



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM:	NOFA REFERENCE NO.:
TB Prevention Control and Ambulatory Care	DHST26TAC

### 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.

ESTIMATED AMOUNT OF MONEY	AWARD PERIOD:
IN THE GRANT PROGRAM: \$1,293,700.00	From 1/1/26 Through 12/31/26

### 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:

<input type="checkbox"/> Municipal Government	<input type="checkbox"/> Institution of Higher Education
<input type="checkbox"/> County Government	<input type="checkbox"/> Hospital
<input type="checkbox"/> State Government	<input 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:

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.

### 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.

### FOR INFORMATION CONTACT:

NAME: Jennifer Matta

TELEPHONE: (609) 462-7916

PROGRAM: TB

E-MAIL: [jennifer.matta@doh.nj.gov](mailto:jennifer.matta@doh.nj.gov)

MAILING ADDRESS: New Jersey Department of Health

55 North Willow St

Trenton, NJ 08625

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

SAGE PROGRAM NAME: Tuberculosis Ambulatory Care, 2026

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

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