PUBLIC NOTICE

DEPARTMENT OF LAW AND PUBLIC SAFETY

Notice of Availability and Award of Funds

SFY27 Competitive Funds for New Jersey Hospital Based Violence Intervention Program (HVIP)

Take notice that, in compliance with N.J.S.A. 52:14-34.4, the Department of Law & Public Safety (LPS), announces the availability of the following grant program funds:

A. NAME OF THE PROGRAM

New Jersey Hospital-Based Violence Intervention Program (HVIP). This program is supported by the New Jersey Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Act, as part of the SFY27 enacted budget.

B. PROGRAM OVERVIEW

Program Purpose and Need

LPS seeks to reinforce and strengthen its commitment to hospital-based violence intervention services in communities that experience high rates of gun and other forms of violence. In an effort to break the cycle of repeat victimization and save human lives, LPS is committed to providing additional resources for victim services and placing a particular emphasis on enhancing services to underserved victims and victims of gun violence. LPS strives to build community capacity to address violence in a sustained and empowering way.

The cost to victims and their families as a result of gun violence is extraordinarily high. Nationally, American society loses $1.34 billion daily in costs from the suffering and loss of well-being of gun violence victims and their families. [1] A study in the Annals of Internal Medicine found that in the aftermath of a non-fatal firearm injury, the cost of medical care increased by $2,495 per person per month. [2] The same study found that survivors saw healthcare need increases across several categories: 40% increase in pain diagnoses, a 51% increase in psychiatric disorders, and an 85% increase in substance use disorders. [3] Additionally, New Jersey also bears significant costs: according to Everytown for Gun Safety,

[1] EVERYTOWN RESEARCH AND POLICY, EVERYTOWN FOR GUN SAFETY SUPPORT FUND "The Economic Cost of Gun Violence: $557 Billion Annually, Comparable to 2.6 Percent of US Gross Domestic Product" (July 19, 2022) *available at* https://everytownresearch.org/report/the-economic-cost-of-gun-violence/.

[2] Zirui Song, José R. Zubizarreta, Mia Giuriato, Erica Paulos, and Katherine A. Koh, "Changes in Health Care Spending, Use, and Clinical Outcomes After Nonfatal Firearm Injuries Among Survivors and Family Members: A Cohort Study," ANNALS OF MEDICINE (June 2022).

[3] *Id.*

gun violence costs New Jersey $5.3 billion each year, of which $168.9 million is paid by taxpayers.[4]

Hospital-based interventions are increasingly important strategies in the field of violence reduction. Research from the John Jay College of Criminal Justice's Research and Evaluation Center shows that evaluations of Hospital-based Violence Intervention Programs (HVIPs) demonstrate multiple benefits for participating victims, including:

reductions in future involvement in the criminal justice system, fewer retaliations, and reduced hospitalizations.[5]

The purpose of the New Jersey HVIP is to support programming that connects victims to services beginning in a hospital or other medical setting to services outside of the hospital to increase support for victims of crime, improve their outcomes, and reduce future victimization.

HVIP supports projects that are hospital-based or hospital-linked partnerships between a hospital trauma center or hospital emergency department, and one or more community-based organizations that support crime victims outside of the hospital. Examples of those services include high-risk interventions to prevent retaliation, case management, and culturally appropriate services that promote healing. Recognizing that underserved victims are often served exclusively by community-based organizations, this NOAF requires partnerships with at least one community-based direct victim service organization and at least one hospital trauma center or hospital emergency department. The partnership between the hospital and community partner is essential to the fidelity to the model. Partnerships may consist of direct victim services provided within the hospital setting and/or services provided externally in the community.

However, if grant funds are used to support a partner providing services in the community, there must still be a hospital-based victim service component, delivered by the hospital or the community-based entity. Equitable community partnerships should be rooted in community violence work and gun violence reduction and intervention practices. Any changes to the community partner(s) or medical facility originally identified in the application must be requested and approved by the Office of Violence Intervention and Prevention.

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[4] EVERYTOWN RESEARCH AND POLICY, EVERYTOWN FOR GUN SAFETY SUPPORT FUND "The Economic Cost of Gun Violence: $557 Billion Annually, Comparable to 2.6 Percent of US Gross Domestic Product" (July 19, 2022) *available at* https://everytownresearch.org/report/the-economic-cost-of-gun-violence/.

[5] RESEARCH AND EVALUATION CENTER, JOHN JAY COLLEGE OF CRIMINAL JUSTICE, "Critical Care: The Important Role of Hospital-Based Violence Intervention Programs" (May 18, 2018) *available at* https://johnjayrec.nyc/2018/05/15/criticalcare/.

This solicitation makes available $9,500,000 to fund HVIP programs throughout the state that utilize evidence-based models, practices, policies, and partnerships that will operate hospital-connected programs that support crime victims and ensure that culturally appropriate victim services are available. Emphasis should be placed on services for victims of community gun violence, stabbings and physical assaults. Applications should represent partnerships; however, one eligible entity must be the recipient with primary responsibility for managing the grant and other partner(s) should be proposed as contractors or subrecipients.

Funding is for a 12-month period from January 1, 2027, through December 31, 2027. Extension requests may be considered on a case-by-case basis.

Up to one (1) year of continuation funding may be available, contingent upon the availability of funding, the recipient's compliance with grant conditions, and performance of its goals and objectives.

Program Description

The participating site will operate comprehensive, victim-centered services that aid in survivors' physical and emotional recovery and break the cycle of violence. Applicants may identify a specific population to which it prioritizes service (e.g., youth, adults, older adults, or individuals from certain geographic locations). Applicants may also focus their efforts on assisting victims of specific types of victimization, such as shootings, stabbings, physical assaults, or human trafficking. Applicants should include detailed descriptions of the approach they will follow to reach the specified type of victims and explain how the approach will be used to improve victim outcomes. Applicants should also include an explanation of how their program partners assist in meeting the complex needs of the victims served and the structure of the partnerships, including decision-making processes, communications mechanisms, and financial arrangements. Equitable community partnerships should be rooted in community violence work and gun violence reduction and intervention practices.

Successful applications must include a connection between one or more hospitals or departments of health, within the geographic area and relevant victim-serving organizations to implement a model most appropriate in that jurisdiction and most capable of filling an unmet need. Successful applicants will offer an array of services to meet victim needs in and out of a medical setting, including immediate supports such as safety planning, crisis intervention, referrals to community-based victim services (including the New Jersey Victims of Crime Compensation Office) and social services, victim advocacy, emotional support, grief counseling, psycho-social education on the effects of trauma on victims and their families, and other trauma-informed care. Collaborations between the hospital and victim-serving organizations are a required element of this model. Applicants should have assurances that all partners have capacity to provide the required services or include funding in their budget for these services. Programs must incorporate plans to follow up with discharged victims and their families to assist with their long-term recovery.

Applicants are required to engage survivors and their families as active participants. This may include, for example, engaging survivors on advisory panels and/or in active and ongoing stages of planning and development.

Sites funded through the HVIP site solicitation will engage in the following activities to meet the

program goals and objectives:

- Commit to working with LPS and the other HVIPs to participate in learning communities and identify, develop, and implement best practices to ensure consistent improvement of performance, delivery of service, and achievement of outcomes.

- Identify or hire a project lead and formalize plans to coordinate and manage the proposed project. Identify potential program partners and develop or enhance letters of intent and Memoranda of Understanding (MOUs) to reflect roles, responsibilities, compensation agreements, and commitments from partners.

- Develop a logic model to illustrate how the grantee will monitor and evaluate project performance.

- Establish data collection processes to support implementation/process evaluation and reports developed on the project.

- If LPS retains a TTA provider for the HVIP program, the grantee will work with the TTA provider in a learning community with other sites to strengthen the proposed projects and develop plans to sustain their efforts.

- HVIPs can contract their own TTA that supports organizational and professional development. LPS encourages collaborative learning, training, and capacity building with other HVIP providers and violence intervention organizations.

Deliverables

Include:

- Submit financial reports and progress reports in compliance with grant terms and conditions.

- Participate in conferences and meetings hosted by LPS. Please note that applicants may want to budget for their team to travel to national learning conferences, such as HAVI or targeted training for community-based or hospital-based violence intervention programs.

- A final report that describes how the grantee implemented its project, including identification of project partners, areas of success, and lessons learned.

- If subrecipients collaborate with a research entity to conduct a process/implementation evaluation of the project and identify and document the project's use of evidence-based practices, the subrecipient must submit copies of those reports to the LPS.

Examples of the Types of Services

Examples of the types of services that may be considered for funding include, but are not limited, to the following:

1. Immediate emotional, psychological, and physical health and safety
2. Personal advocacy and emotional support
3. Mental health counseling and care
4. Crisis intervention
5. Peer-support
6. Facilitation of participation in criminal justice and other public proceedings arising from the crime
7. Emergency and certain non-emergency legal assistance
8. Public awareness
9. Personnel costs
10. Volunteer trainings and skills training for staff
11. Training-related travel
12. Maintenance, repair, or replacement of essential items
13. Project evaluation
14. Coordination of activities
15. Supervision of direct service providers
16. Multi-system, interagency, multi-disciplinary response to crime victim needs
17. Contracts for professional services
18. Automated systems and technology

C. AVAILABLE FUNDING

LPS is making up to $9,500,000 available to support the establishment or continuation of HVIPs throughout the state. These funds will be awarded on a competitive basis.

Funding for the HVIP is supported by the SFY7 State Budget with a majority of the support coming from the Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Fund. Be aware that eligibility for the Cannabis Impact Zone Funds are limited to organizations that operate in or provide services to residents in Impact Zones that meet the specific criteria based on population, past criminal marijuana enterprises, law enforcement activity, and rates of unemployment, as defined by the New Jersey Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Act (P.L.2021, c. 16 (C.24:6I-31 et al.). Additional guidance and/or requirements on the use of Impact Zone dollars may be provided as needed.

Upfront funding may be considered on a case-by-case basis for organizations that demonstrate financial need and satisfactory grant and fiscal management. (See Program Guidelines)

Only one submission per applicant will be accepted.

Up to one (1) year of continuation funding may be available, contingent upon the availability of funding, the recipient's compliance with grant conditions, and performance of its goals and objectives.

D. ORGANIZATIONS WHICH MAY APPLY FOR FUNDING UNDER THIS PROGRAM

Entities eligible to apply are:
-Non-profit Hospitals, in partnership(s) with non- profit community service provider(s)
-For Profit Hospitals, in partnership(s) with non- profit community service provider(s)
-Non-profit community service providers, in partnership(s) with any hospitals

Applicants must be able to begin this HVIP program and operations in the target community immediately upon the start of the grant — the grant will not support start-up costs or funds for a planning period. Applicants must have the staff resources, capacity to continue or enhance programs proposed to address the area of victimization and/or services described in this solicitation, and the required partnerships. Eligible projects must include a clear connection to a hospital trauma center or emergency room or a health department and at least one community-based organization that provides community based high-risk intervention services or culturally appropriate victim services.

E. APPLICANT QUALIFICATIONS

This section discusses the qualifications needed by an applicant to be considered for funding.

Applicants must be either a returning HVIP provider currently being funded under SFY 2026 HVIP or an organization currently operating an HVIP program in New Jersey, Where appropriate, all applicants and their employees must hold current professional and State licenses and certifications.

F. APPLICATION REQUIREMENTS

1. Application packages are available on the OAG website at https://www.njoag.gov/resources/grant-opportunities/.

2. Applications must include the required documents to be scored. Applications are due by **November 24, 2026 by 4pm** with all submissions finalized by the absolute deadline of **November 30, 2026**. If LPS determines that an application does not include the mandatory items the required documents, including mandatory forms, the applicant will be informed in writing prior to the absolute deadline. If LPS determines that an application if not fully completed by the absolute deadline the application will not receive further consideration.

   Applications that are awarded funding must have all other required documents completed and submitted prior to contract execution.

   Applications must be sent to the following email address:

   hvip-viva@njoag.gov, Please put your entity name in the subject line.

The Required Documents are:

- Program Narrative
- Budget Narrative & Budget Detail Worksheet
- Project Work Plan
- Program Staff Organizational Chart – Hospital and Community Partner
- Application Information Form
- Applicant Authorization Form
- Project Information Form
- LPS Debarred & Suspended Form
- Proof of Non-Profit Form and supplemental proof document
- New Jersey Single Audit Requirements and Certification
- Federal Single Audit Certification
- High Risk Grantee Applicant Disclosure and Justification Form
- NJ Debarred and Suspended Form

3. Failure to comply with other requirements of this Notice of Availability of Funds or the Program Guidelines may result in the reduction of application scores, or not being considered for funding.
4. Please be aware that the submitted application may be subject to public disclosure pursuant to the Open Public Records Act, N.J.S.A. 47:1A-1 et seq.
5. To be considered for funding, an eligible applicant must file a completed application, in accordance with the requirements of this NOAF and the Program Guidelines, using the prescribed forms, by the submission deadline.

G. APPLICATION COMPONENTS

The following scored components must be included in the application for all HVIP Project Sites.

Note: The program narrative should be double-spaced, using a standard 12-point Times New Roman font and must not exceed 15 pages.

a. Problem Statement/Needs Assessment. **15 points**

Please identify the specific problem(s), target population, and geographic area that the proposed project addresses. Describe the needs and characteristics of the target population; local needs and conditions; describe existing services and identify gaps and/or barriers in services. Provide an update on total number of individuals served within the current funding cycle and over the lifespan of the HVIP program. Additionally, please identify the location of the municipality, or municipalities, where services will be

provided. Additionally, please identify the municipalities where individuals whom your program serves reside. Applicants are reminded that funding is made available under Cannabis Impact Zone Funds as described in Section C above, "Available Funding." Please also indicate what municipalities your organization prioritizes for services to individuals or groups.

b. Project Description, including Goals, Objectives, Outcomes and Work Plan (Action Strategy). 25 points

Specify clear, realistic goals for the proposed project. For current subrecipients, provide an update on the proposed project's goals for the next funding cycle. Identify objectives that are concise, measurable and clearly relate to the goals, problem statement/needs assessment, and target population. Measurable objectives shall include, but are not limited to, the level of service to be provided. Describe in detail the project's approach or strategy for attaining each objective. Applicants must also identify outcomes sought. Measurable outcomes shall include enrollment in services, including substance use disorder treatment, mental health counseling, connection to or education of work applicants, connection to mentorship and indicators of victim health and wellbeing.

Use the form provided to submit a project work plan that specifies each objective along with the major activities, responsible staff and feasible timeframes for each objective and activity. Proposed programs should provide programs, services, and resources to meet the cultural and language preferences of the clients and families being served.

c. Equitable Partnership and Coordination Between Medical Institution and Community Based Organization(s) Providing High Risk Intervention and/or Culturally Appropriate Victim Services. 25 points

This section must include:

1. The applicant and proposed partner's mission, experience and capacity to address the needs of people that have been impacted by community violence. Include the rationale and selection process for identifying the selected partner. If a community partner is not identified, the applicant must provide a detailed plan on how a community partner will be selected.

2. The processes for decision-making and communication between the partners. Applicants must provide a current, pending or draft letter of agreement between the applicant and at least one lead partner or potential partner. The letter must outline the leadership, roles, responsibilities, and budget allocations. Successful applications must include thoughtful consideration of how institutions with different levels of capacity, resources, and backgrounds will successfully operate in partnership.

   Note: LPS will not consider applications from partnerships in which one partner is expected to volunteer its services while the other is paid. Applications in which

resources are not allocated equitably will not receive favorable consideration, provided, however, that hospitals may contribute personnel and other resources on a reduced cost or in-kind basis in order to maximize the use of funds for front-line workers and direct services to victims. Any matching funds should be reflected in the budget. Applicants are also able to supplement funds from this grant with private philanthropic dollars, donations, and other sources of funds.

3. Training and capacity building offered for all partners, including training on trauma informed practices, community violence intervention and prevention strategies, anti-racism, anti-oppression, etc. Applications in which no resources are allocated to capacity building or emotional supports for community-based organizations will not receive favorable consideration. Program staff should receive help in identifying and engaging in the self-care practices that work for them (i.e., getting enough sleep, eating good food, exercise, laughter, spirituality/religion, time with family and friends, meeting with a therapist, etc.). Leadership should provide information and trainings to staff on the risks of vicarious trauma, compassion fatigue, and burnout. All involved staff should receive training on use of victim-centered, trauma-informed approaches when working with survivors in hospital and community-based settings. Additionally, the program should offer training to help staff gain an understanding of biases, particularly how race and culture impact relationships, interactions, services, and outcomes.

4. The program's experiences with connecting victims to needed community resources. Identify the top areas where more resources are needed. Identify the most successful linkages to date. Explain to what services the program will connect victims to meet their primary needs. The program should plan for the housing needs of victims, both in the short and long term. Applications for projects which require coordination of services among two or more agencies must contain a signed affiliation agreement. An affiliation agreement must define roles, responsibilities, referral mechanisms, collaboration, and coordination efforts necessary for successful implementation of the project and must be signed by all affiliating agencies. If applicants cannot submit a signed agreement, they must submit a draft agreement and final approval of the application will be contingent upon submission of the signed agreements.

d. Project Leadership, Management and Staff Organizational Chart. **5 points**

Include an organizational chart that identifies all key project management and staff for the day-to-day operations funded through the project, both for the lead applicant and key partners. This would include positions To Be Determined Include resumes and job descriptions as attachments.

In the event that leadership of one partner changes you must notify OVIP.

e.Data Collection and Performance Measures. **10 points**

Provide an explanation as to how the following data will be collected:

- Number of victims served
- Demographic information such as gender, age, city of residence
- Type of victimizations/injuries
- Summary of services coordinated
- Data on follow-up with participants after the initial intake/encounter
- Narrative descriptions of services received by participants

f. Budget and Budget Narrative. **20 points**

Costs must be specific and tied to the project objectives. Narrative should clearly explain why costs are necessary to the success of the project. Budget narrative should align with the program narrative. Example: outreach events mentioned in program narrative should be reflected in the "other" category" of the budget. Applicants should refer to the HVIP Program Administration and Funding Guidelines for a description of budget categories, allowable expenses and match requirements.

H. PROCEDURES FOR ELIGIBLE ORGANIZATIONS TO APPLY

Application packages are available at https://www.njoag.gov/resources/grantopportunities/. Applicants must complete and submit completed applications via hvip-viva@njoag.gov by the submission deadline. LPS reserves the right to decline any and all applications for funding and to award grants in amounts that may be other than requested. The submitted application may be subject to disclosure pursuant to the Open Public Records Act, N.J. S. A. 47:1A-1 et seq.

I. ADDRESS OF THE STATE AGENCY RECEIVING THE APPLICATION

Laura Luciano, Acting Executive Director
Department of Law and Public Safety
Division of Violence Intervention and
Victim Assistance
Richard J. Hughes Justice Complex
25 Market Street
Trenton, New Jersey 08625-0085

Please note that applications are being accepted via hvip-viva@njoag.gov ONLY. Mailed or faxed applications will not be accepted.

J. DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED

Applications must be completed and filed on or before **November 24, 2026 by 4pm** with all submissions finalized by **November 30, 2026**

L. DATE BY WHICH NOTICES SHALL BE EMAILED OF APPROVAL OR DISAPPROVAL OF APPLICATIONS

Applicants will be notified on or about **January 4, 2027**

Training and Technical Assistance and Program Evaluation

All HVIP program sites are required to work with a Training and Technical Assistance (TTA) provider, should LPS retain or use the services of such an entity. Failure to participate in the TTA process (if one is selected by LPS) may result in early termination of the grant. If LPS retains a TTA provider for the HVIP program, participating sites will work along with the TTA provider to establish or continue information-sharing agreements to elevate vital health related data on a jurisdiction-level, as well as engage in cross-analysis of victimization and victim services information, and where possible and appropriate, other health-related data not often utilized by the victim assistance field. These efforts will yield vital learning and best practices around aligning currently disparate data collection efforts, and overall improving the ability of these fields to talk to one another. Additionally, LPS may partner with an academic institution to conduct an overall evaluation of the program, which may involve the receipt of information from the eventual grantees to inform uniform standards for future violence intervention programs and best practices. Cooperation with the academic institution will be required for purposes of this evaluation.

Please note that funding allocations and individual subaward amounts are subject to change. For applications that propose new partnerships, LPS reserves the right to award a smaller grant. Subrecipients shall recognize and agree that both the initial provision of funding and the continuation of such funding under a grant agreement is expressly dependent upon the availability to LPS of funds appropriated by the State or Federal legislature from State and/or Federal revenue to such other funding sources as may be applicable. A failure of LPS to make any payment under a grant agreement or to observe and perform any condition on its part to be performed under a grant agreement as a result of the failure of the State or Federal legislature to appropriate funds shall not in any manner constitute a breach of a grant agreement by LPS or an event of default under a grant agreement because of the absence of available funding appropriations. In addition, future funding shall not be anticipated from LPS beyond the duration of the award period set forth in a grant agreement and in no event shall a grant agreement be construed as a commitment by LPS to expend funds beyond the termination date set forth in a grant agreement.