



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

<b>NAME OF GRANT PROGRAM:</b> Special Child Health Child Evaluation Centers	<b>NOFA REFERENCE NO.:</b> DFHS27EVL
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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:**

Child Evaluation Centers are funded to provide a variety of evaluative services to assess the needs of children with congenital or acquired neuro-developmental disorders including communication, learning and behavioral disorders.

<b>ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM:</b> \$ 2,185,349.00	<b>AWARD PERIOD:</b> From 7/1/26 Through 6/30/27
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**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](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:**

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| <input type="checkbox"/> Municipal Government<br><input type="checkbox"/> County Government<br><input type="checkbox"/> State Government<br><input type="checkbox"/> Indian Tribal Gov't (Federally Recognized) | <input type="checkbox"/> Institution of Higher Education<br><input checked="" type="checkbox"/> Hospital<br><input checked="" type="checkbox"/> Non-profit Organization (501(c)3)<br><input type="checkbox"/> Other: |
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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Public and private non-profit hospitals and/or health care agencies with experience in providing comprehensive, coordinated, multi-disciplinary team evaluations by pediatric specialists and sub-specialists to children with special health care needs in New Jersey. Criteria is available upon request from the address listed below. Preference will be given to existing regional agencies who have 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.

Hanna Seo (PMO)-- [Hanna.Seo@doh.nj.gov](mailto:Hanna.Seo@doh.nj.gov)  
 Rachel Ledden-Albadine (PMO)- [rachel.leddenalbadine@doh.nj.gov](mailto:rachel.leddenalbadine@doh.nj.gov)  
 Kourtney Pulliam (Program Manager)-- [Kourtney.Pulliam@doh.nj.gov](mailto:Kourtney.Pulliam@doh.nj.gov)

**FOR INFORMATION CONTACT:**

**NAME:** Hanna Seo **TELEPHONE:** (609) 913-5392  
**PROGRAM:** Family Centered Care Services **E-MAIL:** [hanna.seo@doh.nj.gov](mailto:hanna.seo@doh.nj.gov)  
**MAILING ADDRESS:** New Jersey Department of Health  
 PO Box 364  
 Trenton, NJ 08625-0364

**DATE ON WHICH APPLICATION WILL BE AVAILABLE:** 05/01/26

**SAGE PROGRAM NAME:** Special Child Health Child Evaluation Centers 2027

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:** 05/29/26

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:** 06/22/26