



County Health Infrastructure Funding 2024 (CHIF)

07/1/2023 to 06/30/2026

Request for Application (RFA)

Project Period: 7/1/2023 – 6/30/2026

Budget Period Year 1: 7/1/2023 - 6/30/2024

I. IMPORTANT DATES

REQUEST FOR APPLICATION ANNOUNCEMENT:	Monday, May 15, 2023
APPLICATION OPEN DATE IN SAGE:	Monday, May 22, 2023
APPLICATION CLOSE DATE IN SAGE:	Monday, June 5, 2023
ANTICIPATED START DATE:	Saturday, July 1, 2023
ALL WORK COMPLETED AND FUNDS OBLIGATED BY:	Tuesday, June 30, 2026
ALL FUNDS EXPENDED BY:	Thursday, July 30, 2026

The New Jersey Department of Health (NJDOH) - Office of Local Public Health's (OLPH) County Health Infrastructure Funding (CHIF) - is a non-competitive grant funding opportunity available for county health departments in New Jersey. The expected start date is Saturday, July 1, 2023. This is a three-year grant that uses funding from the Coronavirus State and Local Fiscal Recovery Funds (CSFRF) authorized by the American Recovery Plan Act (ARPA). Funding must be expended by Thursday, July 30, 2026, and funds obligated and grant activities must be completed by Tuesday, June 30, 2026.

To apply for this non-competitive funding opportunity, county health departments must be a listed entity in the System for Administering Grants Electronically (SAGE). Visit the following website to apply/manage your SAGE access: www.sage.nj.gov. The Request for Application (RFA) will open in SAGE at 12:00 AM (EST) on Monday, May 22, 2023. Applications must be received no later than 11:59 PM (EST) on Monday, June 5, 2023, via the SAGE IntelliGrants System. **Applications received after this date will not be accepted.**

In addition, applications may be returned for revisions and/or additional information; if the applicant fails to complete this process or fails to provide revisions and/or additional information by the requested due date, funding may be delayed.

II. INTRODUCTION AND EXECUTIVE SUMMARY

In March 2021, the American Rescue Plan Act (ARPA) established the Coronavirus State Fiscal Recovery Fund (CSFRF) to provide state, local and Tribal governments with the resources needed to respond to the pandemic and its economic effects and to build a stronger, more equitable economy during recovery. Through the ARPA CSFRF, over \$240 billion has been dispersed to states including New Jersey.

As per N.J.A.C. 8:52 Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, county and local health departments must provide and/or ensure access to public health services to all persons, regardless of race or ethnicity, with a focus on underserved and uninsured populations. As such, county health department grantees will follow the health equity-related goals already established within their departments, and all grant-funded initiatives will promote health equity and seek to reduce health disparities within that jurisdiction.

This non-competitive grant opportunity will allow 21 county health departments to receive ARPA CSFRF funding through NJDOH to support public health infrastructure, staffing and services in their county.

III. GOAL

Through the CHIF Program, NJDOH will provide ARPA CSRF funding to county health departments to support programs public health infrastructure, staffing and services in their county, with a focus on ensuring health equity among their residents. Funding from the CHIF Program is meant to support county and local health departments to respond to public health threats such as COVID-19 and Monkeypox. The Program will also focus on the development, maintenance or expansion of initiatives that promote health equity by increasing access to care and reducing barriers to services. Funds may be used by county health departments for staffing, vendor contracts, public health services, infrastructure improvements, information technology, workforce training and development and other improvements designed to strengthen the local public health infrastructure. Funds may be used retroactively to March 1, 2021, to cover allowable expenses not previously covered by another funding source. The following are examples (i.e., not requirements) of initiatives that may be funded through the CHIF Program:

- Strengthening the ability of county and local health departments to rapidly curtail community spread of communicable disease through case investigation, contact tracing and quarantine. Examples include investments in public health-related staff; establishing a contingency contract with a staffing agency; developing training to rapidly operationalize a supplemental workforce within at-risk communities; securing and/or readying sites that may serve as scale-quarantine facilities; establishing contingency contracts with hotels or other temporary housing options for quarantine; and securing equipment and/or vendor contracts to support quarantine-related services (e.g., transportation, food, social supports).

- Strengthening the ability of county and local health departments to rapidly identify and contain public health threats and protect at-risk populations through the testing of laboratory specimens for communicable diseases, especially in the uninsured population. Examples include investments in public health-related staff and establishing memorandums of agreement or contracts with healthcare facilities or vendors to collect, ship and test specimens for communicable diseases.
- Strengthening the ability of county and local health departments to rapidly respond to emergent public health threats through the provision of vaccines and therapeutics. Examples include investments in public health- and emergency management-related staff; securing and/or readying facilities for the storage of vaccines and therapeutics; securing and/or readying transportation and supplies of temperature-sensitive vaccines and therapeutics; and infrastructure improvements to ensure scale-able static and mobile sites for community-based vaccination clinics for emerging pathogens such as COVID-19 and Monkeypox.

IV. ELIGIBILITY

This is a non-competitive grant with a maximum of 21 awards available. Eligible applicants include county health departments in New Jersey.

V. LETTER OF INTENT AND Q&A REGARDING APPLICATIONS

A letter of intent is not required for the County Health Infrastructure Grant program. Questions regarding the application and RFA will be accepted via email from Monday, May 15, 2023, to Thursday, May 18, 2023

OLPHGrants@njlincs.net

Written responses will be formatted into a Q&A document and emailed to all County Health Departments (CHD) once finalized.

VI. FUNDING

A total of \$41,000,000 is available in ARPA CSRF funding for county health departments. Funding will be distributed by the NJDOH to county health departments through non-competitive grants. Grant awards are set amounts determined by population size. Grantees are encouraged (i.e., not required) to distribute a percentage of their allocation to jurisdictional local health departments in their county. Further, grantees are required to adhere to all NJDOH grant-related and SAGE-system requirements including, but not limited to, the timely and complete submission of grant narrative and budgetary reports.

Maximum award amounts are as follows:

OLPH24CHI FUNDING AWARD TABLE	
<u>COUNTY NAME</u>	<u>FUNDING AMOUNT</u>
Atlantic County	\$1,216,515
Bergen County	\$4,219,923
Burlington County	\$2,054,037
Camden County	\$2,317,288
Cape May County	\$423,227
Cumberland County	\$679,683
Essex County	\$3,782,357
Gloucester County	\$1,347,079
Hudson County	\$3,107,864
Hunterdon County	\$574,815
Mercer County	\$1,707,305
Middlesex County	\$3,808,416
Monmouth County	\$2,855,200
Morris County	\$2,260,702
Ocean County	\$2,871,322
Passaic County	\$2,292,274
Salem County	\$287,782
Somerset County	\$1,529,225
Sussex County	\$643,917
Union County	\$2,531,169
Warren County	\$489,900
TOTAL	\$41,000,000

**OLPH24CHI
FUNDING AWARD TABLE/BREAKDOWN BY YEAR**

County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Atlantic	\$608,257	\$304,129	\$304,129	\$1,216,515
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Bergen	\$2,109,961	\$1,054,981	\$1,054,981	\$4,219,923
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Burlington	\$1,027,019	\$513,509	\$513,509	\$2,054,037
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Camden	\$1,158,644	\$579,322	\$579,322	\$2,317,288
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Cape May	\$211,613	\$105,807	\$105,807	\$423,227
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Cumberland	\$339,841	\$169,921	\$169,921	\$679,683
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Essex	\$1,891,179	\$945,589	\$945,589	\$3,782,357
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Gloucester	\$673,539	\$336,770	\$336,770	\$1,347,079
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Hudson	\$1,553,932	\$776,966	\$776,966	\$3,107,864
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Hunterdon	\$287,407	\$143,704	\$143,704	\$574,815
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Mercer	\$853,653	\$426,826	\$426,826	\$1,707,305
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Middlesex	\$1,904,208	\$952,104	\$952,104	\$3,808,416

County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Monmouth	\$1,427,600	\$713,800	\$713,800	\$2,855,200
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Morris	\$1,130,352	\$565,175	\$565,175	\$2,260,702
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Ocean	\$1,435,662	\$717,830	\$717,830	\$2,871,322
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Passaic	\$1,146,138	\$573,068	\$573,068	\$2,292,274
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Salem	\$143,891	\$71,946	\$71,945	\$287,782
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Somerset	\$764,613	\$382,306	\$382,306	\$1,529,225
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Sussex	\$321,959	\$160,979	\$160,979	\$643,917
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Union	\$1,265,585	\$632,792	\$632,792	\$2,531,169
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
Warren	\$244,950	\$122,475	\$122,475	\$489,900
County Name	Year 1 Funding	Year 2 Funding	Year 3 Funding	Total
ALL	\$20,500,003	\$10,249,999	\$10,249,998	\$41,000,000

***Please note: The above funding amounts represent the three-year total award. For Year 1, 50% of the allocations listed above will be available for reimbursement. For Year 2 and Year 3, 25% of the funding allocations will be available for each year and will be added to the grant through grant amendments.**

Eligible Expenses

Grantees can utilize the funds for staffing, public health services, infrastructure improvements, information technology, workforce training and development and other improvements designed to strengthen the local public health infrastructure. Grantees may use funding to cover retroactive costs dating back to March 1, 2021, providing funding was not previously or currently available. The following items are examples of uses for this funding:

- Purchase of vaccine
- Supplies required for proper vaccine administration (e.g., syringes, sharps containers, and alcohol wipes)
- Supplies for adequate protection against transmission of COVID-19 and other communicable diseases (e.g., Personal Protective Equipment (PPE) and other materials to prevent/control disease transmission)
- Staffing
- Educational and outreach activities to promote importance of COVID-19 vaccination and/or vaccination clinics
- Education and communication materials and resources
- Contractual services
- Software purchase and/or upgrades
- Subawards/shared service agreement with local health departments
- Isolation/Quarantine costs
- Staffing for Grant Management, Budget, and Administrative Support
- Communicable Disease Outreach
- Accreditation management
- Community Health Workers & organizations working with populations at higher risk for COVID-19

Non-Eligible Expenses

The following items are non-eligible expenses. for this funding:

- Expenditures reimbursed by any other funding sources must not be claimed for reimbursement under this grant.
- Advertising costs (e.g., conventions, displays, meetings, memorabilia, gifts, souvenirs)
- Late fees
- Entertainment costs
- Fundraising costs
- Goods and services for personal use
- Honoraria
- Independent research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for acquisition and/or modernization of an existing building
- Payment of bad debt or collection of improper payments

- Promotional and/or incentive materials (e.g., plaques, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, conference bags)
- Purchase of food/meals unless part of required travel per diem costs
- Vehicle purchase

VII. HOW TO ACCESS AN APPLICATION

NJDOH requires all grant applications to be submitted electronically through the System for Administering Grants Electronically (SAGE) at www.sage.nj.gov. If your agency does not have an existing account in SAGE, an account will need to be created to apply for this grant.

If you are a first-time NJDOH applicant whose organization has never registered in the NJDOH SAGE system, you must contact the SAGE System Administrator at 609-376-8508. A new agency form must be completed and submitted to NJDOH. The submitted documents will be reviewed to ensure that applicants have satisfied all applicable requirements. When approved, the organization’s status will be activated in SAGE. The SAGE System Administrator will inform the organization’s Authorized Official via email or by phone of their authorized access to the grant application in SAGE. Organizations will not have access to any application in SAGE until all documents are received and all procedures are satisfied.

The application will open in SAGE on Monday, May 22nd, 2023, at 12:00 AM (EDT). Completed applications must be received by 11:59 PM (EDT) on Monday, June 5th, 2023, via SAGE.

Applications received after this date/time will not be accepted.

Paper submission of the application or any attachments will not be accepted. SAGE will automatically reject applications after the closing date and time listed in the RFA. No extensions will be granted for application submissions or required grant documents.

Log into SAGE (www.sage.nj.gov) and search for the “County Health Infrastructure Program 2024” application and complete as directed.

VIII. REQUIRED INFORMATION

Applicants must submit the following information in SAGE (workplan template and application guidance documents will be provided):

- **Section 1: Description of Applicant**
 - Summary describing the applicant agency.
 - Submit one per application.
 - Must address all points as described below in **Section 1**.

- **Section 2: Description of Program**
 - Summary of how the applicant will use the funding.
 - Submit one per application.
 - Must address all points as described below in **Section 2**.

- **Section 3A: Project Workplan**
 - Detailed narrative of a specific project.
 - Submit a separate Project Workplan for each initiative.
 - Each Project Workplan must address all points as described below in **Section 3A**.
 - There is no limit to the number of Project Workplans the application, although each Project Workplan must have its own corresponding Project Budget.

- **Section 3B: Project Budget**
 - Itemized budget to accompany a Project Workplan.
 - Submit a separate Project Budget for each Project Workplan.
 - Each Project Budget must address all points as described below in **Section 3B**.
 - There is no limit to the number of Project Budgets in the application, although each Project Budget must have its own corresponding Project Workplan.

Section 1. Description of Applicant (one per application)

- Eligibility and description of the applicant, including:
 - Name of county health department.
 - Describe how public health services are currently provided in the applicant’s county, including the names of any other jurisdictional local health departments (LHDs) in the applicant’s county.
 - Overview of services provided by the county health department.
 - Description of SSAs, contracts and/or vendors used to provide public health services for the applicant agency (if applicable).
 - Provide an organizational chart and narrative that describes the number of full- and part-time staff in the applicant’s agency and where the applicant’s agency sits in relation to other county agencies.

- Health Officer name
 - Health Officer appointment (i.e., permanent full-time appointee or temporary full-time appointee).
 - Description of how the applicant agency will ensure the appointed Health Officer will be directly involved in the implementation of the CHIF Program.

Section 2. Description of the Applicant’s CHIF Program (one per application)

- Provide a high-level summary of the applicant proposal, including:
 - A brief description of the how the funding will be used to address a need(s) in the applicant’s county.
 - A brief description of how the funding will strengthen the local public health infrastructure in the applicant’s county, including any collaboration with or planned sub-awards to other jurisdictional health departments in the county.
 - A brief description of how the funding will benefit vulnerable populations and promote health equity in the applicant’s county.
- Provide a list of all Project Workplan/Budget Names included in the application.

Section 3A. Project Workplan (one per project—may be multiple Project Workplans in an application)

- Project Name
 - Each Project Workplan must have a unique name and corresponding Project Budget.
- Public Health Category
 - Select one from “**List 1: Foundational Public Health Areas**” below.
- Project Narrative
 - Describe the project, the target audience and the project goals.
- Statement of need the proposed program/initiative(s) will address.
 - Outline the problem(s) in the applicant’s jurisdiction.
 - Describe the public health significance of the problem(s) as it relates to health equity.
 - Describe the municipality/municipalities, county, or other geographic areas to be served.
 - Provide demographics describing communities to be served, including items such as age, race, ethnicity, language, and healthcare facilities.
 - Provide summary statistics describing risk factors specific to communities to be served, including items such as disease risk/burden, social determinants of health, medically vulnerable populations, and barriers to healthcare and/or public health services.
- Statement of Health Equity
 - Describe how the project promotes health equity in the applicant’s county.
- Description of how the program/initiative(s) will engage with other local public health partners and community-based organizations.
 - Describe any LHDs with jurisdictional authority in the applicant’s county and how the applicant’s work will strengthen that existing infrastructure. If the applicant will be providing services on behalf of another LHD, a letter of support from the Health Officer must be included with the application.
 - Describe the major community-based organizations or coalitions in the applicant’s county and how the applicant will engage with those organizations and/or coalitions to advance the project and address health equity.

- Project Timeframe
 - Start date and end date.
- Performance Metrics
 - List process metrics the applicant will use to evaluate and report (as per **Section “XI: Grant Reporting”**) on project implementation during the Project Timeframe.
 - List outcome metrics the applicant will use to measure and report (as per **Section “XI: Grant Reporting”**) on project impact at the end of the Project Timeframe.
- Project Oversight
 - Point of contact for the project, as designated by the applicant Health Officer, including name, title, agency, email address and phone number.

List 1: Foundational Public Health Areas:

- Communicable Disease Control
- Chronic Disease and Injury Prevention
- Environmental Public Health
- Maternal, Child and Family Health
- Access to and Linkage with Clinical Care

Section 3B. Project Budget (one per project—may be multiple Project Budgets in an application)

For each Project Workplan, the applicant must complete both Schedule A (salary-related costs) and Schedule B (all other costs) in SAGE. Applicants should enter the Year One budget only (07/01/2023-06/30/2024) on the initial grant application in SAGE.

- Project Budget Name
 - Each Project Budget must have the same name as its corresponding Project Workplan.
- Schedule A: Salary-Related Costs
 - For each person supported through the CHIF Program, the HO must include their name, title, employer, Funding Category (select one from “**List 2: Funding Categories**” below) and percentage of time dedicated to OLPH24CHI program. Resumes are not required.
- Schedule B: All Other Costs
- Health Officer Attestations:
 - Costs requested through this grant have not been duplicated, including reimbursement for staff.
 - A budget modification will be submitted in advance of any costs not included in a current Project Budget.

List 2: Funding Categories:

- Retroactive: Funding will be used to recover allowable costs incurred by the grantee (or sub-awardee of the grantee) on a public health-related program/position between March 1, 2021, and the start of this grant on July 1, 2023. All retroactive costs must be clearly identified within budget (Schedule A and Schedule B, as applicable) by including “**Retroactive” within line-item description.
- Continuation/Expansion: Funding will be used to cover allowable costs that will be incurred by the grantee (or sub-awardee of the grantee) to support an existing public health-related program/position between the start of the grant on July 1, 2023, and an end date on or before the end of the grant on June 30, 2026.
- New: Funding will be used to cover allowable costs that will be incurred by the grantee (or sub-awardee of the grantee) to support a new public health-related program/position between the start of the grant on July 1, 2023, and an end date on or before the end of the grant on June 30, 2026.

Funding restrictions:

Awardees must limit purchases/costs to items listed on the approved Project Budget in SAGE. A budget revision may be requested/required for items/costs not listed in the current Project Budget. Compliance with this information is reflected in the Health Officer attestation submitted with each Project Budget.

Recipient use / financial participation:

Applicants must demonstrate sufficient organizational and policy commitment to support personnel, services, activities, and allowable purchases/expenses through this grant.

Indirect Cost Rates:

Applicant may apply for indirect costs. If indirect costs are requested, a current indirect cost Health & Human Services (HHS) agreement must be uploaded in SAGE under the Cost Summary page. Indirect costs are capped at 10%.

If a current indirect cost agreement does not exist, applicants may request a flat de minimis rate of 10% of Modified Total Direct Costs (MTDC). MTDC comprises all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs. (2 C.F.R. §200.68)

If certain costs are excluded from the indirect cost agreement (i.e., facility, equipment, etc.), applicant may request those as direct costs, provided that these costs can be directly associated to the grant award and its related activities.

Duplication of Efforts:

Applicants are responsible for reporting to their NJDOH Program Management Officer (PMO) if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e., grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year.

Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source.

Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source.

Commitment overlap occurs when an individual’s time commitment exceeds 100 percent, whether or not salary support is requested in the application.

Overlap, whether programmatic, budgetary, or commitment of an individual’s effort greater than 100 percent, is not permitted. Grantee cannot submit the same expenses for reimbursement through any other channels including, but not limited to, other NJDOH/federal grants and the Federal Emergency Management Agency (FEMA) reimbursement process.

Compliance with this information is reflected in the Health Officer attestation submitted with each Project Budget.

IX. APPLICATION REVIEW AND GRANTEE EXPECTATIONS

Applications will be reviewed for completeness and compliance with RFA requirements. Incomplete proposals and/or proposals that deviate from the required format will not be reviewed.

Risk Assessment Status: An Applicant’s Risk Assessment is based on previous grant year(s) performance and is evaluated annually. Upon execution of the Notice of Grant Award (NOGA), Grantee shall review their Attachment C for the Risk Assessment status. If rated ‘moderate’ or ‘high’ additional/enhanced grant monitoring will be employed, which may include monthly reporting and/or technical assistance calls/meetings throughout the grant year.

CHIF Program grantees will be required to submit quarterly progress and expenditure reports in SAGE. Progress reports must address all items and metrics as listed in the applicant’s grant application. More information on grant reporting is included in Appendix A.

X. TECHNICAL ASSISTANCE

To obtain general and technical assistance during the grant period, contact your Program Management Officer (PMO) and/or Grant Management Officer (GMO):

PMO	GMO
Sarah Wright New Jersey Department of Health Office of Local Public Health PO Box 360 Trenton, NJ 08625-0360 609-376-8742 Sarah.Wright@doh.nj.gov	Joseph Crouchman New Jersey Department of Health Office of Local Public Health PO Box 360 Trenton, NJ 08625-0360 609-376-8785 Joseph.Crouchman@doh.nj.gov

APPENDIX A

Grant Reporting Requirements (Post – Award)

After the CHIF Program grant is awarded, the grantee will be provided with a progress report template for submitting the quarterly progress reports. The information requested to be reported on may be adjusted from quarter to quarter based upon priorities and will be communicated to the Grantee directly by the NJDOH PMO.

IMPORTANT: Timely submissions are used as a performance measure/indicator that may have an impact on future grant awards if reporting requirement due dates are not met. Failure to submit timely reports will delay payments to grantee. If necessary, reporting extensions must be submitted with a justification, via email, to the NJDOH PMO/GMO. NJDOH PMO/GMO must approve the request for the extension to be valid.

Reporting documents (Expenditure and Progress Reports) must be submitted on or before the due dates listed below:

Grant Reporting Periods (Year 1)	Report Number	Due Date
July 1, 2023 – September 30, 2023	1	October 16, 2023
October 1, 2023 – December 31, 2023	2	January 16, 2024
January 1, 2024 – March 31, 2024	3	April 12, 2024
April 1, 2024 – June 30, 2024	4	July 15, 2024

Grant Reporting Periods (Year 2)	Report Number	Due Date
July 1, 2024 – September 30, 2024	5	October 14, 2024
October 1, 2024 – December 31, 2024	6	January 14, 2025
January 1, 2025 – March 31, 2025	7	April 14, 2025
April 1, 2025 – June 30, 2025	8	July 14, 2025

IMPORTANT: Final Expenditure Reports for Year-Three MUST be submitted no later than July 30th, 2026. If a Final Expenditure Report is not received by July 30, 2026, the grant may be closed out based on the last Expenditure Report submitted.

Grant Reporting Periods (Year 3)	Report Number	Due Date
July 1, 2025 – September 30, 2025	9	October 14, 2025
October 1, 2025 – December 31, 2025	10	January 14, 2026
January 1, 2026 – March 31, 2026	11	April 14, 2026
April 1, 2026 – June 30, 2026	12 (Final)	July 15 /July 30, 2026

Expenditure Reporting:

Grantees must upload summary documents as attachment(s) to the Expenditure Report for all costs, (Personnel and Other Direct Costs). One attachment for Personnel (Schedule A), and a separate attachment for Other Direct Costs (Schedule B) as applicable. Please note: Copy of fully executed Professional Service Agreements/Contracts/Shared Service Agreements must be provided to NJDOH prior to receiving reimbursement.

The attachment format is at the discretion of the grantee (ex. Word, PDF, Excel).

NJDOH may request additional information or clarification for costs reported for reimbursement.

Grant Amendment & Budget Revision Requests

Grant Amendments/Budget Revisions must be *submitted* (Step 1) within ten (10) business days of being initiated in SAGE. Upon approval by NJDOH of a Grant Amendment or Budget Revision Request (Step 1) in SAGE, a revised grant budget (Step 2) must also be completed & submitted within ten (10) business days.

NOTE: During Year 1 and Year, grantees can request budget revisions as needed (notify PMO/GMO prior to initiating), during Year #3, deadlines will be established at a later date to ensure enough time to expend reallocated funds.