ACROBAT READER REQUIRED FOR DIGITAL USE OF THIS FORM

NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM:	NOFA REFERENCE NO.:
New Jersey Emergency Medical Shock Trauma Air Rescue (JEMSTAR)	DPRE27HEL

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

To manage, maintain, and operate: The New Jersey Helicopter Response Program (JEMSTAR) as a clinical service and the Communications Center for the residents of and visitors to New Jersey both in accordance with N.J.S.A. 26:2C-35 et seq. Emergency Medical Services Helicopter Response Program

ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM: $ 6,000,000.00	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:

Applicants must be an existing Helicopter Awardee and in good standing with the financial requirements of the previous year. The grantee must be a New Jersey Mobile Intensive Care Program affiliated with a regional Trauma Center.

Applicants must be an existing Communication Center awardee and in good standings with the financial requirements of the previous year. The grantee must be a New Jersey Mobile Intensive Care Dispatch Center.

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

FOR INFORMATION CONTACT:

NAME: Logan Rafferty, RN
TELEPHONE: 6093768744
PROGRAM: Office of Emergency Medical Services
E-MAIL: Logan.Rafferty@doh.nj.gov
MAILING ADDRESS: New Jersey Department of Health
55 North Willow Street, PO Box 360
Trenton, NJ 08625-0360

DATE ON WHICH APPLICATION WILL BE AVAILABLE: 07/27/26

SAGE PROGRAM NAME: DPREMS (EMS Helicopter Response Program) 2027

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED: 08/07/26

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS: 08/07/26