



Uniform Notice of Funding Opportunity (NOFO)

	Data Field	
1.	Awarding Agency Name:	Illinois Department of Public Health
2.	Agency Contact:	Name: Jennifer Epstein Phone: 312-814-8473 Email: Jennifer.epstein@illinois.gov
3.	Announcement Type:	<input checked="" type="checkbox"/> Initial announcement <input type="checkbox"/> Modification of a previous announcement
4.	Type of Assistance Instrument:	Grant
5.	Agency Opportunity Number:	N/A
6.	Funding Opportunity Title:	Local Health Department Overdoses Surveillance and Response Project
7.	CSFA Number:	482-00-2104
8.	CSFA Popular Name:	LHD Overdose Response
9.	CFDA Number(s):	93.354
10.	Number of Anticipated Awards:	10
11.	Estimated Total Funding Available:	\$800,000
12.	Single Award Range:	\$60,000-\$160,000
13.	Funding Source: Mark all that apply	<input checked="" type="checkbox"/> Federal or Federal pass-through <input type="checkbox"/> State <input type="checkbox"/> Private / other funding
14.	Is Cost Sharing or Match Required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
15.	Indirect Costs Allowed? Restrictions on Indirect Costs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the citation governing the restriction:
16.	Posted Date:	3/25/19
17.	Application Date Range: Leave the 'End Date' and 'End Time' empty if there is no deadline.	Start Date: 3/25/19 End Date: 4/24/19 End Time: 4:59pm
18.	Technical Assistance Session:	Session Offered: Yes <input checked="" type="checkbox"/> No Session Mandatory: Yes <input type="checkbox"/> No Date and time: Conference Info/Registration Link:

Agency-specific Content for the Notice of Funding Opportunity

A. Program Description

The Local Health Department Overdoses Surveillance and Response Project will support local health departments (LHD) in the development of local response plans for opioid overdose and associated infectious disease morbidity and mortality based on near real-time surveillance. This project is funded through Centers for Disease Control and Prevention (CDC) Public Health Emergency Response: Cooperating Agreement for Emergency Crisis Response. Organizations selected for funding for this initiative will be local health departments that can demonstrate an above average burden for county-level opioid overdose mortality or morbidity; 2) be identified as a vulnerable county by a 2017 vulnerability analysis conducted by IDPH; and 3) illustrate evidence of engagement with local partners and stakeholders in HIV/HCV prevention. Funds will be used to support LHD's ability to respond to increases in opioid overdose and associated infectious disease based on real time surveillance. Activities will include: identification of a surveillance lead for monitoring opioid overdose trends; enhancement of health department infrastructure that responds to alerts of an increase in opioid overdose from surveillance; ability to report results of response/investigations to IDPH using outbreak reporting module; the development of local response plan.

Supplemental funds will be made available to jurisdictions that using state-level analysis communities show an increased risk for HCV/HIV infections or outbreaks. These supplemental funds will be used to: enhance LHD response plan with specific interventions at the sub-county level within at least one community and for the prevention of infectious disease transmission that is tailored to the local community needs and resources.

Appropriation Code: 063-48270-1900-0200; \$800,000.00 for 1 year (up to ten agencies will be funded)

B. Funding Information

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

Awards under this request for applications (RFA) are expected to be federal funds and shall be contingent both upon availabilities of and authorizations to spend federal funds. Table 1 below shows the expected grant awards breakdown by level of opioid overdose burden for the grant period. There will be 10 grantees selected. Any local health department can apply. Funding will be prioritized to areas that are identified to have higher burden of opioid overdose, with additional consideration for populations that are considered to be more vulnerable to disease outbreaks, as described below. Base award are \$60,000, with the 2 areas with the greatest proportion of overdoses able to apply for 2.5 times the base funding (\$150,000).

Table 1

Award types	Number of awards	Award amount	Notes
Base award	8	\$60,000.00	Staffing for surveillance and response planning activities
Highest burden regions	2	\$150,000.00	2.5 times funding above baseline to account for higher proportion of opioid overdose burden
Disease vulnerability risk	2	\$10,000.00	Supplemental funding for jurisdictions to include planning for reducing the risk of

			Hepatitis and HIV infections attributed to opioid use and overdose risk behaviors
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County-level or Jurisdictional Opioid Overdose Burden and Risk for Disease Transmission data is presented below in Table 2 to provide estimates of the burden of opioid overdose and risk for disease outbreaks across Illinois. Data included in the table of opioid overdose and disease risk are as follows:

- 2018 Opioid overdoses in IL Emergency Departments (ED)- Data is sourced from the Emergency Department visits collected in the Illinois Syndromic Surveillance System (<http://dph.illinois.gov/data-statistics/syndromic-surveillance>). The CC and DD opioid overdose version 2 definition is used in analysis. Visits counts are based on the patient’s county of residence regardless of the hospital location in IL where the overdose presented.
 - Estimates of burden have been categorized as : Top 10 highest counties, mid-level activity (100-10) and low level of activity (<10)
- Vulnerability index score: the vulnerability index results are from a 2017 IDPH analysis to evaluate risk in IL counties for disease transition, for HCV or HIV. Risk calculations were based on compiling data that includes underlying community factors. A proxy indicator for injection drug use (IDU) behavior was estimated from references to heroin use in Emergency Department syndromic surveillance data. This analysis followed a national study of vulnerability to Hepatitis and HIV disease outbreaks (<https://www.ncbi.nlm.nih.gov/pubmed/27763996>), where IL conducted analysis on a county-level to identify other at-risk communities, with state specific, recent data that included: census data on income and education, Medicaid enrollment, infrastructure, healthcare access and Illinois Criminal Justice data on arrests, heroin, and drug seizures. Vulnerability scores were calculated for all counties in IL, and then a stratified analysis of rural counties alone was performed to highlight increased risks in areas with lower drug usage references in the data. An ongoing study in 2018-2019 will further determine micro-county spatial areas that are at an increased risk for disease outbreaks.
 - Vulnerability has been categorized based on the range of vulnerability scores and their standard deviations from the mean vulnerability score to classify county’s varying risk.
- Hepatitis C infection. Data is sourced from I-NEDSS and includes 5 years (2013-2017) of confirmed and probable cases of Hepatitis C, by county of onset, both in all population and in those under 40. This data should inform a county’s determination of risk for disease transmission, if they apply for supplemental funds to plan a response to vulnerable communities in their jurisdiction.
 - Categorized by 5-year crude rate per 100,000 (above or below IL state rate)

Note: Data in syndromic surveillance may underestimate some drug-related activity if hospitals send more limited information than others. On-going validation studies are being conducted with all hospitals in Illinois to ensure complete capture of opioid overdoses.

Table 2: Table of County-level or Jurisdictional Opioid Overdose Burden and Risk for Disease Transmission

Patient County	Emergency Department (ED) Opioid Overdose Burden level	2018 Number of ED Opioid Overdoses	Proportion of ED opioid overdose burden, 2018	Vulnerability ranking for disease transmission risk	Number of Hepatitis C cases, all ages (2013-2017)	5-year Rate of Hepatitis C cases per 100,000, all ages (2013-2017)	Number of Hep C cases among those 40 and under (2013-2017)
Chicago	Highest areas (over 200 in 2018)	7559	47.2	3	14583	535.2	2477

Cook	Highest areas (over 200 in 2018)	2559	16.0	3	5256	212.8	897
DuPage	Highest areas (over 200 in 2018)	915	5.7	3	1212	132.2	243
Lake	Highest areas (over 200 in 2018)	735	4.6	3	1296	184.2	285
Will	Highest areas (over 200 in 2018)	730	4.6	3	2301	339.6	810
Madison	Highest areas (over 200 in 2018)	371	2.3	3	1433	532.2	507
Winnebago	Highest areas (over 200 in 2018)	361	2.3	3	1119	379.0	290
Kane	Highest areas (over 200 in 2018)	321	2.0	3	656	127.3	149
McHenry	Highest areas (over 200 in 2018)	281	1.8	3	460	149.0	100
St. Clair	Highest areas (over 200 in 2018)	265	1.7	3	1232	456.2	417
Sangamon	Highest areas (over 200 in 2018)	208	1.3	3	935	473.5	304
La Salle	Mid-level activity (10-200)	136	0.8	3	393	345.0	140
Peoria	Mid-level activity (10-200)	136	0.8	3	615	329.8	168
Kankakee	Mid-level activity (10-200)	91	0.6	3	365	321.7	110
Tazewell	Mid-level activity (10-200)	77	0.5	3	378	279.2	144
Whiteside	Mid-level activity (10-200)	67	0.4	2	157	268.4	35
Champaign	Mid-level activity (10-200)	67	0.4	3	391	194.4	77
McLean	Mid-level activity (10-200)	63	0.4	3	319	188.1	112
DeKalb	Mid-level activity (10-200)	62	0.4	3	139	132.2	31
Rock Island	Mid-level activity (10-200)	56	0.3	3	498	337.5	114
Macon	Mid-level activity (10-200)	49	0.3	3	451	407.2	115
Williamson	Mid-level activity (10-200)	47	0.3	1	568	856.0	235
Jackson	Mid-level activity (10-200)	46	0.3	2	251	416.8	101
Kendall	Mid-level activity (10-200)	46	0.3	3	130	113.3	41
Grundy	Mid-level activity (10-200)	38	0.2	3	89	177.8	33
Vermilion	Mid-level activity (10-200)	35	0.2	2	380	465.5	152
Ogle	Mid-level activity (10-200)	35	0.2	2	83	155.1	19
Knox	Mid-level activity (10-200)	32	0.2	1	195	368.5	67
Stephenson	Mid-level activity (10-200)	29	0.2	1	85	178.2	24
Livingston	Mid-level activity (10-200)	28	0.2	2	129	331.2	45
Marion	Mid-level activity (10-200)	27	0.2	2	271	687.2	136
Jersey	Mid-level activity (10-200)	26	0.2	3	92	400.3	46
Adams	Mid-level activity (10-200)	26	0.2	2	208	310.0	61
Logan	Mid-level activity (10-200)	24	0.1	2	670	2210.9	455
Boone	Mid-level activity (10-200)	23	0.1	1	90	166.2	20

Bureau	Mid-level activity (10-200)	21	0.1	2	72	205.8	39
Morgan	Mid-level activity (10-200)	20	0.1	2	178	500.7	69
Macoupin	Mid-level activity (10-200)	20	0.1	2	191	399.9	81
Henry	Mid-level activity (10-200)	19	0.1	2	67	132.7	16
Jefferson	Mid-level activity (10-200)	18	0.1	2	319	821.6	126
Perry	Mid-level activity (10-200)	17	0.1	0	161	720.4	81
Greene	Mid-level activity (10-200)	16	0.1	1	61	439.3	35
Saline	Mid-level activity (10-200)	15	0.1	0	143	574.0	53
Lee	Mid-level activity (10-200)	15	0.1	2	131	363.6	32
Menard	Mid-level activity (10-200)	15	0.1	2	28	220.4	11
McDonough	Mid-level activity (10-200)	15	0.1	1	41	125.7	8
Fulton	Mid-level activity (10-200)	13	0.1	1	189	509.9	78
Franklin	Mid-level activity (10-200)	12	0.1	0	302	763.4	134
Fayette	Mid-level activity (10-200)	12	0.1	0	126	569.1	54
Christian	Mid-level activity (10-200)	12	0.1	2	196	563.2	87
Washington	Mid-level activity (10-200)	12	0.1	1	39	265.0	17
Montgomery	Mid-level activity (10-200)	11	0.1	2	592	1966.5	327
Iroquois	Mid-level activity (10-200)	11	0.1	1	80	269.2	38
Bond	Mid-level activity (10-200)	10	0.1	2	201	1131.2	84
Union	Low Occurrence (Less than 10)	9	0.1	1	120	673.9	45
Mason	Low Occurrence (Less than 10)	9	0.1	1	50	340.9	23
White	Low Occurrence (Less than 10)	8	0.0	1	62	422.8	23
Effingham	Low Occurrence (Less than 10)	8	0.0	2	86	251.2	41
Ford	Low Occurrence (Less than 10)	8	0.0	2	27	191.7	4
Clinton	Low Occurrence (Less than 10)	7	0.0	2	137	362.8	60
Pike	Low Occurrence (Less than 10)	7	0.0	0	51	310.4	22
Monroe	Low Occurrence (Less than 10)	7	0.0	2	60	182.1	21
Randolph	Low Occurrence (Less than 10)	6	0.0	1	496	1481.7	230
Woodford	Low Occurrence (Less than 10)	6	0.0	3	41	106.0	15
Jo Daviess	Low Occurrence (Less than 10)	6	0.0	1	21	92.6	4
Wayne	Low Occurrence (Less than 10)	5	0.0	0	50	298.3	19
Douglas	Low Occurrence (Less than 10)	5	0.0	1	45	225.2	9
Warren	Low Occurrence (Less than 10)	5	0.0	1	21	118.6	7
Edgar	Low Occurrence (Less than 10)	4	0.0	1	81	436.0	30

Wabash	Low Occurrence (Less than 10)	4	0.0	1	45	376.7	11
Marshall	Low Occurrence (Less than 10)	4	0.0	2	22	174.1	2
Johnson	Low Occurrence (Less than 10)	3	0.0	0	234	1859.8	92
Shelby	Low Occurrence (Less than 10)	3	0.0	0	40	178.9	14
Moultrie	Low Occurrence (Less than 10)	3	0.0	0	26	175.1	10
De Witt	Low Occurrence (Less than 10)	3	0.0	1	29	175.1	9
Piatt	Low Occurrence (Less than 10)	3	0.0	2	29	173.4	5
Putnam	Low Occurrence (Less than 10)	3	0.0	3	6	99.9	2
Alexander	Low Occurrence (Less than 10)	2	0.0	1	36	437.0	11
Crawford	Low Occurrence (Less than 10)	2	0.0	1	84	423.9	28
Schuyler	Low Occurrence (Less than 10)	2	0.0	0	30	397.7	9
Coles	Low Occurrence (Less than 10)	2	0.0	1	174	323.0	58
Hamilton	Low Occurrence (Less than 10)	2	0.0	0	18	212.8	7
Carroll	Low Occurrence (Less than 10)	2	0.0	1	20	130.0	4
Massac	Low Occurrence (Less than 10)	1	0.0	2	80	518.5	26
Pope	Low Occurrence (Less than 10)	1	0.0	0	23	514.5	10
Clark	Low Occurrence (Less than 10)	1	0.0	0	71	434.6	27
Scott	Low Occurrence (Less than 10)	1	0.0	0	22	410.8	5
Cass	Low Occurrence (Less than 10)	1	0.0	1	48	351.9	19
Clay	Low Occurrence (Less than 10)	1	0.0	0	48	347.4	18
Cumberland	Low Occurrence (Less than 10)	1	0.0	0	28	253.4	7
Stark	Low Occurrence (Less than 10)	1	0.0	3	12	200.2	3
Mercer	Low Occurrence (Less than 10)	1	0.0	1	32	194.7	5
Brown	Low Occurrence (Less than 10)	0	0.0	0	63	908.2	21
Lawrence	Low Occurrence (Less than 10)	0	0.0	0	122	724.8	41
Gallatin	Low Occurrence (Less than 10)	0	0.0	0	32	572.6	16
Pulaski	Low Occurrence (Less than 10)	0	0.0	0	24	389.5	11
Hardin	Low Occurrence (Less than 10)	0	0.0	0	15	347.2	2
Edwards	Low Occurrence (Less than 10)	0	0.0	0	19	282.7	6
Richland	Low Occurrence (Less than 10)	0	0.0	0	43	264.9	14
Hancock	Low Occurrence (Less than 10)	0	0.0	0	42	219.8	15
Jasper	Low Occurrence (Less than 10)	0	0.0	0	19	195.9	7
Henderson	Low Occurrence (Less than 10)	0	0.0	1	14	191.0	4
Calhoun	Low Occurrence (Less than 10)	0	0.0	2	9	176.9	2

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All costs for program oversight functions and indirect administrative expenses requested under this grant must be budgeted within the agency budget.

Program funds granted must be allocated based on the following areas:

- Allowable Costs:
 - Response staff capacity – Funds to cover staff to support surveillance, evaluation and response.
 - Indirect costs may not exceed the agency’s federally approved indirect rate or a de minimis 10% of total direct costs.
- Unallowable Costs - Research; Purchase of naloxone; Purchase of syringes; Drug disposal programs (drop-boxes, bags or other devices, and/or take-back events) are not permissible under this funding opportunity; Clinical care (except as allowed by law); Publicity and propaganda (lobbying); Funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal recognized executive relationships.

C. Eligibility Information

An entity may not apply for a grant until the entity has registered and pre-qualified through the Grant Accountability and Transparency Act (GATA) website, www.grants.illinois.gov , Grantee Links tab. Registration and pre-qualification are required annually. During pre-qualification, verifications are performed including a check of Federal Debarred and Suspended and status on the Illinois Stop Payment List. An automated email notification to the entity alerts them of “qualified” status or informs how to remediate a negative verification (e.g. inactive Dun and Bradstreet, not in good standing with the Secretary of State). A federal Debarred and Suspended status cannot be remediated.

Grantee Pre-Award Requirements: <http://www.illinois.gov/sites/GATA/Grantee/Pages/default.aspx>

These are required prior to applying for funding

- o Grantee Registration
- o Grantee Pre-Qualification
- o Fiscal and Administrative Risk Assessment/Internal Control Questionnaire
- o Programmatic Risk Assessment

1. Eligible Applicants

1. Only certified local health departments in Illinois are eligible to apply
2. Grant awards will be proportional based on burden of county-level opioid overdose morbidity

2. Cost Sharing or Matching

NA

3. Indirect Cost Rate

4. Other, if applicable

Successful Applicants Will:

- Successful applications will reference the table provided in the Notice of Funding Opportunity to demonstrate substantial burden for county-level opioid overdose morbidity. Counties with the highest burden as criteria will be given preference to receive funds.
- Demonstrate staff and operational capacity to work with Illinois Department of Public Health Division of Infectious Disease on the development of local response plan
- Supplemental funds: Applicants who intend to apply for the supplemental funds to enhance LHD response plan at the sub-county level for the prevention of infectious disease and overdose must demonstrate:
 - A Hepatitis C burden in the under-40 years old population or an HIV burden in general
 - Provide evidence of engagement (existing or proposed) with local partners and stakeholders in HIV/HCV prevention.

Exclusion Criteria

Your application will be deemed ineligible and will not be reviewed if:

- All Eligibility Criteria outlined above are not certified as met.
- The application is not electronically submitted by the specified deadline.
- The application is incomplete, omitting required responses or attachments.
- The applicant requests more funding than the regional award.
- The application does not follow format instructions.
- Cost Sharing or Matching - Applicants are not expected to meet any matching requirements for this grant.
- Indirect Cost Rate - Indirect costs rate may not exceed a subgrantee's federally approved indirect rate or a de minimis 10% of the adjusted direct costs.
- Other, if applicable - N/A

D. Application and Submission Information

1. Address to Request Application Package

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

Since high-speed internet access is not yet universally available for downloading documents or accessing the electronic application, and applicants may have additional accessibility requirements, applicants may request paper copies of materials by contacting:

2. Content and Form of Application Submission

- Applications should be submitted in the electronic format of this grant in EGrAMS.

3. Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM)

Each applicant (unless the applicant is an individual or Federal or State awarding agency that is exempt from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the Federal or State awarding agency under 2 CFR § 25.110(d)) is required to:

(i) Be registered in SAM before submitting its application. If you are not registered in SAM, this link provides a connection for SAM registration: <https://governmentcontractregistration.com/sam-registration.asp>;

(ii) provide a valid DUNS number in its application; and

(iii) continue to maintain an active SAM registration with current information at all times during which it has an active Federal, Federal pass-through or State award or an application or plan under consideration by a Federal or State awarding agency.

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

4. Submission Dates and Times

April 24, 2019 by 4:59 pm

5. Intergovernmental Review, if applicable

NA

6. Funding Restrictions

- Funding for a given county must be budgeted as specified in Tables 2.

7. Other Submission Requirement

Grantee Registration (Required one-time at the organization/entity level) All grantee entities must be registered with the State of Illinois.

2) Grantee Pre-Qualification (Required one-time at the organization/entity level; periodically validated) All grantee entities must be qualified to do business with the State of Illinois. To be qualified for an SFY2019 grant award, an entity must:

- Have a current DUNS number;
- Have a current SAM CAGE Code;
- Not be on the Federal Excluded Parties List;
- Be in Good Standing with the Illinois Secretary of State

- 3) Fiscal & Administrative Risk Assessment/ICQ (Required annually at the organization/entity level)
- 4) All grantee entities must complete an Internal Controls Questionnaire (ICQ). The ICQ is completed once, annually. All state agencies will utilize the results of the ICQ. A link to the automated ICQ will be sent to the contact email address provided during the Grantee Registration process.
- 5) Programmatic Risk Assessment - Required for each grant application
- 6) All grantee entities must complete a Programmatic Risk Assessment for each grant application. The programmatic risk assessment will be completed during the application process.

E. Application Review Information

There will be a team review for each grant.

Applications will be reviewed by the Department for compliance with all application requirements. During the course of its review, the Department may contact the applicant for additional information if the information originally submitted is incomplete, inconsistent or unclear.

Criteria

- o Grant funds will be made available based on the objective review of the applicant's grant application.
- o Applications with budgets submitted which are higher than the maximum Total FY2019 Local Health Department Overdoses Surveillance and Response Project for the Region will be DISQUALIFIED.
- o Only applications scoring 75 or above will be considered.

1. Criteria

1. Organizational capacity and experience (10 points)
2. County's burden for opioid overdose mortality and morbidity (45)
3. Project Description (20 points)
4. Project staffing (15 points)
5. Experience with Data Collection utilizing databases (5 points)
6. Project Budget Narrative (5 points)

2. Review and Selection Process

- An objective individual grant review and evaluation process will be conducted to determine grant award recipients. Each grant applications will be scored by a panel of Office of Health Protection staff. Applications with the highest consolidated panel scores will be selected for funding. Scoring is based on the following categories:
 - o The State awarding agency may not make a Federal pass-through or State award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time the State awarding agency is ready to make a Federal pass-through or State award, the State awarding agency may determine that the applicant is not qualified to receive a Federal pass-through or State award and use that determination as a basis for making a Federal pass-through or State award to another applicant.

3. Anticipated Announcement and State Award Dates, if applicable.

May 15, 2019

F. Award Administration Information

1. State Award Notices

Awarded applicants will be notified via email from EGrAMS.

2. Administrative and National Policy Requirements

NA

3. Reporting

Applicants shall punctually submit progress reports by June 30, 2019, September 30, 2019, in the format approved by the Section.

- 1) A budget including subgrantee indirect costs and program costs must be approved in advance in writing by the department.
- 2) Applicants shall seek reimbursement through EGrAMS from IDPH on a monthly basis by the final business day of the following month using approved forms and submit a final grant expenditure report along with any unclaimed advance funds by the final due date.
- 3) Submission of billing to the Illinois Comptroller for payment shall be initiated upon the Department's approval and verification of approved cost expenditures and capacity building activity implementation as required by the Department.

G. State Awarding Agency Contact(s)

Jennifer Epstein, Jennifer.Epstein@illinois.gov (312) 814-8473

H. Other Information, if applicable

Program Cost Reimbursement:

Funds will be awarded to successful applicants through a reimbursement model composed of Program Cost Reimbursement.

Mandatory Forms -- Required for All Agencies

1. **Uniform State Grant Application** – Available at idphgrants.com for eligible applicants
New to EGrAMS, click [HERE](#) to see how to Get Started
2. **Project Narrative** (included in EGrAMS application)
3. **Budget** (included in EGrAMS application)
4. **Budget Narrative** (included in EGrAMS application)

Other program-specific mandatory forms:

Written agreement between fiscal agent and program monitoring agency if applicable