



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

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**NAME OF GRANT PROGRAM:**

Special Child Health Services, Hemophilia Services

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**NOFA REFERENCE NO.:**

DFHS26HEM

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

To provide partial support to currently funded regional hemophilia treatment centers for patients residing in New Jersey and partial support or the purchase of health insurance policies, co-payments and deductibles for individuals with hemophilia.

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**ESTIMATED AMOUNT OF MONEY**

**IN THE GRANT PROGRAM:** \$ 787,460.00

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**AWARD PERIOD:**

**From** 7/1/25 **Through** 6/30/26

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**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.
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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:**

Applicants must be capable of meeting minimum criteria guidelines which are available on request from the address listed below. Preference will be given to existing grantees with satisfactory performance.

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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.

Michelle Seminara ([michelle.seminara@doh.nj.gov](mailto:michelle.seminara@doh.nj.gov)) and Suzanne Canuso ([suzanne.canuso@doh.nj.gov](mailto:suzanne.canuso@doh.nj.gov))

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**FOR INFORMATION CONTACT:**

**NAME:** Michelle Seminara

**TELEPHONE:** (609) 913-5495

**PROGRAM:** Hemophilia Services, Special Child Health

**E-MAIL:** [michelle.seminara@doh.nj.gov](mailto:michelle.seminara@doh.nj.gov)

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

PO Box 364

Trenton, NJ 08624-0364

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**DATE ON WHICH APPLICATION WILL BE AVAILABLE:** 06/19/25

**SAGE PROGRAM NAME:** Hemophilia Services 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

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