



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

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**NAME OF GRANT PROGRAM:**

AIM Patient Safety Bundle Implementation

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**NOFA REFERENCE NO.:**

DFHS26AIM

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

The funds will be used to plan and execute implementation of three AIM patient safety bundles in New Jersey acute maternity care hospitals. Grant recipient(s) will carry out a collaborative and informed AIM bundle implementation program, working with appropriate partners throughout the grant cycle. Both quality improvement and evaluation data collection are required to ensure implementation fidelity and effectiveness. Grantee recipients will report out to stakeholders identified best practices and lessons learned from the project to inform future AIM bundle implementation in other New Jersey hospitals. AIM bundle implementation will improve processes and procedures in participating hospitals to reduce contributing factors for maternal mortality and morbidity.

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**ESTIMATED AMOUNT OF MONEY**

**IN THE GRANT PROGRAM:** 350,000

**AWARD PERIOD:**

From 9/30/2025 Through 9/29/2026

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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 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 type="checkbox"/> Other:                                       |
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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Eligible applicants must have demonstrated history and knowledge of maternal health needs and acute maternity care hospitals state-wide in New Jersey. Additionally, evidence of experience in the planning, development, implementation and evaluation of healthcare quality improvement activities as it relates to equitable access, health and health care disparities, and healthcare delivery to underserved and vulnerable populations. Applicants need to have existing partnerships appropriate for the program and be well-positioned to cultivate new partnerships as needed. Award amounts will be based on the availability of federal funds and may be subject to change. Applicants must have a valid NJ Tax Clearance Certificate and a valid NJ Charities Registration Letter of Compliance (if applicable) 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.

1. 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).
  2. The applicant will submit a grant application in accordance with the RFA (for new programs) or Letter of Intent (for continuing programs).
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**FOR INFORMATION CONTACT:**

**NAME:** Carly Slutzky

**TELEPHONE:** 609-913-5742

**PROGRAM:** Maternal Health Innovation

**E-MAIL:** [carly.slutzky@doh.nj.gov](mailto:carly.slutzky@doh.nj.gov)

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

55 North Willow Street

Trenton, NJ 08625

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**DATE ON WHICH APPLICATION WILL BE AVAILABLE:** 7/28/2025

**SAGE PROGRAM NAME:** AIM

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:** 9/1/2025

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:** 9/30/25

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