



State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 360
TRENTON, N.J. 08625-0360
www.nj.gov/health

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

204-24

KAITLAN BASTON, MD, MSC, DFASAM
Commissioner

April 25, 2024

Carrie Nawrocki
Health Officer
West Orange Health Department
Municipal Building
66 Main Street
West Orange, New Jersey 07052

Dear Ms. Nawrocki:

SUBJECT: LETTER OF INTENT - PATHWAY A & B

The New Jersey Department of Health - Office of Local Public Health intends to approve your Grant application for the **Strengthening Local Public Health Capacity Program 2025 - PATHWAY A & B** funding opportunity. The award in the approximate amount of **\$74,664** is contingent upon the fully executed award signed by the Department's Approval Officer and the availability of funds. This award will be effective for the grant period 7/1/24 through 6/30/25.

Grantees are encouraged to arrange for robust virtual meeting capabilities to facilitate accomplishing the deliverables of this grant.

Please consider this letter as notice of the Department's intent to fund in accordance with the legal provisions of this grant.

The Grantee recognizes and agrees that funding under a grant agreement is expressly dependent upon the availability of State and or Federal funds to the Department. The Department shall not be held liable for any breach of this agreement resulting from the absence of available funding appropriations.

The grant award will further be contingent upon the fiscal and programmatic completeness of your application, including any required modifications, and the fulfillment of any current grant objectives, if applicable.

Project Category	Funding Amount	Budget Period
Strengthening Local Public Health Capacity Program 2025-Outbreak Preparedness (OP)	\$29,462	7/1/24 - 6/30/25
Strengthening Local Public Health Capacity Program 2025-Public Health Capacity (PHC)	\$45,202	7/1/24 - 6/30/25
TOTALS	\$74,664	7/1/24 - 6/30/25

The Department will not be able to provide cash payments for any costs incurred by carrying out the items of this grant application until a fully executed Notice of Grant Award has been processed. Upon completion of this process, payment will be made in accordance with the grant provisions.

The OLPH Grants Team is currently reviewing applications in the order in which they were received in SAGE. We will keep you informed of any updates or further requirements during this phase. When the Application Review is complete, a Grant Application Review Checklist including the **required application modifications** will be emailed to the local health department.

OLPH will need the local health department's assistance with completing **100%** of the modifications to ensure that your application is complete and complies with the Request for Application (RFA) requirements.

If you have questions or need technical assistance, please email OLPHgrants@njlincs.net with your Grant Number in the Subject Line of the email.

Sincerely,

A handwritten signature in black ink, appearing to be 'SS' with a stylized flourish.

Shereen Semple, MS

Director
Office of Local Public Health

cc: SAGE Application
Carl Michaels, Fiscal Management
Paula Van Clef, Program Management Officer
Kathy C. Brown, Program Management Officer
Nataliya Najmi, Program Management Officer
William Calvin, Program Management Officer
Marina Siefker, Grants Management Officer
Jorge Lozano, Grants Management Officer
Anya Bouchouar, Grants Management Officer
Eric Carlsson, Director of Budget & Financial Planning