ACROBAT READER REQUIRED FOR DIGITAL USE OF THIS FORM

NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM:	NOFA REFERENCE NO.:
Youth Mental Health	DFHS27YMH

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

To enhance the knowledge and ability of pediatricians, primary care providers, school nurses and other youth serving professionals to address mental health issues with youth in their practice settings. NJAAP MCH provides education, skills, tools and support to medical and school-based professionals.

ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM: $ 260,000.00	AWARD PERIOD: From 10/1/26 Through 9/30/27

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:

- ☐ Municipal Government
- ☐ County Government
- ☐ State Government
- ☐ Indian Tribal Gov't (Federally Recognized)
- ☐ Institution of Higher Education
- ☐ Hospital
- ■ Non-profit Organization (501(c)3)
- ☐ Other:

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

An eligible entity is required to have an existing capacity to conduct statewide recruitment of pediatric providers through a professional organization, experience with development and facilitation of Maintenance of Certification Part 4 quality improvement programs and expertise in the development and analysis of program evaluation matrix. The entity must have the experience and expertise capabilities to meet the required program and fiscal requirements necessary to accomplish the purpose, objectives and activities of the program.

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.

A grant application will be made available to all "eligible" agencies in the System for Administering Grants Electronically (SAGE), https://dohsage.intelligrants.com/. The applicant will initiate and submit a grant application via "My Opportunities" on the SAGE home page by selecting the "Youth Mental Health 2027" grant program.

FOR INFORMATION CONTACT:

NAME: Amy Smuro **TELEPHONE:** (609) 913-5350

PROGRAM: Youth Mental Health **E-MAIL:** amy.smuro@doh.nj.gov

MAILING ADDRESS: New Jersey Department of Health
PO Box 364
Trenton, NJ08625-0364

DATE ON WHICH APPLICATION WILL BE AVAILABLE: 11/02/26

SAGE PROGRAM NAME: Youth Mental Health 2027

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED: 11/30/26

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS: 12/01/26