



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

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**NAME OF GRANT PROGRAM:**

Private Well Outreach 2027

**NOFA REFERENCE NO.:**

EPID27PWO

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

To support local health departments in their efforts to perform and improve private well outreach and educations in their communities.

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**ESTIMATED AMOUNT OF MONEY**

**IN THE GRANT PROGRAM:** \$ 48,000.00

**AWARD PERIOD:**

**From** 12/1/26 **Through** 8/31/27

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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.
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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

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

Any local municipal or county health department with domestic private wells in their jurisdictions with a plan to improve, enhance, or continue their private well outreach and education efforts.

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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.

1. 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>
2. The applicant will submit a grant application in SAGE in accordance with the Notice of Funding Availability.

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**FOR INFORMATION CONTACT:**

**NAME:** Jessie Gleason

**TELEPHONE:** (609) 826-4984

**PROGRAM:** Env. and Occ. Health Surveillance Program

**E-MAIL:** [jessie.gleason@doh.nj.gov](mailto:jessie.gleason@doh.nj.gov)

**MAILING ADDRESS:** New Jersey Department of Health

New Jersey Department of Health

135 East State Street P.O. Box 369 Trenton NJ, 08625

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**DATE ON WHICH APPLICATION WILL BE AVAILABLE:** 10/8/26

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**SAGE PROGRAM NAME:** Private Well Outreach 2027

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:** 10/31/26

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:** 12/01/26

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