



NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM: Special Child Health Services/Early Identification and Monitoring (EIM)	NOFA REFERENCE NO.: DFHS27EIM
--	---

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

To provide support to agencies that assist in the program's goal of ensuring children with birth defects, autism and hearing loss are identified within established time frames and receive referrals for appropriate and available services.

ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM: \$ 1,500,000.00	AWARD PERIOD: From 7/1/26 Through 6/30/27
--	---

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:

- | | |
|--|---|
| <input type="checkbox"/> Municipal Government
<input checked="" type="checkbox"/> County Government
<input type="checkbox"/> State Government
<input type="checkbox"/> Indian Tribal Gov't (Federally Recognized) | <input type="checkbox"/> Institution of Higher Education
<input type="checkbox"/> Hospital
<input checked="" type="checkbox"/> Non-profit Organization (501(c)3)
<input type="checkbox"/> Other: |
|--|---|

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Non-competitive renewal funding will be offered to existing grantee with satisfactory performance. If a need is identified which cannot be met by existing project, EIM will release a competitive Request for Applications (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.

FOR INFORMATION CONTACT:

NAME: Elena Napravnik	TELEPHONE: 609-913-5391
PROGRAM: Early Identification and Monitoring	E-MAIL: elena.nappravnik@doh.nj.gov
MAILING ADDRESS: New Jersey Department of Health PO Box 364 Trenton, NJ 08625-0364	

DATE ON WHICH APPLICATION WILL BE AVAILABLE: 06/08/26

SAGE PROGRAM NAME: Early Identification & Monitoring 2027

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED: 06/30/26

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS: 07/01/26