



Enhancing Women's Health Outcomes through Care Integration, Low-Barrier Access, and Healthcare Workforce Development (EWHO)

REQUEST FOR APPLICATIONS (RFA)

Issued by:

The Office of Women's Health
Division of Family Health Services
New Jersey Department of Health

Project Period: June 1, 2026 – December 31, 2026

Budget Period: June 1, 2026 – December 31, 2026

Submission Portal:

<https://dohsage.intelligrants.com/>

Mikie Sherrill
Governor

Dr. Raynard E. Washington
Acting Commissioner

Dr. Dale G. Caldwell
Lt. Governor



**NEW JERSEY DEPARTMENT OF HEALTH
Request for Applications (RFA) Notice
Family Health Services/DFHS26NWB**

TABLE OF CONTENTS	PAGE
PROJECT CONTACTS	3
INTRODUCTION	4
ELIGIBILITY	4
IMPORTANT DATES	5
TECHNICAL ASSISTANCE WEBINAR	5
BACKGROUND AND NEED	5-6
FUNDING	6
PURPOSE AND PROGRAM COMPONENTS	6-9
METRICS	9-10
PROPOSAL REQUIREMENTS	10
ADDITIONAL REQUIREMENTS	10
AWARDEE TECHNICAL ASSISTANCE	10
FUNDING AVAILABILITY	11
PROOF OF ELIGIBILITY	11
REVIEW PROCEDURES	11
SUBMISSION OF APPLICATIONS	12
APPENDIX A	13
APPENDIX B	14
APPENDIX C	15
APPENDIX D	16-17



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ENHANCING WOMEN’S HEALTH OUTCOMES THROUGH CARE INTEGRATION, LOW-BARRIER
ACCESS, AND HEALTHCARE WORKFORCE DEVELOPMENT (EWHO)
REQUEST FOR APPLICATIONS (RFA)

I. INTRODUCTION

Project Title: Enhancing Women’s Health Outcomes through Care Integration, Low-Barrier Access, and Healthcare Workforce Development (EWHO)

Budget Period: June 1, 2026 – December 31, 2026

The New Jersey Department of Health (NJDOH) Division of Family Health Services (FHS), Office of Women’s Health (OWH) is presenting a request for applications (RFA) to support reproductive health access, system stability, and workforce capacity through the Enhancing Women’s Health Outcomes (EWHO) grant. Notice of grant awards are expected to be released on **May 22, 2026**.

These funds are to be fully encumbered by December 31, 2026.

EWHO intends to increase access to reproductive healthcare professionals serving on interdisciplinary teams in the state. It also aims to support healthcare systems in growing and maintaining their capacity to attend to the diverse needs of women of reproductive age. A total of **\$7,100,000** will be awarded to support the expansion of reproductive health services in NJ.

II. ELIGIBILITY

Applicants are not required to serve exclusively uninsured or underinsured populations. Programs or personnel supported by this grant may serve all individuals, regardless of their insurance status. However, grant funds may NOT be used to pay for or support any services or activities that are directly reimbursable by Medicaid, Medicare, or private insurance.

Eligible applicants include municipal and county governments, and non-profit institutions including educational institutions, public and private organizations, community-based organizations, and healthcare organizations such as hospitals, clinics, and health centers.

III. IMPORTANT DATES

April 17, 2026	Release of RFA/Application opens in the System for Administering Grants Electronically (SAGE)
April 29, 2026	Technical Assistance Meeting
May 8, 2026	Application closes in SAGE (11:59 pm)
May 22, 2026	Notice of Grant Award
June 1, 2026	Grant Project Begins

IV. TECHNICAL ASSISTANCE WEBINAR

A technical assistance webinar will be held on **April 29, 2026**, to provide an overview of the grant opportunity, review application requirements, and answer applicant questions.

Date & Time: April 29, 2026 at 1:00 PM

Microsoft Teams Link: <https://teams.microsoft.com/meet/220150716294613?p=ybRFlybZMIu1f0Wz0f>

Meeting ID: 220 150 716 294 613

Passcode: wf7df2sB

We invite you to submit questions in advance here: <https://forms.office.com/g/z5XKpww3tg>

If you are unable to attend, provide your email address at the link above to receive the FAQ document.

V. BACKGROUND AND NEED

Reproductive health is defined as the complete physical, mental, and social well-being related to the reproductive system, its functions, and processes across the lifespan. This includes comprehensive clinical care, disease prevention, sexual health services, condition management, and education to promote safety and informed decision-making. The World Health Organization (WHO) defines women of reproductive age as any women 15-49 years old.¹ **For the purposes of this RFA, the WHO definition will be applied.**

In NJ, women of reproductive age report less access to a personal doctor or healthcare provider than older women, with approximately 78% of women ages 18–34 y/o and 85% of women ages 35–49 y/o reporting access, compared to 94% of women ages 50–64 y/o and 97% of women ages 65+.² Similarly, access to first-trimester prenatal care (PNC) varies by maternal age, as women who are 18-24 years old engage in first trimester prenatal care less frequently than their older counterparts. Disparities within prenatal care also exist with over 80% of White and Asian mothers receiving early prenatal care compared to less than two-thirds of Black and Hispanic mothers in 2023. PNC onset was also highly correlated with marital status, with 82% of married mothers receiving first trimester PNC in 2023 compared to 61.6% of those who were unmarried.

¹ [https://www.who.int/data/gho/indicator-metadata-registry/imr-details/women-of-reproductive-age-\(15-49-years\)-population-\(thousands\)](https://www.who.int/data/gho/indicator-metadata-registry/imr-details/women-of-reproductive-age-(15-49-years)-population-(thousands))

² <https://www-doh.nj.gov/doh-shad/indicator/summary/PersonalDoctor.html>



Among mothers with private insurance, 86% received first trimester PNC compared to 61.5% of those with Medicaid and 41% of those who were uninsured.³

Beyond patient-level access barriers, the State has identified a need to strengthen the reproductive health workforce. Reports such as *The NJ Blueprint for Maternal and Infant Health*, published by the NJ Maternal and Infant Health Innovation Authority (NJMIHIA), highlight ongoing gaps in the number of obstetricians (OB/GYNs), midwives, doulas, and community health workers serving the state.⁴ The healthcare infrastructure needed to support population growth and diversity also remains a critical issue that must be addressed. Furthermore, investing in healthcare facility infrastructure, equipment, and service capacity directly aligns with the Healthy NJ priority to “improve healthcare quality and safety in healthcare settings.”⁵

VI. FUNDING

Funding for this program is contingent upon the final award received by NJDOH. Awards will be made based on the quality of the applicant proposal(s) and the availability of funds. If allocated funding is not relevantly encumbered throughout the grant period, NJDOH reserves the right to re-allocate funding to ensure full expenditure of award by the conclusion of the grant period.

All approved activities must be completed and funds fully encumbered within the designated project period.

VII. PURPOSE AND PROGRAM COMPONENTS

EWHO will provide organizations with an opportunity to develop and expand systemic and programmatic efforts while supporting the identification of ways to sustain such endeavors. **Component A** of this grant includes activities related to improving access to care for patients regardless of insurance status.

Component B of this grant includes activities related to perinatal workforce development initiatives to provide clinical training, continuing education, and learning opportunities. **Component C** of this grant includes activities related to the updating and enhancing of infrastructure and service capacity. These activities are designed to support reproductive health care facilities or health systems in improving patient-centered care and health outcomes. Strong applicants will demonstrate their ability to meet the aims of the Component for which they are applying and include relevant metrics to track the progress of funded activities.

Applicants can apply to more than one component below

³ <https://www-doh.nj.gov/doh-shad/indicator/summary/PNC1.html>

⁴ <https://www.nj.gov/njmihia/documents/NurtureNJ-MIHIA-Blueprint.pdf>

⁵ <https://www.nj.gov/health/healthynj/2030/topics-objectives/access/learnmore.shtml?open=2>



Component A: ACCESS TO REPRODUCTIVE HEALTHCARE. [*Up to three (3) grantees]

Total award: \$1,500,000

OBJECTIVE 1: *Create and maintain* a fund to cover care for low-income, underinsured and/or uninsured patients. This fund will be applied to patients who have an annual gross income **not exceeding 200%** of the federal poverty level (FPL).⁶ **Up to \$300,000**

OBJECTIVE 2: *Build, expand, and maintain* medications and supplies related to sexual and reproductive health, to ensure consistent and reliable access to care. These medications may include contraceptives (oral and injectable), emergency contraceptives (e.g., Mifepristone, levonorgestrel), HIV/STI treatment and prevention medications (e.g., ART, PEP, PrEP, DoxyPEP, recommended vaccines), and hormone replacement therapies (e.g., Estropipate). Supplies may include menstrual products and safer-sex supplies (e.g., pads, tampons, condoms, lubricant, dental dams). **Up to \$225,000**

OBJECTIVE 3: *Maintain* contingency funding to cover unexpected operational costs due to reduction or elimination of federal funding. This fund can be applied to direct costs (e.g., medical personnel) and/or indirect costs (e.g., transportation). **Up to \$300,000**

OBJECTIVE 4: *Develop and implement* initiative(s) that increase knowledge of reproductive health care services. Initiatives may use digital platforms (such as social media or electronic messaging) or print materials (such as flyers and posters) and must include information about how to access reproductive health care within the organization's service area. The initiative should also provide health education on the importance of reproductive health and inform individuals of their rights when seeking reproductive health care. Materials should use clear and plain language, be culturally appropriate, and include evidence-based information to ensure that information about reproductive healthcare services, rights, and access is understandable and inclusive for all communities. **Up to \$675,000**

Initiative(s) should include:

- 1) Specific area/region and the priority populations served
 - a. Identifying linguistic capabilities of providers/other accessibility characteristics
- 2) Categorization of levels of health care available to women of reproductive age
 - a. Including resources from young adulthood (18-21 years old) through menopause (60 years old)
- 3) Transportation accessibility (i.e., bus, train, car)

Before distribution of any printed materials, the NJDOH PMO must review and approve the scholarship and/or any public facing documents for dissemination. Furthermore, a current, up-to-date NJDOH logo must be included in any public facing information created and disseminated for the purpose of this initiative.

⁶ <https://aspe.hhs.gov/sites/default/files/documents/b1bfa16b20ae9b89d525bc35de7c1643/detailed-guidelines-2026.pdf>



COMPONENT B: WORKFORCE DEVELOPMENT

Total award: \$600,000

OBJECTIVE 1: *Expand* the interdisciplinary perinatal/maternal healthcare team by hiring up to three (3) additional staff. These professional staff may include but are not limited to: Doulas, Lactation Consultants/Lactation Counselor/Certified Breastfeeding Specialists, and Community Health Workers (CHWs). These staff can be hired as **full-time** or **part-time** staff. A secondary goal of these funds is for pregnant individuals throughout the state to have access to **person-centered, community-based, and culturally competent** healthcare services throughout the perinatal period. Strong applicants will demonstrate an ability to expand interdisciplinary team function within their health center/hospital system by creating and implementing an expansion plan. Eligible applicants are ambulatory clinics, birthing hospitals and federally qualified health centers (FQHCs) that serve pregnant and post-partum populations in NJ. **Up to \$300,000**

OBJECTIVE 2: *Organize and facilitate* reproductive health care workshops for up to 100 clinical professionals working in reproductive healthcare over the grant period. Participating professionals include but are not limited to Nurses, Physicians, Community Health Workers (CHWs), Doulas, and Midwives, and these professionals may be employed by hospital systems, clinics, Federally Qualified Health Centers (FQHCs) or community-based organizations. **Up to \$150,000; amount of award determined by number of clinical professionals trained/educated.**

- Each workshop should include an outline of content to be discussed, and a post-test survey completed by 90% of all participants. **Workshop outlines and post-test surveys** are to be created and submitted to NJDOH for review one week before each monthly meeting for review and approval.

OBJECTIVE 3: *Training* of interdisciplinary teams to serve vulnerable populations. Training areas to include **miscarriage/early pregnancy loss** (e.g., emotional and trauma-informed care), **HIV care** (e.g., PrEP navigation, status-neutral care), **perimenopause/menopause** (e.g., symptom management, access to care), **sexual and reproductive health** (e.g., family planning, education) and **mental health supports** (e.g., first aid, SUD counseling, crisis management). **Up to \$150,000**



COMPONENT C: FACILITY INFRASTRUCTURE, EQUIPMENT, AND SERVICE CAPACITY

Total award: \$5,000,000

OBJECTIVE 1: *Improve* healthcare facilities through capital investments in infrastructure and technology. Investments can include acquisition of new or improved electronic health record (EHR) systems, security enhancements (e.g., procurement of cybersecurity measures) and training staff on security best practices and emergency preparedness. **Up to \$3,500,000**

OBJECTIVE 2: *Invest* in durable medical equipment and supplies by maintaining or upgrading existing equipment or acquiring new equipment. The purpose of this investment is to facilitate low-barrier access to reproductive health services through integrated care models for all communities. Equipment can include **diagnostic instruments** (e.g., speculums, ultrasound machines, fetal monitors), **surgical instruments** (e.g., forceps, scalpels), **monitoring and measuring instruments** (e.g., fetal dopplers) and **other medical supplies as approved** (e.g., sterilizing equipment, examination lamps, cervical biopsy set). **Up to \$1,500,000**

VIII. METRICS

Enhancing Women's Health Outcomes (EWHO) grantees will be required to:

- Submit monthly progress reports in a format provided by NJDOH.
 - Grantees will utilize the monthly progress report provided by NJDOH to inform the PMO of status updates monthly and throughout the grant period.
 - This monthly reporting template must be submitted to the PMO one (1) business day before the monthly meeting.
 - **It is the sole responsibility of the grantee to inform the PMO of any changes to program structure or operations, resource shifts, or technical needs that arise at any point during the grant period. Communication should occur as needed and is not limited to the mandated monthly meetings.**
- Participate in monthly meetings with the PMO and staff to review submitted reports.
- Submit monthly expenditure reports in a format provided by NJDOH.
 - Grantees will utilize the monthly expenditure report provided by NJDOH to inform the PMO of budget spend down status.
- Execute cross-jurisdictional agreements and/or sub-grantee contracts within one month of award notification
 - Letters of Agreement (LOA) must be completed within 30 days of the start of the grant with any partnering agency
 - The Letters of Agreement must:
 - Be on official letterhead and dated
 - Detail the structure of the professional collaboration including frequency of meetings
 - Describe ways in which the partner agency will collaborate with the grantee organization to meet the aims described in this RFA



- Delineate strategies to manage and negotiate conflict if shared goals are not achieved

Note: The content, metrics, targets, and/or reporting requirements may be adjusted based on unique program structure, services provided, and/or federal reporting requirements. Any updates will be communicated directly to the grantee by the **NJDOH PMO** for the respective activity.

IX. PROPOSAL REQUIREMENTS

Organizations may apply for Component A, Component B, Component C, **or any combination of components, provided they have the infrastructure and capacity to implement the activities required for each selected component.** Applicants must submit all elements required by the System for Administering Grants Electronically (SAGE) (e.g., Organization Profile, Project Contacts, Cost Summary, etc.), as well as the appropriate Appendix attachment(s) in PDF format. **Appendices must not exceed 15 pages each, as applicable.**

X. ADDITIONAL REQUIREMENTS

The grant award will be made on a competitive basis and is contingent upon meeting the requirements stipulated in this RFA and the NJDOH Terms and Conditions for Administration of Grants which are located at <http://nj.gov/health/grants/>.

XI. AWARDEE TECHNICAL ASSISTANCE

1. OWH will provide technical assistance to grantees through conference calls and/or in-person meetings. The conference calls will address specific implementation challenges and provide grantees an opportunity to showcase progress.
2. Site visits will be conducted by OWH staff, as appropriate.
3. When required, all grantees will participate in meetings or webinars and maintain open channels of communication with OWH.



XII. FUNDING AVAILABILITY

Cost-Sharing/Match Requirements: There are no cost-sharing or matching funds requirements for this program. Applicants are strongly encouraged to leverage other resources and align with related efforts to promote the long-term sustainability of funded activities.

The awarding of grants is contingent upon the RFA review process by NJDOH officials and compliance with:

1. The NJDOH Terms and Conditions for Administrative Grants.
2. Applicable Federal Cost Principles-Addendum to the Terms and Conditions for Administration Grants.

XIII. PROOF OF ELIGIBILITY

Applicants are required to submit financial documents in accordance with the NJDOH Cost Controlling Initiatives. Failure to provide the required documentation will result in disqualification. Please attach the requested documents in PDF format to your application in SAGE.

1. A valid Internal Revenue Services (IRS) 501(c) (3) tax-exempt document, if applicable.
2. A statement of Total Gross Revenue and/or Annual Report (if applicable). If the grant is less than \$100,000 and the agency does not receive any other funds from the state or federal government, an audit report is not required. The agency should submit the Statement of Total Gross Revenue to determine if an audit report is required.
3. A Tax Clearance Certificate is to be submitted: Application for Tax Clearance can be obtained at <http://www.state.nj.us/treasury/taxation/busasst.shtml> (If applicable).
4. NJ Charities Registration Letter (for non-profits), current within six (6) months of applying.

XIV. REVIEW PROCEDURES

Proposals will be screened for completeness and compliance with requirements. Incomplete proposals and proposals that deviate from the required format will not be reviewed and will be returned to the applicant. Applications deemed compliant with the requirements stipulated in this RFA will be sent to the NJDOH RFA review committee. The RFA review committee will be comprised of representatives from OWH and other NJDOH staff. OWH reserves the right to render final decisions on the awarding of Enhancing Women's Health Outcomes (EWHO) grants under this RFA.

Approval will be given to applicants that meet all the required components listed in section *IX. Proposal Requirements* and that have the current capacity and fit to initiate grant activities immediately, and effectively meet the goals laid out in *VII. Purpose and Program Components*. Priority will be granted to applicants that embed integrated care models into the delivery infrastructure, provide low barrier access and offer flexible connection-to-care options.



XV. SUBMISSION OF APPLICATIONS

The New Jersey Department of Health requires all grant applications to be submitted electronically through our System for Administering Grants Electronically (SAGE) at <https://dohsage.intelligrants.com/>. Grant applications and attachments must be submitted through SAGE by **May 8, 2026, at 11:59 pm**. Paper submissions of the application or any attached documentation will not be accepted either through regular mail, fax, or e-mail. No extensions will be granted, and SAGE will automatically reject all late applications.

If you are a first-time NJDOH applicant whose organization has never registered in NJ SAGE, you must contact the Grants Management Officer (Fiscal & SAGE Information) Mark Opdyke, Mark.Opdyke@doh.nj.gov (609) 913-5463, complete a New Agency form, and submit it to NJDOH. It is advised that first-time applicants complete these steps **as soon as possible**. After completion, NJDOH will review the documents to ensure applicants have satisfied all the requirements. When approved, the organization's status will be activated in NJ SAGE. The SAGE Grants Management Officer (GMO) will grant the organization permission (via email) to access the application with an activated status. Please note, this process takes time and application deadlines cannot be adjusted.

Instructions for a New Agency:

- Complete the form *Adding Agency Organizations into NJ SAGE*
- Identify your validated Authorized Official, or if none, have the Authorized Official register as a new user. The new user (Authorized Official) will be validated with the organization and assigned to the organization.
- Sign a **hard copy** of the form *Adding Agency Organizations into NJ SAGE* and submit it via an e-mail attachment to Mark Opdyke, Mark.Opdyke@doh.nj.gov.

Note: If you have previously applied for NJ SAGE access, please do not reapply. Your organization/agency information is maintained by NJ SAGE.

XVI. APPENDIX A

APPENDIX A - Project Design Form (Component A) **Enhancing Women's Health Outcomes (EWHO)** **Component A - Access to Reproductive Healthcare**

Section 1: Applicant Information

1. Organization Name:
2. Project Director:
 - a. Email:
 - b. Phone:
3. Fiscal Contact:
 - a. Email:
 - b. Phone:
4. Mission of Organization:
5. Geographic service area(s) in NJ (counties/region):
6. Description of services currently offered:
7. Target population(s) served:
8. Demonstrated experience in reproductive and/or perinatal health services (max 300 words):

Section 2: Project Overview

1. Project Title:
2. Project Start and End Dates:
3. Amount requested (for this Component only):
4. Statement of Need: Briefly describe the need or problem your project will address, and the population(s) affected. Include any relevant data or evidence demonstrating the importance of addressing this issue (max 300 words).
5. Provide a summary of the project (2-3 sentences):
6. List the project goals and expected outcomes for the grant period.

Section 3: Project Activities

1. Describe the specific activities the project will carry out to achieve the project goals and expected outcomes, including a timeline for when each activity will occur (max 300 words).
2. Please explain your organizational capacity to implement the proposed activities and ability to begin implementation within the proposed timeline (max 300 words).
3. List each collaborating organization. For existing partnerships, describe any current contracts or agreements and include Letters of Agreement (LOA), if available. For new partnerships, include LOAs, if available, and provide a timeline for establishing a formal agreement.
4. Describe risks or challenges and how they will be addressed in a timely manner (max 300 words).

Section 4: Cultural Competency

Applicants must demonstrate a commitment to culturally responsive, equitable, and patient-centered care. Please explain how cultural competency (e.g., language access services, implicit bias, community engagement, trauma-informed care) is integrated into project design (max 300 words).

XVII. APPENDIX B

APPENDIX B - Project Design Form (Component B) Enhancing Women's Health Outcomes (EWHO) Component B – Workforce Development

Section 1: Applicant Information

1. Organization Name:
2. Project Director:
 - a. Email:
 - b. Phone:
3. Fiscal Contact:
 - a. Email:
 - b. Phone:
4. Mission of Organization:
5. Geographic service area(s) in NJ (counties/region):
6. Description of services currently offered:
7. Target population(s) served:
8. Demonstrated experience in reproductive and/or perinatal health services (max 300 words):

Section 2: Project Overview

1. Project Title:
2. Project Start and End Dates:
3. Amount requested (for this Component only):
4. Statement of Need: Briefly describe the need or problem your project will address, and the population(s) affected. Include any relevant data or evidence demonstrating the importance of addressing this issue (max 300 words).
5. Provide a summary of the project (2-3 sentences):
6. List the project goals and expected outcomes for the grant period.

Section 3: Project Activities

1. Describe the specific activities the project will carry out to achieve the project goals and expected outcomes, including a timeline for when each activity will occur (max 300 words).
2. Please explain your organizational capacity to implement the proposed activities and ability to begin implementation within the proposed timeline (max 300 words).
3. List each collaborating organization. For existing partnerships, describe any current contracts or agreements and include Letters of Agreement (LOA), if available. For new partnerships, include LOAs, if available, and provide a timeline for establishing a formal agreement.
4. Describe risks or challenges and how they will be addressed in a timely manner (max 300 words).

Section 4: Cultural Competency

Applicants must demonstrate a commitment to culturally responsive, equitable, and patient-centered care. Please explain how cultural competency (e.g., language access services, implicit bias, community engagement, trauma-informed care) is integrated into project design (max 300 words).

XVIII. APPENDIX C

APPENDIX C - Project Design Form (Component C) **Enhancing Women's Health Outcomes (EWHO)** **Component C – Facility Infrastructure, Equipment, and Service Capacity**

Section 1: Applicant Information

1. Organization Name:
2. Project Director:
 - a. Email:
 - b. Phone:
3. Fiscal Contact:
 - a. Email:
 - b. Phone:
4. Mission of Organization:
5. Geographic service area(s) in NJ (counties/region):
6. Description of services currently offered:
7. Target population(s) served:
8. Demonstrated experience in reproductive and/or perinatal health services (max 300 words):

Section 2: Project Overview

1. Project Title:
2. Project Start and End Dates:
3. Amount requested (for this Component only):
4. Statement of Need: Briefly describe the need or problem your project will address, and the population(s) affected. Include any relevant data or evidence demonstrating the importance of addressing this issue (max 300 words).
5. Provide a summary of the project (2-3 sentences):
6. List the project goals and expected outcomes for the grant period.

Section 3: Project Activities

1. Describe the specific activities the project will carry out to achieve the project goals and expected outcomes, including a timeline for when each activity will occur (max 300 words).
2. Please explain your organizational capacity to implement the proposed activities and ability to begin implementation within the proposed timeline (max 300 words).
3. List each collaborating organization. For existing partnerships, describe any current contracts or agreements and include Letters of Agreement (LOA), if available. For new partnerships, include LOAs, if available, and provide a timeline for establishing a formal agreement.
4. Describe risks or challenges and how they will be addressed in a timely manner (max 300 words).

Section 4: Cultural Competency

Applicants must demonstrate a commitment to culturally responsive, equitable, and patient-centered care. Please explain how cultural competency (e.g., language access services, implicit bias, community engagement, trauma-informed care) is integrated into project design (max 300 words).

XIX. APPENDIX D

Assessment of Need Total Point Value = 5
Description of need(s) that illustrate the reason for the project.
Project Design, Objective(s) of Project Total Point Value = 35
- The project's target population and service area are clearly defined, including demographics, geographic location, needs, or other specific characteristics. - The organization's purpose aligns with the grant's goals. - The organization demonstrates the qualifications and capacities needed to implement the project. - The project timeline is described, with realistic planning and expectations. The timeline includes important milestones, deadlines, or benchmarks for the project to be executed successfully and the responsible party for each. - The project activities and sub-activities to be completed and their respective outcomes are described for each objective. The project activity list contains a detailed description of each activity, including the sequence of their completion, their timeline, the start and end dates, and any required resources. - The project design describes proposed collaborations with potential partners or stakeholders and how the proposed collaboration will benefit the overall project is described. - Project risks and challenges that could negatively impact the project progress are identified. Mitigation plans and strategies for potential problems are described. - All requirements and criteria for the grant program are addressed, and grant application sections are completed.
Methods and Evaluation Total Point Value = 30
- The project methods, strategies, and approaches to achieve project objectives are described and includes a timeline. - The reasoning for chosen project methods, strategies, and approaches is described and supported by research, expert opinion, or experience. - The project methods detail who will perform particular activities. - The project methods are reasonable and feasible/achievable given the applicant/organization's resources and the project's short time frame and budget. - The project describes the intended outcomes/results of the project and details the plans to evaluate the project during its implementation and after the completion of the project. - The project evaluation plan/strategy includes modification plans to adapt to project risks or challenges.

Project Budget

Total Point Value = 10

- The project costs and budget are well defined, align with the proposed project goals and objectives, and are reasonable, precise, and itemized. Project costs should take into consideration current organization capacity, patient needs, and programmatic needs.
- The Schedule A - Personnel Justification, Part 1 and 2, and respective supporting document sections are completed in NJ SAGE.
- For each position - the position title, name (if available), annual salary/wages, percentage of time devoted to the project, fringe benefit rate, number of weeks and weekly hours on the project, the roles/responsibilities, and minimum qualifications are completed.
- The Schedule B - Other Direct Costs, and respective supporting document sections are completed in NJ SAGE.

Grant Program Key Principals

Total Point Value = 5

- The project includes a clear plan to establish activities as they are laid out in the RFA

EWHO Request for Applications (RFA) Technical Assistance Webinar

Enhancing Women's Health Outcomes (EWHO) through
Care Integration, Low-Barrier Access, and Healthcare Workforce Development

New Jersey Department of Health | Family Health Services | Office of Women's Health

April 2026

Housekeeping

- Attendees will stay on mute to minimize interruptions
- Ask questions in the Q&A feature
- Please ensure you have a display name, so we can call on you if you have a question.
- Share your email in the chat to receive the slides and technical assistance FAQ document
- Access the full Request for Applications (RFA) by scanning the QR code



Agenda

1. Introduction: Office of Women's Health
2. EWHO Eligibility
3. EWHO RFA Overview
 - a. Grant Components
 - b. Submission Requirements
 - c. Important Dates
4. SAGE Overview
5. Questions & Answers

Introduction: Office of Women's Health

The Office of Women's Health was established by the State Legislature to address the unique health challenges faced by women across the lifespan. The Office is responsible for developing programs, informing policy, and identifying funding opportunities to support women and individuals who identify as women in New Jersey.

- **Our Mission:** To protect and strengthen women's health in New Jersey by fostering healthy families and communities for all. We strive to improve health care quality by promoting evidence-based service delivery that prioritizes equity, accessibility, innovation, and integration.
- **Our Vision:** A New Jersey where every woman lives a long, healthy, empowered life, characterized by true autonomy and safety, enabling her to reach her fullest potential.

Office of Women's Health Team



EWHO Eligibility



- Municipal and county governments
- Non-profit institutions including:
 - Educational institutions
 - Public and private non-profit organizations
 - Community-based organizations
- Healthcare organizations including:
 - Hospitals
 - Clinics
 - Health centers



- Grant funds cannot replace services covered by Medicaid, Medicare, or private insurance. Bill insurance when available. Grant funds may be used temporarily while billing is set up or restored. This funding is to be used as a payer of last resort.

Programs or personnel supported by this grant may serve all individuals, regardless of their insurance status. Applicants are not required to serve exclusively uninsured or underinsured populations.

EWHO RFA Overview

- The Enhancing Women's Health Outcomes (EWHO) grant intends to fund eligible organizations to implement initiatives that improve access to reproductive health services and infrastructure, with an emphasis on evidence-based approaches and equitable service delivery.
- EWHO will do this through three components:
 1. Access to Reproductive Healthcare
 2. Workforce Development
 3. Facility Infrastructure, Equipment, and Service Capacity

Grant Components

Component A: Access to Reproductive Healthcare

- OBJECTIVE 1: Create and maintain a fund to cover care for low-income, underinsured and/or uninsured patients.
- OBJECTIVE 2: Build, expand, and maintain medications and supplies related to sexual and reproductive health, to ensure consistent and reliable access to care.
- OBJECTIVE 3: Maintain contingency funding to cover unexpected operational costs due to reduction or elimination of federal funding.
- OBJECTIVE 4: Develop and implement initiative(s) that increase knowledge of reproductive health care services.

Grant Components

Component B: Workforce Development

- OBJECTIVE 1: Expand the interdisciplinary perinatal/maternal healthcare team by hiring up to three (3) additional staff.
- OBJECTIVE 2: Organize and facilitate reproductive health care workshops for up to 100 clinical professionals working in reproductive healthcare over the grant period.
- OBJECTIVE 3: Training of interdisciplinary teams to serve vulnerable populations.

Grant Components

Component C: Facility Infrastructure, Equipment, and Service Capacity

- OBJECTIVE 1: Improve healthcare facilities through capital investments in infrastructure and technology.
- OBJECTIVE 2: Invest in durable medical equipment and supplies by maintaining or upgrading existing equipment or acquiring new equipment.

Submission Requirements

- Submit an electronic application in the System for Administering Grants Electronically (SAGE)
- Upload appropriate Appendix in PDF format for each Component you are applying for:
 - Component A – Appendix A: Pg. 13
 - Component B – Appendix B: Pg. 14
 - Component C – Appendix C: Pg. 15

Important Dates

Refer to **Section III (Pg. 5)** of the RFA

- Application closes in SAGE on May 8, 2026 (11:59 pm)
- Notice of Grant Awards are expected to be released on May 22, 2026
- Grant Project Begins on June 1, 2026



SAGE Overview



SAGE | **System for Administering
Grants Electronically**

Questions & Answers



Thank you for joining us!

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Enhancing Women's Health Outcomes (EWHO) 2026

Through Care Integration, Low-Barrier Access, and Healthcare Workforce Development

Issued by the New Jersey Department of Health, Division of Family Health Services, Office of Women's Health

Technical Assistance Questions & Answers

The responses provided in this Q&A are for informational purposes only and do not alter or replace the official guidance in the Request for Applications (RFA) for [Enhancing Women's Health Outcomes through Care Integration, Low-Barrier Access, and Healthcare Workforce Development \(EWHO\)](#). Applicants are responsible for reviewing and following the official RFA documents.

TABLES OF CONTENTS	PAGE(S)
ELIGIBILITY	1-2
GENERAL	2-3
ACTIVITIES	3-5
<i>Component A: Access to Reproductive Healthcare</i>	3-4
<i>Component B: Workforce Development</i>	4
<i>Component C: Facility Infrastructure, Equipment, and Service Capacity</i>	4-5
ALLOWABLE COSTS	5-6
AWARD DETAILS	6
POST-AWARD	6-7
SAGE	7

ELIGIBILITY

Q: Are organizations based outside of NJ eligible to apply for this RFA?

A. No

Q: Can organizations apply if they are not a non-profit?

A. No

Q. Do applicants have to be 501(c)(3) in order to receive funding?

A. Not necessarily. Eligible applicants include nonprofit organizations (including 501(c)(3)s), local government entities, and nonprofit health systems or providers.

Q. What are the requirements for those who are not 501(c)(3) but want to offer free programs, services, or events to clients?

A. For applicants that are not 501(c)(3) organizations, they must qualify as an eligible entity under the RFA, demonstrate sufficient financial and administrative capacity, and comply with all reporting and fiscal requirements.

GENERAL

Q. Will the technical assistance session be recorded and available after this call?

A. The slides and an FAQ document will be attached to the RFA on the NJDOH “[Directory of Grant Programs](#)” webpage, and attendees who provided their contact information will receive these materials via email.

Q. Are clinics that have not yet opened, but anticipate opening in the fall, eligible to apply for this funding opportunity?

A. Yes, please apply and be sure to include project completion timelines.

Q. If an organization operates multiple sites under one entity, should they submit a single application or a separate application for each site?

A. Yes, complete only one application per site.

Q. The RFA includes Component-specific Appendices (A-C) as well as required narrative sections entered directly into SAGE (Assessment of Need, Objectives, Methods, and Evaluation). For scoring purposes, will reviewers evaluate the entire application package holistically including both the SAGE narrative sections and the uploaded Appendix-or is the expectation that all scored content be fully addressed within the Appendix alone, with SAGE serving more as a submission mechanism?

A. Applications will be evaluated in their entirety, including SAGE content, attachments and appendices relevant to the component for which the applicant is applying. Please upload a PDF to the “Attachments” form in the application for any information that does not fit into appendices.

Q. Can organizations can apply to any component they are eligible for and any objective within a component- versus delivering all objectives within a component?

A. Yes, applicants may apply to any objective within a component and are not required to address all objectives within an individual component. Applicants may apply to multiple components.

Q. Is December 31st a hard stop to utilize all expenses?

A. Yes, these funds are to be expended (or at least invoiced) by December 31, 2026.

Q. Will funding support new services or only existing ones?

A. Funding will support both new services and the expansion of existing services. Funding cannot apply to previous expenditures, prior to award date.

Q. Can organizations submit applications to multiple components?

A. You can apply to any combination of components or objectives within a component, all in one application (using the appropriate activity code for each form). Include a separate budget and Appendix for each component applied for. Please itemize budgets to clearly show how much funding is being applied to each component and objective within each component.

Q. Is there a maximum number of awards for each component?

A. No

ACTIVITIES

Q. Within any one component, can an applicant apply to focus on just one objective, or must all objectives be met by every applicant to that component?

A. Applicants may apply to one or multiple objectives within a component and are not required to address all objectives. They may choose to focus on a single objective or propose activities across several objectives, depending on their capacity and program design. Applicants should clearly identify the component(s) and objective(s) for which they are applying in their materials and provide a separate budget for each component, broken down by objective activity.

COMPONENT A: ACCESS TO REPRODUCTIVE HEALTHCARE

Q. Can you provide specific examples of allowable or preferred activities, such as events, under Component A, Objective 4 (e.g., what qualifies beyond general education like flyers or social media)?

A. Events are not included under Component A. Example activities may include multilingual print resource guides (with locations, services, hours, and appointment instructions), flyers or posters with QR codes linking to scheduling platforms or service directories, social media campaigns promoting specific services and local providers, short-form educational videos with links to care, email or text campaigns sharing resources and reminders, a dedicated webpage with service navigation tools, and digital toolkits for partners to distribution.

Q. Component A, Objective 3 - can you clarify how the funds can be use indirectly?

- A. This category is open to innovative proposals that improve access to health care for women in New Jersey. Examples may include, but are not limited to, transportation assistance, patient medications, harm reduction supplies, and safer sex products, as well as other approaches that support patients in overcoming barriers to care.

Q. Under Component A, Objective 2, can funds be used for long-acting reversible contraception (LARCs), such as IUDs and Nexplanon?

A. Yes

COMPONENT B: WORKFORCE DEVELOPMENT

Q. In Component B, Objective 1, can the staff hired also serve patients in an outpatient OB/GYN office in addition to ambulatory clinics, birthing hospitals, and FQHC's?

A. Yes

Q. Would it be acceptable to request funding to train behavioral health clinicians on reproductive health-related topics? Or is the intent of Component B training to focus primarily on clinical professionals who provide direct physical reproductive health care?

A. We will prioritize funding applicants that demonstrate their ability to improve and directly women's health outcomes. Applications should be rooted in evidence-based, clinical practice and should be aligned with recommendations from American College of Obstetricians & Gynecologists (ACOG), American Medical Association (AMA), American College of Nurse-Midwives (ACNM), American College of Physicians (ACP), American Academy of Family Physicians (AAFP), or American Psychiatric Association.

Applicants are encouraged to show a direct correlation between clinical/community needs, intended service provision and outcome-based evaluation metrics.

COMPONENT C: FACILITY INFRASTRUCTURE, EQUIPMENT & SERVICE CAPACITY

Q. Under Component C, are grant funds permitted to be used for construction or renovation activities?

A. Yes, grant funds under Component C may be used for construction or renovation (e.g., facility upgrades). In addition, all relevant pricing documentation must be submitted as part of the budget. We will prioritize funding for need-based facility upgrades in clinical areas, that could directly impact patient care. Please refrain from requesting cosmetic or aesthetic facility renovation requests.

Q. If an organization operates multiple sites and submits a single application under Component C, will funding be awarded in full or not at all, or is there a possibility of partial funding for select sites?

A. No, awards will not be “all or nothing.” Funding decisions will be based on demonstrated need, cost, and anticipated impact. In cases where an application scores well but available funding within a component is limited, budget modifications may be considered. Please clearly define budgets line items, in order to support the OWH in considering partial funding opportunities.

Q. How should applicants approach investments in equipment or infrastructure under Component C when the expected health outcomes may extend beyond the 6-month grant period? Specifically, are such purchases allowable if measurable outcomes cannot be fully realized within the grant timeline?

A. Yes, these investments are allowable. Applicants must use evidence-based interventions and demonstrate both short-term progress and a clear plan for sustainability beyond the grant period. If awarded, grantees will be expected to maintain ongoing communication with the OWH team to assist in the evaluation of the effectiveness of each initiative. Regular project updates will enable the Department to monitor progress and support efforts of the OWH team to secure future funding, if available. Communication strategies should be clearly outlined in the application.

Q. Do Capital improvements in component C need to be completed by the end of the year?

A. No. However, applicants must provide appropriate documentation demonstration that the project is underway (e.g. contracts, invoices), and funds must be drawn down within the required timeframe.

Q. For Component C, what supporting documentation is required for capital investments, equipment, and supply costs?

A. Itemized paid invoices, executed contracts with contractors, procurement records, and similar supporting documentation.

Q. Under Component C, are alterations or renovations to existing health facilities considered allowable expenses?

A. Yes, alterations and/or renovations are allowable expenses under this component.

ALLOWABLE COSTS

Q. Are food vouchers for a mobile market/grocer an allowable cost?

A. No

Q. Can funding allocated for an electronic health record (EHR) system be applied to reimburse previously incurred expenses, or is it limited to new costs only?

A. Funding may not be used to reimburse expenses incurred prior to the grant award. It is limited to new costs incurred during the grant period.

Q. Under infrastructure or access improvement categories, are expenses for items such as self-check-in kiosks, scheduling tools, digital signage, HVAC upgrades, centralized registration, and cybersecurity testing considered eligible?

A. Such investments may be eligible if they clearly enhance access or service delivery. Applicants must demonstrate the need for investment and its anticipated impact in relation to all proposed project activities

Q. Can applicants include ongoing/operational costs (e.g., EMR tools, language services, digital platforms)?

A. Yes. Ongoing and operational costs are generally allowable, provided they are directly tied to project implementation and support program goals within the scope and duration of the grant period.

Q. I am preparing the budget for the EWHO 2026, and I wanted to confirm that we can add a 10% De Minimis indirect rate into our budget for each component/objective?

A. Yes, you may elect to use the de minimis indirect rate within the cost summary page.

AWARD DETAILS

Q. Component A says 1.5 million - up to three grantees - does this mean there will be only 3 grantees in this category?

A. It depends on the number of applications received and the number of applicants selected for funding, as well as the individual funding amounts requested. Please include service areas as part of your application. OWH will attempt to fund multiple initiatives to ensure statewide coverage.

POST-AWARD

Q. Once those who are awarded are determined, can a request be made for advance payment?

A. Yes, advance payments may be requested, once grant awards are received and each request will be reviewed in accordance with established guidelines. First time grantees with the Department of Health are generally not eligible for advance payment terms.

Q. When are initial disbursements scheduled to be released?

A. If a grantee is approved for advance payment, the first month's payment is issued approximately one week after an application is fully approved. For cost reimbursement, once an expenditure report is approved, a payment voucher is generated, and payment is typically issued within 1-2 weeks. Expenditure reports are due quarterly, but grantees may submit additional reports at any time if reimbursement is needed.

Q. Would the hard stop date on expenses apply to staffing i.e. ability to hire additional staff therefore does that mean the staff will only be hired for the 6 months of the grant only?

A. This is a one-time funding opportunity, and all funds must be fully expended by December 31, 2026.

SAGE

Q. Is the expectation that reviewers will only see what we submit in each field of SAGE or will they see a PDF of the full application that gets uploaded to SAGE. SAGE isn't friendly to charts or other formatting that makes it easier to read.

A. Reviewers will have access to the full application, including all required SAGE fields and PDF attachments. Applicants should ensure that the information entered in SAGE fully reflects the scope of the proposed project. In the appendix attachment(s), applicants should provide a detailed description of each component and objective for which they are applying.