ACROBAT READER REQUIRED FOR DIGITAL USE OF THIS FORM

NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

NAME OF GRANT PROGRAM:	NOFA REFERENCE NO.:
TB Prevention and Control Regional TB Specialty Clinic Services	SUSS27TBS

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

To provide clinical care, treatment, nurse case management and/or outreach services to TB cases and suspects, their associated contacts and Class B1/B2 immigrants and refugees for a defined group of local health jurisdictions.

ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM: $ 2,450,103.00	AWARD PERIOD: 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. https://www.nj.gov/health/grants/documents/terms_conditions.pdf
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
- [x] State Government
- [x] Indian Tribal Gov't (Federally Recognized)
- [x] Institution of Higher Education
- [x] Hospital
- [x] Non-profit Organization (501(c)3)
- [ ] Other:

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

The service area of each Regional TB Specialty Clinic seeking funding must, during the three previous calendar years, either be (1) a county with an average of 30 verified TB cases or (2) serve a multi-county area with an average of 30 or more verified TB cases.

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 Program Management Officer will send a Letter of Intent to all eligible agencies, as required in the RFA.
2. The Program Management Officer will make a grant application available to all eligible agencies in the System for Administering Grants Electronically (SAGE), https://dohsage.intelligrants.com/
3. The applicant will submit a grant application in accordance with the RFA.

FOR INFORMATION CONTACT:

NAME: Jennifer Matta
TELEPHONE: (609) 462-7916
PROGRAM: TB
E-MAIL: jennifer.matta@doh.nj.gov
MAILING ADDRESS: New Jersey Department of Health
55 North Willow St
Trenton NJ, 08625

DATE ON WHICH APPLICATION WILL BE AVAILABLE: 04/10/26

SAGE PROGRAM NAME: Tuberculosis Control (TB), Specialty Clinic Services 2027

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED: 05/01/26

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