ACROBAT READER REQUIRED FOR DIGITAL USE OF THIS FORM

NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM:	NOFA REFERENCE NO.:
Amyotrophic Lateral Sclerosis (ALS) 2027	DOHP27ALS

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

The purpose of the Amyotrophic Lateral Sclerosis (ALS) program is to provide direct clinical and supportive services to New Jersey residents living with ALS and their families. Along with clinical services ramp installations, stair glide rental coverage and in-home visits are provided.

ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM: $ 300,000.00	AWARD PERIOD: From 7/1/26 Through 6/30/27

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:

Applicant must demonstrate the ability to administer state funds and have experience in serving persons with ALS and their families. The Award is based upon satisfactory performance and the availability of state funds. Applicants must submit a valid NJ Tax Clearance ertificate and Charities Registration Letter of Compliance with their application.

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 Program Management Officer will make a grant application available to all " Eligible" agencies in the System for Administering Grant Electronically (SAGE), https://dohsage.intelligrants.com
2. The applicant will submit a grant application in accordance with the RFA.

FOR INFORMATION CONTACT:

NAME: Siobhan Pappas, PhD, Program Manager
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PROGRAM: Office of Tobacco Control and Prevention
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MAILING ADDRESS: New Jersey Department of Health
55 North Willow St, 5th Floor, PO Box 355
Trenton, NJ 08625

DATE ON WHICH APPLICATION WILL BE AVAILABLE: 09/04/26

SAGE PROGRAM NAME: Amyotrophic Lateral Sclerosis (ALS) 2027

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED: 09/18/26

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS: 09/25/26