



NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM:	NOFA REFERENCE NO.:
TB Prevention and Control Case Management Assistance	DHST26TBC

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

To provide assistance with basic needs (housing, food, utilities, clothing, etc.) for TB cases and suspects statewide. To remove significant barriers to care and improve performance against stated objectives related to completion of treatment in difficult to manage patient populations.

ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM: \$115,684.00	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
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 willingness and ability to establish and maintain a network of housing providers and provide other assistance as needed to a diverse and medically under-served patient population throughout New Jersey. Maintain effective accounting and control of a complex incentive 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.

FOR INFORMATION CONTACT:

NAME: Jennifer Matta

TELEPHONE: (609) 462-7916

PROGRAM: Tuberculosis

E-MAIL: 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 Control Case Management, 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