ACROBAT READER REQUIRED FOR DIGITAL USE OF THIS FORM

NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM:	NOFA REFERENCE NO.:
HIV/AIDS Ryan White Part B Supplemental 2027	SSUS27RWS

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

To provide transitional housing opportunities and a range of medical and supportive services to unstably-housed/homeless people with HIV (PWH)for the purpose of improving their overall health and wellness.

ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM: $ 848,458.00	AWARD PERIOD: From 9/30/26 Through 5/31/27

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:

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

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Experience with the provision of community health and social services. At least two years of experience providing services to people with HIV (PWH). Appropriate professional licenses and compliance with appropriate regulations required.

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.

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

FOR INFORMATION CONTACT:

NAME: Chelsea Betlow

TELEPHONE: 6099135905

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: 09/10/26

SAGE PROGRAM NAME: HIV/AIDS Ryan White Part B Supplemental 2027

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED: 09/25/26

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS: 09/30/26