ACROBAT READER REQUIRED FOR DIGITAL USE OF THIS FORM

# NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

| NAME OF GRANT PROGRAM: | NOFA REFERENCE NO.: |
|---|---|
| SSUS Housing Opportunities for Persons With AIDS (HOPWA) 2026 | SSUS26HOP |

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

**To provide communities with resources and incentives for devising long-term strategies to develop a range of housing assistance and supportive services for low-income people living with HIV.**

| ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM: $ 2,370,000.00 | AWARD PERIOD: From 4/1/26 Through 3/31/27 |
|---|---|

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

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

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

- [x] Municipal Government
- [x] County Government
- [ ] State Government
- [ ] Indian Tribal Gov't (Federally Recognized)
- [ ] Institution of Higher Education
- [ ] Hospital
- [x] Non-profit Organization (501(c)3)
- [ ] Other:

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

**Eligible activities are the administration of:**

**1) Tenant-Based Rental Assistance**

**and**

**2) Security Deposit Assistance for qualified households within the service aras.**

**APPLICATION PROCEDURES:**

Eligible applicants will submit grant applications through the Department's System for Administering Grants Electronically (SAGE), in accordance with the Request for Applications (RFA). The RFA may be requested from the contact listed below.

**1. The applicant requests a copy of the RFA from the contact listed below.**

**2. The applicant submits a Letter of Intent, inquiry or concept paper, as required in the RFA.**

**3. The Program Management Officer (PMO) will make a grant application available to all "Eligible" agencies in the System for Administering Grants Electronically (SAGE), https://dohsage.intelligrants.com/IGXLogin**

**4. The applicant will submit a grant application in accordance with the RFA.**

**FOR INFORMATION CONTACT:**


**NAME:** Chelsea Betlow

**TELEPHONE:** (609) 913-5905

**PROGRAM:** Director, HIV Services

**E-MAIL:** chelsea.betlow@doh.nj.gov

**MAILING ADDRESS:** New Jersey Department of Health
PO BOX 363
Trenton, NJ 08625


**DATE ON WHICH APPLICATION WILL BE AVAILABLE:** 03/12/26

**SAGE PROGRAM NAME:** SSUS Housing Opportunities for Persons With AIDS (HOPWA) 2026

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:** 03/23/26

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:** 04/01/26