Notice of Funding Opportunity
Overcoming Geographic Barriers to Care, Mobile Healthcare Innovation for Rural Illinois

Applications Due: October 23, 2026, 5:00 p.m. CT

This funding notice is organized to help applicants first understand the purpose and eligible service models and then determine eligibility, prepare a compliant proposal and budget, understand review criteria, and anticipate post-award responsibilities.

A. Description of Funding Opportunity

The Community Behavioral Health Association (CBHA) of Illinois is issuing this notice of funding opportunity (NOFO) to support the development, deployment, and expansion of mobile behavioral health, crisis response, and preventive care services in rural Illinois.

For purposes of this funding opportunity, mobile services are services delivered outside traditional facility-based settings and brought directly to individuals in community locations through mobile teams, mobile units, telehealth-enabled field operations, community outreach models, or other approaches that reduce geographic, transportation, and other barriers to care. Mobile services may include crisis response, assessment, treatment, recovery supports, care coordination, preventive services, and other community-based interventions delivered directly where individuals live, work, learn, and gather. Grant funds may not be used to support services that are billable to any other funding source. Mobile health investments may support the infrastructure, workforce, technology, equipment, vehicles, supplies, data systems, and other capacity necessary to establish, expand, or strengthen these mobile behavioral health models in rural communities.

A.1. Background

This grant program uses Rural Health Transformation (RHT) Program funds made available by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS). The RHT Program seeks to empower states to strengthen rural communities by improving healthcare access, quality, and outcomes through transformation of the healthcare delivery ecosystem.

Rural communities continue to experience significant behavioral health workforce shortages, limited specialty provider availability, transportation barriers, and higher rates of unmet behavioral health needs. Mobile service models have emerged as an effective strategy for extending care into underserved communities, improving access to crisis response and ongoing treatment, and reducing reliance on higher-cost emergency and institutional services.

This funding opportunity supports the following RHT Program goals:

1. **Transforming Rural Healthcare** by catalyzing value-based care models, fostering regional healthcare partnerships across hospital and primary care practice spaces, promoting operational transformation, and improving population health.
2. **Overcoming Geographic Barriers to Care** by creating opportunities for individuals in rural settings to receive appropriate access to services while remaining in their communities through investment in mobile health, mobile crisis, and emergency medical services (EMS) and expanding telehealth and technological innovations.
3. **Building a Resilient Workforce** through foundational investments that fill urgent gaps in the rural healthcare workforce through scholarship and university program expansion,

regional training and certification programs, and expansion of high school and community college programs.

Through this initiative, CBHA will invest in innovative and sustainable mobile service models that advance these goals by improving access to care, strengthening care coordination, reducing avoidable emergency department utilization, and improving health outcomes in rural communities. The long-term goal is to build sustainable community infrastructure for mobile preventive care, behavioral health services, home visits, and other mobile health services that may be eligible for commercial and noncommercial reimbursement through regular medical billing.

The Illinois Department of Healthcare and Family Services (HFS) identified CBHA as a direct recipient of RHT Program funding. As the direct recipient, CBHA is responsible for administering this funding opportunity and supporting implementation across eligible rural communities throughout Illinois.

About CBHA

CBHA is a statewide not-for-profit membership association. It represents more than 90 community behavioral health organizations that provide mental health and substance use disorder services to children, youth, adults, and families throughout Illinois, including rural, suburban, and urban communities.

CBHA's mission is to represent the interests of its members to ensure access to and availability of a comprehensive system of accountable, high-quality behavioral healthcare services for the people of Illinois. Its vision is to create an accessible, consumer- and family-responsive, efficient, effective, fully unified, and principled healthcare system.

An 11-member board of directors representing four geographic regions of Illinois (Northeast, Northwest, Central, Southern) governs CBHA. This regional structure ensures that the association understands and responds to the unique needs of providers and communities across the state, including those in rural and underserved areas.

CBHA has engaged Advocates for Human Potential, Inc., as its contracted operational partner to centralize and automate grant management functions of this initiative.

A.2. Authorizing Statutes or Regulations

Subrecipients are required to adhere to the requirements outlined in the following:

- Grant Accountability and Transparency Act (GATA), 30 ILCS 708
- Illinois Administrative Code, Government Contracts, 44 Ill. Admin Code Part 7000
- Grantmaking, Procurement, and Property Management and federal regulations under Grants and Agreements, 2 CFR Part 200

B. Need and Population Served

Mobile service models offer a practical solution for expanding access to care across Illinois' 85 rural counties, where more than 1.6 million residents live in nonmetro communities.[1] Rural areas often experience shortages of behavioral health professionals, limited specialty services, long travel distances, unreliable transportation options, workforce recruitment and retention challenges, and limitations in broadband and technology infrastructure. Input gathered from rural behavioral health providers, healthcare organizations, and community stakeholders identified transportation barriers, workforce shortages, financial sustainability challenges, and limited connectivity as key barriers to expanding access to care in rural communities. Participants further noted that long travel distances, nonbillable travel time, and limited specialty care capacity contribute to delayed treatment, unmet behavioral health needs, avoidable emergency department utilization, and poorer health outcomes. In some rural Illinois counties, residents experience both elevated transportation barriers and limited broadband access, limiting access to fixed-site and virtual services and underscoring the need for mobile approaches that can extend care to underserved communities.

Stakeholders consistently identified mobile service models, telehealth-enabled care, workforce development, and cross-sector partnerships as promising strategies for overcoming these barriers and improving access to care in underserved communities. By bringing services directly into communities, mobile care models can improve timely access to care, increase continuity of care, support earlier intervention, strengthen crisis response capacity, and reduce reliance on emergency departments, hospitals, and law enforcement involvement during behavioral health crises.

B.1. Communities to Be Served

The communities served through this initiative must align with established federal and state rural designations, including Health Resources and Services Administration (HRSA) rural classifications, Rural-Urban Commuting Area (RUCA) codes, and other rural designations recognized by federal and Illinois rural health programs. Applicants must demonstrate that grant-funded activities will exclusively serve residents of these federally or state-designated rural communities. **Subrecipients must be able to document that funded activities benefit only rural residents.**

Organizations may be located within or outside designated rural areas and remain eligible to apply if proposed activities benefit residents of federally or state-designated rural communities. Applications should clearly describe the following:

- Whether the applicant organization operates a behavioral health agency in a designated rural area or operates outside a designated rural area but serves individuals residing in rural communities.
- The geographic areas and rural populations to be served;

[1]Illinois Department of Healthcare and Family Services. (2025, November). *Rural Health Transformation (RHT) Application*. https://hfs.illinois.gov/content/dam/soi/en/web/hfs/info/fedresctr/rhtsprogramnarrative.pdf

- The barriers experienced by those communities, such as transportation challenges, workforce shortages, geographic isolation, limited specialty provider capacity, and technology or broadband limitations; and
- The strategies proposed to improve behavioral health access, crisis response capacity, and health outcomes for rural residents.

Applicants may use publicly available data to document rural access barriers, including HRSA Health Professional Shortage Area designations, County Health Rankings & Roadmaps measures of broadband access and uninsured rates, and Centers for Disease Control and Prevention PLACES transportation barrier estimates.

B.2. Priority Populations

This initiative prioritizes populations that experience the highest behavioral health needs and the greatest barriers to care in rural communities, such as the following:

- Individuals experiencing behavioral health crises who may otherwise rely on emergency departments, hospitals, or law enforcement when community-based crisis services are unavailable
- Individuals with serious mental illness, serious emotional disturbance, or co-occurring mental health and substance use disorders
- Children, adolescents, young adults, and families with behavioral health needs
- Justice-involved individuals and individuals transitioning from institutional settings

Applicants serving other high-need rural populations may justify their inclusion based on documented community needs. These populations may include but are not limited to the following:

- Medicaid beneficiaries and uninsured individuals
- Older adults
- Veterans and military families
- Agricultural workers and farming families
- Individuals who are unhoused or who experience chronic or decompensated substance use disorders
- Parents and caregivers whose access to services is limited by lack of childcare

C. Eligibility

This competitive funding opportunity is open only to Community Mental Health Centers, Behavioral Health Clinics, Certified Community Behavioral Health Clinics, and Substance Use Treatment Facilities licensed or certified by Illinois HFS or the Illinois Department of Human Services, Division of Behavioral Health and Recovery.

Applicants are encouraged to partner with healthcare providers, social service organizations, schools, local governments, or other community-based organizations to implement proposed

activities; however, the eligible behavioral health provider must serve as the lead applicant and assume responsibility for all grant requirements, fiscal management, program oversight, reporting, and compliance obligations.

Applicants may also identify one or more co-applicants. A co-applicant is an organization that will participate in project planning, implementation, service delivery, project oversight, and achievement of project outcomes. Co-applicants may contribute staff, resources, expertise, facilities, or other project support. Co-applicants are not required to meet lead applicant eligibility requirements unless otherwise specified in this funding notice. The lead applicant remains solely responsible for all award requirements, compliance obligations, reporting, and fiscal management. Organizations receiving payment only for specific services or activities are considered subcontractors rather than co-applicants.

To be eligible for funding, applicants must serve eligible rural communities in Illinois; meet the requirements below; and comply with the fiscal, legal, reporting, and programmatic requirements described in this funding notice.

- Applicants must be a nonprofit, for-profit, or tax-exempt entity located in Illinois.
- Applicants must be able to fulfill the scope of services and performance expectations detailed in this funding notice.
- Applicants must have the capacity to comply with the legal, fiscal, reporting, and programmatic requirements as described in this funding notice.
- Applicants proposing to use program funds to provide services requiring state or federal licensure must be actively licensed.
- Applicants must be qualified to do business with the State of Illinois.
- Applicants must complete the pre-qualification and pre-award requirement described in this section.
- Applicants must identify relevant funding sources and explain how proposed activities will complement, rather than replace or duplicate, existing funding.

C.1. Pre-qualification

Per Federal Uniform Guidance (2 CFR Part 200) and GATA, all applicants must be qualified to receive an award. An eligible organization must

- Have an active System for Award Management (SAM.gov) public account,
- Complete the GATA pre-qualification and Internal Controls Questionnaire submission for the current state fiscal year through the GATA Grantee Portal,
- Have an active Unique Entity Identifier (UEI),
- Not be on the SAM.gov Exclusion List,
- Be in good standing with the Illinois Secretary of State (if the Illinois Secretary of State requires the entity's organization type to be registered),

- Not be on the Illinois Medicaid Sanctions List, and
- Not be on the Illinois Stop Payment List.

To obtain the information required to achieve qualified status, complete the steps detailed in the following table.

Pre-Qualification Requirements

Step	Action	Requirement	Link
1	Register with the State of Illinois.	Be actively registered with the Illinois Secretary of State.	Illinois Secretary of State website
2	Obtain a FEIN/EIN number.	Obtain a Federal Employer Identification Number (FEIN/EIN) from the Internal Revenue Service (IRS).	IRS FEIN/EIN application website
3	Register for a SAM.gov account and obtain a UEI.	Register for and maintain an active SAM.gov account and obtain a 12-digit UEI.	SAM.gov website

CBHA may not make a subaward until the applicant has complied with all applicable UEI and SAM.gov requirements. If an applicant has not fully complied with the requirements by the time CBHA is ready to make an award, CBHA 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.

C.2. Pre-award Requirements

Per 2 CFR § 200.332(c), CBHA must evaluate each applicant's risk of noncompliance with federal statutes, regulations, and the terms and conditions of a potential subaward for purposes of determining the appropriate subrecipient monitoring. These possible conditions are included in the notice of state award (NOSA) and are described in section I.1. The pre-award process includes establishing a risk profile through assessment of the applicant's financial stability, management systems and standards, history of performance, audit reports and findings, and ability to implement requirements of the award. This risk assessment is carried out with the aid of the following information:

- Administrative, fiscal, and internal controls information
- Organizational and programmatic information

CBHA may also request additional information during the pre-award process.

A risk assessment does not, by itself, preclude entities from becoming subrecipients. CBHA will use the assessment to tailor any specific conditions, monitoring, and technical assistance to identified risks.

C.3. State and Federal Laws or Regulations

Every subrecipient awarded funds through this NOFO must also 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 following:

- The Illinois Human Rights Act (775 ILCS 5/1–101 et seq.), including 44 Ill. Admin Code 750-Appendix A
- The Public Works Employment Discrimination Act (775 ILCS 10/1 et seq.)
- The U.S. Civil Rights Act of 1964 (as amended) (42 USC 2000a–2000H-6)
- Section 504 of the Rehabilitation Act of 1973 (29 USC 794)
- The Americans with Disabilities Act of 1990 (as amended) (42 USC 12101 et seq.)
- The Age Discrimination Act of 1975 (42 USC 6101 et seq.)

C.4. Cost Sharing or Matching

Cost sharing is not required.

C.5. Indirect Cost Rate

Applicants may charge indirect costs under this award only through an applicable federally negotiated indirect cost rate, a State of Illinois-negotiated indirect cost rate, or the de minimis rate described below.

a) Federally Negotiated Rate. An organization with a current federally negotiated indirect cost rate may charge indirect costs at the rate and on the base specified in its current indirect cost rate agreement (NICRA). Illinois will accept the federally negotiated rate. The organization must provide a copy of its current federal NICRA.

b) State Negotiated Rate. An organization that does not have a current federally negotiated indirect cost rate may negotiate an indirect cost rate with the State of Illinois, as permitted by applicable GATA requirements. If an organization has not previously established an indirect cost rate, an indirect cost rate proposal must be submitted through the GATA Grantee Portal no later than 3 months after receipt of a NOSA. If an organization previously established an indirect cost rate, the organization must annually submit a new indirect cost proposal through the GATA Grantee Portal within 6 months after the close of the grantee's fiscal year.

c) De Minimis Rate. An organization that does not have a current federally negotiated indirect cost rate (including a provisional rate) may elect a de minimis rate of 15 percent of modified total direct costs (MTDC). The organization may elect any rate up to 15 percent. The de minimis rate does not require documentation to justify its use and may be used indefinitely. Once elected, the organization must use the de minimis rate for all Federal awards until it chooses to negotiate a rate. For this purpose, MTDC includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first $50,000 of each subaward, regardless of the period of performance, and excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of $50,000.

All subrecipients that claim indirect costs must have a current applicable rate agreement or make the de minimis election through the GATA Grantee Portal as required by GATA. Indirect costs claimed without a valid rate or election may be subject to disallowance.

C.6. Other Eligibility Requirements

An applicant is permitted to submit only one application in response to this funding notice. An applicant may not apply for the same proposed project in response to any other RHT Program funding notice.

C.7. Grant Funds Use Requirements

Applicants must propose activities and budgets that comply with the allowable and unallowable use of funds requirements described in section D.3. Proposed costs must be reasonable, necessary, allocable, and allowable under 2 CFR 200, Subpart E, and all applicable RHT Program requirements. Applicants must comply with all requirements, conditions, and restrictions described in this funding notice and any resulting award. Applicants must use grant funds in accordance with applicable federal statutes, regulations, and award terms and conditions.

C.8. Post-Award Requirements

Successful applicants agree to provide program services as described throughout this funding notice.

Start Date

Applicants must be prepared to begin grant activities starting January 4, 2027.

Site Visits

The applicant agrees to participate in site visits/quality reviews as requested by CBHA.

D. Funding Categories, Use of Funds, and Project Requirements

Applicants must demonstrate a clear need for the proposed project, its anticipated impact on rural health access and outcomes, organizational readiness to implement proposed activities, and a realistic plan for sustaining services beyond the grant period. This section explains the types of activities applicants may propose, how grant funds may be used, and the core project plans, services, and deliverables successful applicants will be expected to carry out. Applications should include measurable objectives and a clear evaluation approach, such as expected improvements in access, service capacity, care coordination, workforce development, crisis response, and health outcomes.

Applicants may request funding under one or more of the eligible funding categories described in section D.1 and may combine multiple categories within a single application and budget. Applications should clearly identify the funding categories being proposed and must demonstrate how proposed activities contribute directly to the development, deployment, expansion, or sustainability of mobile services. Stand-alone infrastructure, planning, or workforce activities must be clearly connected to implementation of a mobile service model.

D.1. Eligible Funding Categories

Funded projects must support the development, deployment, expansion, modernization, or long-term sustainability of mobile health models that enable direct behavioral health service delivery in rural Illinois. Funding is intended to build the organizational capacity needed to implement and sustain mobile service delivery, including workforce, technology, equipment, operational processes, partnerships, data systems, and related infrastructure.

Applicants must demonstrate a clear need for the proposed project, including documented barriers related to transportation, workforce capacity, access to specialty services, technology infrastructure, or other rural health challenges. Applications should describe how proposed activities will expand access to care through mobile and community-based service delivery models, strengthen partnerships and care coordination, improve sustainability, and improve health outcomes for rural residents.

RHT Program funds may not be used to replace or duplicate payment for services that are reimbursable through Medicaid, Medicare, commercial insurance, or other third-party payers. RHT Program funds also may not be used to replace existing federal, state, or local funding. All proposed activities must comply with the funding restrictions and unallowable costs described in section D.3., as well as all applicable federal and state requirements.

Certain capital expenditures, equipment purchases, vehicle acquisitions, infrastructure investments, and other costs may require prior written approval from CBHA, HFS, and/or CMS before funds are obligated or expended. Applicants should ensure that proposed capital investments comply with all applicable federal and state approval requirements.

D.2. Use of Funds

The following types of services and programs are eligible for funding consideration through a competitive grant process:

Community-based Behavioral Health

Funding will support the infrastructure, workforce, equipment, technology, partnerships, protocols, and operational capacity necessary to develop, deploy, expand, and sustain community-based crisis response and stabilization models. Eligible activities may include the following:

(a) Development and deployment of mobile crisis response teams

(b) Workforce, training, supervision, protocols, and operational infrastructure to support crisis assessment and intervention tools

(c) Development and expansion of crisis stabilization capacity

(d) Design and implementation of crisis diversion pathways

(e) Integration with regional crisis systems, referral networks, and/or other community partnerships

(f) Development of infrastructure, partnerships, protocols, and workflows needed to implement school-linked behavioral health models delivered through mobile, community-based, or telehealth-enabled approaches

(g) Technology, infrastructure, workforce, and workflow enhancements needed to implement tele-behavioral health services for children, adolescents, and families

(h) Development of community-based behavioral health models that improve access to care for children, adolescents, and families in rural communities

(i) Development of workforce, protocols, partnerships, and operational infrastructure needed to implement home-based behavioral health assessment, treatment, and recovery models

(j) Development and deployment of workforce, technology, operational infrastructure, and partnerships needed to support mobile substance use disorder treatment and recovery capacity

(k) Development of infrastructure, workflows, partnerships, and operational capacity needed to implement mobile behavioral health service delivery models designed to reduce transportation-related barriers to care

Applicants should demonstrate coordination with existing Illinois crisis response systems, including the Community Emergency Services and Supports Act framework and the Illinois Unified Crisis Continuum, where applicable. Innovative approaches that address unique rural needs are encouraged. Applicants should also describe how proposed activities will improve timely access to care and reduce avoidable emergency department utilization, hospitalizations, and reliance on law enforcement responses.

Technology, Data Infrastructure, and Care Coordination

Funding will support technology, infrastructure, and operational investments that strengthen mobile behavioral health service delivery and support integration of virtual and mobile care models. Investments should improve access to services, care coordination, care navigation, data sharing, interoperability, operational efficiency, and patient outcomes across rural communities. Applicants should align proposed technology investments with local connectivity conditions. In communities with limited broadband access, applicants should ensure that proposed service delivery models do not rely exclusively on telehealth and may incorporate assisted telehealth models, community-based access points, and in-person service delivery.

Eligible activities may include the following:

(a) Electronic health record implementation, integration, enhancement, and interoperability improvements[2]

(b) Health information exchange participation and interoperability improvements

[2] Funding may support electronic health record implementation, integration, enhancement, optimization, and interoperability improvements but may not be used to replace a Health Information Technology for Economic and Clinical Health (HITECH)-certified electronic medical record system already in place as of September 1, 2025.

(c) Mobile connectivity solutions (e.g., hotspots, satellite internet, tablets)[3]

(d) Mobile documentation and telehealth capabilities

(e) Technology solutions that support care coordination across behavioral health, healthcare, social service, education, and public safety systems

(f) Systems and platforms that support care coordination, care navigation, referral management, and shared care management systems

(g) Remote patient monitoring and communication technologies

(h) Development of screening and referral protocols that promote early identification and treatment of behavioral health and physical health conditions

(i) Workflow development to support mobile and virtual care delivery, including digital literacy and digital navigation supports that help patients access telehealth and virtual services

(j) Mobile service equipment, vehicles, and related deployment expenses necessary to support approved mobile service delivery models, consistent with applicable funding restrictions

(k) Data analytics and reporting systems needed to track service utilization, outcomes, costs, and return on investment

(l) Infrastructure needed to support cost analysis and sustainability planning for mobile service models

(m) Artificial intelligence (AI)-enabled tools that support documentation assistance, workflow automation, care coordination, referral management, data reporting, and other operational functions that improve provider efficiency and capacity, consistent with applicable privacy, security, and funding requirements

Capital Investments

Funding will support allowable capital expenditures, per 2 CFR § 200.439, for vehicles and equipment, as well as operational costs necessary to deploy and sustain mobile care models. Eligible activities may include the following:

(a) Mobile care vehicles and specialized equipment

(b) Vehicle operations, maintenance, and fuel expenses

(c) Logistics, dispatching, scheduling, and route optimization systems

(d) Referral coordination and care management infrastructure

(e) Equipment and technology needed to support virtual and mobile care delivery

Applicants should describe how proposed investments will expand access to care, particularly for individuals who experience geographic isolation, limited transportation access, mobility

[3] Mobile connectivity costs are allowable but require prior HFS approval before funds may be obligated or spent.

limitations, or other barriers to facility-based services; improve operational efficiency; strengthen care coordination; support the integration of virtual and mobile care models; and contribute to the long-term sustainability of mobile health services. Capital expenditures must be directly tied to project goals and comply with applicable federal requirements, including prior approval requirements for certain capital expenditures and infrastructure investments.

Infrastructure and Workforce Development

Funding will support recruitment, training, retention, supervision, and deployment of clinical and nonclinical staff needed to design, implement, operate, and sustain mobile healthcare models. Funding is intended to build workforce capacity and operational readiness for mobile service delivery, including staffing infrastructure, onboarding, training, supervision, safety protocols, and workforce development activities. Grant funds are not intended to support routine delivery of clinical services that are otherwise reimbursable through Medicaid, Medicare, commercial insurances, state grants, or other third-party payers.

Eligible personnel may include mobile care team members, crisis responders, peer support specialists, community health workers, care navigators, administrative staff, and other healthcare professionals.

Funds may also support staffing, supplies, technical assistance, and learning collaboratives that help providers implement and sustain mobile service delivery models. Funding may support new or expanded personnel, workforce infrastructure, training, supervision, and operational capacity necessary for mobile healthcare operations but may not supplant existing funding sources for currently funded positions or services. Eligible activities may include the following:

(a) Recruitment and retention strategies for rural service areas

(b) Training for crisis responders, mobile clinicians, peer support specialists, community health workers, and multidisciplinary mobile teams

(c) Workforce deployment models that address coverage challenges in geographically dispersed communities

(d) Staff safety, supervision, and field-based practice supports

Applicants are encouraged to describe strategies to support team-based mobile care models, workforce recruitment and retention, supervision, training, professional development, integration of virtual and mobile care, community partnerships, sustainable financing and reimbursement approaches, and long-term program sustainability.

Outreach and Community Engagement

Funding will support outreach infrastructure, community engagement processes, partnership development, referral networks, language access capacity, transportation coordination, and other operational activities necessary to establish, expand, and sustain mobile service delivery models in rural communities. Building trust, strengthening community partnerships, and increasing awareness of available services are essential to successful implementation and utilization of mobile care models. Grant funds are intended to support capacity-building and implementation activities rather than routine delivery of reimbursable clinical services.

Eligible activities may include the following:

(a) Community outreach and engagement activities that increase awareness of available services and supports, reduce stigma, and build trust

(b) Community partnership development, referral network coordination, and cross-system collaboration activities that strengthen service access, care coordination, and integrated service delivery

(c) Behavioral health education and prevention initiatives that support engagement with mobile service models

(d) Language access infrastructure, translation resources, and communication supports that improve equitable access to behavioral health and recovery support services

(e) Transportation coordination and other community-based operational strategies that reduce barriers to accessing care

(f) Referral navigation infrastructure and engagement processes that help individuals identify, access, and remain connected to needed behavioral health and recovery support services

(g) Program startup activities necessary before service delivery begins.[4]

Funds may not be used for marketing, advertising, or public relations activities designed solely to promote the applicant organization.

D.3. Allowable Costs, Funding Restrictions, and Compliance Requirements

Allowable costs are determined in accordance with the cost principles identified in 2 CFR Part 200, including Subpart E of such regulations and in the grant program's authorizing legislation and as outlined in federal RHT Program documents. In addition, costs must be reasonable, necessary, allocable, and allowable for the proposed project and must conform to generally accepted accounting principles. Grant funds may be used to cover only eligible costs incurred by the recipient during the period of performance and for allowable costs incurred by the recipient during the grant closeout process.

Allowable Uses of Funds

- Personnel costs, including salaries and wages for program, clinical, and care team staff performing program administration and management functions
- Fringe benefits associated with approved personnel costs
- Supplies

[4] Costs incurred prior to the subaward start date are not allowable and will not be reimbursed, including startup costs incurred before execution of the subaward agreement.

- Travel expenses, such as those related to training and program monitoring, are subject to the Illinois State Travel Guide. Out-of-state lodging and travel must be preapproved and is subject to General Services Administration rates.
- Capital expenditures, including purchase of vehicles, modification of existing vehicles, equipment, and supplies
    - Allowable capital expenditures and infrastructure also include investing in existing rural health facility buildings and infrastructure, including minor building alterations or renovations and equipment upgrades to ensure long-term overhead and upkeep costs are commensurate with patient volume. Capital expenditures must be tied directly to the goals of the RHT-funded program and must satisfy any prior written approval requirements under 2 CFR § 200.439 or the terms of the award before costs are incurred.
- Contractors/Consultants
- Program-specific uses:
    - Information technology infrastructure and equipment to enable mobile care models
    - Direct delivery of mobile healthcare services that are not reimbursable through Medicaid or other payers
        - Note: Grant funds are primarily intended to support infrastructure, workforce, technology, operational readiness, care coordination, implementation, and sustainability activities. Costs associated with direct service delivery should be limited to services that are not otherwise reimbursable through Medicaid, Medicare, commercial insurance, state grants, or other third-party payers and must be specifically justified. RHT Program funds may not be used to replace or duplicate payment for services that are reimbursable through Medicaid, Medicare, commercial insurance, state grants, or other third-party payers. RHT Program funds also may not be used to replace existing federal, state, or local funding.
    - Costs related to expanding care in rural communities and standing up innovative models to Treat People in Place
    - Training, coordination, and staffing clinical and nonclinical roles to design and operate mobile healthcare models
    - Investing in the infrastructure, staffing, and development of mobile health operations and care coordination
    - Engaging and training clinical and nonclinical staff to engage in mobile health models and workflows
    - Performing outreach to and engaging rural communities to educate about mobile care offerings, promote health, and overcome language or other barriers
    - Establishing partnerships and setting up regional governance structures

Unallowable Use of Funds

- No funding under this award may be used to fund the replacement of a HITECH-certified electronic medical records system that was already in place as of September 1, 2025.
- Funding new construction is unallowable. Supplanting funding for in-process or planned construction projects or directing funding towards new construction builds is unallowable. Minor building renovations or alterations and equipment upgrades are allowable when clearly linked to program goals.
- Funds may not be used to replace payment for clinical services that could be reimbursed by insurance (including Medicaid). Funds also may not be used for payments for clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules. If the subrecipient plans to fund direct health services, the subrecipient may justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery model. HFS and ultimately CMS will have final approval of whether proposed services are allowable.
- Clinician Salaries. Funds may not be used for clinician salaries or wage support for facilities that subject clinicians to noncompete contractual limitations.
- SSA Section 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general funding limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.
- Prohibited use of RHT Funds. The following list contains costs that are unallowable for all CMS programs, including RHT:
    - Pre-subaward start date costs
    - Costs otherwise meeting matching requirements for any other federal funds or local entities
    - Services, equipment, or supports that are the legal responsibility of another party under federal, state, or Tribal law, such as vocational rehabilitation or education services. Such legal responsibilities include but are not limited to modifications of workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
    - Goods or services not allocable to the approved project
    - Supplanting existing state, local, Tribal, or private funding of infrastructure or services, such as staff salaries
    - Construction
    - Capital expenditures for improvements to land, buildings, or equipment that materially increase their value or useful life as a direct cost, except with the prior written approval of CBHA

- The cost of independent research and development, including their proportionate share of indirect costs in accordance with 2 CFR § 300.477
- Profit to any recipient, even if the recipient is a for-profit organization. Profit is any amount in excess of allowable direct and indirect costs.
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature, or local legislature or legislative body. See also 45 CFR Part 93 and 2 CFR § 200.450 - Lobbying and applicable Appropriations Law.
- Certain telecommunications and video surveillance equipment. See 2 CFR § 200.216.
- Costs of promotional items and memorabilia, including models, gifts, and souvenirs
- Costs of advertising and public relations designed solely to promote the non-Federal entity
- Meals unless in limited circumstances such as the following:
  - Where specifically approved as part of the project or program activity, such as in programs providing children's services; and
  - As part of a per diem or subsistence allowance provided in conjunction with allowable travel

Additional Funding Conditions

Simplified Acquisition Threshold

Potential subrecipients under this funding announcement may receive a subaward in excess of the simplified acquisition threshold, currently $350,000, as defined in 2 CFR § 200.1 and tied to the threshold in 48 CFR § 2.101.

The following requirements apply to any qualifying subaward:

- Before making a subaward, CBHA will verify that a subrecipient has not been suspended or debarred;
- Before making a subaward, CBHA will also review and consider other information about the applicant accessible through SAM.gov;
- An applicant may review information in SAM.gov and comment on information about itself that an awarding agency previously entered, consistent with applicable system procedures;
- CBHA will consider that information and any comments, together with the other information described in the subrecipient risk assessment, when evaluating the applicant's integrity, business ethics, and record of performance and determining appropriate risk-based conditions and monitoring under 2 CFR §§ 200.208 and 200.332(c), as applicable.

Compliance with Funding Sources
This funding opportunity is supported by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services as part of a financial assistance award totaling $193,418,216.21 with 100 percent funded by CMS/HHS, under Assistance Listing Number 93.798. The federal Rural Health Transformation Program is authorized under Public Law 119-21. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government.

Subrecipients must comply with all conditions applicable to these funding sources, including the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Part 200 and 2 CFR Part 300; GATA and its implementing rules at 44 Ill. Admin. Code Part 7000; and all applicable RHT Program requirements established by CMS and HFS, including requirements set out in federal RHT Program documents.

As required by CBHA's grant agreement with HFS, the full HFS grant agreement will be attached to each subaward agreement, and its terms and conditions apply to subrecipients.

Third-Party Contractual Requirements
Any third-party contracts paid for using grant funds are subject to GATA requirements, the terms and conditions of the award, and contract provisions required by Appendix II to 2 CFR Part 200, as applicable. The subrecipient must distinguish procurement contracts from subawards in accordance with 2 CFR § 200.331, include language supplied by CBHA in contractual documents and obtain CBHA's pre-approval of subcontractor agreement(s) and budgets. The subrecipient retains sole responsibility for the performance and monitoring of contractors and lower-tier subrecipients, as applicable.

Sectarian Issue
Subrecipients may not expend federal or state funds for sectarian instruction, worship, prayer, or to proselytize. If the applicant 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.

D.4. Sustainability

Because mobile services often require significant startup and operational investments, applicants must describe how funded activities will be sustained after the grant period. Sustainability plans should address reimbursement and financing strategies, approaches for supporting nonbillable activities such as travel time and outreach, partnership and community investment strategies, operational efficiencies, and plans for maintaining services in low-volume rural communities.

Sustainability may include reimbursement strategies, braided funding, partnerships, community investment, state or local funding opportunities, phased implementation approaches, or shared staffing or cross-agency service integration among neighboring providers. Sustainability plans will be considered during application review.

Applicants are encouraged to consider how their proposed models could align with value-based care and alternative payment approaches over time, including how the project may generate cost, utilization, quality, and outcome data needed to support such arrangements. This may include

tracking avoidable emergency department utilization and hospitalizations, developing cost analysis for mobile service delivery, or establishing partnerships with payers, hospitals, or provider networks positioned to support future value-based arrangements.

E. Scope of Services and Performance Expectations

Subrecipients will implement CBHA-approved activities proposed in their application and consistent with their selected funding category or categories. The following scope of services and performance expectations apply to all funded projects.

E.1. Fulfill Award Administration Requirements

The subrecipient must fulfill all award administration requirements described in section I, including

(a) Performance reporting,

(b) Fiscal reporting, and

(c) Participation in training and technical assistance activities offered by federal and state agencies, CBHA, and other vendors, as scheduled.

E.2. Implement Approved Project Activities

Subrecipients must implement CBHA-approved activities proposed in their application and aligned with the funding categories, allowable uses of funds, and project requirements described in section D.

E.3. Measure Performance, Report Results, and Support Continuous Improvement

Throughout the period of performance, subrecipients must collect data and participate in performance monitoring activities established by CBHA. Performance measures and reporting requirements will align with approved project activities, implementation and sustainability planning, and the scope of services. To support sustainability and potential continuation funding in Years 2 through 5, measures and reporting requirements will also align with metrics established by HFS, as applicable.

Subrecipients may be required to do the following:

(a) Track project outputs, outcomes, and implementation progress in accordance with CBHA requirements. At a minimum, required performance measures are expected to include the following:

   i. Follow-up after emergency department visits for mental illness

   ii. Follow-up after emergency department visits for substance use disorder

   iii. Screening for depression and follow-up plan (National Committee for Quality Assurance)

   iv. Number of formalized mobile health teams established or enhanced with RHT Program funds

v. Number of individuals served by mobile health teams established or enhanced with RHT Program funds

vi. Number of organizations participating in regional partnerships with the subrecipient

vii. Other project-specific measures established by CBHA and HFS

(b) Participate in applicable data-sharing and reporting activities necessary to support measurement of required indicators, including connection to the HealthChoice Illinois ADT (admission, discharge, and transfer) feed, as required by CBHA and HFS.

(c) Participate in technical assistance related to performance measurement, electronic health record configuration, data collection, reporting, quality improvement, and other evaluation activities identified by CBHA.

(d) Track additional measures that demonstrate project effectiveness, impact, sustainability, and progress toward approved goals.

(e) Participate in quality improvement activities and document challenges, successes, and lessons learned throughout implementation.

(f) Submit performance and financial reports at the frequency specified in the subaward agreement, which may range from quarterly to annually, and provide supplementary information or participate in virtual meetings upon request.

(g) Submit a final project summary report within 60 days of the end of the first-year period of performance. The report must summarize project activities, accomplishments, outcomes, challenges, lessons learned, and progress toward approved goals and performance measures. The report must also include a final accounting of expenditures and any other financial information required by CBHA to document the use of award funds and compliance with award requirements.

Specific measures, reporting requirements, and data collection expectations will be established by CBHA and communicated prior to award execution.

F. Funding Information

This is a new competitive subaward opportunity. The release of this NOFO does not obligate CBHA to make an award. Funding availability, award amounts, period of performance, renewal opportunities, and final budget approval requirements are summarized below.

- CBHA reserves the right to negotiate with successful applicants to adjust award amounts, targets, deliverables, and other terms. Such negotiations do not constitute a commitment to provide funding, and applicants should not interpret participation in negotiations as an indication of funding decisions.
- CBHA anticipates awarding 15–30 awards. No minimum or maximum award amount has been established; however, CBHA anticipates that most awards will fall between $200,000 and $1,000,000.

- Funds awarded in the first year must be expended by June 30, 2027. Costs incurred after June 30, 2027, are not allowable unless an extension to the grant agreement is approved in advance. Opportunities for renewal for up to four subsequent years will be outlined in future communications.
- Final award amounts will be based on CBHA-approved budgets. Applicants must submit detailed, reasonable, and adequately justified budgets for review and approval by CBHA.

G. Application and Submission Information

All applications will be submitted through the Euna Solutions system. The application will be available for review and submission on September 23, 2026.

Application Opens: September 23, 2026, at 9:00 a.m. CT

Deadline: October 23, 2026, at 5:00 p.m. CT

Applicants are solely responsible for ensuring timely and complete submissions. CBHA is not responsible for reviewing late, incomplete, or incorrectly submitted applications due to technical issues, system errors, internet connectivity problems, or other submission-related difficulties. Applicants must upload all required documents in the designated sections of this opportunity. CBHA will not accept documents sent by email, mail, or any method outside of the Euna Solutions system. Applicants may correct, modify, or withdraw the original applications up to the application deadline.

All costs involved in preparing the application must be borne by the applicant. CBHA will not be liable for any costs associated with submitting the application or any pre-award costs. Pre-award costs are not allowable.

The applicant is responsible for familiarizing themselves with all applicable state, local, and other laws relating to this type of work, including licensure requirements, if applicable.

G.1. Applicant Technical Assistance

An optional informational webinar will be held on **September 23, 2026 from 11:00 to 12:30 p.m. CT** to provide an overview of this funding opportunity, the application process, and available technical assistance. Attendance is recommended but not required.

- Register for the webinar: Webinar link
- Access the recording: CBHA.net

Applicants may submit questions by email to ccolombo@cbha.net with the subject line **"Mobile Care in IL"** no later than **October 13, 2026, at 5:00 p.m. CT**. Responses to submitted questions, along with additional application guidance and resources, will be posted on CBHA.net and updated weekly by **Friday at 5:00 p.m. CT**. Applicants are responsible for monitoring this website and complying with any updates, instructions, or requirements related to this NOFO.

To support prospective applicants, weekly virtual office hours will be held during the application period. Office hours will provide an informal forum for applicants to ask questions about the NOFO and application requirements. Details will be available on CBHA.net.

H. Application Review

CBHA is committed to ensuring a fair and open process for making this award. Applying does not guarantee project funding.

H.1. Criteria

Trained reviewers will review and score applications using the evaluation criteria below, with final review and approval by CBHA.

Organizational Overview, Experience, and Capacity (10 points)

Describes the applying organization, including its mission, populations served, organizational structure, geographic location of organization, and infrastructure to support program delivery. Demonstrates relevant experience providing mobile care or similar programs and the capacity and readiness to successfully implement the proposed project.

Need (20 points)

Describes the need the project is addressing, including the target population, geographic service area, and key challenges related to accessible care in rural communities. Includes relevant data, community input, or other evidence to support the identified need, such as federal shortage area designations, county-level transportation or broadband measures, or service utilization data. Mobile health investments will be directed towards rural populations that face the most significant barriers to health care access and carry the highest burden of preventable disease and high-cost utilization.

Project Description and Approach (40 points)

Clearly describes the proposed project, including the target population, geographic service area, services and activities, and implementation approach. Describes how the project will sustain and modernize service delivery through technology, data infrastructure, care coordination, and operational improvements. Describes a reasonable approach for sustaining key services, partnerships, infrastructure, or project benefits after grant funding ends. Demonstrates alignment with the purpose of this NOFO. The proposed approach is feasible, appropriate, and responsive to community needs. Demonstrates collaboration or established partnerships with 988, hospitals, schools, Certified Community Behavioral Health Clinics, Federally Qualified Health Centers, EMS, shelters, or other community partners.

Additional consideration may be given to applications that do the following:

- Address documented transportation, geographic, or other barriers to accessing behavioral health services

- Incorporate sustainable mobile service delivery models
- Expand access to behavioral health services for children, adolescents, and families
- Improve access to care for underserved or high-need rural populations

Outcomes and Impact (15 points)
Describes the intended outcomes of the project and the expected impact for the target population. Identifies appropriate and realistic measures of success, including key indicators or metrics and a plan for tracking progress.

Budget (15 points)
Presents a complete and clearly justified budget and narrative that aligns with allowable uses of funding.

H.2. Finalist Recommendations
While the recommendation of the review panel will be a key factor in the funding decision, CBHA maintains final authority over funding decisions and considers reviewer findings to be nonbinding recommendations. The numerical score may not be the sole award criterion. CBHA reserves the right to consider other factors, such as demonstrated need and past performance as a subrecipient, and to make awards that ensure statewide rural representation. Any internal documentation used in scoring or awarding grants shall not be considered public information.

H.3. Anticipated Announcement and Award
The announcement of this award is anticipated by December 1, 2026.

I. Award Administration

I.1. Award Notices
Applicants recommended for funding following the review process and budget approval will receive a NOSA via email to the contacts identified in the application. The NOSA shall include

- The grant award amount,
- The terms and conditions of the award, and
- Specific conditions, if any, assigned to the applicant based on risk assessments and merit-based review.

NOTE: The initial budget submitted at the time of application might not be approved due to unallowable costs, errors in budget, or a difference between the requested award amount and the approved final award amount. CBHA will inform the organization point of contact if the proposed budget is rejected. CBHA cannot issue a NOSA until the successful applicant has an approved budget.

Upon receipt of the NOSA, selected applicants should review and make an informed decision about whether to accept the funds. The NOSA must be signed by the applicant's authorized signatory. This signature effectively accepts the award amount and all conditions set forth within the notice. This signed NOSA is the document authorizing CBHA to proceed with issuing an agreement. The signed NOSA must be remitted to CBHA, as instructed in the NOSA. **The NOSA is not an authorization to begin performance.**

Applicants not receiving the award will be notified.

Subaward Agreement

Upon receipt of acceptance of an award, CBHA will initiate development of the Subaward Agreement and statement of work (SOW). The Subaward Agreement will include the information and terms required by 2 CFR § 200.332(b), applicable GATA requirements, the Federal award, and the terms of CBHA's grant agreement with HFS, as applicable.

(a) The subaward identification and amount, including the Federal Award Identification Number, Assistance Listing number and program name, Federal awarding agency, Federal award date, pass-through entity and subrecipient names and UEIs, subaward period of performance and budget period, and whether the subaward is for research and development, as applicable;

(b) The purpose and activities to be performed, approved budget, performance measures, deliverables, and time schedule;

(c) All applicable federal and state statutes, regulations, policies, and terms and conditions, including requirements that must flow down to lower-tier subrecipients and contractors;

(d) The applicable indirect cost rate or de minimis election;

(e) The dollar limitation, period of performance, budget period, payment terms, and requirements for prior written approval of budget, scope, or other changes;

(f) Allowable costs, procurement standards, audit requirements, monitoring and reporting requirements, access to records, corrective-action requirements, and record-retention requirements;

The primary point of contact for the organization will receive an email notification that the agreement is ready for review and signature. The signature should be returned to CBHA as prescribed.

I.2. Administrative and National Policy Requirements

Subrecipients shall provide services as set forth in the subaward agreement and shall act in accordance with all state and federal statutes and administrative rules applicable to the provision of the services. Additional terms and conditions not specified in this section may apply.

I.3. Monitoring

Subrecipients funded through this NOFO are subject to risk-based fiscal and programmatic monitoring in accordance with 2 CFR §§ 200.329 and 200.332 (d)-(h) and applicable GATA requirements. Monitoring may include but is not limited to review of performance and financial reports, supporting documentation, policies and procedures, and audit reports; desk reviews; site visits; interviews with relevant personnel; technical assistance; and follow-up on prior findings. Subrecipients must provide CBHA access to subaward records pursuant to 2 CFR § 200.337 and must make books, records, supporting documentation, and relevant personnel available to CBHA, HFS, the Federal awarding agency, Inspectors General, the Comptroller General of the United States, the Illinois Auditor General, and other authorized parties upon request. CBHA may increase monitoring or modify subawards based on risk, performance, or identified delays or difficulties, consistent with the Subaward Agreement and applicable law.

I.4. Participation in Training and Technical Assistance

Subrecipients will participate in training and technical assistance and support as identified by CBHA, with a goal of supporting successful program implementation and promoting sustainability after the conclusion of the period of performance. The training and technical assistance opportunities will be specified by CBHA throughout the grant period and may include the following:

- Sustainability planning
- Reimbursement strategies for mobile services
- Workforce recruitment and retention
- Rural service delivery models
- Technology and broadband solutions
- Data collection and cost analysis
- Partnership development
- Implementation of mobile behavioral health programs

Program Status Meetings

Program Status Meetings will be held with subrecipients to review project progress and provide ongoing support and guidance. Details will be established by CBHA and communicated following award.

J. Definitions

The following definitions clarify terms used throughout this funding notice and related award documents. These definitions are provided to support consistent interpretation of application, award, and implementation requirements.

- **Capital expenditures**: Expenditures to acquire capital assets or to make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations,

or alterations to capital assets that materially increase their value or useful life. For this funding opportunity, allowable capital expenditures must be directly tied to the goals of the RHT Program and comply with 2 CFR §§ 200.1 and 200.439.

- **Co-applicant:** An organization that is jointly applying for funding with the lead applicant and will participate in project planning, implementation, service delivery, project oversight, and achievement of project outcomes.
- **Community:** A group of people who live in the same area (such as a city, town, neighborhood, tent city, or shelter). Services in the community are offered outside of a state-licensed or certified facility.
- **Recovery support services**: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (Substance Abuse and Mental Health Services Administration). Recovery support services are designed to support individual recovery from a substance use disorder that may be delivered pre-, during, or post-treatment. These services are generally delivered by a peer with the patient in various settings to support the individual in meeting their recovery support goals. They include employment training, continuing care, employment coaching, peer recovery coaching, recovery coaching, recovery skills, spiritual support, and transportation.
- **Rural:** For purposes of this funding opportunity, rural communities are those that align with established federal or state rural designations, including HRSA rural classifications, RUCA codes, and other rural designations recognized by federal or Illinois rural health programs. Applicants must be able to demonstrate that proposed activities benefit residents of eligible rural communities. Subrecipients must maintain documentation sufficient to demonstrate that grant-funded activities benefited only residents of communities that meet an eligible rural designation. Eighty-five of Illinois' 102 counties are classified as rural under HRSA's methodology, and certain communities within metropolitan counties may also qualify as rural based on census tract-level designations.
- **Subaward**: An award provided by a pass-through entity to a subrecipient for the subrecipient to contribute to the goals and objectives of the project by carrying out part of a federal award received by the pass-through entity, (2 CFR § 200.1). A subaward does not include payments to a contractor, beneficiary, or participant.
- **Substance use disorder:** "A treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be mild, moderate, or severe." (National Institute of Mental Health)
- **Supplanting:** The use of grant funds to replace funding already committed to or available for an existing position, service, or activity, rather than to add resources that expand or enhance what is currently provided. Funds must be used for activities that are new,

expanded, or substantially enhanced. RHT Program funds may not be used to replace or duplicate payment for services that are reimbursable through Medicaid, Medicare, commercial insurance, state grants, or other third-party payers. RHT Program funds also may not be used to replace existing federal, state, or local funding.

- **Treatment:** Services provided according to Administrative Code Title 77: Public Health, Chapter X: Department of Human Services, Subchapter d: Licensure, Part 2060 Substance Use Disorder Treatment and Intervention Services. Treatment is offered in varying degrees of intensity based upon the individualized continuum treatment plan developed for the patient and the requirements for each level of care. The level of care provided shall be in accordance with that specified in the most current American Society of Addiction Medicine Patient Placement Criteria and Administrative Rule 2060.

K. Conflict of Interest and Financial Disclosures

Subrecipients must immediately disclose in writing to CBHA any actual or potential conflict of interest as soon as it becomes known, in accordance with 30 ILCS 708/35, 30 ILCS 708/60(a)(5), 44 Ill. Admin. Code 7000.330(f), and the subaward agreement. This disclosure must be submitted for the grantee and all subrecipients or pass-through entities, whenever an actual or potential conflict may exist. Subrecipients have a continuing obligation to disclose to CBHA financial or other interests (public, private, direct, or indirect) that may be a potential conflict of interest or could prohibit the subrecipient from entering or continuing the programs for which the grant is intended.