Request for Application (RFA)
2027

I. Autism Medical Home Model

IMPORTANT DATES:

April 1, 2026	**RFA Release (on Autism website)**
April 23, 2026 12:00 PM	Technical Assistance Session (Mandatory)*
April 30, 2026	Letter of Intent Due (Required)**
May 22, 2026	Application Due in SAGE 4:00 p.m.
July 31, 2026	Notice of Grant Award
August 1, 2026 – June 30, 2031	Autism Medical Home Model Grant Period

*All grant applicants (including repeat applicants) must register for and attend the Technical Assistance (TA) virtual meeting April 23, 2026. Additional information will be posted to council's website https://nj.gov/health/autism/index.shtml. The TA meeting will provide an opportunity for potential applicants to ask questions about the RFA and grants management process. TA will also include a presentation and overview from a SAGE team representative.

**A Letter of Intent (LOI) must be received by April 30, 2026 for the applicant to open a grant application in SAGE. Please email: NJGCA@doh.nj.gov with your submission.

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BACKGROUND

Individuals with ASD and their families often experience fragmented care across multiple systems, including medical, behavioral health, educational, and community services. The Autism Medical Home Center of Excellence (AMHCE) model integrates these services into a coordinated approach that places families at the center of care, reduces disparities, promotes collaboration, and demonstrates measurable improvements in outcomes and efficiency.

Autism Spectrum Disorder (ASD) is a lifelong developmental condition requiring coordinated, person-centered, and family-focused care. Traditional systems of care often operate in silos, creating challenges for families navigating multiple medical, behavioral, and social service systems. The AMHCE model integrates primary care, behavioral health, and community services to deliver continuous, comprehensive care across the lifespan.

The Autism and Developmental Disabilities Monitoring (ADDM) Network tracks how common autism is and when children are identified with it. In 2022, 16 sites across the U.S. and Puerto Rico collected data on 4-year-old and 8-year-old children living in their areas. A child was counted as having autism if they had a documented autism diagnosis, received special education services for autism, or had an autism-related medical code. Four-year-olds who did not meet the full definition but had an evaluator's note suggesting possible autism were recorded as "suspected" cases. [Read Article]

The Centers for Disease Control and Prevention (CDC) 2025 Community Report on Autism provides a snapshot of ASD among 4-year-old and 8-year-old children in multiple communities across the United States in 2022. Read the full report here: 2025 Community Report on Autism. Findings from the New Jersey Autism Study, included in the 2025 Community Report on Autism, conclude 1 in 29 or 3.4% of 8-year-old children were identified with autism in 2022.

Snapshot of Autism in New Jersey (ADDM/NJAS, 2022 Data)	
Children identified with ASD	1 in 29 (≈3.4%) of 8-year-olds
Co-occurring Intellectual Disability	~40%
Evaluated by age 3	52.4%
Racial/Ethnic Disparities	Black and Hispanic children 1.7× more likely than White children
Gender	Boys are identified more often than girls

More children—especially younger and previously under identified ones—are being diagnosed with autism. This highlights the growing need for better planning to provide fair access to diagnosis, treatment, and support services. Differences in autism identification across regions show that some communities are finding more effective ways to reach children, offering opportunities to share and apply those successful approaches more widely.

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PROGRAM DESCRIPTION AND GUIDELINES

The NJ Governor's Council for Medical Research and Treatment of Autism (Council) recognizes the many differences in autism identification across regions, and that some communities are finding more effective ways to reach autistic people. This grant opportunity intends to bring community events together in a coordinated and cohesive manner as it encourages the tracking and monitoring of those efforts, research projects and initiatives, and other successful approaches with the newly designed Autism Medical Home Center of Excellence (AMHCE) model.

The purpose of this grant opportunity is to invite applications to develop, implement, and evaluate the efficacy of the proposed model. This initiative combines the centralization of care with scientific research awards to public and nonprofit entities, and provides opportunity for community involvement through collaboration and partnership with community based organizations. Instead of creating and adding to the existing siloed effect, the Council has decided to address the needs of the autism community by integrating the Medical Home model with the Center of Excellence. This initiative will ensure that scientific research continues while addressing the following for NJ families:

1. Centralized Care: A primary care provider site (PCP) acts as the hub, coordinating all preventive, acute and chronic care for the child.
2. Coordination: Ensures seamless communication between the PCP, behavioral therapists, and other specialists
3. Reduced Fragmentation: Aims to prevent gaps and overlaps in services, leading to better satisfaction and outcomes.
4. Focus on ASD: Specifically tailored model for high-needs children with ASD, and supporting transitions to adult care.

The governing tenet for autism research grant awards stipulates that the Governor's Council for Medical Research and Treatment of Autism (Council) shall make awards of grants and contracts to public and nonprofit private entities (N.J.S.A. 30:6D-56), and 30:6D-60 Center of Excellence for Autism-the council shall make awards of grants and contracts to public and nonprofit private entities to pay all or part of the cost of planning, establishing, improving and providing basic operating support for a Center of Excellence for Autism in the State. Additional information about the Council can be found at https://www.state.nj.us/health/autism/index.shtml.

Applicants for the AMHCE models may apply for a (five (5)-year) stipend of $360,000 per year for a total of $ ($1,800,000). The ability of the Department to make grant awards is expressly dependent upon the availability of funds appropriated by the State Legislature from State and/or federal revenue or such other funding sources as may be applicable. Applicants that have current Council funding of any kind are eligible to apply for this opportunity if the funded project will be completed by June 30, 2026.

The award for this program has two aims. First, it is intended to establish regional Medical Homes for the autism community . Second, the New Jersey Center for Excellence requirements have been incorporated into the Medical Home model to create an AMHCE that will have the responsibility to also promote ASD research in New Jersey, and to provide continuous support as the funding source allows. Subsequently, the data and results gained from the research grants funded by the established AMHCE models will provide NJ research investigators the opportunity to develop strong proposals for submission for submission to the National Institutes of Health (NIH) and biomedical research foundations. Applicants shall recognize and agree that the initial provision of funding for all opportunities and the continuation of funding for research grants under the grant agreement is expressly dependent upon the availability of NJDOH funds appropriated by the State Legislature from State and/or Federal revenue or such other funding sources as may be applicable.

It is the understanding of the Council that all proposals and supporting materials are original ideas/language proposed by the applicant and their affiliated institution. The Council recognizes the National Institutes of Health (NIH) notice number: NOT-OD-23-149 June 23, 2023 (The Use of Generative Artificial Intelligence Technologies is Prohibited for the NIH Peer Review Process) and therefore restrict the Council's contracted Peer Reviewer to the same standard. To paraphrase that ruling, "reviewers must be accountable and aware that uploading or sharing content or original concepts from a grant application, contract proposal, or critique to online generative AI tools violates the peer review confidentiality and integrity requirements." Essentially, to use generative AI to analyze or critique grant applications in Peer Review will be considered a breach of confidentiality.[1] Similarly while AI is not banned in the grant writing process itself, the Council **strongly cautions that Principal Investigators (PI) use AI tools at their own risk**. The PI must be aware of the potential for plagiarism, fabricated citations, and falsified information that may be embedded through the use of generative AI. This would be considered research misconduct, and will warrant the Council taking steps to address non-compliance according to your institution's Research Misconduct policy.

All applicants must read the *[SAGE Terms and Conditions for Administration of Grants: Effective for Project Periods Beginning on or After July 1, 2024](...)* and review Appendix 5 before proceeding with the research proposal submission. All terms must be adhered to, with particular emphasis on the following:

- **Subpart E.** Standards for Grantee and Subgrantee Financial Management Systems (page 11)
- **Subpart F.** Cash Management (page 12)
- **Subpart H.** Allowable cost (page 15)
- **Subpart M.** Program Changes and Budget Revisions (page 23)
- **Subpart N.** Property, Equipment, Supplies, and Copyrights (page 26)

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[1] McKlveen, Jessica (2023, June 29). Think Again Before Using Generative AI During Peer Review or As you Prepare an Application. https://www.nccih.nih.gov/research/blog/think-again-before-using-generative-ai-during-peer-review-or-as-you-prepare-an-application

NJDOH administers a diverse array of grant programs that address the missions of its several divisions. The awarding divisions within NJDOH are responsible for the award, administration, and monitoring of these programs under a variety of legislative authorities, governing regulations, policies, and procedures. Grants shall be made to a wide range of applicants, including local governments, institutions of higher education, hospitals, and nonprofit organizations. The administration of a grant not only requires adherence to the program objectives for which the grant was made, but also requires that objectives be accomplished in a businesslike manner. This is particularly important when the costs to applicants and the State are rising and NJDOH funds are limited. For these reasons, applicants must establish sound and effective business management systems to ensure proper stewardship of funds and activities. Applicants are expected to exercise the same degree of prudence in the expenditure of NJDOH funds as they use in expending their own funds.

Applicants may not apply for any other grant opportunity in the same cycle. Given the competitive nature of these grants, applicants must submit **_one_** well-developed and responsive application as opposed to multiple applications.

NJDOH promotes the application of all Health in All Policies to ensure the best outcomes for New Jersey residents. As described by the Center for Disease Control and Prevention (CDC), Health in All Policies applies health consideration into policymaking processes outside of the health sector and where people live, work, and play. NJDOH is focused on improving health outcomes for New Jersey residents at all life stages. Core activities include the use of data to drive measurable health improvements, identify and target vulnerable populations for interventions, eliminate health disparities, and promote collaboration across sectors to develop health policies and achieve health equity.

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Autism Medical Home Center of Excellence (CAUT27AMH)

The New Jersey Governor's Council for Medical Research and Treatment of Autism provides the availability of funds to support the development, and implementation of the Autism Medical Home Center of Excellence (AMHCE) models in New Jersey The purpose of this initiative is to improve health care coordination, access, and outcomes for individuals with Autism Spectrum Disorder (ASD) and their families through family-centered-team-based care, and to ensure the basic and clinical research continues, establish training programs for physicians, scientists, and auxiliary health care professionals within the host organization or it's region, and to provide information and continuing educational programs.

The AMHCE grant program also intends to support new discoveries and the development of best practices to improve the lives of people with ASD in New Jersey while encouraging the development of new clinical and multidisciplinary teams. Therefore, research projects under the auspicies of the AMHCE model may be encouraged to address health equity by using a logic model to produce a major impact in addressing health disparities and inequities within the autism community. Additionally, research addressing community-prioritized questions, cross-cutting issues such as social determinants of health (the non-medical factors like where you live, work, learn, and age that shape one's health, socioeconomic status, and healthcare access/quality with major impacts on health outcomes and equity) across sectors, multiple levels and systems that contribute to health disparities, and/or priority areas of autism may be conisdered priority grant applications by the AMHCE.

The Council will fund six (6) AMHCE models with an emphasis on encouraging comprehensive, family-centered, and coordinated care for individuals with autism across all stages of life. Key features include:
- Family Partnership: Families are active partners in care planning.
- Care Coordination: A dedicated care manager links medical, behavioral, educational, and community supports.
- Integrated Services: Collaboration among pediatric, behavioral health, and specialty providers.
- Accessible & Equitable Care: Culturally and linguistically responsive care for all populations.
- Lifespan Focus: Supports transitions from childhood through adulthood.
- Data-Driven Improvement: Uses measurable outcomes to monitor and enhance quality
- Team-based Care
- Ensuring basic and clinical research continues
- Training and continuing educational programs for physicians and scientists
- Training and continuing educational programs for auxiliary health care professionals within the host organization or it's region
- Providing information and care coordination for the autism community

AMHCE models are intended to address fragmented and siloed care by improving:
- Access to early diagnosis and intervention

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- Communication between providers
- Family satisfaction and empowerment
- Health and developmental outcomes
- Information and care coordination for the autism community

Two AMHCE models will be established in the northern, central, and southern regions of New Jersey. This new funding structure builds upon the Council's firm commitment to finding new and innovative ways to help New Jersey families impacted by autism. The models will ensure the ongoing establishment of a New Jersey Autism Center of Excellence per the legislation P.L. 2007, c.168, s.1., with the understanding that the work carried out at the Center shall be comprehensive and fully collaborative. Existing Autism Research Centers are eligible to apply for this Request for Applications (RFA). However, if the Autism Research Center or Organization's PI is has a current grant award with the Council, that grant award must be set to end or projected to end within 6 months of the awarding of the AMHCE grant.

AMHCE model awards may be designed to enhance the continuation of established autism research programs as long as they meet the criteria described on pages 9-11. The proposals should be focused on an inter-agency, and or intradepartmental collaborative development of quality improvement interventions and advanced technologies; thus, the anticipated result that will be developed should be identified and the development path should be clearly laid out. Particular emphasis on the following must be clearly defined:

- Age at diagnosis
- Follow-up after screening
- Access to services
- ER visits
- Family satisfaction
- Successful transitions to adult care

The Council will consider funding AMHCE models that include _versatile interdisciplinary teams_ that emphasize the following:

- A Comprehensive Care Team
- Family Engagement
- Care Coordination
- Access & Equity strategies
- Data & Evaluation
- Sustainability Plan
- Basic and clinical research
- Training and continuing educational programs for physicians and scientists

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- Training and continuing educational programs for auxiliary health care professionals within the host organization or it's region
- Information and care coordination for the autism community

The AMHCE model must also establish a review process to perform scientific and technical merit reviews for all grant awards that will be issued under its auspices. The AMHCE research grant awards (internal or external), and community-based organization (CBO) initiative grant awards must all undergo a review and scoring process to be determined by the AMHCE. The Review Criteria outlined in Appendix 2 may be adapted as a model, with modification as necessary, for the AMHCE for both the research grant awards and CBO grant awards. Note that the grant applications received by the AMHCE do not need to be strong in all categories to be judged likely to have a major scientific impact and thus deserve a high priority score.

Applicants must include a clear evaluation and data plan demonstrating how outcomes will be measured, tracked, and reported to the Governor's Council for Medical Research and Treatment of Autism. Evaluation must align with the program's goals to improve coordinated, lifespan-focused care for individuals with autism.

Unlike the Council's awards for research grant programs that are intended to promote ASD research but not to provide long-term support; the intent of the AMHCE program is to establish and provide long term support through a 5-year grant award that may continue with the successful reapplication specifically designed for those AMHCEs that meet or exceed the quality improvement standards and metrics during the first 5-years of the grant, and thereafter.

The grant award period of performance is (5) years. However, it is the intent of the Council to continue funding to those organizations demonstrating sustainability and continuous quality improvement outcomes as demonstrated by the completion of the AMHCE Metrics. Continuation of funding to the AMHCE models that meet or exceed the metrics standards will essentially provide a coordinated and cohesive statewide model approach for addressing autism.

The anticipated direct costs budgeted for the entire period of performance must not exceed $360,000 ($1,8000,000) each year. Award amounts are contingent on the availability of NJDOH funding. All direct costs of any subaward (subgrant or subcontract) must be included in the total direct costs of the primary award.

The detailed elements required in the narrative are described in Appendix 2 and in the table below.

*Applicants must use the template in Appendix 6 to report quarterly, 6-month, and annual metrics.

AMCE Metrics

Domain	Metric	Definition/ Indicator	Data Source
Access & Utilization	Enrollment	Number of children/youth with autism actively enrolled in the Medical Home	Clinic Registry/ EHR
	Wait Time to Intake	Average # of days from referral to first visit	Scheduling System
	Care Plan Completion	% of patients with individualized care plans completed within 60 days of enrollment	Care Coordination Logs
	Follow-Up Visit Adherence	% of scheduled visits attended	EHR
Care Quality & Processes	Comprehensive Score	% of patients receiving developmental/ behavioral screening and co-occurring condition assessment	EHR
	Timeliness of Services	Average # of days from referral to initiation of intervention	Care Coordination Logs
	Shared Care Plan	% of Utilization cases where Care Plans are shared across medical, behavioral, and educational treatment	Department documentation
Family & Patient-Centered Care	Family Satisfaction	% of families rating care as 'good' or 'excellent'	Family Survey
	Caregiver Strain Index	Change in caregiver-reported stress burden over time	Standardized Caregiver Tool
	Shared Decision-Making	% of families reporting involvement in treatment planning	Family Survey
Health & Developmental Outcomes	Functional Progress Improvement	Improvement in child adaptive functioning or quality of life (e.g. Vineland, PedsQL, PRO)	Clinical Assessments
	School/Education Engagement	% with updated IEPs, school attendance, or achievement of educational goals	School Reports / Parent Report
	ER / Hospitalization Reduction	% decrease in preventable ED visits or hospitalizations	Claims/ HER
	Co-occurring Condition	% of children managed with co-occurring conditions receiving ongoing monitoring/treatment	HER
Systems Integration & Equity	Closed-Loop Referrals	% of referrals to community/educational/social services successfully completed	Care Coordination Logs
	Health Equity Monitoring	Outcomes stratified by race/ethnicity, insurance, language, geography	HER/ Surveys
	Provider Training	# of staff trained in autism-informed, trauma-informed, and culturally competent care	Training Logs
Sustainability & Efficiency	Cost Savings	Reduction in duplicative tests, avoidable ED visits, or service fragmentation	Claims/Financial Reports
	Billing Capture	% of eligible visits with care coordination/telehealth codes billed	Billing data
	Staff Retention	% of staff retained year-over-year	HR data

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ELIGIBILITY CRITERIA

Qualified Individuals

Individuals with the skills, knowledge, and resources necessary to carry out the proposed research as the Principal Investigator are invited to work with their sponsors and organizations to develop an application. Investigators at the postdoctoral level or higher are eligible to apply. **Applicants must be affiliated with a New Jersey State medical school, a New Jersey State academic institution, a New Jersey State research organization or a New Jersey State public or private non-profit entity with a demonstrated capability to serve individuals with ASD.** The Council will not award grants to unaffiliated individuals. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are encouraged to apply. Individuals of any nationality or citizenship status may apply provided they hold employment or affiliate with a qualifying entity, as described below. If the proposed AMHCE project will be provided through collaboration, the structure of the collaborative arrangement must be described in the application.

Qualified Health Systems

Only those entities credentialed as a public and/or private non-profit organization in the State of New Jersey may apply for a Council grant under this RFA. The institution must be a New Jersey academic institution, New Jersey research organization, or New Jersey public or private non-profit entity with a demonstrated capability to conduct grant-funded activities that have obtained a Council/NJDOH research credential status. The research-credentialed entity must have established procedures to receive and administer Federal and State grants and adhere to procedures for the protection of human subjects as regulated by NIH. The research-credentialed entity must also have an Institutional Review Board (IRB) that will approve the proposed research activities, or a signed Memorandum of Agreement (MOA) to provide IRB services.

The Council will not accept grant applications from non-credentialed research institutions. However, non-credentialed research institutions may request an application from NJGCA@doh.nj.gov prior to applying for the AMHCE grant award.

Regarding the research grants to be issued through the AMHCE, the Council requires compliance with NIH, the HHS Office for Human Research Protections, and institutional guidelines defined for the protection of human subjects in research (see Appendix 7).

FUNDING AVAILABILITY, OBLIGATIONS AND DEADLINES

Two opportunities per region (northern, central, southern) are available for funding. The maximum award for each AMHCE model is $360,000 per year. The ability of the Department to make grant awards is expressly dependent upon the availability of funds appropriated by the State Legislature from State and/or federal revenue or such other funding sources as may be applicable. Indirect costs may not exceed 10% of the total Direct Cost. **Personnel costs for PIs (including administrative and contracted personnel) are capped at $30,000 per year (this amount includes fringe).** Fringe rates for salaried staff (including contractors and employees of contracted entities directly working on the funded project) hired under the awarded grant shall not exceed 15%.

Letters of intent are required and may be submitted at any time; however, letters are due no later than April 30, 2026. Applications must be submitted by May 22, 2026. The anticipated project start date is August 1, 2026.

Successful applicants must abide by all programmatic and fiscal requirements of NJDOH, including:
1. Terms and Conditions for the Administration of Grants;
2. General and specific grant compliance requirements issued by the granting agency; and
3. Applicable Federal Cost Principles relating to the applicant.
4. Immediate notification if the grant award cannot be accepted, is canceled, or encounters any difficulties that would prevent its completion prior to the expenditure of funds. Failure to fully comply in this area may result in a charge back to the institution.
5. Publications, patents, clinical applications and/trials resulting from research supported by the Council shall contain acknowledgment of funding source such as: "research funding provided by the New Jersey Governor's Council for Medical Research and Treatment of Autism (grant #xxxxx"). Grantees must provide a copy of Council -supported research materials to the Council Program Management Officer.

APPLICATION AND SUBMISSION INFORMATION

Applicants are required to submit the following information to move their proposal forward to external review. Applications that do not include all required documents will be regarded as incomplete and will not be reviewed.

Letter of Intent

A Letter of Intent (LOI) is <u>required</u> and may be submitted at any time; however, all LOIs are due no later than April 30, 2026. The LOI template can be found on the Council website at https://www.state.nj.us/health/autism/documents.shtml. Applicants must download and fill the form and send the letter in PDF format to NJGCA@doh.nj.gov. If you do not receive an acknowledgement of receipt within 2 business days, please call 609-913-5002.

Technical Assistance Session

A mandatory Technical Assistance (TA) Session is scheduled for April 23, 2026 at 12:00 PM. This session will provide an overview of the role of the Council as the funding agent for this opportunity, as well as an in-depth tutorial of the New Jersey System for Administering Grants Electronically (SAGE). **The annual TA session is mandatory for _all_ applicants; those who do not register and attend will have their application removed from consideration**.

To register for the webinar, an email with the following information must be sent to NJGCA@doh.nj.gov no later than April 22, 2026:

    I.   Name (with credentials)
    II.   Organization
    III. Email
    IV. Telephone

Researcher/ Key Personnel Bio-sketch(es) and CVs

Bio-sketches and CVs must be provided for all key personnel involved in the project.

The Council endorses the use of NIH's standard bio-sketch template for its use in the Research Pilot grant application. Download the current templated form here.

Additional information for the Biographical Sketch (bio-sketch) for each key personnel named must include:

1. Active support
2. Applications and proposals pending review or funding
3. Applications and proposals planned or being prepared for submission. Include all Federal, non-Federal, and institutional grant and contract support. If none, state "None."

For each item, give the source of support, identifying number, project title, and name of the principal investigator, time, or percent of effort on the project by professional named, annual direct costs, and entire period of support. Describe the contents of each item listed. If any of these overlap, duplicate, or are being replaced or supplemented by the present application, delineate and justify the nature and extent of the scientific and budgetary overlaps or boundaries.

Resources and Environment

Identify the facilities to be used at the applicant organization (i.e., laboratory, clinical, animal, computer, office, and/or other) and briefly indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project. Also describe facilities at any other performance sites, and at sites for field studies. In addition, list the most important equipment items already available for this project, noting the location and pertinent capabilities of each, as well as support services such as consultants, secretarial, machine shop and electronics shop, and the extent to which they will be available to the project.

It is the PI's responsibility to plan accordingly (in advance and in consideration of the need to use space at a facility other than its own, and/or additional resources, such as appointments with specialty providers, etc.) and determine a realistic timeline for project completion as the state of New Jersey continues to operate under the constraints and restrictions of the COVID-19 pandemic.

Collaborative Arrangements

Describe the involvement of collaborators in the proposed project. Attach copies of Memorandum of Understanding (MOU) letters from the collaborators, including time commitments and agreed upon responsibilities. Collaborators must be NJ based. Inclusion of collaborators from outside of the state of New Jersey will be considered with the appropriate mission critical justification.

Full Project Proposal with Figures

The proposal is comprised of the sections listed in Appendix 1.

*Refer to reviewer questions in Appendix 2 for additional criteria that may be beneficial to your narrative.

While AI is not banned in the grant writing process itself, the Council **strongly cautions that Principal Investigators (PI) use AI tools at their own risk** (see pages 5-6 for more details).

Objectives and Activities

A listing of the project's Objectives and Activities (O&A) based on the project's aims is <u>required</u> as part of the full project proposal. The O&A template can be found on the Council website at https://www.state.nj.us/health/autism/documents.shtml. Applicants must download and fill the form and send as an appendix to the full project proposal.

Budgetary Requirements

Budgets must include fringe rate calculations for salaried staff (shall not exceed 15%), personnel costs/justifications for full-time and part-time employees/consultants/employees of consulting (contracting) firms directly working on the funded project where applicable. **Personnel costs for PIs (including administrative and contracted personnel) are capped at $30,000 per year (this amount includes fringe).** Direct/indirect costs for the duration of the grant must be detailed.

Officers and Directors

A complete listing of all officers and board members of the applicant is required.

Disclosures and Certifications

In projects utilizing human or animal subjects the following may be required:

- o Animal Welfare Assurance Number
- o Recombinant DNA Assurance Number
- o Human Subject Assurance Number

Additional Documentation

The following forms are **_required_** to complete your application and must be uploaded in the "Attachments" section of SAGE:

- o Organizational Letter of Support
- o Board of Directors/Trustees
- o NJ Charities Registration
- o Proof of Non-Profit Status (501C3)
- o Proof of Indirect Rate
- o Salary Policy
- o Annual Audit Report (Most Current)
- o Audit Engagement Letter
- o Tax Clearance Certificate

The following supplemental forms are required **_only_** if your proposal contains the specified elements:

- o Travel Policy
- o Telephone Policy

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- o Computer Security Policy
- o Policy on Protecting Human Subjects and Genomics
- o IRB Policy
- o Statement of Local Governmental Public Health Partnership

Applications must be submitted *__electronically__* by the due date per the instructions described in "*APPLICATION INQUIRIES*". Applications that do not include all required documents will be regarded as incomplete and will not be reviewed.

APPLICATION INQUIRIES

Questions regarding applications may be addressed to NJGCA@doh.nj.gov. Inquiries and responses will end May 20, 2026.

ORI will only accept applications submitted electronically through the New Jersey System for Administering Grants Electronically (SAGE) at www.sage.nj.gov until 4:00 PM on May 22, 2026. All questions related to your SAGE application (uploads, attachments, etc.) must be directed to the SAGE Help Desk Monday through Friday, 9:00 AM – 4:00 PM; (609) 376-8508 or njdoh.grants@doh.nj.gov.

GRANT REVIEW AND FUNDING DECISIONS

Review Process

All proposals will be reviewed in accordance with the Grant Review Process set forth herein. The determination of grant awards will be made through a three-step review process:

1. <u>Administrative Review (Office of Research Initiatives):</u>

Upon receipt, all grant applications will be reviewed by the Council office for compliance with all applicable New Jersey State statutes and regulations, and to ensure completeness and accuracy. In the event a grant application needs correction due to a budgetary issue, the applicant will be contacted to provide a revised budget. In the event the Council office determines that an application does not meet the administrative requirements, the application will be denied, and will not be forwarded for independent scientific merit review.

2. <u>Scientific Merit Review:</u>

Members of the Independent Scientific Advisory Committee (SAC) will convene to evaluate all AMHCE grant applications. The SAC will judge the applications on significance to ASD and feasibility (see details in Abstracts and Narrative Questions) and will determine the relevance of all applications to the Council's mission, priorities, and Research Guidelines. In the event the SAC determines that an application does not meet those requirements, the application will be triaged and not considered for funding. All applications will receive a written critique, and the SAC will assign overall impact scores to each application. Based on scores, the <u>SAC</u> may decide to fund a project only under certain conditions, including but not limited to funding only the first specific aim. Further conditions will be outlined in the grant award letter.

3. <u>Final Determination and Award By the Council</u>

The Council will make the final funding recommendations, considering its mission and the potential impact of the grant on the understanding, prevention, evaluation and treatment of ASD. The authority to authorize or not authorize grants is fully vested in the Council according to New Jersey statute P.L. 2007, c.168 (NJSA C.30:6D-60).

It is the understanding of the Council that all proposals and supporting materials are original ideas/language proposed by the applicant and their affiliated institution. The Council recognizes the National Institutes of Health (NIH) notice number: NOT-OD-23-149 June 23, 2023 (The Use of Generative Artificial Intelligence Technologies is Prohibited for the NIH Peer Review Process) and therefore restrict the Council's contracted Peer Reviewer to the same standard. To paraphrase that ruling, "reviewers must be accountable and aware that uploading or sharing content or original concepts from a grant application, contract proposal, or critique to online generative AI tools violates the peer review confidentiality and integrity requirements." Essentially, to use generative AI to analyze or critique grant

applications in Peer Review will be considered a breach of confidentiality.[2] Similarly while AI is not banned in the grant writing process itself, the Council **strongly cautions that Principal Investigators (PI) use AI tools at their own risk**. The PI must be aware of the potential for plagiarism, fabricated citations, and falsified information that may be embedded through the use of generative AI. This would be considered research misconduct, and will warrant the Council taking steps to address non-compliance according to your institution's Research Misconduct policy.

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Funding Decision

Through the Executive Director, the results of the scientific merit review will be forwarded to the Council for final review and action.

The Council will make the final funding recommendations, considering its mission and the potential impact of the grant on the understanding, prevention, evaluation and treatment of ASD. The authority to authorize or not authorize grants is fully vested in the Council according to New Jersey statute P.L. 2007, c.168 (NJSA C.30:6D-60).

Funding Restrictions

Domestic travel to 1 (one) conference is allowed and capped at $2500. If presenting, the subject matter *__must__* be the Council funded project.

Recipients shall NOT use funds for the following:
- Purchasing vehicles
- International travel
- Food or refreshments
- Interest on loans for the acquisition and/or modernization of an existing building
- Tuition reimbursement for students
- Construction

RESULTS NOTIFICATION

At the conclusion of the selection process, all applicants including Principal Investigators and institutions will be formally notified of the outcome of their application no later than July 31, 2026 via a Letter of Intent to Find or a Letter of Denial. At that time, formal notification will be made to the institutions of successful applicants. NJDOH contracts (Attachments A and C) will be initiated shortly thereafter and sent to applicants who receive a Letter of Intent to Fund. Blinded critiques and scores will be provided to both funded and non-funded applicants; no further information shall be provided. _Selection of an application for award is not an authorization to begin performance._ Any costs incurred before receipt of the Notice of Grant Award (NOGA) are at the recipient's risk.

**Please note that all awarded applicants will be required to attend, provide, and present a poster presentation of their research at the annual Autism Symposium. Autism grant funds can be used to purchase materials for presentations. Additional information will be provided to awarded applicants after results have been sent.**

APPENDIX 1 – ABSTRACTS AND NARRATIVE QUESTIONS – AUTISM MEDICAL HOME CENTER OF EXCELLENCE (CAUT27AMH)

Proposal Abstract: State the plan's long-term objectives and specific aims, making reference to the autism relatedness of the project, and concisely describe the methods for achieving the goals. The abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application.

Proposal Narrative with Figures (*see Appendix 5 for page limits and formatting requirements*):

A. **Scientific Rationale and Significance:** Explain how this project has the potential to effect, impact, and advance the current knowledge in ways that can improve the physical and/or behavioral health and well-being of individuals with ASD. How will scientific knowledge or public health be advanced? Explain how current metrics lead you to a need to focus on the specified area. Relate the payoff to science AND to public health. Mention what makes the project unique and innovative, especially in light of any similar projects and the refereed literature.

B. **Innovation:** Does the proposal include novel concepts, approaches and/or methods that challenge and seek to shift current research or clinical practice paradigms? If so, please describe. Describe how the project will challenge and seek to shift current research paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions. Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed? Discuss how the research project provides novel or innovative insights into improving the health of one or more populations, especially those experiencing health disparities. Note that the relevance of the project to public health needs is more important than its innovation.

C. **Approach, Experimental Design and Capability:** Clearly state the purpose and nature of the Autism Medical Home Center of Excellence Model, including:
- Background and significance
- The population (age range, gender, race, selective characteristics), interventions, controls, measures, etc. that will enable testing your hypotheses. Estimate the required sample and power (N, levels of analysis). Justify the statistical approach that will ensure a fair test of your hypotheses
- Preliminary data (optional)
- Model design and methods, including data collection methods, and planned analyses potentially resulting in statistically sound conclusions for each specific aim.
- As part of their commitment to autism research, applicants should also describe plans for public outreach on how their work informs the understanding and treatment of autism. Briefly describe your community engagement plan (e.g., how the community will be engaged from the first step to the completion of the project).

D. **Environment and Key Personnel:** Describe the overall environment – features of the institutional environment that are or would be relevant to the effective implementation of the proposed AMHCE. As appropriate, describe available resources, such as clinical and laboratory facilities, equipment, and other physical resources. Describe participating and affiliated units, patient populations, geographical distribution of space and personnel, and consultative resources. Describe the proposed structure and the relationships with clinical sites, collaborators and consultants as related to the scientific objectives and project needs.

    Note: Please attach a letter of support from a president, dean, or other authority, as evidence of institutional support, labeled and attached as "Attachments" in SAGE.

Describe the qualifications and time commitments of key staff commensurate with the proposed project. Describe their complementary and integrated expertise, leadership approach, governance, and organizational structure as appropriate for the project. Describe the specific roles, responsibilities, and expertise of key personnel. Describe how each collaborator will be engaged in the development and/or implementation of the project. Include letters from collaborators as "Attachments" in SAGE, and or Memorandum of Understanding (MOU) with each external collaborator if known within the first year of operation. Additional MOUs may also be submitted at a later date and indicated to the Office of Research Initiative's PMO. In addition, briefly present experience in ASD research. If the team is new to autism research, indicate how it proposes to acquire the knowledge necessary to put the proposed study into the appropriate context, whether through literature reviews, relevant experimental data, collaboration with established autism researchers, or other means.

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APPENDIX 2 – REVIEW CRITERIA – AUTISM MEDICAL HOME CENTER OF EXCELLENCE (CAUT27AMH)

Grant applications will be judged on scientific and technical merit, relevance to the IACC priorities, Council's mission, and public health.

The Independent Scientific Merit Review Panel for this initiative will be performed by the Scientific Advisory Committee (SAC). The Panel will perform two levels of review:

1. Each panel member will review his/her assigned proposals for scientific and technical merit and significance and determine an initial score for each proposal.
2. The panel will then convene for group discussion and scoring.

The reviewers will heavily consider the aspects listed below to judge the likelihood that the proposed research will have an impact on the field of autism. Each of these criteria will be addressed and considered by the reviewers in assigning the overall score, weighting them as appropriate for each application. In particular, the relevance of the project to public health needs is more important than its innovation.

Scientific Rationale & Significance:
- How will the successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventive interventions for ASD? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved?
- If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved?

Innovation:
- Is the proposed research innovative, including novel concepts, approaches, and/or methods?
- Does the application challenge and seek to shift current provider and community outreach?

Approach, Experimental Design and Capability:
- Is the proposed project adequate in terms of design and analyses, anticipation of potential problems, consideration of alternative approaches, and benchmarks for success?
- Does the design ensure a robust and unbiased approach, as appropriate for the work proposed?
- If there are flaws in the design and/or analyses, can they be remediated? If so please indicate how.
- Are potential ethical issues regarding research subjects adequately addressed? Is the protection of subjects appropriate considering 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials?
- Human Research Subjects:

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- o Is the process for obtaining informed consent or assent appropriate?
- o Are the plans for inclusion of children, minorities, and members of both sexes/genders justified in terms of the scientific goals and research strategy proposed?
- o Are the plans for recruitment outreach, enrollment, retention, handling dropouts, missed visits and losses to follow-up appropriate to ensure robust data collection?

Environment, Key Personnel:
- Are the administrative, data coordinating, enrollment, and facilities appropriate for the project proposed?
- Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Does the application adequately address the capability to conduct the project at the proposed sites?
- Are the PI(s), collaborators, and any other researchers well suited to the project? Do the Investigators and key staff have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?
- If the project is collaborative or multi-PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance, and organizational structure appropriate for the project?
- Are the proposed structure and the relationships with clinical sites, collaborators and consultants adequate given the scientific objectives and project needs?
  - Are the qualifications, productivity, and time commitments of Principal Investigator and key staff commensurate with the proposed project?

Budget:
- Is the budget reasonable and justified for the project proposed?
- Is there evidence of institutional commitment and/or cost-sharing in the proposal?

Overall Impact
- Reviewers will provide an overall impact score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research involved, in consideration of the scored and additional review criteria.

APPENDIX 3 – PAGE LIMITS & GRANT SUBMISSION CHECKLIST

Please refer to the following table to see the checklist of the required document(s) for each type of grant and the word/page limits. The page/character limits do not represent the expected length of the response. They are the **maximum** lengths allowed. If no page limit is listed in the table, you can assume the attachment does not have a limit.

The applicant MUST submit all attachments (including tables and graphs) in **Adobe pdf format** (not docx or other format) and ***concatenated***. The attached file must be labeled properly with appropriate Prefix file description. For example, the submission of a resume for a Basic Research grant would be e.g., CAUT27BRP_resume_ JacksonPhD, or Table 1 for Predoc would be CAUT27GFP_Table1_Brown. Any additional information must be uploaded to the "Attachment" section in SAGE and labeled accordingly (e.g., CAUT27CRP_FringeBenefits_DowningPhD in Schedule A, Part I – Personnel Costs).

The applications and attachments MUST follow these minimum requirements:

- **Text Color**: No restriction. Though not required, black or other high-contrast text colors are recommended since they print well and are legible to the largest audience.
- **Font size**: Must be 11 points or larger. Smaller text in figures, graphs, diagrams, and charts is acceptable, as long as it is legible when the page is viewed at 100%.
- **Font Type**: Arial, Calibri, Helvetica
- **Type density**: Must be no more than 15 characters per linear inch (including characters and spaces).
- **Line spacing**: Must be no more than six lines per vertical inch.
- **Format**: All files MUST be formatted in Adobe PDF and concatenated.

Document size is limited to 13MB.

Grant Submission Checklist (Page Limits & Requirements)

Section of Application (Page Limits)	AMH	BRP	CRP	Postdoc	Predoc
Research Project Type	✓	✓	✓	✓	✓
Organization Profile	✓	✓	✓	✓	✓
Project Contacts	✓	✓	✓	✓	✓
Grant Period and Payment	✓	✓	✓	✓	✓
Researcher Profile • Name of Researcher • Bio-sketch **_and_** CV (5 pages each personnel) • Research Experience (4,000 characters) • References – *pre and postdoc only* (2 Letters of Reference/Recommendation [excluding the Mentor/Supervisor])	✓	✓	✓	✓	✓

Description of Research Project
 	
• Project Title
• Project Description (3 sentences [500 characters])
• Lay Abstract (1 page maximum [250 words])
• Abstract and Proposal Narrative
  o Abstract (1 page maximum)
  o Specific aims (1 page)
  o AMHCE Proposal (not to exceed 75 pages)
    ▪ Significance
    ▪ Preliminary Studies/Data
    ▪ Program Design
    ▪ Method/s for Enhancing Reproducibility (Translational Nature) Basic and Clinical Research **_only_**
  o References
• Facilities (20,000 characters)
• Major Equipment (20,000 characters)
• Equipment Needs
• Additional Information (20,000 characters)
	✓	✓	✓	✓	✓

Written response to reviewer critiques (when applicable)	✓	✓	✓	✓	✓
Comments of Sponsor **(for pre and post doc only)** - not to exceed 6 pages • Name of Sponsor • Sponsor's Bio-sketch **_and_** CV (5 pages [max.] each) • Training Plans (8,000 characters) • Researcher Qualifications (4,000 characters) • Institutional Commitment (2,000 characters) • Career Development (2,000 characters) • Independent Research (2,000 characters) • Mentoring Process (4,000 characters) • Research Funding Support of Sponsor (16,000 characters)	N/A	N/A	N/A	✓	✓
Schedule A, Part 1 – Personnel Costs Budget Year 1	✓	✓	✓	✓	✓
Schedule A, Part 1 – Personnel Costs Budget Year 2	✓	✓	✓	✓	✓
Schedule A, Part 1 – Personnel Costs Budget Year 3 (Clinical Research and Postdoc **_only_**)	✓	✓	✓	✓	✓

Section of Application (Page Limits)	AMH	BRP	CRP	Postdoc	Predoc
Schedule B – Other Direct Costs Budget Year 1	✓	✓	✓	✓	✓
Schedule B – Other Direct Costs Budget Year 2	✓	✓	✓	✓	✓
Schedule B – Other Direct Costs Budget Year 3 (Clinical Research and Postdoc *only*)	✓	✓	✓	✓	✓
Cost Summary	✓	✓	✓	✓	✓
Disclosures and Certifications	✓	✓	✓	✓	✓
Additional Certifications for Research Applicants	✓	✓	✓	✓	✓
Suggested Reviewers (not applicable for FY2025 grants)	N/A	N/A	N/A	N/A	N/A
FFATA Certification	✓	✓	✓	✓	✓
Attachments - Organizational Letter of Support - Board of Directors/Trustees - NJ Charities Registration - Budget Justification - Annual Audit Report - Proof of Nonprofit Status - Proof of Indirect Rate - Audit Engagement Letter - Tax clearance Certificate - Salary Policy - Travel Policy - Computer Policy - Telephone/Mobile Communication Policy - Human Subjects and Genomics Policy - IRB policy - Statement of Local Governmental Public Health Partnership - Proof of U.S. Citizen or legal resident (for Predoctoral Fellowship Grant only)	✓	✓	✓	✓	✓

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APPENDIX 4 – REPORTING TEMPLATE & FREQUENCY - AUTISM MEDICAL HOME - CENTER OF EXCELLENCE (CAUT27AMH)

1. **Access & Utilization Metrics (within the first year of operation)**
   - **Number of patients enrolled/served** in the AMH.
   - **Wait times** for intake and follow-up visits.
   - **Percentage of patients with completed individualized care plans.**
   - **Care coordination encounters** (e.g., number of interdisciplinary case conferences, school/provider meetings, family navigator touchpoints).
   - **Follow-up visit adherence** (e.g., % of scheduled visits attended).

2. **Care Quality & Process Metrics (within the first year of operation)**
   - **Screening & assessments completed** (developmental, behavioral, mental health, co-occurring conditions).
   - **Timeliness of services** (time from referral to evaluation, time from evaluation to intervention start).
   - **Evidence-based practices delivered** (e.g., proportion of patients receiving ABA, speech, OT, or mental health support aligned with best-practice guidelines).
   - **Use of shared care plans or electronic health records** (interoperability across medical, behavioral, and educational systems).
   - **Medication monitoring** (where applicable).

3. **Family & Patient-Centered Metrics (within the second year of operation)**
   - **Family satisfaction surveys** (overall satisfaction, ease of navigating care, cultural/linguistic responsiveness).
   - **Caregiver strain index** or caregiver stress reduction.
   - **Shared decision-making rates** (e.g., % of families reporting involvement in treatment planning).
   - **Family navigator utilization** (contacts, referrals closed-loop tracked)

4. **Health & Developmental Outcomes (within the second year of operation)**
   - **Child functioning improvements** (measured via validated tools like, PROMIS, PedsQL, or autism-specific outcome measures).
     - Autism-specific outcome measures are tools used to assess and track changes in an individual's symptoms and functioning related to autism spectrum disorder (ASD), including core symptoms such as social communication and repetitive behaviors, as well as adaptive and daily living skills. Examples may include:

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- Autism Diagnostic Observation Schedule (ADOS)

- Vineland Adaptive Behavior Scales (Vineland-3)

- Social Responsiveness Scale (SRS)

- Autism Impact Measure (AIM)

- The Patient-Reported Outcome Measurement Information System (PROMIS)- is a collection of scientifically validated assessments used to measure and monitor the physical, mental, and social health of children and adolescents.

- The Pediatric Quality of Life Inventory (PedsQL) is a set of questionnaires used to measure health-related quality of life in children and adolescents.

- **School readiness or educational participation** (attendance, IEP goal attainment).

- **Emergency room use or hospitalizations** (decreased preventable ED visits for behavioral crises or unmanaged conditions).

- **Improved management of co-occurring conditions** (sleep, GI, seizures, anxiety, ADHD, etc.).

5. Systems Integration & Equity Metrics (within the third year of operation)

- **Cross-sector linkages** (referrals to community resources, % closed-loop referrals).

- **Health equity tracking** (stratified outcomes by race/ethnicity, language, insurance type, geography).

- **Care coordination with schools and social services** (documented communication).

- **Provider training/engagement metrics** (number of staff trained in autism-informed care, trauma-informed care, cultural competency).

6. Sustainability & Efficiency Metrics (within the third year of operation)

- **Cost savings/avoidance** (e.g., fewer duplicative tests, reduced ED visits).

- **Billing & reimbursement capture rates** (use of care coordination codes, telehealth codes).

- **Staff retention & satisfaction** in the AMHCE team.

- **Grant/demonstration deliverables met on time** (if applicable).

Domain	Metric	Definition/ Indicator	Data Source	Reporting Frequency
Access & Utilization	Enrollment	Number of children/youth with autism actively enrolled in the Medical Home	Clinic Registry/ EHR	Quarterly
	Wait Time to Intake	Average # of days from referral to first visit	Scheduling System	Quarterly
	Care Plan Completion	% of patients with individualized care plans completed within 60 days of enrollment	Care Coordination Logs	Quarterly
	Follow-Up Visit Adherence	% of scheduled visits attended	EHR	Quarterly
Care Quality & Processes	Comprehensive Score	% of patients receiving developmental/ behavioral screening and co-occurring condition assessment	EHR	Semi-Annual
	Timeliness of Services	Average # of days from referral to initiation of intervention	Care Coordination Logs	Semi-Annual
	Shared Care Plan	% of Utilization cases where Care Plans are shared across medical, behavioral, and educational treatment	Department documentation	Semi-Annual
Family & Patient-Centered Care	Family Satisfaction	% of families rating care as 'good' or 'excellent'	Family Survey	Annual
	Caregiver Strain Index	Change in caregiver-reported stress burden over time	Standardized Caregiver Tool	Annual
	Shared Decision-Making	% of families reporting involvement in treatment planning	Family Survey	Annual
Health & Developmental Outcomes	Functional Progress Improvement	Improvement in child adaptive functioning or quality of life (e.g. Vineland, PedsQL, PRO)	Clinical Assessments	Annual
	School/Education Engagement	% with updated IEPs, school attendance, or achievement of educational goals	School Reports / Parent Report	Annual
	ER / Hospitalization Reduction	% decrease in preventable ED visits or hospitalizations	Claims/ HER	Annual
	Co-occurring Condition	% of children managed with co-occurring conditions receiving ongoing monitoring/treatment	HER	Semi-Annual
Systems Integration & Equity	Closed-Loop Referrals	% of referrals to community/educational/social services successfully completed	Care Coordination Logs	Quarterly
	Health Equity Monitoring	Outcomes stratified by race/ethnicity, insurance, language, geography	HER/ Surveys	Annual
	Provider Training	# of staff trained in autism-informed, trauma-informed, and culturally competent care	Training Logs	Annual
Sustainability & Efficiency	Cost Savings	Reduction in duplicative tests, avoidable ED visits, or service fragmentation	Claims/Financial Reports	Annual
	Billing Capture	% of eligible visits with care coordination/telehealth codes billed	Billing data	Quarterly
	Staff Retention	% of staff retained year-over-year	HR data	Annual

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APPENDIX 5 - INSTRUCTIONS FOR COMPLETING SAGE GRANT APPLICATION

Initiate a Grant Application in SAGE

1. Click the "Manage My Organization's Account" link to view and update your organization's system profile and user accounts.
2. Click the program name underneath "Start a New Grant Application" button to begin the process to complete your grant application.
3. Select "I Agree" to begin the application process.
4. In the "Forms" section of the left navigation pane, select "Research Project Type" form, and using the appropriate checkbox in the indicate the type of grant you are seeking (Concept, Pediatric or Pilot Grant [Autism or Cancer]).
5. If your application is a resubmission, select yes and proceed as required while saving your information.
6. In order to fill in the information in the "Organization Profile" form, you must select the check box located at the end and then hit "Save" to populate the information.
7. As you continue through the application, hit "Save" to save your information and check for any errors that need to be corrected before moving to the next form. Then hit "Next Form".
   - Note: You may also use the left navigation pane to command each form of the application.
8. Using left navigation pane is the best way to view which (if any) pages contain errors that will prevent you from submitting your application.
9. If you skip or miss a field that requires information input, you will be informed that you need to reenter the form to correct the mistake by either amending or adding the required information. SAGE will not allow you to submit your application if a mistake is detected.
10. **PLEASE NOTE**, you will not be able to submit your application unless all forms are populated with the required information.
11. If any information is missing, **an exclamation mark (!)** will appear in the left navigation pane indicating the page(s) that must be corrected before submission can occur.
12. As a reminder, you ***must*** have all attachments uploaded upon submission of your application. Organizational Letters of Support must be uploaded into the "Attachments" section of the application. *The Council will not contact references for their letters*.
13. In order to submit your application, scroll to the bottom of the left navigation pane and select "Application Submitted."
14. If you encounter any problems completing your SAGE application, please contact the SAGE Help Desk Monday through Friday, 9:00 AM – 4:00 PM; (609) 376-8508 or njdoh.grants@doh.nj.gov.