ACROBAT READER REQUIRED FOR DIGITAL USE OF THIS FORM

# NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

| NAME OF GRANT PROGRAM: | NOFA REFERENCE NO.: |
|---|---|
| SSUS State STD Program 2027 | SSUS27SST |

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

**Applicants are able to request 1)Disease Intervention Specialist (DIS) staff to conduct disease investigation and intervention activities, also known as Partner Services; AND/OR 2) request funds to provide statewide safety net coverage of STD testing for men and women under 30 years of age that do not have insurance or other means to obtain STD testing; AND/OR 3) expand existing, local health STD clinical services to increase hours of operation and persons served for STD testing and treatment; AND/OR 4) provide integration of STD and HIV Services.**

| ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM: | AWARD PERIOD: |
|---|---|
| $ 1,852,456.00 | From 7/1/26 Through 6/30/27 |

**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:**

**1. The provision of syphilis (and other potential emerging STD needs) field investigation and follow-up. Funding is intended to cover DIS staff salary, fringe and related DIS expenses.**

**2. Expansion of local health STD Clinic services by adding clinical staff that will allow for expanded hours and services.**

**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:** Toby Levin

**TELEPHONE:** (609) 954-8586

**PROGRAM:** Director, STD Program

**E-MAIL:** toby.levin@doh.nj.gov

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

**DATE ON WHICH APPLICATION WILL BE AVAILABLE:** 05/08/26

**SAGE PROGRAM NAME:** SSUS State STD Program 2027

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:** 05/29/26

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:** 07/01/26