



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

<b>NAME OF GRANT PROGRAM:</b> NJ Statewide Family Centered Care Network (Ryan White Part D)	<b>NOFA REFERENCE NO.:</b> DFHS27PDA
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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:**

To provide comprehensive, culturally competent, coordinated medical care for infants, children, youth, women, and families who are infected or affected with HIV/AIDS. Referrals to appropriate ancillary medical & social services.

<b>ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM:</b> \$ 2,969,085.00	<b>AWARD PERIOD:</b> From 8/1/26 Through 7/31/27
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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.

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

- |   |   |
|---|---|
| <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 checked="" 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, health care agencies with experience in providing the medical care for HIV infected infants, children, women and families in New Jersey. Priority will be given to existing regional/affiliate Network agencies.

**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.

1. The applicant requests a copy of the RFA from the contact listed below.
2. The applicant submits a Letter of Intent, Inquiry, or concept paper, as required in the RFA.
3. The Program will make a grant application available to all "Eligible" agencies in the System for Administering Grants Electronically (SAGE), <https://dohsage.intelligrants.com/>.
4. The applicant will submit a grant application in accordance with the RFA.

**FOR INFORMATION CONTACT:**

<b>NAME:</b> Kourtney Pulliam	<b>TELEPHONE:</b> (609) 777-7778
<b>PROGRAM:</b> Family Centered Care Services	<b>E-MAIL:</b> kourtney.pulliam@doh.nj.gov
<b>MAILING ADDRESS:</b> New Jersey Department of Health PO Box 364 Trenton, NJ 08625	

**DATE ON WHICH APPLICATION WILL BE AVAILABLE:** 06/01/26

**SAGE PROGRAM NAME:** Pediatric AIDS 2027

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:** 06/29/26

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:** 07/27/26