



NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM: DHSTS Opioid 2026	NOFA REFERENCE NO.: DHST26OPI
--	---

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

To fund Core Harm Reduction Services and Harm Reduction Health Services to clients with behaviors that make them vulnerable to HIV/STD transmission as a result of injection drug use and support harm reduction and overdose prevention services at syringe access locations, harm reduction centers and county health departments.

ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM: \$ 17,321,886.00	AWARD PERIOD: From 7/1/25 Through 6/30/26
---	---

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

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

This opportunity is limited to entities who were funded under FY'25OPI & FY'25OPE grants from DHSTS.

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 Management Officer (PMO) will make a grant application available to all "Eligible" agencies in the System for Administering Grants Electronically (SAGE), dohsage.intelligrants.com.
4. The applicant will submit a grant application in accordance with the RFA.

FOR INFORMATION CONTACT:

NAME: Chelsea Betlow

TELEPHONE: (609) 913-5905

PROGRAM: Director, HIV Services

E-MAIL: chelsea.betlow@doh.nj.gov

MAILING ADDRESS: New Jersey Department of Health

PO BOX 363

Trenton, NJ 08625

DATE ON WHICH APPLICATION WILL BE AVAILABLE: 05/12/25

SAGE PROGRAM NAME: DHSTS Opioid 2026

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED: 05/30/25

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS: 07/01/25