



Specific Population Community Grant

Request for Application (RFA)

Current Grant Period: 01/01/2026 - 06/30/2026

(Multiyear grant with Non-competitive renewal extensions)

**Specific Population Community Grant
Request for Application (RFA)**
Budget Period: 01/01/2026 - 06/30/2026

I. KEY DATES

Activity	Date
Request for application announcement	October 15, 2025
Application open date in SAGE	October 15, 2025
Application close date in SAGE	New deadline -November 28, 2025
Anticipated intent to fund notification	December 24, 2025
Expected start date	January 1, 2026
All work completed/funds obligated	June 30, 2026
All funds expended	June 30, 2026
Reapply for continuation of funding	March 31 st , 2026

Table 1: Key dates

The New Jersey Department of Health (NJDOH) – Office of Minority and Multicultural Health (OMMH) **Specific Population Community Grant** is a competitive grant funding opportunity being **announced on October 15, 2025**. This grant opportunity is titled, “Specific Population Community Grant” in the IntelliGrants System for Administering Grants Electronically (SAGE) with an expected **start date January 1, 2026**. Grant activities must be completed, and funding must be **obligated by June 30, 2026**. All grant funds must be **expended by June 30, 2026**. **This is a multiyear grant with non-competitive renewal extensions**. Applicants may be invited to **reapply for continuation of funding by March 31, 2026**, based on performance, availability of funds and public health needs.

To apply for this funding opportunity, an eligible entity must be listed in SAGE. Visit the following website to apply/manage your SAGE access: <https://dohsage.intelligrants.com/>. The **Request for Application (RFA) will open in SAGE October 15, 2025**. Applications must be received by **5:00 PM (EDT) on November 28, 2025**, via SAGE IntelliGrants System. Applications received after this date/time will not be accepted.

Applicants must complete all documents as stated in Section IX of the grant, including all the required SAGE forms, respective budget pages, and attach documents.

Awards are contingent upon receipt of state appropriated funds based on Office of Minority and Multicultural Health Legislation.

II. SPECIAL RFA ANNOUNCEMENT

This announcement is only for non-research activities supported by the New Jersey Department of Health. If research is proposed, the application will not be considered. For this purpose, research is

defined at <https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf> . Guidance on how CDC interprets the definition of research in the context of public health can be found at <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html> (See section 45 CFR 46.102(d)).

NJDOH – OMMH reserves the right to repost this RFA as necessary with modifications during the grant program cycle stated above until funds have been fully committed and expended.

III. CONTRACT TERM

This is a grant with non-competitive renewal potential for up to 5 years. First budget period begins **January 1, 2026**, and ends **June 30, 2026**. Grant activities must be completed, and funding must be **obligated and expended by June 30, 2026**. Based on performance, availability of funds and public health needs, applicants may be invited to reapply for a non-competitive continuation of funding for consecutive years (July 1, 2026 – June 30, 2030).

IV. INTRODUCTION AND EXECUTIVE SUMMARY

NJDOH is dedicated to protecting the public’s health, promoting healthy communities, and continuing to improve the quality of healthcare in New Jersey. At the heart of this mission is a commitment to addressing health disparities by promoting health equity across New Jersey. NJDOH strives to reduce inequities in access to health care, health outcomes, and social determinants of health (SDOH).¹

This commitment is deeply rooted in two of the NJDOH’s core values: **Equity and Partnership**. By embracing equity, NJDOH ensures that all communities, regardless of background or circumstances, have access to the resources and opportunities needed to achieve optimal health. Similarly, partnership plays a vital role in this effort, as NJDOH collaborates with community-based organizations and providers to promote wellness, prevent illness, and manage chronic diseases.²

Aligned with this vision, the NJDOH’s Office of Minority and Multicultural Health (OMMH) plays a critical role in narrowing health disparities within diverse communities throughout New Jersey. OMMH works to identify and develop innovative programs that tackle disparities in health outcomes.³ By supporting community-based organizations, OMMH fosters partnerships that focus on populations that have been historically marginalized based on their race/ethnicity, age, gender identity and/or sexual orientation, geographic areas, and socioeconomic status. These partnerships are vital in mobilizing emergency preparedness, non-emergency public health priorities and addressing social determinants of health, as they provide tailored strategies and resources to help mitigate the root causes of health disparities.

The COVID-19 pandemic exposed and exacerbated these existing disparities, as the same populations were disproportionately affected by the virus, experiencing higher rates of infection, hospitalizations, and deaths. The compounded challenges of limited access to healthcare, economic instability, and higher rates of underlying health conditions placed these communities at greater risk of poor health outcomes, further emphasizing the urgent need for focused health equity initiatives.

¹DOH website - [What We Do](#)

² DOH website - nj.gov/health/about/njdoh/who/

³ OMMH legislation - [NJ Legislature](#)

As a response to the observed inequalities, the legislature established the COVID-19 Pandemic Task Force on Racial and Health Disparities to gain a clear understanding of the impact of COVID-19 on racial and ethnic minorities. The task force's report provides a set of recommendations to address and reduce inequities⁴. Similarly, an Independent Review of New Jersey's response to the COVID-19 pandemic examines how prepared New Jersey was for the COVID-19 pandemic. In addition, it evaluates the government's response, identifies lessons learned, and provides recommendations for future emergencies⁵. Both reports highlight the importance of community partnership to address these disparities, recommending that state agencies support and engage partners both in emergency and non-emergency planning and operations.

For instance, the reports underscore how community partnerships help increase the communication of public health information and materials in a culturally sensitive way. Partnerships with community organizations also ensure that health information is accessible in multiple languages, effectively reaching members of the state's minority communities and those at increased risk of poor health. Additionally, these partnerships are often the fastest way to reach some households with essential resources as they are more trusted than government agencies.

As outlined in the mission and goals of NJDOH and as recommended in the reports, OMMH will continue seeking and funding partners, such as community and faith-based organizations, and community-level healthcare providers, that address public health disparities, social determinants of health, and public health services and information with equitable strategies.

Therefore, OMMH will fund four (4) organizations across the state that focus on one of the following populations

1. **Black population**
2. **Latine/Hispanic population**
3. **Asian/Pacific Islander population**
4. **Older adults**
5. **LGBTQIA+ community**
6. **People experiencing homelessness.**

Each grantee will focus on addressing health disparities within **ONE** of these specific populations and main public health concern(s) and/or SDOH relevant to that population (see Section IX for application instructions and appendix 1A for the deliverables). The four funded organizations (e.g., grantees) will implement the following overarching strategies:

1. Be the community voice facilitator.
2. Collect information on community's needs and thoroughly describe the resources they use and/or need access to.
3. Convene NJDOH, other state agencies, and local services to the specific community.
4. Design and execute outreach and navigation strategies tailored to support individuals in navigating resources and services that meet the specific needs of the population.

⁴ [The New Jersey Coronavirus Disease 2019 \(COVID-19\) Pandemic Task Force on Racial and Health Disparities - Final Report 2024](#)

⁵ [Independent Review of New Jersey Response to the COVID-19 Pandemic.pdf](#)

V. SCOPE OF WORK

Activity	Specific Population Community Grant
Goal	The goal of this grant is to support efforts aimed at reducing health inequities among the six identified populations. Each grantee will focus on one of six specific populations and will be responsible for providing tailored health navigation services, conducting outreach and education, and effectively managing program activities. Successful implementation of the program will rely on a dedicated team, with key staff members working closely with the community to ensure comprehensive support, identify needs, and address barriers to access.
Scope of Work	The Specific Population Community Grant is a competitive funding opportunity made available by OMMH to community-based organizations, faith-based organizations, and community-based healthcare providers to address health disparities experienced by one of the six specific populations listed above across the state. Beginning in January 2026, OMMH will award the Specific Population Community Grant to four organizations. The grant will support efforts to address health disparities by increasing access to, and delivery of, NJDOH, and other state agencies, services, education, and resources for the specific populations over a 5-year period. The funding will be provided annually, contingent upon grantee's compliance with quarterly reporting requirements and their ongoing eligibility. Grantees will not need to submit a new application each year but must demonstrate continued progress and adherence to grant conditions for renewal. Grantees will need to submit a letter of intent for grant renewal each year. Note: Grant renewal is dependent on funding availability and public health needs.
Strategies	• Infrastructure: The objective is to hire and retain two essential staff to implement the program and achieve the outlined deliverables. This strategy ensures the organization addresses health inequities by working directly with community members from the specific populations. Additionally, the program is continuously assessed to ensure that participants are receiving the necessary resources and support, with both team members actively collaborating to resolve any barriers or challenges. • Community Assessment Development: This strategy involves developing a comprehensive community assessment that details the specific population served, including challenges and opportunities for promoting enrollment in state and community services. The assessment will be informed by direct engagement with the community and will cover demographics, health and SDOH disparities, key community partners, community assets, current service offerings, and potential areas of growth. Grantees will gather this information through active participation and collaboration with the specific population, ensuring a grassroots approach. The

	assessment will then be used to enhance their own work, enabling them to effectively address the identified needs of the population. • Outreach, Education, and Navigation: The focus is on overcoming barriers to resource access and providing health education and navigation services to the specific population. This includes forming partnerships, hosting educational events, and offering individual support through referrals and assistance with accessing services. • Program management: This strategy involves ensuring smooth program implementation and compliance through regular meetings between OMMH staff and grantees, timely report submissions, and participation in population-specific meetings.
Performance Period	Term 1: January 1, 2026 – June 30, 2026 Term 2: July 1, 2026 – June 30, 2027 Term 3: July 1, 2027 – June 30, 2028 Term 4: July 1, 2028 – June 30, 2029 Term 5: July 1, 2029 – June 30, 2030
Method of Accountability	Community Assessment (Term 1 and Term 5) Progress Report Expenditure Report Site Visits Quarterly and monthly meetings
Eligible Expenses	Direct Program Costs: Program Specific Staff, Outreach, Education, Small media, events related expenses, grant-related expenses, Indirect costs: Refer to funded restrictions/exclusions
Excluded Expenses	Purchase vehicles, research, unrelated grant expenses (Refer to funded restrictions/exclusions)
Budget	Term 1: maximum of \$125,000 per grantee Term 2-5: maximum of \$250,000 per year/per grantee
Number of Awards to be Granted	4 grants
Maximum Award Amount	Term 1: maximum of \$125,000 per grantee Term 2-5: maximum of \$250,000 per year/per grantee
Eligible Provider Type(s)	Community-based organizations, Faith-based organizations, Community-based Healthcare providers (E.g. Federally Qualified Health Centers [FQHC])
Can a grantee apply for pre-award funding?	NO

Table 2: Scope of Work

VI. ELIGIBILITY

Nonprofit organizations with 501 (c)(3) IRS status:

Community-based organizations

Faith-based organizations

Community-based Healthcare Providers (E.g., Federally Qualified Health Centers [FQHCs])

SAGE approved (see section IX)

VII. FUNDING

The breakdown of total available grant funds to be awarded by OMMH is as follows: \$125,000 per grantee for the first 6 months, and \$250,000 per grantee per subsequent years. – Under NJSA 26:2-16 (Public Law 2001, Chapter 205) Office of Minority and Multicultural Health (OMMH) state appropriated funds are dedicated to administration and community grants.

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

NJDOH reserves the right to alter the scope of services and amend the funding as appropriate in accordance with New Jersey Department of Health requirements and allotted funding.

Please note changes in federal policies may result in shifts in priorities, which could impact state grant deliverables, and/or funding availability.

VIII. RFA Q&A

Applicants interested in applying for the Specific Population Community Grant will be allowed to submit questions regarding this opportunity by **3:00 PM (EDT) on November 5, 2025, via email at angelica.barreto@doh.nj.gov. Please use subject line: RFA Query – Specific Population Community Grant**. Questions will not be accepted in any other format, or at any other time. All questions submitted will receive written responses in a Q&A format by **9:00 AM (EDT) on November 13, 2025. See Appendix D: Q&A**

IX. HOW TO ACCESS AN APPLICATION/IMPORTANT APPLICATION INSTRUCTIONS

NJDOH requires all grant applications to be submitted electronically through SAGE at <https://dohsage.intelligrants.com>. 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 via email at njdoh.grants@doh.nj.gov or at **609-376-8508**. A new agency form can be found at https://nj.gov/health/grants/documents/SAGE_registration_form.pdf and must be completed and submitted to NJDOH. The submitted documents will be reviewed to ensure that applicants have satisfied all applicable requirements. Please allow up to three (3) business days for processing.

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 once their account has been successfully set up. Organizations will not have access to any application in SAGE until all documents are received and all procedures are satisfied. To access the application, organizations will need to log in to SAGE and search for the "Specific Population Community Grant". SAGE will prevent submissions once the deadline has passed, ensuring no applications can be submitted after the RFA closing date and time.

Paper submission of the application or any attachments will not be accepted.

Note: No extensions will be granted for application deadline submissions or required grant documents.

Important: This funding opportunity is available to organizations focusing on **one (1) specific population**. Organizations must clearly identify and propose projects that serve only one of the designated populations. Please note that only one grant will be awarded per organization, regardless of the number of applications submitted.

Important SAGE grant proposal instructions:

- Log into SAGE (<https://dohsage.intelligrants.com>) and search for the funding opportunities titled, "Specific Population Community Grant."

Opportunity Name

Specific Population Community Grant

Required information and documentation

Eligible applicants will complete all the required components for this funding opportunity in SAGE titled "Specific Population Community Grant."

Forms

- **Organizational Profile**
 - Name of Organization & Contact Information
 - Name of CEO & Contact Information
 - Name of CFO & Contact Information
 - Officers/Directors Provide the most recent list
 - FY End Date
 - Accounting System
 - Annual Audit Report - Most current audit report is required. If a current report is not available, NJDOH may accept what has been provided, however applicant must provide a justification
 - Organization Type
 - IRS Determination Letter (For Non-Profits)
 - NJ Charities Registration Letter (For Non-Profits)
 - Tax Clearance Certificate
 - Minority Managed
 - Minority Population Served

- Languages in Which Services Are Provided
- **Project Contacts**
Enter the full name, title, and contact information of the person that will be managing programmatic and fiscal components of this award on behalf of your organization.
- **Grant Period and Payment**
 - Project period – January 1, 2026, to June 30, 2026
 - Budget period – January 1, 2026, to June 30, 2026
 - Payee
NJ vendor ID number field is the remittance address. If multiple locations are available, contact your organization’s fiscal office for remittance address confirmation
 - Payment method
 - Cost Reimbursement Method
- **Service Area**
 - Select the area of impact:
 - Local
 - Statewide

If applicable select the county and municipalities
- **Needs and Objectives**
 - Assessment of needs
 - Describe the need(s) that illustrate the reason for this project
 - Objective(s) of the project
List **objectives** that are specific, measurable, realistic, and attainable to meet the goals of this project.
- **Methods and Evaluation**
Please provide your proposed workplan here in a narrative form.
 - **Methods**
Describe the method(s) your agency will use to achieve the goals outlined in appendix A. Include your action steps, key partners you plan to engage and how you will adapt to changing public health needs.
 - **Evaluation**
Describe how you will evaluate this project
- **Schedule A, Part 1 – Personnel Cost**
List employees whose pay is a direct cost for this project or project component
- **Schedule A, Part II – Personnel Justification**
Provide a description for each position listed in Schedule A, Part I
- **Schedule B, Part I – Other Direct Costs**
List other direct costs for this project or project component
- **Cost summary**
Verify amounts have populated correctly and that totals by Activity accurately reflect
- **Disclosures & Certifications**
Follow instructions and complete all questions.
- **FFATA Certifications**
Follow instructions and complete all questions.
- **Attachments:** Only attach required documentation – See instructions below

Applicants should address as many of the questions/bullets listed below in the SAGE Grant Application Forms. Please refer to the Deliverables section (Appendix A) when writing your grant proposal.

A. Project Plan:

1. Application

- a) Describe the specific population of focus and provide a clear rationale on how your organization mission, services, and past work aligned with the needs of that specific population.
- b) Highlight any relevant partnerships that will support your ability to effectively engage and serve this population
- c) Describe how the goals and objectives will be achieved
- d) Provide a timeline for implementation
- e) Describe the organizational capacity to successfully achieve the objectives outlined in this RFA
 - Clearly describe the roles and responsibilities of each position and how they will support the project's success
 - Explain how you will recruit, hire, and train these positions to ensure they are equipped to meet project goals.
 - Identify the project manager/coordinator and explain their ability to:
 - Lead and manage the project successful completion, ensuring all project objectives are met
 - Monitor, prepare, and submit plans, progress and budget reports on time to comply with grant requirements.
 - Facilitate communication with program partners, ensuring smooth coordination and addressing any challenges that may arise.
- f) Outline the evaluation methodology that will be used to assess your project. Provide a detailed plan for how you will answer the following questions to evaluate the success and impact of your project:
 - Did the project achieve all the goals and objectives outlined in this RFA?
 - How did you select your population of focus?
 - What were the short-term and potential long-term outcomes of the project?
 - What unforeseeable impacts, both positive and negative, did the project have?
 - What key factors contributed to the success of navigation and outreach efforts?
 - Were there any elements of your project that did not succeed as expected? If so, why?
 - What changes or modifications would you suggest for improving the project in the future?

B. Attachments to include:

The following documents must be submitted as a single PDF file, not exceeding 3 pages in length. It should be formatted with 1-inch margins, single-spacing, and typed in 12-point Calibri font. Attachments can be submitted in the **Grants Application Forms – Attachments section**.

1. Project outcomes and activities:

Applicants must complete the table in Appendix B (Projected Outcomes and Activities) that contains the following information.

- a) List of counties and municipalities your project will serve.
- b) Provide the annual total estimated number of individuals who will be outreached, educated, and navigated through your program.
- c) Indicate the estimate number of in-person and on-line events that will take place annually

2. Project Budget

Applicants must submit a budget plan for terms 1 to term 5 (January 1, 2026, to June 30, 2030). The narrative should address the following points in detail.

Proposed budget based on deliverables: Please refer to Appendix A: Deliverables - for your project budget narrative.

- a) Explain how the budget ensures efficiency while achieving the expected project outcomes
- b) Describe how funds will be allocated to carry out each project objective
- c) Provide a timeline for the use of funds, align with the deliverables in appendix A.
- d) Provide a specific process for determining and adjusting the salary for the two staff members as needed. Ensure that these salaries are based on the fair market value for each role, considering factors such as experience, industry standards, and location. – consider factors such as allotted budget

Note: Please be sure to submit all the necessary documents. Applications that are not completed will be sent back to the Applicant.

Applicants should refer to the scoring criteria outlined in Appendix C to understand how each section will be evaluated and the maximum value assigned to each component.

X. FUNDING RESTRICTIONS/EXCLUSIONS

Funding Restrictions

- NJDOH must review and approve all consultant service agreements before contracts are executed. All consultants used for the sole purpose of auditing compliance with the grant/or expenditures funded by the grant are exempt from this restriction.
- Awardees may not make purchases until the grant is awarded.
- Awardees must receive NJDOH approval prior to submitting eligible expenses for reimbursement. Eligible expenses must not be covered by any other funding source.

Funding Exclusions

- Purchase vehicles, research, unrelated grant expenses

Indirect Cost Rates

Applicant may apply for indirect costs. If indirect costs are requested, a current indirect cost Department of Health (DOH) agreement must be uploaded in SAGE under the Cost Summary page.

If a current indirect cost agreement does not exist, applicants may request a flat de minimis rate of 15% of Modified Total Direct Costs (MTDC). MTDC comprises all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs. 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.

XI. OTHER INFORMATION

Proposal Review Procedures

Proposals will be reviewed for completeness and compliance with RFA requirements. Incomplete proposals and/or proposals that deviate from the required information will not be reviewed. Applications deemed compliant with the requirements stipulated in the RFA and its appendixes will be reviewed by the NJDOH RFA review committee.

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, NJDOH reserves the right to deny further review of the application.

The RFA review committee will be comprised of an odd number of representatives of OMMH and other NJDOH staff. The committee will be made up of an odd number of members to ensure that in the event of a tie, a majority decision can be reached. Applications will be graded based on scoring criteria (appendix C).

The committee reserves the right to render final decisions on the awarding of grants under this RFA, including the determination of noncompliant or incomplete proposals.

Notice of Award

The successful applicant will be notified of the award of contract upon a favorable decision by the New Jersey Department of Health by **December 24, 2025**.

Grant Reporting

Awardees 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.

Technical Assistance

Program Management Officer (PMO) and/or Grant Management Officer (GMO) will be assigned to each grantee after the award announcements. To obtain general and technical assistance during the grant period, contact your PMOs, GMOs with subject line **Query: Specific Population Community Grant**

Program Management Officer (PMO)	Grant Management Officer (GMO)
Angelica Barreto-Galvez Office of Population Health, OMMH Address: 55 North Willow St., Trenton, NJ 08625 Phone: 609 913 5755 Email: angelica.barreto@doh.nj.gov	Elizabeth Adeniyi Office of Population Health, OMMH Address: 55 North Willow St., Trenton, NJ 08625 Phone: 609 913 5754 Email: elizabeth.adeniyi@doh.nj.gov

Table 3: Program and Grant Manager Officers

XII. GRANT REPORTS

After the 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, extensions requests 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:

Expenditure and Progress Report Schedule

Grant Expenditure and progress Reporting Periods	Report Number	Due Date
January 1, 2026 – March 31, 2026	1	April 15, 2026
April 1, 2026 - June 30, 2026	*2/Final	July 15, 2026/ August 31, 2026

Table 4: Expenditure report schedule

*The 2nd Expenditure Report **must be** submitted on or before July 15th, 2026. **IF** the 2nd quarter report will also serve as the final report, **be sure to check the “Final Report” box in SAGE**. If additional time is needed to complete grant paperwork, in addition to the 2nd quarter report, a final report must be submitted on or before August 31, 2026.

Note: Final Expenditure Reports MUST be submitted no later than August 31, 2026. If a Final Expenditure Report is not received by August 31, 2026, the grant may be closed out based on the last Expenditure Report submitted.

XIII. Grant Amendment & Budget Revision Requests

Last date to initiate a Grant Amendment in SAGE is Tuesday, April 15, 2026.

Last date to initiate a Budget Revision in SAGE is Tuesday, April 15, 2026.

Upon approval by NJDOH of a Grant Amendment or Budget Revision Request (Step 1), a revised grant budget (Step 2) must be completed & submitted within ten (10) business days.

Note: Applicant is permitted a maximum of two (2) Budget Revision Requests during the budget period.

Enforcement (Terms and Conditions, Subpart T)

(a) Remedies for noncompliance. If a grantee or subgrantee materially fails to comply with any term of an award, whether stated in a statute or regulation, an assurance, in a State plan or application, a grant or subgrant agreement, or elsewhere, the Department may take one or more of the following actions, as appropriate in the circumstances:

- (1) Temporarily withhold cash payments pending correction of the deficiency by the grantee or subgrantee or more severe enforcement action by the awarding division or grantee,
- (2) Disallow (that is, deny both use of funds and matching credit for) all or part of the cost of the activity or action not in compliance,
- (3) Wholly or partly suspend or terminate the grant,
- (4) Withhold further grants for the project or program, or
- (5) Take other remedies that may be legally available.

(b) Hearings, appeals. In taking an enforcement action, the awarding division will provide the grantee and subgrantees an opportunity for such hearing, appeal, or other administrative proceeding to which the grantee and subgrantees are entitled (see Subpart A, Section 1.3).

(c) Effects of suspension and termination. Costs to the grantee or subgrantee resulting from obligations incurred by the grantee or subgrantee during a suspension or after termination of a grant are not allowable unless the awarding division expressly authorizes them in the notice of suspension or termination or subsequently. Other grantee or subgrantee costs during suspension or after termination which are necessary and not reasonably avoidable are allowable if:

- (1) The costs result from obligations which were properly incurred by the grantee or subgrantee before the effective date of suspension or termination, are not in anticipation of it, and, in the case of a termination, are noncancellable, and,
- (2) The costs would be allowable if the grant were not suspended or expired normally at the end of the budget period in which the termination takes effect.

20.2 Termination for convenience

Except as provided in Section 20.1, grants may be terminated in whole or in part only as follows:

(a) By the Department with the consent of the grantee in which case the two parties shall agree upon the termination conditions, including the effective date and in the case of partial termination, the portion to be terminated, or

(b) By the grantee upon written notification to the awarding division, setting forth the reasons for such termination, the effective date, and in the case of partial termination, the portion to be terminated. However, if, in the case of a partial termination, the awarding division determines that the remaining portion of the grant will not accomplish the purposes for which the grant was made, the Department may terminate the grant in its entirety or

(C) By the Department pursuant to any termination provisions included in the grant agreement, under either Section 20.1 or paragraph (a or b) of this section.

XIV. APPENDIX

Appendix A: Deliverables

Below is a proposed set of universal deliverables. However, final deliverables will be developed in collaboration with each awardee, based on the unique needs of their population and the objectives of their organizations.

Objective	Description	Metrics (Metrics will be tailored to fit the proposed work plan, but will likely include)
1. Infrastructure: Onboard and retain key staff to ensure program implementation and continuity.	Hire and retain two staff members that will complete the following deliverables. Newly hired staff members will collaborate to implement program activities and conduct evaluations to successfully achieve the outlined deliverables.	Reporting period: January 1, 2026 – June 30, 2030 a. 2 employees hired and retained for the majority duration of the grant period.
2. Community Assessment Development Provide an overview of the specific population served. Identify the challenges this community faces, resources this community embraces, and the strategies that could effectively promote enrollment in state and local services.	Grantees should gather the following information through active participation and collaboration with the specific population, ensuring a grassroots approach. It should include: • Demographic data about the specific population in New Jersey (Including but not limited to race/ethnicity, gender, sexual orientation). • An overview of the challenges faced by the population (e.g., health disparities, access to care) and social determinants of health of this population. • Identify the top 5 health concerns for this population. • A list or map of essential community partners, local institutions, and areas with high potential for outreach. • An overview of current organization's benefits-related services, detailing the types of services provided, the number of staff involved, along with potential opportunities for growth and innovation through additional financial resources. • If available, resources to recent community needs reports or other relevant data sources (from the past 1-5 years)	Reporting period: January 1, 2026 – December 31, 2026 a. One assessment within the first six months of the grant period. Reporting period: June 30, 2030 b. One final assessment at the end of the grant

3. Outreach, education and navigation Address barriers to resource access and promote health education and navigation services within the specific population. Programs developed in this section will be based on the community assessment (deliverable 1)	<u>Outreach and Education</u> 1. Establish partnerships with community organizations (CBO's, FBOs, businesses, etc.) that serve the population. 2. Work with community members to find and remove barriers that prevent the specific population from accessing resources. 3. Utilize culturally and linguistically competent material from the CDC, NJDOH programs or other reliable education materials for adults and children of the specific population. 4. Create and/or participate in educational events relevant to health and social determinants of health (e.g., healthy eating, exercising, financial literacy)- Digitally amplify existing community education opportunities. 5. Organize and execute health care fairs in partnership with NJDOH Partner Engagement Specialist. <u>This includes at least one event on April's Minority Health month.</u> 6. Provide general health and wellness information and NJDOH program information to specific population communities.	Reporting Period: July 1, 2026, to June 30, 2030 <u>Outreach and Education</u> a. # of new and expanded partnerships. Provide list of partner's contact information. b. # of community members reached to identify and address barriers. c. 100% of the health education materials used in the initiatives are culturally and linguistically appropriate (translated to the necessary languages), sourced from CDC, NJDOH, or other reliable providers, and tailored to the specific population served. d. # of events (in-person or virtual) hosted and/or participated relevant to health and social determinants of health. - o Provide the # of people and their demographics who attended the events. - o Describe the event and provide lessons learned. e. Participate in at least 2 health fairs every year. f. # of individuals or households from the specific population who received general health and wellness information through digital or in-person channels (for the digital component, this refers to the number of individuals who actively engaged with the content, rather than the total number of individuals reached by a post or advertisement)
---	---	---

	<u>Navigation</u> 1. Listen to and understand individual's needs, refer them to appropriate resources, assist with completing forms and scheduling appointments. 2. Follow up with community members regularly and provide further referrals or resources for originally identified needs to ensure that individual's needs are met. 3. Monitor individuals for one year to ensure they have no new needs or support them on new needs. 4. Provide navigation to wrap-around services including but not limited to medicine and/or food delivery, comfort care, transportation, housing, etc. 5. Both team members will work together to ensure that if a client's need is not met by referred resource, they will escalate the issue to higher management from the specific program for resolution.	<u>Navigation</u> a. At least 75% of individuals who received support are successfully connected to the appropriate resources, services, and programs. b. At least 75% of individuals are contacted for follow ups. c. At least 75% of individuals are monitored for at least 1 year after first interaction. d. # of individuals who received wrap-around services e. Detail narrative providing information on the specific services individuals are getting access to, and describe the scenarios where services were not provided, and how it was managed.
4. Program Management Ensure effective oversight, compliance, and continuous improvement	1. Attend Monthly grantee meetings. 2. Meet individually with PMO to address questions, and/or concerns. 3. Timely submission of quarterly reports 4. Attend quarterly specific population meeting hosted by OMMH. 5. Participate in scheduled site visits as part of ongoing program evaluation and support.	Reporting Period: January 1, 2026, to June 20, 2030 a. One grantee meeting a month for the duration of the grant. b. At least one one-on-one meeting with PMO every two weeks, or as often as needed. c. Submit 1 report every quarter. d. At least one group meeting with OMMH

Table 6: Deliverables

Appendix B: Projected outcomes and Activity Estimates

Applicant Name

Geographical Areas Reached

County*	
Municipalities*	
County	
Municipalities	
County	
Municipalities	

Total Estimates

Total persons estimated: Outreached	
Total persons estimated: Educated	
Total persons estimated: Navigated	
Total events estimated: In-Person	
Total events estimated: On-line	

Table7: Projected outcomes and activity estimates

Appendix C: Scoring Criteria

SCORING CRITERIA

In scoring applications, eligible applications will be evaluated against the following criteria during review:

Section	Sub-section	Points
1. Executive summary (Max 5 points)	Overview of the project and its key elements	5
2. Grant Proposal (Max 60 points)	a. Description of community of focus	10
	b. Relevant partnership	10
	c. Goals and Objectives Strategy	15
	d. Timeline of implementation	10
	e. Organizational capacity	15
3. Methods and evaluation (Max 15 points)	Evaluation methods, metrics, and success measurements	15
4. Projected Outcomes and Activity Estimates (Max 5 points)	Estimated outreach, people reached, and events	5
5. Project Budget (Max 15 points)	Budget breakdown and justification	15
Total		100

Table 3: Scoring Criteria

Details of each section are under Section IV. **“HOW TO ACCESS AN APPLICATION/IMPORTANT APPLICATION INSTRUCTIONS”**

Appendix D: Q&A

A. Applicant Eligibility and Focus

- 1. Can organizations with a specific population focus (e.g., Black maternal health, Haitian Kreyol speakers) apply, or must applicants serve multiple populations?**

This funding opportunity is intended to support projects that reach a broader portion of the specific population and address multiple health needs or social determinants of health. Proposals that focus too narrowly on a single issue or subgroup may not be competitive.

However, organizations working within specific communities or populations are encouraged to remain engaged through the Specific Population Programs. The Department can help connect interested organizations with the appropriate program ambassadors to explore opportunities for collaboration and engagement.

- 2. Will priority be given to organizations whose sole focus is one of the specific populations identified or will organizations that serve multiple populations be equally considered?**

Priority will be given to organizations whose work primarily focuses on one of the specific populations identified in the RFA (at least 80% of their reach). However, organizations that serve multiple populations may also be considered if they can clearly demonstrate existing strength of the relationship with one specific population.

- 3. Will preference be given to statewide initiatives, countywide projects, or local/community-level efforts?**

Priority will be given to projects with a statewide reach or those that demonstrate the capacity to expand impact across multiple regions. Local or county-based initiatives are eligible but should clearly outline plans for collaboration or scalability to serve broader geographic areas across the state for that specific population.

- 4. Are hospital systems and healthcare institutions eligible to apply, or is this opportunity limited to community-based organizations (e.g., FQHCs)?**

Hospital systems are eligible to apply as long as they meet the eligibility criteria outlined in the RFA. Specifically, applicants must have 501(c)(3) IRS status, function as community-based healthcare providers, and work closely with one of the specific populations identified in the RFA.

- 5. Are county, city, other government offices eligible to apply?**

Per the eligibility requirements outlined in the RFA, this funding opportunity is limited to nonprofit organizations with 501(c)(3) IRS status, including community-based organizations, faith-based organizations, and community-based healthcare providers. Unfortunately, county or

other government offices are not eligible to apply directly for this grant.

6. Is there a minimum or maximum number of counties or municipalities that must be included in the project area?

No. Priority will be given to projects with a statewide reach or those that demonstrate the capacity to expand impact across multiple regions. Local or county-based initiatives are eligible but should clearly outline plans for collaboration or scalability to serve broader geographic areas across the state for that specific population.

7. Are Letters of Support from partners allowed as attachments, and do they improve scoring?

Letters of Support are allowed as an attachment. Letter of Support are not part of the evaluation process.

B. Staffing Requirements and Structure

1. The RFA requires hiring or retaining two essential staff:

a. Must they be full-time, or can multiple part-time staff equal 2.0 FTE?

It is highly recommended to hire and maintain full-time staff. This grant is staff-centered, applicants are encouraged to include strategies for retaining staff throughout the grant period to ensure program continuity and success. If part-time staff is needed, it will need NJDOH approval.

b. Is it acceptable for existing staff (e.g., social workers, outreach workers) to fill these roles temporarily or permanently?

Yes. The intent of the staffing requirement is to ensure sufficient capacity to implement the project as designed. Applicants may propose using existing staff if they can demonstrate that current personnel have the time, expertise, and capacity to carry out the required activities effectively. However, proposals should clearly explain how staffing resources will meet the project's needs and deliverables.

2. Are there minimum credential or qualification requirements for these positions?

The RFA does not specify required credentials or degrees. However, applicants are expected to propose staff with education and expertise appropriate to the program's scope of work and specific population. Ideally, staff should demonstrate experience in community engagement, program coordination, and serving diverse or underserved populations.

3. Can supervisory or director-level staff who oversee the project be included in direct costs?

The organization will determine the staffing structure, supervision, and the budget to meet the deliverables. It is recommended that two dedicated employees or the equivalent staff members

will be allocated to this grant to complete the deliverables.

4. Are project staff expected to be 100% dedicated to this grant?

Please see responses above.

5. Are project staff expected to be certified in healthcare enrollment?

Certification in healthcare enrollment is not required. The RFA does not specify required credentials or degrees. However, applicants are expected to propose staff with education and expertise appropriate to the program's scope of work and specific population. Ideally, staff should demonstrate experience in community engagement, program coordination, and serving diverse or underserved populations.

C. Allowable and Unallowable Costs

1. Can incentives such as gift cards be offered to participants?

Yes. Incentives such as gift cards may be used if they are necessary to achieve the deliverables and objectives of the grant.

2. Can grant funds cover marketing, social media, or outreach materials?

Yes. Grant funds may be used for marketing, social media, and outreach materials that support program implementation.

3. Can funds be used for travel costs (e.g., gas) related to outreach or mobile services?

Yes. Reasonable in-state travel costs directly related to outreach or mobile services are allowable grant expenses.

4. Are space, utilities, supplies, and equipment (e.g., copier) allowable as direct costs?

Space and utilities are not allowable as direct costs, as these costs are covered under the 15% indirect cost rate when excluded from the Modified Total Direct Cost (MTDC) base. Supplies are allowable as direct costs, and equipment such as laptops may be allowable if necessary to carry out the project activities.

5. Can indirect costs (e.g., 15% for fringe or administrative overhead) be included?

Please refer to page 12 of the RFA indirect costs (X Funding Restrictions/Exclusions).

D. Program Scope and Deliverables

1. Are grantees required to implement all strategies outlined in the RFA, or can they select those that best fit their community?

Grantees are required to implement all the strategies outlined in the RFA.

2. What does it mean to “be the community voice facilitator”?

It means your organization will serve as the bridge between the community and public health partners to ensure that the voices, priorities, and lived experiences of the specific population guide all activities. As the community voice facilitator, you will engage directly with the community to build trust, identify their specific needs, and communicate those needs to NJDOH and other agencies. Based on what the community identifies as priorities, you will also design and deliver tailored outreach, education, and navigation activities that connect individuals to appropriate resources and services.

3. Can this grant be used for direct service delivery (e.g., home care for seniors), or must it focus on outreach, education, and navigation?

This grant must focus on outreach, education, and navigation activities based on the specific needs of the target population. Funds are not intended to support direct service delivery (such as clinical care, home care, or other direct treatment services), but rather to connect individuals with existing resources and help them access the services they need.

4. How should the following program components be defined:

- **Outreach:** It involves engaging with the community to raise awareness, connect individuals to services, and address barriers to access. This can include marketing, promotion, partnership building, participation in community events, and direct engagement with the population.
- **Education:** It includes providing health and wellness information, training, and skill building opportunities to the community. This can include community workshops, culturally and linguistically appropriate materials, and participation in educational events relevant to health and social determinants of health.
- **Small Media:** It refers to printed or digital material designed to inform or engage the population. This includes social media posts, digital campaigns, newsletters, flyers, or other online/offline communication tools, with a focus on active engagement rather than passive exposure (for example, simply hanging a flyer without follow-up or having social media posts that receive views or likes but no meaningful interaction)

5. Will marketing materials be provided by the Department, or should applicants budget for their own materials and distribution?

The New Jersey Department of Health and other state agencies may provide marketing materials; however, applicants should budget for their own materials and distribution based on the needs of the population they serve.

6. What are the expectations for grantees in convening NJDOH, other state agencies and local service providers?

Grantees are expected to act as a connector between the community and state/local partners. This includes facilitating collaboration among NJDOH, other relevant state agencies, and local service providers to ensure the specific population's needs are understood and addressed. Activities may include organizing meetings, sharing community insights, coordinating resources, and fostering partnerships that support outreach, education, and navigation for the specific population. The goal is to align state and local efforts with the priorities identified by the community.

7. What is the expected intensity and scope of navigation services?

Navigation should focus on individualized support, not just light-touch referrals. Please refer to page 18 of the RFA for more detailed information.

8. Is a formal Community Health Needs Assessment required, or will a participatory community assessment suffice?

A formal Community Health Needs Assessment (CHNA) is not required. A participatory community assessment will meet the requirement for this grant. Please refer to page 16 of the RFA.

9. What is the expected length and format of the assessment document?

There is not expected length and format for the assessment document. It should meet the requirements outlined in page 16 of the RFA.

E. Project Timeline and Deliverables

1. Is it acceptable if Term 1 focuses on hiring, assessment, and planning, with full-service delivery beginning in Term 2?

Yes. Term 1 may focus on hiring staff, conducting the population's needs assessment, and completing planning activities. Full implementation of services such as outreach, education, and navigation, may begin in term 2.

2. Should annual estimates (Appendix B) represent a full 12-month year, or should separate estimates be provided for the initial six-month term?

Annual service estimates should represent a full 12-month year. Applicant should also include a description of the specific tasks and milestones to be completed during term 1 to demonstrate how the project will build toward full completion.

3. Can the service area expand over time based on capacity and community needs?

Yes. service area may expand over time based on organizational capacity and identified community needs. Applicant should clearly describe in the application narrative how expansion will be assessed, planned, and implemented.

F. Budget and Application Components

1. Should applicants submit both a 6-month and 12-month budget, or a single annual plan?

In the SAGE grant application form, applicants should submit a six-month budget (January 1, 2026, to June 30, 2026) for the initial project period. In addition, Applicants must submit an attachment for a comprehensive budget plan for terms 1 to term 5 (January 1, 2026, to June 30, 2030). This will be submitted in the Grant Application Form - Attachments.

2. Should the budget and timeline reflect the entire five-year grant period?

See above response.

3. In the SAGE system, can applicants write “see attachment” in narrative boxes if the information is included in an uploaded proposal?

No. Applicants should enter the required information directly into the SAGE system.

4. Are there formatting or submission preferences for uploaded documents (e.g., single PDF, labeled sections)?

Yes. All required information must be entered in the **SAGE Grant Application Forms – Attachments**. Please see page 10 and 11 of the RFA.

5. What are the expectations for the End-of-Program Evaluation?

a. Are specific metrics, methodologies, or reporting formats required?

Currently in development.

b. How should applicants budget for this evaluation component?

It is not mandatory to allocate funds to the evaluation component. However, an end-of-the-program evaluation must be submitted.

G. Technical Assistance and Communication

1. Will all applicant questions and answers be shared publicly with interested applicants?

Yes, all questions received, and the corresponding answers will be attached to the RFA document posted online.

2. Is technical assistance available for applicants, particularly those applying for the first time?

Yes. For technical assistance contact:

Program Management Officer (PMO)	Grant Management Officer (GMO)
Angelica Barreto-Galvez Office of Population Health, OMMH Address: 55 North Willow St., Trenton, NJ 08625 Phone: 609 913 5755 Email: angelica.barreto@doh.nj.gov	Elizabeth Adeniyi Office of Population Health, OMMH Address: 55 North Willow St., Trenton, NJ 08625 Phone: 609 913 5754 Email: elizabeth.adeniyi@doh.nj.gov