



NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM:

Fluoride Application, Children's Education & Screening (FACES)

NOFA REFERENCE NO.:

DCHS26FAC

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

The overarching goal of the FACES program is to promote good oral health practices for school aged children through the application of fluoride varnish as an oral health preventive measure, via a voluntary school-based program. Additionally, this grant offers the opportunity to participate in the New Jersey Department of Health Basic Screening Survey for specific populations that collects and analyzes key oral health metrics for vulnerable populations.

ESTIMATED AMOUNT OF MONEY

IN THE GRANT PROGRAM: \$ 590,948.00

AWARD PERIOD:

From 2/1/26 Through 9/30/26

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants. https://www.nj.gov/health/grants/documents/terms_conditions.pdf
 2. General and specific grant compliance requirements issued by the awarding division or commission.
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GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

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|---|---|
| <input type="checkbox"/> Municipal Government | <input checked="" type="checkbox"/> Institution of Higher Education |
| <input type="checkbox"/> County Government | <input checked="" type="checkbox"/> Hospital |
| <input 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: FQHCs & Dental Offices/Clinics |
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QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicants for this opportunity must have the ability to provide preventative oral health education programs to high need/high risk children and vulnerable populations in under-served areas. Applicants must also have on-site dental service capabilities with qualified staff able to implement all components of the Basic Screening Survey. Applicants must have a current NJ Charities Registration Letter of Compliance (if applicable) and a current NJ Tax Clearance Certificate. All funding under this notice is based upon availability and subject to change.

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.

1. The applicant must submit a Letter of Intent as required in the RFA.
 2. The Program Management Officer will make a grant application available to all "Eligible" agencies in the System for Administering Grants Electronically (SAGE)
 3. The applicant will submit a grant application in accordance with the NOFA. Any application received after the deadline will not be accepted. Applications may be returned for revisions and/or additional information. Funding is contingent upon the receipt of available funds by the New Jersey Department of Health (NJDOH). If the applicant fails to complete any part of the process, the NJDOH reserves the right to deny funds to the applicant.
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FOR INFORMATION CONTACT:

NAME: Clifford Lisman, DMD, MS, FACD, FAAPD, MBA

TELEPHONE: (609) 913-5365

PROGRAM: Oral Health Services Unit

E-MAIL: clifford.lisman@doh.nj.gov

MAILING ADDRESS: New Jersey Department of Health

55 North Willow Street, 5th Fl

Trenton, NJ 08625

DATE ON WHICH APPLICATION WILL BE AVAILABLE: 12/24/25

SAGE PROGRAM NAME: Fluoride Application, Children's Education, & Screening (FACES) 2026

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED: 01/21/26

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS: 01/28/26
