



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

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**NAME OF GRANT PROGRAM:**

TB Prevention Control and Ambulatory Care

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**NOFA REFERENCE NO.:**

DHST26TAC

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:**

To provide clinical care, treatment, nurse case management and/or outreach services to TB case and suspects, their associated contacts and Class B1/B2 immigrants and refugees for a defined group of local health jurisdictions.

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**ESTIMATED AMOUNT OF MONEY**

**IN THE GRANT PROGRAM:** \$1,293,700.00

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**AWARD PERIOD:**

**From** 1/1/26 **Through** 12/31/26

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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.

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

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

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

The service area of each regional TB specialty clinic seeking funding, during the three previous calendar years, either be a (1) county with an average of 30 verified TB cases, (2) serve a multi-county area with an average of 30 or more verified TB cases or (3) be a previous grantee.

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**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.

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**FOR INFORMATION CONTACT:**

**NAME:** Jennifer Matta

**TELEPHONE:** (609) 462-7916

**PROGRAM:** TB

**E-MAIL:** jennifer.matta@doh.nj.gov

**MAILING ADDRESS:** New Jersey Department of Health

55 North Willow St

Trenton, NJ 08625

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**DATE ON WHICH APPLICATION WILL BE AVAILABLE:** 10/16/25

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**SAGE PROGRAM NAME:** Tuberculosis Ambulatory Care, 2026

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:** 11/06/25

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

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