ACROBAT READER REQUIRED FOR DIGITAL USE OF THIS FORM

NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM:	NOFA REFERENCE NO.:
Family and Internal Medicine Residency Expansion Program 2027	OHCF27FIM

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

The purpose of this grant program is to increase the number of new residents in existing Family Medicine and Internal Medicine residency programs.

ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM: $ 2,000,000.00	AWARD PERIOD: From 10/1/26 Through 9/30/27

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:

To be eligible for this grant, a hospital must have an existing ACGME-accredited residency program in Family Medicine or Internal Medicine. Hospitals must use funding to increase the number of residents for either their Family Medicine or Internal Medicine residency programs or for both programs. Funds may only be used for new residents. Eligible hospitals may not request funds exceeding $200k per resident.

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.

RFA Link:

The RFA may also be obtained online from the Department's Directory of Grant Programs at https://www.nj.gov/health/grants/index.shtml.

FOR INFORMATION CONTACT:

NAME: Christina Cartisano
TELEPHONE: (609) 376-8477
PROGRAM: Office of Health Care Financing
E-MAIL: christina.cartisano@doh.nj.gov
MAILING ADDRESS: New Jersey Department of Health
PO Box 360
Trenton, NJ 08625-0360

DATE ON WHICH APPLICATION WILL BE AVAILABLE: 09/09/26

SAGE PROGRAM NAME: Family and Internal Medicine Residency Expansion Program

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED: 09/28/26

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS: 10/12/26