



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

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NAME OF GRANT PROGRAM:	NOFA REFERENCE NO.:
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PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:

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ESTIMATED AMOUNT OF MONEY IN THE GRANT PROGRAM:	AWARD PERIOD: From _____ Through _____
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**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](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:**

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

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

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**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.

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**FOR INFORMATION CONTACT:**

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**MAILING ADDRESS:** New Jersey Department of Health

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**DATE ON WHICH APPLICATION WILL BE AVAILABLE:**

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**SAGE PROGRAM NAME:**

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**