



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

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**NAME OF GRANT PROGRAM:**

Preventive Health Services

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**NOFA REFERENCE NO.:**

DCHS26PHS

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

To implement chronic disease related evidence-based strategies that will improve health outcomes in vulnerable communities

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**ESTIMATED AMOUNT OF MONEY**

**IN THE GRANT PROGRAM:** \$ 535,000.00

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**AWARD PERIOD:**

**From** 10/1/25 **Through** 9/30/26

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

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| <input checked="" type="checkbox"/> Municipal Government                       | <input checked="" type="checkbox"/> Institution of Higher Education   |
| <input checked="" 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 checked="" type="checkbox"/> Indian Tribal Gov't (Federally Recognized) | <input type="checkbox"/> Other:                                       |
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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Funding is available for applicants that have demonstrated knowledge of chronic disease prevention and control, focusing on vulnerable populations to promote health education and implementation of evidence-based strategies. Applicants must have a valid NJTax ClearanceCertificate and a valid NJCharities Registration Letter of Compliance submitted with their application.

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**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.

The applicant requests a copy of the RFA from the contact listed below.

2. The applicant submits a Letter of Intent, inquiry, or concept paper, as required in the RFA.
3. The Program Management Officer will make a grant application available to all "Eligible" agencies in the System for Administering Grants Electronically (SAGE), [www.sage.nj.gov](http://www.sage.nj.gov).
4. The applicant will submit a grant application in accordance with the RFA.

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**FOR INFORMATION CONTACT:**

**NAME:** Tifanie Selby

**TELEPHONE:** (609) 913-5679

**PROGRAM:** DCHS26PHS

**E-MAIL:** [tifanie.selby@doh.nj.gov](mailto:tifanie.selby@doh.nj.gov)

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

55 North Willow Street- 5th Floor

Trenton, NJ 08625

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**DATE ON WHICH APPLICATION WILL BE AVAILABLE:** 10/27/25

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**SAGE PROGRAM NAME:** DCHS26PHS

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:** 11/17/25

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:** 11/24/25

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