

# Notice of Funding Opportunity for the IDHS Transgender/Gender Diverse (TGD) Wellness and Equity Program Bidder's Conference

Presenter: Dr. Roslyn Taylor

Friday, November 15, 2024

### Agenda

- Overview of TGD Program
- Discuss Funding Allocation
- Discuss Applicant Eligibility
- Overview of Proposal Narrative
- Review of NOFO Application Instructions
- Upcoming Activities and Timeline
- Q&A



#### PHIMC Mission

Public Health Institute of Metropolitan Chicago (PHIMC) advances health justice and strengthens public health through innovation and partnerships that align people, strategies, and resources.





### **Program Overview**

#### Program Purpose

• The purpose of the TGD Wellness and Equity initiative is to fund organizations across Illinois to increase their capacity to provide culturally and/or medically competent genderaffirming care.



### Program Goals

- Equip organizations and staff that are currently serving the LGBTQ+ community to better provide culturally and/or medically competent gender-affirming care in a safe and welcoming environment.
- Increase behavioral health support by increasing organizational capacity to hire qualified behavioral health professionals to provide culturally and medically competent mental health support and services to the TGD/LGBTQ+ community.
- Increase the capacity, including but not limited to staffing levels, of organizations to provide care for more TGD/LGBTQ+ individuals, including but not limited to counseling, resources to assist with gender expression, and voice therapy.
- Expand capacity for organizations currently providing gender-affirming care to address the social determinants of health, historical and contemporary trauma, and its unique impact on Black, Indigenous, and other People of Color in the TGD/LGBTQ+ community.





### **Funding Allocation**

### **Funding Allocation**

TGD awards issued under this NOFO will focus on increasing the capacity of organizations to provide culturally and/or medically competent, gender affirming psychosocial, psychological, and behavioral supports in Region 2 and achieving the following initiative goals:

- Increase behavioral health support by increasing organizational capacity to hire qualified behavioral health professionals to provide culturally and/or medically competent mental health support and services to the TGD/LGBTQ+ community.
- Increase the capacity, including but not limited to staffing levels, of organizations to provide culturally and/or medically competent care for more TGD/LGBTQ+ individuals, including but not limited to counseling, resources to assist with gender expression, and voice therapy.



### Subgrantee Activity Requirements

In addition to proposed activities, organizations applying to this funding category will also participate in:

- POP Affirming Care training
- Learning Collaborative
- Communications and Outreach Plan
- Technical Assistance

PHIMC intends to fund these program activities through June 30, 2025, with non-competitive, continued funding through June 30, 2026 (contingent on funding from IDHS and subject to appropriation).

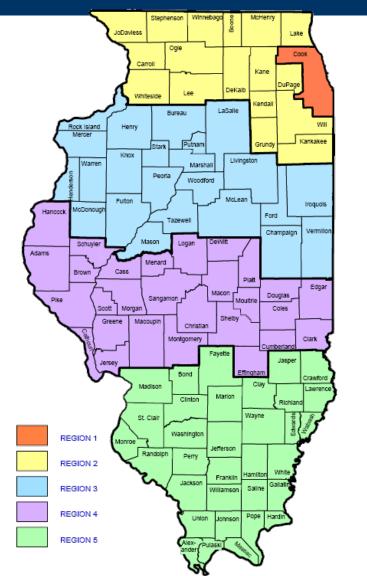
### **Funding Structure**

- IDHS has designated five regions in the state of Illinois. A minimum of two organizations in Region 2 will be funded.
- A total of approximately \$560,000.00 is available for the implementation of the TGD Initiative throughout Region 2.
- Grantees may be awarded through this NOFO for a contract period of February 1, 2025, to June 30, 2026.
- Successful applicants will receive notification of funding by January 31, 2025.

 Maximum amount of funding request per applicant:

February 1, 2025,	July 1, 2025, to
to June 30, 2025	June 30, 2026
\$125,000	\$155,000

### ILLINOIS DEPARTMENT OF HUMAN SERVICES- Transgender Gender Diverse Wellness and Equity Program (TGD) Jurisdiction



- Boone
- Carroll
- DeKalb
- DuPage
- Grundy
- Jo Daviess
- Kane
- Kankakee
- Kendall

- Lake
- Lee
- McHenry
- Ogle
- Stephenson
- Whiteside
- Will
- Winnebago



### Applicant Eligibility Requirements (1 of 3)

- Only organizations based within Illinois and serving Illinois residents are eligible to compete for TGD funds.
- Organization must provide services within Region 2.
- Applicants must be public or private, not-for-profit community-based organizations or similar not-for-profit organizations in good standing with the State of Illinois.
- Applicant must certify that they have not been debarred/suspended from doing business with Federal/State and local governmental agencies.



### Applicant Eligibility Requirements (2 of 3)

- Applicant should have experience & history with and understanding of how to address issues appropriately and effectively for the TGD/LGBTQ+ population with a focus on culturally and/or medically competent gender-affirming healthcare for TGD individuals, using a racial equity lens.
- Applicant should have a history of effectively addressing the unique psychosocial, psychological, behavioral health, and/or medical needs of the TGD/LGBTQ+ Community.



### Applicant Eligibility Requirements (3 of 3)

- Applicant organizations may be local health departments, community-based organizations, universities, school districts, individual schools, federally qualified health centers, and other notfor-profit organizations, including volunteer or religious organizations, that effectively engage TGD/LGBTQ+ populations in Illinois.
- Organizations who are currently funded are ineligible to apply for additional funding in the same Region they are currently funded. They are eligible to apply for funding in a different Region.
- Applicants must have started the process to register and prequalify in accordance with the Grants Accountability and Transparency Act (GATA).



### **Proposal Narrative**

### Cover Page (Not Scored)

- Organization Information:
  - Name
  - EIN
  - Contact information
- Funding Allocation:
  - Amount requested
  - Summary of project
  - Estimated number of people served



### Organization Overview (30 points)

- Three-page limit
- Brief overview of the organization's history and mission.
- Description of key client populations served at the agency.
- Description of demographic structure of the organization's leadership inclusive of the Board of Directors, senior leadership, and management.
- Description of the geographic service area that will be supported by this funding.
- Description of experience working with and/or key services provided to the TGD/LGBTQ+ community.

### Project Proposal, Design, and Implementation (50 points, 1 of 3)

- Seven-page limit
- Please describe the increase in staffing levels for qualified behavioral health providers and/or specific psychosocial, psychological, or behavioral health services the organization will implement which will lead to increased capacity to provide culturally and/or medically competent gender affirming care.
- Please specify if this proposal supports the expansion of existing activities or initiates new ones. If it supports existing activities, describe the specific expansion that will be achieved as a result of this funding.

### Project Proposal, Design, and Implementation (50 points, 2 of 3)

- Please describe the number of services that will be offered and the number of participants or individuals who will be served. Additionally, please include how your organization will measure satisfaction, retention in services, and client's perception of improvements as a result of participating in programming.
- Please indicate how program activities will be implemented within a five-month timeframe, and what activities would look like for the July 2025 to June 2026, one-year renewal.
- Please describe the organization's current social media presence and capacity to participate in implementation of a statewide communications plan that includes generating weekly social media posts specific to the TGD Wellness and Equity Program on two different platforms.

### Project Proposal, Design, and Implementation (50 points, 3 of 3)

- Please describe how the organization will support implementation and participation in the POP Affirming Care Training at all levels of the organization. This includes the identification of Champions, internal staff members who lead their peers in understanding their role in reducing stigmas, encouraging peers to be leaders, and providing gender affirming care.
- Please describe the organization's capacity to participate in a statewide,
  PHIMC-sponsored learning collaborative.
- Please describe the staffing plan. Include as Attachment 1 resumes and relevant certifications for existing staff who will work on the grant in supporting documents.



### Health Equity (15 points)

- Two-page limit
- How has your organization historically worked towards reducing health and racial inequities for the transgender, gender-diverse, and LGBTQ+ community? Give at least 1-2 clear examples.
- Explain how transgender, gender-diverse, and LGBTQ+ community members are involved in decision-making within your organization. Give at least 1-2 clear examples.



### Proposal Budget (15 points)

- Use the PHIMC Budget Form to describe how the organization will use funding.
- Describe how the organization will ensure the full grant amount is expended by June 30, 2025.
- All contracts will be paid on a reimbursement basis. Based on this, answer the following:
  - Is the organization's cash flow sufficient to begin delivering services immediately upon contract ratification with PHIMC? Please indicate yes or no.
  - Is the organization able to operate on a reimbursement basis throughout the entire contract period? Please note, reimbursement may take up to 90 business days after submission and approval of voucher. Please indicate yes or no and provide an explanation.
- Please indicate the organization's status in completing the registration and prequalification process in the Illinois GATA Grantee Portal.

#### **Supporting Documents**

#### Please attach each document in order as follows:

- Attachment 1: Staff Resumes and Certifications
- Attachment 2: Proposed Budget
- Attachment 3: Most Recent Financial Audit + Findings
- Attachment 4: Internal Revenue Service 501(c)(3)
  Tax Exempt Determination Letter
- Attachment 5: Certificate of Good Standing from Illinois Secretary of State
- Attachment 6: Completed GATA Internal Control Questionnaire

- The Supporting documents can be accessed on the NOFO website.
- Supporting documents are proposal attachments (not included within the page limit) and must be submitted as part of complete proposal.



### Scoring Rubric

Category	Available Points
Cover Page	Not Scored
Organization Overview	30
Project Proposal, Design, Implementation	50
Health & Racial Equity	15
Proposal Budget	15
<b>Total Possible Points</b>	110





#### **Application Instructions**

#### **Proposal Narrative**

- Use at least 1.0 line spacing, 11-point font size, Times New Roman font
- Margins of at least 1 inch on all sides
- Stay within the specified page limit for each section
- Page numbers are to be included on each page
- Begin each section, e.g. Organizational Overview, Project Proposal, etc, on a separate page
- Include the application section, e.g. Organizational Overview, Project Proposal, etc. at the beginning of each section
- Include the question being answered followed by the response



#### Submission Guidelines and Instructions

All complete applications must be submitted by 5:00 pm CST on Friday, December 6, 2024, to nofo@phimc.org

\*Failure to follow any of the instructions related to content, including page limitations, will result in the proposal being eliminated from consideration



### File Saving and Naming Conventions: Proposal Narrative

- Includes the application TGD Cover Page, Table of Contents, and narrative with specified page limits for each of the following sections saved as one file:
  - Organizational Overview
  - Project Proposal, Design, and Implementation
  - Health and Racial Equity
  - Proposal Budget
- File naming convention: [organization name]\_TGD\_Narrative Application
  - Example: PHIMC\_TGD\_Narrative Application

### File Saving and Naming Conventions: Supporting Documents

- All supporting documents should be attached separately in the order they are listed under Section 11 Supporting Documents.
- Use the following filename instructions:
  File Naming Convention (Individual Supporting Documents):

[organization name]\_Staff Resumes

Example: PHIMC\_Staff Resumes



#### **Email Submission**

- PHIMC will only accept applications submitted via email at nofo@phimc.org
- <u>All</u> applications and supporting documentation must be submitted in a <u>SINGLE</u> email as PDFs to <u>nofo@phimc.org</u> with the <u>subject line</u>:
  - "[agency name] TGD Grant Application"
- Submission emails must not exceed 30 MB. Emails that exceed this size will not be accepted.
- The PHIMC email server will NOT accept .zip files



### **Upcoming Activities & Timeline**

Activity	Date
Deadline to Submit All Questions	Monday, December 2, 2024
Proposal Due	Friday, December 6, 2024, 5:00 pm
Review Period	December 9, 2024 – January 30, 2025
Award Announcements	January 31, 2025
Contract Start Date	February 1, 2025
Contract Period	February 1- June 30, 2025





#### **Questions?**

## All NOFO questions due to PHIMC by Monday December 2, 2024, 5 pm CST nofo@phimc.org