



NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM: Immunization Program 2024	NOFA REFERENCE NO.: EPID24IMM
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PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

To continue support to selected local and state initiatives to increase immunization levels.

ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM: \$ 3,000,000.00	AWARD PERIOD: From 7/1/23 Through 6/30/24
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ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants. [\(Click here to download\)](#)
2. General and specific grant compliance requirements issued by the awarding division or commission.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

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| <input checked="" type="checkbox"/> Municipal Government
<input checked="" type="checkbox"/> County Government
<input type="checkbox"/> State Government
<input checked="" type="checkbox"/> Indian Tribal Gov't (Federally Recognized) | <input type="checkbox"/> Institution of Higher Education
<input checked="" type="checkbox"/> Hospital
<input checked="" type="checkbox"/> Non-profit Organization (501(c)3)
<input type="checkbox"/> Other: |
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QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Experience with immunization related community health and/or pediatric preventive care activities, primarily to grantees identified at-risk and/or low socioeconomic areas of New Jersey. Ability to provide immunization services, educational activities and community outreach at a variety of locations and also in non-traditional medical settings in targeted areas of need. Must be a professionally licensed organization which can provide these services in accordance with state and federal guidelines. Demonstrated ability in working with other state and local programs operating within a geographical area and within the local health jurisdictions. All applicants must have a recent audit, a valid NJ Tax Clearance Certificate and a valid NJ Charities Registration Letter of Compliance (except for government entities).

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, inquiry, or concept paper, 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), www.sage.nj.gov.
4. The applicant will submit a grant application in accordance with the RFA.

FOR INFORMATION CONTACT:

NAME: Ms. Lovely Randle	TELEPHONE: (609) 913-5301
PROGRAM: Vaccine Preventable Disease Program	E-MAIL: Lovely.Randle@doh.nj.gov
MAILING ADDRESS: New Jersey Department of Health P O Box 369 Trenton, NJ 08625-0369	

DATE ON WHICH APPLICATION WILL BE AVAILABLE: 04/03/23

SAGE PROGRAM NAME: Immunization 2024

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED: 04/28/23

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS: 06/30/23