



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM:

NOFA REFERENCE NO.:

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

To provide reimbursement for the delivery of nutrition education and counseling following three successive nutritional counseling dental visits to Medicaid eligible or uninsured children ages 5-18, and their attending caregiver/parent/guardian, when the child is determined by screening per the CAMBRA caries risk assessment tool to be at a medium to high-risk for dental caries and to simultaneously ensure that dental sealants are placed on all teeth eligible for sealants (all permanent and primary teeth having unsealed, pit and fissures that are caries and restoration free) and as per N.J.A.C. 10-56 (the Medicaid Dental Manual). Documentation of existing intact non defective sealants, restorations, caries, and any posterior teeth that do not have pits or fissures (only grooves) on otherwise eligible teeth not being sealed is required as is documentation of who is providing the nutritional counseling and to who the counseling is directed. Successive visits should be spaced apart to enable both an assessment of the patient's diet and subsequently an assessment of the effectiveness of the first two counseling sessions.

ESTIMATED AMOUNT OF MONEY

IN THE GRANT PROGRAM:

AWARD PERIOD:

From

Through

**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](https://www.nj.gov/health/grants/documents/terms_conditions.pdf)
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 type="checkbox"/> Municipal Government                       | <input type="checkbox"/> Institution of Higher Education   |
| <input type="checkbox"/> County Government                          | <input type="checkbox"/> Hospital                          |
| <input type="checkbox"/> State Government                           | <input type="checkbox"/> Non-profit Organization (501(c)3) |
| <input type="checkbox"/> Indian Tribal Gov't (Federally Recognized) | <input type="checkbox"/> Other:                            |

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A 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.

**FOR INFORMATION CONTACT:**

NAME:

TELEPHONE:

PROGRAM:

E-MAIL:

MAILING ADDRESS: New Jersey Department of Health

DATE ON WHICH APPLICATION WILL BE AVAILABLE:

SAGE PROGRAM NAME:

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS: