



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

<b>NAME OF GRANT PROGRAM:</b> Special Child Health Child Evaluation Mini	<b>NOFA REFERENCE NO.:</b> DFHS27EVM
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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:**

Provide partial support to develop and produce public awareness materials regarding the lifesaving benefits of transplantation for the purpose of increasing potential organ donors. The grantees have been appointed by the New Jersey Organ and Tissue Donor Awareness Fund per P.L. 2001, CHAPTER 164, approved July 17, 2001, Assembly No. 3235

<b>ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM:</b> \$ 91,258.00	<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 type="checkbox"/> Hospital<br><input type="checkbox"/> Non-profit Organization (501(c)3)<br><input checked="" type="checkbox"/> Other: <b>Appointed Grantees</b> |
|---|---|

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

The grantees have been appointed by the New Jersey Organ and Tissue Donor Awareness Fund per P.L. 2001, CHAPTER 164, approved July 17, 2001, Assembly No. 3235

**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

<b>DATE ON WHICH APPLICATION WILL BE AVAILABLE:</b> 05/01/26
<b>SAGE PROGRAM NAME:</b> Special Child Health Child Evaluation Mini 2027
<b>DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:</b> 05/29/26
<b>DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:</b> 06/22/26