



NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM:	NOFA REFERENCE NO.:
Special Child Health Services/Family Centered Care Services/Case Management	DFHS26CSE

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

Provide partial support to current Special Child Health Services Case Management Units. Assure Children & Youth with Special Health Care Needs (CYSHCN) in New Jersey access to care coordination, medical home and parent support.

ESTIMATED AMOUNT OF MONEY	AWARD PERIOD:
IN THE GRANT PROGRAM: \$ 4,057,392.00	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 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:

Must be a private non-profit or government agency with proven experience serving the special health needs of children including chronically ill children, children with Autism Spectrum Disorder, and children with congenital birth defects. Must be able to provide services on a county-side basis. Preference may be given to existing applicants who have historically performed satisfactorily.

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 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 will make a grant application available to all "Eligible" agencies in the System for Administering Grants Electronically (SAGE), www.sage.nj.gov.
4. The applicant will submit a grant application in accordance with the RFA.

FOR INFORMATION CONTACT:

NAME: Kourtney Pulliam

TELEPHONE: (609) 777-7778

PROGRAM: Family Centered Care Services

E-MAIL: kourtney.pulliam@doh.nj.gov

MAILING ADDRESS: New Jersey Department of Health

PO Box 364

Trenton, NJ 08625

DATE ON WHICH APPLICATION WILL BE AVAILABLE: 06/24/25

SAGE PROGRAM NAME: Special Child Health Case Management 2026

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED: 06/30/25

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS: 07/01/25