ACROBAT READER REQUIRED FOR DIGITAL USE OF THIS FORM

# NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

| NAME OF GRANT PROGRAM: | NOFA REFERENCE NO.: |
|---|---|
| Early Hearing Detection and Intervention | DFHS26EHD |

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

**The purpose of the grant program is to improve family engagement and partnership with the Early Hearing Detection and Intervention (EHDI) program, and provide support to families of children who are Deaf/Hard of Hearing (D/HH).**

| ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM: $ 48,678.00 | AWARD PERIOD: From 4/1/26 Through 3/31/27 |
|---|---|

**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.

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

- ☐ Municipal Government
- ☐ County Government
- ☐ State Government
- ☐ Indian Tribal Gov't (Federally Recognized)
- ☐ Institution of Higher Education
- ☐ Hospital
- ■ Non-profit Organization (501(c)3)
- ☐ Other:

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

**Non-competitive renewal funding will be given to existing grantee with satisfactory performance. If a need is identified which cannot be met by the existing project, EHDI will release a competitive Request for Application (RFA). Qualifications needed include demonstrated ability and capacity to meet the programmatic requirements identified in the RFA.**

**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.**

**4. The applicant will submit a grant application in accordance with the RFA.**

**FOR INFORMATION CONTACT:**


**NAME:** Pamela Aasen

**TELEPHONE:** (609) 913-5390

**PROGRAM:** Early Hearing Detection and Intervention

**E-MAIL:** pamela.aasen@doh.nj.gov

**MAILING ADDRESS:** New Jersey Department of Health
PO Box 364
Trenton, NJ 08625-0364


**DATE ON WHICH APPLICATION WILL BE AVAILABLE:** 02/27/26

**SAGE PROGRAM NAME:** Early Hearing Detection 2026

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:** 03/02/26

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:** 02/16/26