



NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM:

Healthcare Preparedness Program

NOFA REFERENCE NO.:

DPRE27HPP

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

Request for Application (RFA) will be written to specifically address federal guidance/requirements for the Healthcare Preparedness Program (HPP) Healthcare Coalition (HCC) sustainment and further development.

ESTIMATED AMOUNT OF MONEY

IN THE GRANT PROGRAM: \$ 800,000.00

AWARD PERIOD:

From **1/1/27** 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.
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GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

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|---|---|
| ☐ Municipal Government | ☒ Institution of Higher Education |
| ☐ County Government | ☒ Hospital |
| ☐ State Government | ☒ Non-profit Organization (501(c)3) |
| ☐ Indian Tribal Gov't (Federally Recognized) | ☒ Other: See RFA for details |
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QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Eligible applicants must be one of the following to meet the requirements of this competitive grant:

- New Jersey-based acute care facility
 - New Jersey-based academic medical institution;
 - New Jersey-based non-profit healthcare or public health professional association or societies with statewide jurisdiction & membership; or
 - An accredited New Jersey-based institution of higher education.
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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.

Eligible applicants will do the following:

1. Create an account in SAGE, if they do not already have one. An account is required to apply for this grant.
2. Submit a Letter of Interest as identified in the RFA.
3. Attend the required Technical Assistance Call.
4. Submit an application in alignment with the RFA in SAGE.

Funding is contingent upon the receipt of available funds by the New Jersey Department of Health (NJDOH).

If the eligible applicant fails to complete any part of the process, the NJDOH reserves the right to deny funds.

FOR INFORMATION CONTACT:

NAME: Karen Fox

TELEPHONE: (609) 306-0268

PROGRAM: Grants Program Coordination

E-MAIL: karen.fox@doh.nj.gov

MAILING ADDRESS: New Jersey Department of Health

PO Box 360

Trenton, NJ 08625

DATE ON WHICH APPLICATION WILL BE AVAILABLE: 10-21-2026

SAGE PROGRAM NAME: DPREMS HPP Coalition 2027

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED: 11/13/26

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS: 12/18/26
