



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

**NAME OF GRANT PROGRAM:**

Diabetes Prevention & Control 2026

**NOFA REFERENCE NO.:**

DCHS26DPC

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:**

To provide funding for evidence-based strategies to prevent and manage prediabetes and diabetes in adult, high-burden populations/communities across the state.

**ESTIMATED AMOUNT OF MONEY**

**IN THE GRANT PROGRAM:** \$ 520,000.00

**AWARD PERIOD:**

**From** 7/1/25 **Through** 6/30/26

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants. ([Click here to download](#))
2. General and specific grant compliance requirements issued by the awarding division or commission.

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Municipal Government            | <input type="checkbox"/> Institution of Higher Education                             |
| <input checked="" type="checkbox"/> County Government               | <input checked="" type="checkbox"/> Hospital   |
| <input checked="" type="checkbox"/> State Government                | <input checked="" type="checkbox"/> Non-profit Organization (501(c)3)                |
| <input type="checkbox"/> Indian Tribal Gov't (Federally Recognized) | <input checked="" type="checkbox"/> Other: <b>Federally Qualified Health Centers</b> |

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

This is a continuation grant award for applicants who have previously been funded under the Diabetes Prevention and Control Grant.

**APPLICATION PROCEDURES:**

Eligible applicants will submit grant applications through the Department's System for Administering Grants Electronically (SAGE), in accordance with the Request for Applications (RFA). The RFA may be requested from the contact listed below.

All applicants should have the most current copies of the following:

- Annual Audit Report
- IRS Determination Letter
- NJ Charities Registration Letter
- Tax Clearance Certificate

**FOR INFORMATION CONTACT:**

**NAME:** Juliet Jones

**TELEPHONE:** (609) 913-5696

**PROGRAM:** Diabetes Prevention & Control 2025

**E-MAIL:** [juliet.jones@doh.nj.gov](mailto:juliet.jones@doh.nj.gov)

**MAILING ADDRESS:** New Jersey Department of Health

55 North Willow St, 5th Floor

Trenton, NJ 08625

**DATE ON WHICH APPLICATION WILL BE AVAILABLE:** 05/13/25

**SAGE PROGRAM NAME:** Diabetes Prevention and Control 2026

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:** 06/03/25

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:** 06/24/25