*

Target Population:	
<i>Describe the population for whom this program is intended</i>	
<i>Describe program eligibility requirements</i>	
<i>Describe how your organization will recruit participants</i>	
Program History:	
<i>Is this an existing program within your organization? .</i>	
<i>If yes, for how many years has your organization offered this program?</i>	
<i>If yes, how will your organization ensure that existing funds supporting this program are not supplanted?</i>	
Evidence Based Programs (EBP) (Please complete for ALL applications – Note: If this is not applicable to your program please indicate.)	
<i>Is your organization proposing to implement an evidence-based program or practice (EBP) under this award?</i>	
<i>If yes, what is the name of the EBP</i>	
<i>Provide a link to the research/literature supporting the EBP</i>	

Program Activities: <i>Provide a list of activities described in the program model that will be implemented to achieve the purposes of this program. If applicable, include the number of hours each activity will be provided over the course of the project. Insert a separate page if additional activities will be implemented.</i>			
Activity	# of Hours	Basis	Brief Description
<i>Ex. After School Program</i>	<i>10 hours</i>	<i>Per week/40 weeks</i>	<i>After School programming with tutoring and recreational activities for junior high students.</i>

Timeline: <i>List program activities/milestones and indicate anticipated implementation dates.</i>	
QTR 1(Jul-Sep)	
QTR 2 (Oct-Dec)	
QTR 3 (Jan-Mar)	
QTR 4 (Apr-Jun)	

Service Delivery and Impact	
Outcomes:	
State your desired outcomes, impacts and goals for the grant period ending 6/30/26.	
<p>Include at least three performance measures/standards specific to your program. <i>For example, "65% of student participants will increase their conflict resolution skills as measured through pre/posttests."</i> (Additional standardized performance measures are included on the next page.)</p>	
Performance Measure 1	
Performance Measure 2	
Performance Measure 3	
Performance Measure 4 (optional)	
Performance Measure 5 (optional)	
Evaluation: Describe the process for evaluating progress on stated outcomes or goals. <i>(At a minimum, each program will be required to survey participants to determine if participants believed that the offered program was beneficial and if they felt safe during programming.)</i>	

Standardized Performance Measures	Enter Data	Performance Standards
Proposed unduplicated number of individuals served.		Minimum of 80% of proposed number of individuals will receive services.
Number of proposed program activities.		Minimum of 80% of proposed activities will be implemented.
Number of hours proposed program activities that will be offered over the project period.		Program activities will be offered for a minimum of 80% of proposed # program hours.
Number of days proposed program activities that will be offered over the project period.		Program activities will be offered for a minimum of 80% of proposed # program days.
Number of participants who will report that they believe the program was beneficial.		Minimum of 80% of participants will report that they believe the program was beneficial.
Number of participants who will report that they felt safe during programming.		Minimum of 95% of participants will report that they felt safe during programming.
Reporting		
Who will be designated to oversee performance reporting for this program? <i>(Indicate name and position)</i>		
Is the staff listed above familiar with program requirements, deliverables and outcomes of this program?		
Describe how the organization will ensure data accuracy and integrity		
Other Information		
Use the space below to communicate any additional information you would like IDHS to know about your program including implementation obstacles and challenges, requests for Training or Technical Assistance, etc.		

Once this program plan is approved, if the grantee wishes to make significant changes to the approved plan, the grantee must contact the DHS program staff assigned to your program. Grantee must receive prior approval for significant changes before those changes are implemented.

III. Financial Information

a. Funding Table

Please complete the following:	Amount
What is your organization's overall budget? (All programs, administration, etc.; include this grant amount.)	
What is your overall budget for this program?	
If you have additional sources of funding for this program besides this grant amount, list the sources and amounts below.	

b. Budget: [IDHS: IDHS GATA Budgets \(state.il.us\)](https://state.il.us/idhs/gata-budgets)

- Your budget must be entered into CSA for an amount up to the amount listed in P.A. 103-0006 for your organization.
- This award is intended to support the program proposal outlined in this narrative. (Refer to grant fund use requirements below.)
- Please use the “certify rounding feature” in CSA to ensure that your request is a whole dollar amount.
- 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.
- Be sure the budget status in CSA says “GATA Budget signed and submitted to program review.” This status will appear after the budget is electronically signed by the agency CEO or CFO and submitted to IDHS.
- Refer to [IDHS: Training Manual for use of the GATA Budget Templates in the CSA Tracking System \(state.il.us\)](https://state.il.us/idhs/training-manual-for-use-of-the-gata-budget-templates-in-the-csa-tracking-system) for additional instructions and information on preparing a budget.
- Grantees that wish to negotiate a rate with the State of Illinois will start their election process in the Grantee Portal and the case will then be sent to CARS to begin negotiation. View the [CRMP User Manual](#).
- Pre-award costs will be allowed under the following conditions:
The applicant must:
 - have received and accepted the Notice of State Award (NOSA)
 - have a current, approved budget in the CSA system for this award
 - have submitted any and all requested program plan and budget revisions per the NOSA
 - NOT incur pre-award costs prior to the start date of the grant agreement.

c. 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.

i 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. 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.

ii **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 IDHS:

- (a) 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)
- (b) Capital expenditures for general purpose equipment, including any vehicle regardless of cost, buildings, and land (2 CFR 200.439)
- (c) Capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life (2 CFR 200.439)
- (d) 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).
- (e) Deposits for items, services, or space

d. **Travel Expenses**

Please see Field Trip/Travel Approval Request form for details.

- **No Grant Funded Out-of-State Travel will be approved.**
- **No Grant Funded Airline Travel will be approved.**
- **Expenditures for Entertainment Purposes will NOT be Authorized.**

e. **Payment Terms**

Indicate your organization's choice for grant payment method for FY26 below. Refer to [IDHS: Grantee Payment Methods Notification \(state.il.us\)](#) Please note: if a provider has medium or high risk as indicated after completing the FY26 ICQ in the Grantee Portal, they may not qualify for the Advance Payment method.

☐ Advance Payment (Advance and Reconcile)*

☐ Reimbursement

☐ Working Capital Advance*

*If choosing Advance Payment (Advance and Reconcile) or Working Capital Advance, you will be required to complete and include the [Advance Payment Request Cash Budget](#).

IV. **Organization W-9**

All Organizations must include a copy of the organization's [Form W-9 \(Rev. October 2018\) \(irs.gov\)](#).

V. Grantee Conflict of Interest Form

All Organizations must include a signed copy of the [Grantee Conflict of Interest Disclosure](#).

VI. Illinois Administrative Code

- [Ill Admin Code 7000.330 – UGA and Budget Template](#)
- [Ill Admin Code 7000.370b – Revision of Budget](#)
- [Ill Admin Code 7000.40\(c\)\(1\)\(A\)\(iii\)-References](#)
- [Title 89 Ill Admin Code Section 509 – Fiscal & Admin Rules](#)
- [IDHS Grant Management](#)

VII. Uniform Guidance / 2 CFR 200

- [CFR 200 Subpart E – Cost Principles](#)
- [CFR 200.407 – Prior Approvals](#)
- [2 CFR 200.308 - Budget Revisions](#)

STATE OF ILLINOIS GUIDANCE

UNIFORM GUIDANCE: UNALLOWABLE
COSTS

VIII. Prior Approval

- DEFINITION: PRIOR APPROVAL IS THE WRITTEN CONSENT OBTAINED FROM AN AWARING AGENCY BEFORE INCURRING SPECIFIC COSTS OR UNDERTAKING CERTAIN ACTIVITIES UNDER AN AWARD.

WHY IS PRIOR APPROVAL IMPORTANT?

- ENSURES COMPLIANCE: ALIGNS EXPENDITURES WITH FEDERAL REGULATIONS AND AWARD TERMS.
- PROMOTES TRANSPARENCY: FACILITATES OPEN COMMUNICATION BETWEEN RECIPIENTS AND FEDERAL AGENCIES.
- PREVENTS DISALLOWANCES: MITIGATES THE RISK OF COST DISALLOWANCE DUE TO UNAPPROVED EXPENSES.

UNIFORM GUIDANCE:
PRIOR APPROVAL

Reminder--if you are planning to use sub-recipients, please complete the following page.

Subrecipients; If you plan to use subrecipients to carry out the deliverables of this program please complete this form. <i>(Insert a separate page if additional subrecipients will be used.)</i>		
Describe how the subrecipients were/will be chosen for this program.		
List the subrecipients below. Include their Federal Employee Identification Number (FEIN) and the amount of the subaward. Include a brief description of the activities the subrecipient will provide.		
Subrecipient		Subrecipient Activities
FEIN		
Contact Person		
Email		
FY 26 Amount		
Subrecipient		Subrecipient Activities
FEIN		
Contact Person		
Email		
FY 26 Amount		
Subrecipient		Subrecipient Activities
FEIN		
Contact Person		
Email		
FY 26 Amount		

IX. Subrecipients

Reminders:

- Subrecipients **MUST** be pre-approved by the Department. Sub-recipient Agreement(s) and budgets must be pre-approved by and on file with IDHS.
- Sub-recipients are subject to all provisions of the grant agreement of this program.
- The grantee organization shall retain sole responsibility for the performance of the subrecipient.

For EACH Subrecipient (current and new), you must include the following attachments:

- ☐ A PDF copy of the **Subrecipient's FY26 Budget**
- ☐ A copy of the **Subrecipient Agreement** (generated by your organization, outlining the scope of work/deliverables the subrecipient will be completing for this program.)
- ☐ A copy of the **Subrecipient Organization Federal Form W9**
- ☐ A copy of a completed **Conflict of Interest form for each Subrecipient and their Board of Director listing.**
- ☐ **Sub-recipient Organization approved NICRA** if indirect costs are included and Subrecipient Organization has a current approved Federal or State NICRA

MANDATORY: Choose one of the options below

☐ **Grantee organization acknowledges it is responsible for the performance of any subrecipient and will ensure adequate monitoring. *Indicate if the organization has a monitoring policy:***

☐ Yes

☐ No

☐ Policy is under development

☐ **Grantee organization does not use subrecipients for this program. If this changes during the fiscal year, grantee will notify IDHS and will abide by the above conditions.**