



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

**NAME OF GRANT PROGRAM:**

Public Health Preparedness Program

**NOFA REFERENCE NO.:**

DPRE27PHP

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:**

Request for Application (RFA) has been written to specifically address federal guidance/requirements aligned with the PHEP Cooperative Agreement. The purpose is to enhance readiness for public health stakeholders, a key component of the healthcare continuum.

**ESTIMATED AMOUNT OF MONEY**

**IN THE GRANT PROGRAM:** \$ 150,000.00

**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](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 checked="" type="checkbox"/> Non-profit Organization (501(c)3)                            |
| <input type="checkbox"/> Indian Tribal Gov't (Federally Recognized) | <input checked="" type="checkbox"/> Other: <b>Previously funded Healthcare Trade Association</b> |

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Established PHEP funded emergency preparedness organization, including but not limited to: PHEP funded not-for-profit Healthcare Trade Association.

**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:** 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:** 05/26/26

**SAGE PROGRAM NAME:** Public Health Preparedness Program 2027

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:** 06/12/26

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:** 07/01/26