



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

<b>NAME OF GRANT PROGRAM:</b> Preventive Health Services Grant to Prevent Chronic Diseases 2023	<b>NOFA REFERENCE NO.:</b> DCHS23PHS
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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:**  
To fund interventions that improve the health of New Jersey residents.

<b>ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM:</b> \$ 787,000.00	<b>AWARD PERIOD:</b> From 10/1/22 Through 9/30/23
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**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:**

<input type="checkbox"/> Municipal Government	<input checked="" type="checkbox"/> Institution of Higher Education
<input checked="" type="checkbox"/> County Government	<input checked="" type="checkbox"/> Hospital
<input type="checkbox"/> State Government	<input checked="" type="checkbox"/> Non-profit Organization (501(c)3)
<input checked="" type="checkbox"/> Indian Tribal Gov't (Federally Recognized)	<input type="checkbox"/> Other:

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**  
Awards will be made to qualified applicants. Award amounts will be based on the availability of federal funds. Applicants must have a current NJ Charities Registration Letter of Compliance (if applicable) and a current NJ Tax Clearance Certificate. Continued funding will be based in satisfactory completion of project deliverables.

**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 to Apply on official letterhead, inquiry, or concept paper, as required in the RFA.
3. The Program Management Officer will make a grant application available to all "eligible" agencies in the System for Administering Grants Electronically (SAGE), [www.sage.nj.gov](http://www.sage.nj.gov).
4. The applicant will submit a grant application in accordance with the RFA.

**FOR INFORMATION CONTACT:**

<b>NAME:</b> Tifanie Selby	<b>TELEPHONE:</b> (609) 913-5679
<b>PROGRAM:</b> Community Health and Wellness	<b>E-MAIL:</b> <a href="mailto:tifanie.selby@doh.nj.gov">tifanie.selby@doh.nj.gov</a>

**MAILING ADDRESS:** New Jersey Department of Health  
55 N. Willow Street, 5th Fl  
Trenton, NJ 08625-0355

<b>DATE ON WHICH APPLICATION WILL BE AVAILABLE:</b> 07/19/22
<b>SAGE PROGRAM NAME:</b> Preventive Health Services 2023
<b>DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:</b> 08/05/22
<b>DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:</b> 08/15/22