



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE
CONTROL AND PREVENTION

National Center for Emerging and Zoonotic Infectious Diseases
Division of Global Migration Health

Notice of Funding Opportunity
Application due November 5, 2026



Emerging Infections Network - Research for Preventing, Detecting, and Managing Travel- associated Infectious Diseases

Opportunity number: RFA-CK-26-035

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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up to date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on November 5, 2026.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

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Basic information

Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Diseases

Division of Global Migration Health

Conducting research and surveillance to detect and prevent travel-associated diseases.

Summary

The focus of this notice of funding opportunity (NOFO) is to produce insights into disease detection and prevention strategies, burden, severity, diagnostics, treatment, and outcomes of infectious diseases in international travelers. Timely surveillance and sentinel detection are essential for collecting actionable data.

The research should:

- Address public health questions that improve the speed of outbreak detection.
- Help develop guidelines and recommendations to improve patient care.
- Enhance understanding of the natural history of disease.
- Optimize genomic surveillance as well as diagnostic and treatment strategies.
- Advance the global health security of the United States.
- This NOFO will have two components:
 - **Component A – Clinic-based sentinel network.**
 - **Component B – Sentinel detection in international transportation hubs.**

You may apply for Component A, B, or both. If your application for both Component A and B is ranked top, Component B will be awarded.



Have questions?
See [Contacts and Support](#).

Key facts

Opportunity name:
Emerging Infections
Network - Research for
Preventing, Detecting, and
Managing Travel-associated
Infectious Diseases

Opportunity number: RFA-
CK-26-035

Activity Code: U01

Assistance listing: 93.084

NOFO version: Original

Key dates

**Application submission
deadline:** November 5, 2026

Required letter of intent:
September 15, 2025

**Expected scientific review
date:** December 15, 2026

**Expected secondary review
date:** January 12, 2027

Expected award date:
August 2, 2027

Expected start date:
September 1, 2027

Expiration date: December
7, 2026

See [Submit Your Application](#)
for other submission
requirements and deadlines
that may apply to this NOFO.

Funding details

Funding type: Cooperative agreement

Expected awards: 2

The number of awards is subject to available funds and program priorities.
We expect to make one award for each component.

Period of performance: 5 years in 12-month budget periods.

Application type: New

Expected total program funding over the performance period: Component A: \$5,000,000; Component B: \$25,000,000

Expected total program funding per budget period: Component A: \$1,000,000; Component B: \$5,000,000

Expected funding per applicant per budget period: Component A: \$1,000,000; Component B: \$5,000,000

Maximum award amount per budget period: Component A: \$1,000,000; Component B: \$5,000,000

Minimum award amount per budget period: Component A: \$750,000; Component B: \$1,000,000

Eligibility

Eligible applicants

Only these types of organizations may apply.

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Independent school districts.
- Public and state-controlled institutions of higher education.
- Native American tribal governments (federally recognized).
- Public housing authorities and Indian housing authorities.
- Native American tribal organizations, other than federally recognized tribal governments.
- Nonprofits having a 501(c)(3) status, other than institutions of higher education.
- Nonprofits without 501(c)(3) status, other than institutions of higher education.
- Private institutions of higher education.
- For-profit organizations other than small businesses.
- Bona fide agents applying on behalf of state, territorial, local, and tribal government organizations.

Note: Bona fide agents must submit documentation that demonstrates their arrangement with the eligible applicant. See [Other Attachments form](#).

Responsiveness criteria

We will review your application to make sure it meets these requirements.

These are the basic requirements you must meet to move forward in the competition. We won't consider an application that:

- Is from an organization that doesn't meet all eligibility criteria. See requirements in [Eligibility](#).
- Is submitted after the [application deadline](#).
- Exceeds the 12-page limit for the Research Strategy for each component.

- Exceeds the ceiling and total budget described in the NOFO for each component.
- Fails to clearly state which component(s) to apply for in the Specific Aim section.
- Fails to clearly delineate activities supporting Component A or Component B.

See the [application checklist](#) to understand which elements of your application are part of the responsiveness criteria.

Application limits

You must follow these limits on the number of applications your organization can submit.

You may submit only one application per institution. Each institution must have their own Unique Entity Identifier (UEI) number.

Qualifications for principal investigator or project director

We invite anyone who has the skills, knowledge, and resources needed to carry out the proposed research as a project director or principal investigator (PD/PI) to work with their organization or institution to apply.

At a minimum, the PD/PI should have a successful track record in public health research and surveillance with examples of productive collaboration with partners in this space.

You should:

- Ensure that the PD/PIs, collaborators, and other researchers are well suited to the project.
- Demonstrate an ongoing record of accomplishments that have advanced your field.
- Demonstrate that investigators have complementary and integrated expertise with an appropriate leadership approach, governance plan, and organizational structure for a collaborative or multi-PD/PI project
- Demonstrate that investigators have a successful track record in public health research.
- Provide evidence of past collaborations among the proposed research team.

Cost sharing and matching funds

This program has no cost-sharing requirement, meaning you do not need to contribute to the costs of this project.

If you choose to include cost-sharing funds, we won't consider it during review. If you receive an award, we will include your voluntary commitment in the award, and you must report on the funds.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

Agency priorities

Required alignment with CDC priorities

The recipient of this award must implement any funds awarded under this NOFO to effectuate program goals or agency priorities in accordance with the [Centers for Disease Control and Prevention \(CDC\) Priorities](#) when authorized (for a full description of the CDC Priorities, please follow the provided hyperlink).

Funded activities must:

- Align with CDC's core priorities by demonstrating a commitment to gold-standard science, transparency, and evidence-based practices.
- Support CDC's mission to protect Americans from infectious and chronic diseases, strengthen public health systems, and advance innovation in health data and infrastructure.
- Contribute to rapid, science-driven responses to health threats, promote global health leadership, and adhere to principles of integrity, accountability, and compliance with applicable laws and federal priorities.

Consistent with CDC's values, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles where consistent with the authority and scope of the award and its activities:

- **A commitment to gold-standard science and ensuring trust, transparency, and credibility:** To build trust and improve CDC's ability to lead during health crises, CDC will increase transparency, be more accountable, and follow strict, gold-standard scientific practices that are open, unbiased, and based on clear evidence.
- **A commitment to global leadership:** With staff in 63 countries and supporting 20 more, CDC's Global Health Center:
 - Works to prevent disease and advance emergency response.
 - Detect health threats early, sends response teams, trains health workers, and provides personal protective equipment, vaccines, and medicines.
 - Test disease samples from around the world to prepare for flu and other serious outbreaks.
 - Has strengthened systems to better protect people at home and abroad after the COVID-19 outbreak.

- **A commitment to ensuring rapid, evidence-based responses to crises:** During public health emergencies, ensuring rapid, science-driven responses is critical to minimizing harm, maintaining public trust, and restoring stability. To meet this goal, CDC must continue to strengthen its emergency response systems by:
 - Streamlining internal processes.
 - Improving risk communication strategies.
 - Ensuring that laboratory capacity is fully equipped and tested—capable of rapidly developing and deploying scalable diagnostics during crises.
 - Embedding structures for real-time learning, independent after-action reviews, and the application of lessons learned will ensure that each crisis response is smarter, faster, and more effective than the last.
- **A commitment to vaccine safety and efficacy research:** CDC will apply “gold-standard” science to all of its vaccine safety and effectiveness research. It will make vaccine data, research methods, and related datasets publicly available through simple data use agreements to improve transparency, accountability, and trust.
- **A commitment to advancing our understanding of the causes of autism spectrum disorder (ASD), neurodevelopmental disorders (NDDs), and chronic disease:** CDC conducts research and works with partners to better understand the causes of autism spectrum disorder, neurodevelopmental disorders, and chronic diseases. It will use new and existing data to study the rise in these conditions, including the increase in autism diagnoses from 1 in 150 to nearly 1 in 31 over the past 25 years.
- **A commitment to modernizing public health infrastructure and enhancing our approach to health data:** CDC will modernize public health infrastructure to create a faster, more efficient health system that can detect and respond to outbreaks in real time. This effort includes:
 - Replacing data silos with integrated systems.
 - Using advanced technology.
 - Strengthening partnerships with states to ensure shared responsibility and strong local health data systems.
 - Emphasizing collaboration across federal and state partners, resilient and adaptable systems, and accountability for funded programs to ensure they align with these priorities and federal requirements.

- **Conflicts of interest:** CDC will not support funding programs with conflicts of interest and ensure its work is based on transparent, unbiased science.
- **Immigration:** CDC funds will not be used to support or encourage illegal immigration, consistent with federal law.
- **Protecting life and the family:** CDC funds will not be used to support elective abortions, consistent with the Hyde Amendment, and will promote maternal health, the dignity of life, and strong families.
- **Ending disorder on America's streets:** CDC will prioritize evidence-based programs that reduce homelessness, drug use, and public disorder. It will support comprehensive services for people with serious mental illness and substance use disorder. CDC will not support housing first strategies, harm-reduction or safe consumption sites, or related activities. To the extent allowable by federal law, CDC intends to give priority to grantees in States and municipalities that have laws and policies that support and enforce CDC's priorities.
- [Gender ideology and protecting children \[PDF\]](#): CDC will not fund medical interventions for minors seeking gender transition and will define sex based on biological criteria.
- **DEI:** CDC will not support DEI initiatives based on group identity and focus on merit-based, evidence-driven approaches to improve health outcomes.
- **Parental rights:** CDC will support policies that protect parental authority, promote transparency, and give parents greater control over their children's education.

The recipient must demonstrate ongoing compliance with the full description and listing of CDC values and priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other enforcement actions consistent with federal grant regulations found at 2 CFR Part 200 and the terms and conditions of this award. The full CDC Priorities Statement can be found here: [Centers for Disease Control and Prevention \(CDC\) Priorities](#).

Program description

Background

Travelers move from place to place quickly and can spread pathogens across international borders. This makes them an important population to consider when monitoring new and emerging communicable diseases. This NOFO continues and expands CDC's efforts to better understand risks to international travelers. Previous work included:

- Timely and efficient monitoring and detection of sentinel infectious disease outbreaks to contain and respond to emerging infectious diseases.
- Conducting research activities and enhanced surveillance to inform guidelines and recommendations to prevent, detect, and manage infectious diseases in international travelers who become ill during or after travel.

The surveillance and research conducted previously among traveling populations has been vital to CDC's outbreak response when novel, emerging, or re-emerging pathogens were detected. It helped us gain critical knowledge on disease transmission, exposure risks, seasonality and geographic range, incubation periods and infectiousness, natural clinical history, and outcomes. Continuing this routine, sentinel, and enhanced surveillance and research work is essential to advancing the global health security of the people of the United States.

Related work

The work described in this NOFO will be conducted within the context of other travel-related surveillance systems at CDC, including:

- [Research and Surveillance | Travelers' Health | CDC](#)
- [GeoSentinel: past, present and future - PubMed](#)

Purpose

The purpose of this NOFO is to support significant and innovative surveillance and research activities that will help prevent, detect, and manage infectious diseases in international travelers who become ill during or after travel. The project aims to:

- Detect sentinel events, syndromic clusters, and infectious disease outbreaks.
- Systematically collect data that will contribute to the understanding of the risks to travelers.

As set out in the terms of this award, CDC has determined that data identified by the funding program during the [period of performance](#) must be shared with CDC. CDC intends to use data for public health purposes, that may include, but are not limited to, informing situational awareness and predictive modeling; strategic, tactical, and policy decision making; tracking the presence, and intensity of certain conditions; determining where federal resources for public health data (e.g., technical, financial, or in-kind assistance) may be needed; understanding the spectrum of illness, disease burden, and risk factors for disease and severe outcomes; understanding the impact of diseases, healthcare systems, and communities; reporting on or publishing findings related to analyses done with these data; and other purposes as specified in the award. As needed or as directed, CDC may share data with HHS agencies and other federal partners, as authorized by law, for public health purposes. Such sharing is limited to what is appropriate and consistent with applicable privacy, security, and confidentiality laws.

Public health impact

Research and surveillance of traveling populations supports national public health security by detecting and mitigating the spread of any potential international outbreaks or epidemics that threaten the public health of Americans. Through the activities outlined in this NOFO, the work will continue to leverage expertise, surveillance systems, and global partnerships to develop public health alerts, recommendations, and guidance for American travelers and healthcare providers. It will further equip Americans with the information they need to safely travel abroad.

Approach

You may apply for either or both Component A and B. Only one component will be awarded per recipient.

Component A – Clinic-based sentinel network

In your application, propose to develop and maintain a clinic-based surveillance system that collects a comprehensive set of illnesses that are associated with international travel and important to public health. This system must:

- Include travel and tropical medicine institutions that can conduct routine surveillance.
- Include enhanced surveillance or research activities that can answer scientific questions that are important to public health.
- Collect and report data in a timely manner.
- Demonstrate scalability of the proposed project.

Component B – Sentinel detection in international transportation hubs

In your application, propose to develop pathogen agnostic research methods that can be optimized for traveler-based genomic surveillance. These projects must:

- Establish and operate an international aircraft wastewater-based genomic surveillance network at strategically selected, high-traffic international transportation hubs.
- Detect and genomically characterize emerging pathogens and variants associated with international travel to provide timely early-warning signals.
- Advance pathogen-agnostic and metagenomic approaches to enable detection of known and novel biological threats.
- Standardize methods and ensure high-quality, interoperable data through coordination with global platforms such as GLOWACON.

Your application should respond to the following sections:

Significance

To demonstrate significance, your project should aim to:

- Address an important problem or a critical barrier to progress in the field.
- Improve scientific knowledge, technical capability, or public health.
- Change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field.

Innovation

To demonstrate innovation, your project should aim to:

- Challenge and seek to shift current research or clinical practice paradigms by using novel theoretical concepts, approaches or methodologies, instrumentation, or interventions.
- Use novel concepts, approaches or methodologies, instrumentation, or interventions.
- Propose a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions.

Objectives and outcomes

This section includes the outcomes we expect you to report progress on and achieve within the period of performance if you receive funding.

Your application should address how you'll achieve all the objectives below.

Component A – Clinic-based sentinel network

Objective A1: Operate a global emerging infectious sentinel network

- Identify, recruit, and maintain an active network of travel and tropical medicine practitioners and sites that have:
 - Diverse geographic locations.
 - Large patient volumes, including travelers moving to or from multiple regions.
 - Robust diagnostic and laboratory capabilities, including whole genomic sequencing (WGS) and metagenomic sequencing (MGS).
 - Research experience and interest.
 - Access to specific traveler populations (e.g., migrants, students, etc.).

- Ensure continued research capacity (e.g., specimen collection, storage and shipment capability, advanced diagnostics including WGS).
- Create and/or maintain a system to rapidly and effectively disseminate communications, information, and specimens to and between clinics and sites.
- Develop and/or maintain sites that contribute meaningfully to the network's work by submitting cases and participating in enhanced surveillance projects and research. Sites that may lack certain capacity, such as reverse transcriptase polymerase chain reaction or WGS, should have plans in place to use reference laboratories within the network or commercial labs to participate in network activities.
- Use and update proper data use agreements, internal review board assessments, and material transfer agreements in a way that does not delay information sharing during outbreak response needs.
- Ensure accurate and high-quality data collection.
- Conduct regular, continuous data quality assessments for relevant and robust data.
- Summarize and report on actions taken to improve the network (i.e., data quality improvements and site management strategies undertaken).
- Ensure internal and external partners have timely access to data and reports, as necessary.
- Help develop and maintain umbrella surveillance and research protocols to facilitate efficient projects, including assisting sites to maintain the same.

Objective A2: Conduct surveillance for travel-related infectious diseases

- Monitor and detect sentinel events based on novel geography, clinical presentation, population, severity, outcomes, and novel, emerging, or re-emerging pathogens.
- Ensure detection of sentinel events is timely and actionable.
- Detect outbreaks of infectious diseases or syndromes among international travelers.
- Develop innovative methods for advancing traveler-based surveillance strategies.
- Conduct genomic surveillance when appropriate.

Objective A3: Conduct scientific research activities to improve outcomes among infected international travelers

- Use appropriate research techniques to develop research protocols that address scientific questions that are important to CDC.
- Perform enhanced surveillance investigations to address CDC outbreak response needs and other pressing scientific questions.
- Produce peer-reviewed publications that provide meaningful contributions to travel-associated infectious diseases.
- Conduct research on emerging or understudied aspects of travel medicine.
- Partner with internal CDC subject matter experts (SMEs) to develop enhanced surveillance projects that support their data needs.
- Create a repository of biologic specimens from travelers with unknown diseases.

Objective A4: Communicate and respond

- Disseminate information rapidly to internal and external partners and stakeholders.
- Collaborate with the healthcare community and public health partners during outbreaks to communicate evidence-based recommendations for management and care.
- Disseminate the results of research and surveillance activities through scientific publications and presentations.
- Notify CDC and its internal SMEs of sentinel events in a timely manner.
- Summarize and disseminate the contributions to sentinel event detection, public health action, recommendations, or other notable changes in risk maps, etc., on a regular basis.

Component B – Sentinel detection in international transportation hubs

Objective B1: Establish and operate an international aircraft wastewater-based traveler genomic surveillance network at strategically selected high-traffic international transportation hubs

- Identify, select, and support a limited number of high-throughput international airports to serve as sentinel hubs for traveler-based genomic surveillance. Prioritize highly connected travel corridors and avoid redundancy within regions. Sentinel hubs may include Addis Ababa Bole International Airport (ADD) or Jomo Kenyatta International Airport

(NBO), Istanbul Airport (IST), Bangkok Suvarnabhumi Airport (BKK), Incheon International Airport (ICN), and São Paulo/Guarulhos International Airport (GRU).

- Implement and maintain routine aircraft wastewater collection operations at participating hubs. Use sampling strategies designed to maximize early-detection value while minimizing operational disruption.
- Ensure sustained surveillance capacity at participating hubs, including:
 - Reliable aircraft wastewater collection, storage, and transport systems.
 - Laboratory capacity for pathogen detection and genomic characterization.
 - Bioinformatics infrastructure to support sequence analysis and interpretation.
- Establish standardized operational workflows for coordination among airport authorities, airlines, laboratories, and public health partners.
- Maintain the ability to surge sampling and analytic capacity in response to emerging global threats or changing risk profiles.
- Ensure accurate, complete, and high-quality collection of surveillance metadata necessary for interpretation of pathogen signals by travel corridor, time, and location.
- Conduct regular assessments of site performance and surveillance yield. Implement corrective actions to improve data quality, operational efficiency, and analytic value.

Objective B2: Detect and genomically characterize emerging pathogens and variants associated with international travel

- Detect pathogen signals and emerging variants in aircraft wastewater associated with arriving international flights. Emphasize early identification prior to widespread detection through traditional surveillance systems.
- Conduct genomic characterization of detected pathogens to support lineage identification, variant tracking, and assessment of potential public health relevance.
- Ensure surveillance outputs are timely, actionable, and suitable to integrate into public health risk assessment and decision-support processes.
- Evaluate the early-detection performance of aircraft wastewater surveillance by comparing findings with national, regional, and global surveillance data streams.

- Identify changes in pathogen circulation patterns associated with specific international travel corridors, regions, or temporal trends.

Objective B3: Advance pathogen-agnostic and metagenomic approaches for aircraft wastewater surveillance

- Develop, implement, and evaluate metagenomic and other pathogen-agnostic methods to detect known and novel pathogens in aircraft wastewater.
- Assess the sensitivity, specificity, and reproducibility of metagenomic approaches relative to targeted assays across diverse epidemiologic and operational contexts.
- Optimize laboratory and bioinformatics workflows to enable scalable, timely analysis of complex wastewater metagenomic data.
- Characterize the breadth of microbial and viral diversity detected through pathogen-agnostic surveillance to support early identification of unexpected or previously unrecognized biological threats.
- Establish quality assurance and validation procedures for metagenomic data to ensure reliability and interpretability for public health use.

Objective B4: Standardize methods, ensure data quality, and support coordination through global surveillance platforms

- Develop, implement, and refine standardized protocols for aircraft wastewater sample collection, laboratory processing, sequencing, bioinformatics, and quality assurance across participating sites.
- Promote harmonization of surveillance methods and data elements to ensure comparability and interoperability across countries and regions.
- Support coordination, data sharing, and analytic alignment through participation in global platforms such as the Global Consortium for Wastewater and Environmental Surveillance for Public Health (GLOWACON).
- Ensure appropriate data governance mechanisms are in place. This includes data use agreements and material transfer agreements that facilitate timely information sharing while maintaining data integrity and security.
- Disseminate surveillance findings, technical guidance, and best practices to support continuous improvement and sustainability of traveler-based genomic surveillance.

Collaborations

Collaborations and partnerships that may be considered include:

- Global public health agencies and national ministries of health.
- Local or national public health, academic, and research laboratories.
- U.S. state, tribal, local, and territorial health departments.
- Existing professional networks (including within and separate from the specialties of travel and tropical medicine).
- Travel and tropical medicine providers outside the network.
- Academic and commercial research institutions and laboratories.
- Airports, airlines, and transportation agencies.

Evaluation and performance measurement

Overall program evaluation

Overall program success will be evaluated based on the extent to which funded activities:

- Demonstrate the feasibility, scalability, and public health value of traveler-based sentinel surveillance.
- Improve early detection and situational awareness of emerging infectious diseases and variants circulating internationally.
- Produce high-quality, timely, and interoperable data that can be integrated into public health analytic and decision-support systems.
- Generate evidence and best practices that inform sustainable approaches for traveler-based surveillance.

Component A – Clinic-based surveillance network

Over the period of performance, the recipient will be expected to identify outputs and the metrics against which those outputs will be measured. The following performance metrics reported annually should be addressed in your application:

- The number of patients seen by year.
- The number of patients enrolled in research and enhanced surveillance activities.
- The number of manuscripts published by year.
- The number of sentinel events and other significant detections made by the network by year.

- Catchment area (number and percentage of countries and territories captured).
- The number of public health and infectious disease SMEs engaged in partnership for surveillance and research activities.
- Time delay from patient seen to case input into system (trends over time).
- Catchment area corrections and trends.

Component B – Sentinel detection in international transportation hubs

We'll assess progress toward achieving the objectives of this NOFO with quantitative and qualitative performance measures. You must:

- Propose milestones, targets, and timelines consistent with the measures below.
- Describe methods for monitoring performance and implementing corrective actions as needed.

Performance measures may include:

- Number of sentinel airports with operational aircraft wastewater surveillance established and maintained over the project period.
- Frequency and consistency of aircraft wastewater sample collection per site.
- Proportion of samples meeting predefined quality and completeness criteria.
- Time from sample collection to initial pathogen detection and genomic characterization.
- Lead time gained between detection through aircraft wastewater surveillance and detection through traditional surveillance systems, when comparable data are available.
- Completeness and accuracy of genomic and associated metadata generated for detected pathogens.
- Frequency and timeliness of reporting surveillance findings to designated analytic or public health partners.
- Sensitivity and reproducibility of metagenomic approaches as demonstrated through validation or benchmarking activities.
- Breadth of microbial and viral taxa detected and characterized using pathogen-agnostic methods.

- Documentation of optimized laboratory and bioinformatics workflows suitable for routine surveillance use.
- Implementation of quality assurance and quality control metrics specific to metagenomic data generation and analysis.
- Results of routine data quality assessments, including completeness, consistency, and comparability across sites.
- Timeliness and completeness of data submissions to shared analytic environments or global platforms, including GLOWACON.
- Number of participating sites contributing data to shared platforms, according to agreed-upon standards.
- Execution and maintenance of data use agreements and material transfer agreements without delays to surveillance activities.
- Dissemination of technical guidance, protocols, or best practices informed by project findings.

Paperwork Reduction Act

Any activities involving information collection from 10 or more individuals or organizations may require the Paperwork Reduction Act (PRA) approval. The PRA requires review and approval of the information collection by the White House Office of Management and Budget.

To determine if a proposed activity requires PRA approval, contact your scientific and research contact. Collections include items like surveys and questionnaires. If you have collections requiring PRA approval, CDC is responsible for working with OMB to gain approval.

For more information about CDC's requirements under PRA see [CDC Paperwork Reduction Act Compliance](#).

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS will adopt [2 CFR 200](#), with some exceptions included in [2 CFR 300](#). These regulations replace those in 45 CFR 75. You can find details in HHS Summary of Regulatory Changes, which is posted in the Grants.gov Related Documents tab for this opportunity.

General guidance

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate; racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. If you have questions about these purposes, [ask the grants management specialist](#).
- Your budget is arranged in eight categories: salaries and wages, fringe benefits, travel, equipment, supplies, contractual, other (includes consultant costs), and indirect costs.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting your project's objectives.
 - A decision that continued funding is in the government's best interest.
- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.
 - If we receive more funding for this program, we will consider:
 - Funding more applicants.

- Extending the period of performance.
- Awarding supplemental funding.

Unallowable costs

You may not use funds for:

- Clinical care, except as allowed by law.
- Pre-award costs, unless we give you prior written approval.
- Other than for normal and recognized executive-legislative relationships:
 - Publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body.
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body.

See [Anti-Lobbying Restrictions for CDC Recipients](#).

For guidance on some types of costs that we restrict or do not allow, see 2 CFR 200.420, [Considerations for Selected Items of Cost](#).

Indirect costs

Indirect costs are those shared across multiple projects and not easily separated. Learn more at [CDC Budget Preparation Guidelines](#).

To charge indirect costs you can select one of two methods:

Method 1 — Approved rate. If you currently have an indirect cost rate approved by your cognizant federal agency, you may use that rate.

Enclose a [copy of the current approved rate agreement](#) in your Other Attachments form.

Method 2 — *De minimis* rate. If you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate (see [2 CFR 200.414\(f\)](#)). This rate is 15% of modified total direct costs (MTDC). See the definition of MTDC ([2 CFR 200.1](#)). You can use this rate indefinitely.

Other indirect cost policies

As described in [2 CFR 200.403\(d\)](#), you must consistently charge items as either indirect or direct costs and may not double charge.

Indirect costs may include the cost of collecting, managing, sharing, and preserving data.

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. As of January 2026, the salary rate limitation is \$228,000. We update this limitation when it changes.

Program income

If you earn any money from your award-supported project activities (known as program income), you must use it for the purposes and under the conditions of the award. Find more about program income at [2 CFR 200.307](#).

Expanded authority

For more information on expanded authority and pre-award costs, see the [HHS Grants Policy Statement](#) and speak to the [grants management contact](#).

Pre-award costs may be allowable as an expanded authority, but only if we authorize the costs.

Public health data

We require that awards include the needed costs and methods to share public health data. You may include the reasonable cost of sharing or archiving public health data as part of your requested budget for first-time or continuation awards. For more information, see [Data Management and Access](#).

Human subjects

We will restrict funds related to conducting research involving human subjects until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. To lift the restrictions, we require copies of all current local IRB approval letters, local IRB-approved protocols, and CDC IRB approval letters, when applicable.

If the proposed research project involves more than one institution and will be conducted in the United States, we expect you to:

- Use a single Institutional Review Board (sIRB) to conduct the required ethical review.
- Include a single IRB plan in your research plan and PHS Human Subjects and Clinical Trials Information form, unless either of the following is true:
 - Review by an sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy.
 - You provide a compelling justification based on ethical or human subject protection issues or other well-justified reasons.

Do not duplicate information in the research plan form and the PHS Human Subjects and Clinical Trials Information form.

In your research plan, discuss the overall strategy, methodology, and analyses of your proposed research. Use the PHS Human Subjects and Clinical Trials Information form to provide detailed information for human subjects studies and clinical trials.

We will review and approve exceptions in accordance with [45 CFR part 46](#) and, as applicable, [21 CFR part 50](#) and [21 CFR part 56](#), or we may place a restriction on the award.

Note: The sIRB requirement applies to participating sites in the United States. Foreign sites participating in CDC-funded, cooperative research studies do not need to follow the requirement for sIRB.

For more information, please consult the [scientific and research contact listed for this NOFO](#).

Statutory authority

Public Health Service Act, Sections 317(k)(2) [42 USC 247b(k)(2)], as amended.



Step 2:

Get Ready to Apply

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Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) or [eRA ASSIST](#) and search for opportunity number RFA-CK-26-035. After opening the opportunity, select the “package” tab to see the forms.

We recommend that you select the Subscribe button from the View Grant Opportunity page for this NOFO to get updates.

If you can't use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, [contact Grants.gov](#) for help.

Get registered

You must be registered in both SAM.gov and Grants.gov to apply. You can review the requirements and get started on developing your application before your registrations are complete.

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

eRA Commons

You must register in [eRA Commons](#). Your senior and key personnel must also register and affiliate their accounts with your organization's account.

Register at least four weeks before the application deadline.

Help applying

For help with the application process and tips for preparing your application, see [How to Apply](#) on our website and the [Research Instructions for NIH and Other PHS Agencies \[PDF\]](#).

If any instructions differ from those in this NOFO, follow the instructions in this NOFO.

For other questions, see [Contacts and Support](#).



Step 3:

Build Your Application

In this step

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Application checklist

You must follow the [research instructions \[PDF\]](#) to complete your application.

In this section, we also provide NOFO-specific guidance for some forms.

Make sure that you have everything you need to apply:

Form	Required for
☐ PHS 398 Research Plan form	All applications.
☐ SF-424 (R&R)	All applications.
☐ PHS 398 Cover Page Supplement Form	All applications.
☐ SF-424 (R&R) Other Project Information	All applications.
☐ SF-424 (R&R) Project/Performance Site Locations	All applications.
☐ SF-424 (R&R) Senior/Key Person Profile	All applications.
☐ R&R Budget form or ☐ HS 398 Modular Budget form Include only one of these forms, not both, in your application. The modular form is typically used by domestic organizations requesting \$250,000 or less per budget period in direct costs.	
☐ R&R Subaward Budget Attachments form	If your application proposes subawards.
☐ PHS Human Subjects and Clinical Trials Information	All applications.
☐ PHS Assignment Request form	Optional.
☐ Other Attachments form	All applications.
☐ Report on overlap	If applicable.
☐ Bona fide agents documentation	If applicable.
☐ Indirect cost agreement	If applicable.

See [submission requirements and deadlines](#) to see if there are other requirements beyond the application itself.

Important: public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples.](#)

Application contents and format

You must follow the [research instructions \[PDF\]](#) in the [How to Apply: Application Guide](#) unless this NOFO says otherwise. We strictly enforce these requirements. If you do not follow them, we may delay or not accept your application for review.

See [responsiveness criteria](#) to make sure you meet all requirements.

As you build your application, keep the [review criteria](#) in mind.

PHS 398 Research Plan form

You will use the PHS 398 Research Plan form to complete your research plan. You will upload each of the following parts of the form as a separate attachment.

Some parts may not be required for your application. We provide guidance here and in the [Application Guide](#).

Follow all instructions beginning on page 80 of the [research instructions \[PDF\]](#). We note additional instructions in this NOFO.

Introduction

This section only applies to resubmission or revision applications. Do not include this section if you are submitting a new or renewal application.

Research plan section

To complete this section use the instructions beginning on page 82 of the [research instructions \[PDF\]](#). The parts for this section include:

Parts	Required for	Page limit
Specific aims	All applications.	1 page
Research strategy	All applications.	12 pages

Organize your research strategy under three headings: significance, innovation, and approach. Describe the proposed research plan, including staffing and timeline. Page limit for the Research Strategy is 12 pages per component.

To complete this section use the instructions beginning on page 86 of the [research instructions \[PDF\]](#). The parts for this section include:

Parts	Required for	Page limit
Vertebrate animals	If you answer "Yes" to the question "Are Vertebrate Animals Used?" on the R.220 - R&R Other Project Information form.	None
Select agent research	If your proposed activities involve the use of select agents at any time during the proposed period of performance.	None
Multiple PI/PD leadership plan	If you designate multiple PD/PIs (on the R.240 - R&R Senior/Key Person Profile (Expanded) form).	None
Consortium and contractual arrangements	If you include any consortiums or contracts in your budget.	None
Letters of support	All applications.	None
Resource sharing plans	All applications.	None
Other plans	All applications.	None
Authentication of Key Biological and/or Chemical Resources	All applications.	None

Other plans: Data management plan

For all public health data you plan to collect, a data management plan (DMP) is required. For a definition of “public health data” and other key information, see [Data Management and Access](#) on our website.

Submit your DMP in the Other Plans section of your PHS 398 Research Plan and include:

- The data you will collect or generate and what its sources will be.
- Whether there are reasons why you cannot share data collected or generated under the award with CDC. These could include legal, regulatory, policy, or technical concerns.
- Who can access data and how you will protect it.
- Data standards that explain what documentation released data will have. That documentation should describe collection methods, what the data represent, and data limitations.
- Archival and long-term data preservation plans.
- How you will update the DMP as new information becomes available over the life of the project. You will provide updates to the DMP in annual reports. For more information about CDC’s policy on the DMP, see [Data Management and Access Requirement](#) at CDC’s website.

Appendix

We allow only limited appendix materials. Follow all the appendix instructions detailed on page 94 of the [research instructions \[PDF\]](#).

Do not use the appendix to get around page limits. You may attach up to 10 PDF documents in the appendix. Additionally, you can include up to three publications that are not publicly available.

Budget form

To develop your budget, see [CDC’s Budget Preparation Guidelines](#).

Be sure to follow the guidance in [funding policies and limitations](#).

The budget can include both direct costs and indirect costs as allowed.

Other Attachments form

You will use the Other Attachments form to upload the following attachments.

Report on overlap

File name: Report on overlap

You must provide this attachment only if you have submitted a similar request for a grant, cooperative agreement, or contract to another funding source in the same fiscal year and that request may result in any of the following types of overlap:

Programmatic

- They are substantially the same project.
- A specific objective and the project design for accomplishing it are the same or closely related.

Budgetary

- You request duplicate or equivalent budget items that are already funded by another source or requested in the other submission.

Commitment

- Given all current and potential funding sources, an individual's time commitment exceeds 100%, which is not allowed.
- We will discuss the overlap with you and resolve the issue before award.

Bona fide agent documentation

File name: Bona fide agent

A bona fide agent is an organization eligible to submit an application on behalf of another organization.

If you are applying as a bona fide agent of a state, territorial, tribal, or local government, you must attach a legal, binding agreement from the government as documentation of your status as their agent.

Indirect cost agreement

File name: Indirect cost agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your [cognizant agency for indirect costs](#) (2 CFR 200.1). If you use the *de minimis* rate, you do not need to submit this attachment.



Step 4:

Understand Review, Selection, and Award

In this step

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Application review

Initial review

We will review your application to make sure that it meets the [Responsiveness criteria](#). If your application does not meet these criteria, we will not move it to the merit review phase.

We will not review any pages over the page limit.

Scientific merit review

We use a two-level merit review process:

- External scientists with expertise in relevant scientific disciplines and research areas perform the first level.
- CDC senior scientists with broad scientific and programmatic experience perform the second level.

All responsive applications will:

- Be assigned an overall impact/priority score.
- Receive a written critique.

First level of merit review

Reviewers will consider each of the following review criteria to determine scientific merit and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that is not innovative may be essential to advance a field.

The reviewers use the following criteria. Overall impact and criterion scores (1-to-9-point scale: 1 = exceptional; 9 = poor).

Reviewers will provide an overall impact score. This score indicates how likely they think it is that the project will have a sustained, powerful influence on the research fields involved. They consider the following scored criteria and additional review criteria.

We will average the eligible reviewers impact scores for each application (calculated to one decimal point) and multiply it by 10 to determine the final overall impact score. The final overall impact score ranges from 10 (high impact) to 90 (low impact).

Scored criteria

Reviewers will evaluate the five individual criteria (significance, investigators, innovation, approach, and environment) and consider the application's strengths and weaknesses within each criterion. The impact score for the application is not intended to be an average of these scored criteria. The review criteria outlined below are applicable to both Components A and B. Each component will be evaluated separately and ranked in its own pool of applications.

Significance

- Does the project address an important problem or a critical barrier to progress in the field?
- If the aims of the project are achieved, how will scientific knowledge, technical capability, or public health be improved?
- How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

Investigators

- Are the PD/PIs, collaborators, and other researchers well suited to the project?
- Have they demonstrated an ongoing record of accomplishments that have advanced their field?
- If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise? Are their leadership approach, governance, and organizational structure appropriate for the project?
- Do the investigators have a successful track record in public health research?
- Is there evidence of past collaborations among the proposed research team?

Innovation

- Does the application challenge and seek to shift current research or clinical practice paradigms by using 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?

- Does the application propose a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions?

Approach

- Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project?
- Are potential problems, alternative strategies, and benchmarks for success presented?
- If the research project is in the early stages of development, will the strategy establish feasibility, and will particularly risky aspects be managed?
- If the project involves human subjects or clinical research, are there plans for:
 - Protection of human subjects from research risks, regardless of their sex, race, ethnicity or age and
 - Justified in terms of the scientific goals and research strategy proposed?
- If the project is in the latter stages of development, will the strategy establish scalability?
- In the Evaluation and Performance Measurement Plan, are outputs identified and are measures or metrics to assess outcomes included?

Environment

- Will the scientific environment in which the work will be done contribute to the probability of success?
- Are the institutional support, equipment, and other physical resources available to the investigators adequate for the project proposed?
- Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?
- To what extent will findings be disseminated to communities?
- Does the project support key stakeholder involvement throughout the research process?

Additional review criteria

When applicable to a proposed project, reviewers will evaluate the following additional items and consider them when assigning an impact score but will not give separate scores for these items.

Protections of human subjects

If the research involves human subjects but does not involve one of the six categories of research that are exempt under [45 CFR part 46](#), and, as applicable, [21 CFR part 50](#) and [21 CFR part 56](#), the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation using the following five review criteria:

- Risk to subjects.
- Adequacy of protection against risks.
- Potential benefits to the subjects and others.
- Importance of the knowledge to be gained.
- Data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under [45 CFR part 46](#), the committee will evaluate:

- The justification for the exemption.
- Human subject involvement and characteristics.
- Sources of materials.

Including children in research

When the proposed project involves clinical research, the committee will evaluate the proposed plans for the inclusion of children.

For more information, see [Additional Requirement 28: Inclusion of Persons Under the Age of 21 in Research](#).

Vertebrate animals

The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following four points:

- Proposed use of the animals, and species, strains, ages, sex, and numbers to be used.
- Justifications for the use of animals and for the appropriateness of the species and numbers proposed.
- Procedures for limiting discomfort, distress, pain, and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs, or comfortable restraining devices.

- Methods of euthanasia and reason for selection if not consistent with the [AVMA Guidelines on Euthanasia](#).

For additional information on review of the vertebrate animals section, see the [Checklist for Applicants and Reviewers: Vertebrate Animals](#).

Biohazards

Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel or the environment, and if needed, determine whether adequate protection is proposed.

Improving the Safety and Security of Biological Research

Under the [Executive Order on Improving the Safety and Security of Biological Research](#), the CDC will not accept competitive grant or cooperative agreement applications for dangerous gain-of-function research (as defined in Section 8 of the Order).

This prohibition will stay in place until the new policy described in Section 4(a) is put into effect.

Additional review considerations

As applicable for the project proposed, reviewers will consider each of the following items and may provide comments. They will not give scores for these items or consider them in providing an overall impact/priority score.

Budget and period of support

Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research.

Resource-sharing plan

Reviewers will comment on whether the resource-sharing plan (for example, sharing model organisms) or the rationale for not sharing the resources is reasonable.

After the merit review of your application is complete, the PD/PI will be able to access their summary statement in [eRA Commons](#).

Second level of merit review

After the first level of merit review, we refer applications to a second level of review where they are evaluated based on their value in relation to:

- Program priorities.
- Program relevance.
- Research portfolio balance.
- Geographic considerations.
- Budgetary considerations.

We do not consider **voluntary** cost sharing as part of the merit review process.

Risk review

Before making an award, we review the risk that you will not prudently manage federal funds. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We use SAM.gov [Responsibility / Qualification](#) to check this history for awards. We also check Exclusions.

You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

We may ask for additional information prior to award based on the results of the risk review.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [2 CFR 200.206](#).

Selection process

When making funding decisions, we consider:

- Scientific merit review results. The results of the first- and second-level reviews are key in making decisions but are not the only factor.
- Fund availability. Funding of this NOFO is subject to fund availability.
- Program relevance. Justification for funding out of rank order by CIO may be based on relevance of the proposed project to program priorities, research portfolio balance, or geographic distribution.

- This NOFO will have two recipients, one for each component. If your applications for both Component A and B are ranked top in its own pool, your Component B will be awarded.

We may:

- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Our ability to make awards depends on available appropriations.

Award notices

If you are successful, we will email a Notice of Award (NoA) to your authorized official.

We will email you or write you a letter if your application is not responsive or unsuccessful.

The NoA is the only official award document. The NoA tells you about the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you don't have permission to start work.

Once you draw down funds, you have accepted all terms and conditions of the award.

If you want to know more about NoA contents, go to [Understanding Your Notice of Award](#) at CDC's website.



Step 5:

Submit Your Application

In this step

Submission requirements and deadlines [47](#)

Submission requirements and deadlines

Required letter of intent

Due on September 15, 2026

You must let us know if you plan to apply for this opportunity. We do this to plan for the number of reviewers we will need to evaluate applications. You must submit a letter of intent to apply.

Please email the notice to SPittBarnes@cdc.gov.

In your email, include:

- The funding opportunity number and title.
- Your organization's name and address.
- A contact name, phone number, and email address.
- The descriptive title of your proposed research.
- Names of your project director or principal investigator and other key personnel.
- Participating institutions.

Application

Due on November 5, 2026 at 11:59 p.m. ET.

We encourage you to submit your application before the application deadline.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

The grants management officer may extend an application due date based on emergency situations such as documented natural disasters or a verifiable widespread disruption of electric or mail service.

Submission methods

Your organization's authorized official must certify your application.

To submit your application, you have three choices:

- Submit your application directly in Grants.gov using Workspace.
- Use eRA ASSIST, which connects to Grants.gov.
- Use a different system-to-system interface of your choice that connects to Grants.gov.

See [Contacts and Support](#) if you need help.

File format for all submissions

You must submit all text attachments to the Adobe application forms as PDFs. All text attachments must use the agency-specific formatting requirements noted in the SF-424 (R&R) Application Guide.

See [How to Apply - Application Guide](#). The Application guides for FORMS-I application packages are also posted here.

Grants.gov

You must submit your application through Grants.gov. See [Get registered](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure your application passes the Grants.gov validation checks. Do not encrypt, zip, or password-protect any files.

See [Contacts and Support](#) if you need help.

eRA ASSIST

The Application Submission System and Interface for Submission Tracking (ASSIST) helps you prepare your application, submit it through Grants.gov, and track it.

You must have an eRA Commons ID to use this system. The system will prompt your signing official to enter the Grants.gov Authorized Organizational Representative (AOR) credentials to submit the application.

For instructions, see [Using ASSIST](#) and [Submit the Application](#).



Step 6:

Learn What Happens After Award

In this step

Post-award requirements and administration [50](#)

Post-award requirements and administration

We adopt by reference all materials included in the links within this NOFO.

Administrative and national policy requirements

There are important rules you need to read and know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NoA), including [General Terms and Conditions for Research Grant and Cooperative Agreements](#). The NoA includes the requirements of this NOFO.
- The rules listed in [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, or any superseding regulations, including HHS-specific requirements in [2 CFR 300](#).
- The HHS [Grants Policy Statement](#) (GPS). This document has policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those provisions in the [HHS Administrative and National Policy Requirements](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, recipients certify compliance with all federal anti-discrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
- We can take corrective or enforcement actions if your performance is poor, in accordance with [2 CFR 200.339](#) and [2 CFR 200.340](#), as appropriate.

Reporting

If you are successful, you will have to submit financial and performance reports. These include:

Report	Description	When
Annual Performance Report (Research Performance Progress Report)	- Serves as yearly continuation application. - Includes performance measures, successes, and challenges. - Updates research plan. - Includes how CDC could help overcome challenges. - Includes budget for the next 12-month budget period. - Complete list of the publications planned or completed to date - including status (e.g., published [include reference], in review, under development). - Description of any changes made in the use of human subjects or IRB approval status. - Includes how data are collected and used (Data Management Plan).	120 days prior to the end of the budget period, or the date identified in guidance that CDC distributes.
Annual Federal Financial Report (FFR)	- Includes funds authorized and disbursed during the budget period. - Indicates exact balance of unobligated funds and other financial information.	90 days after the end of each budget period.
Data on Performance Measures	Includes information similar to the Annual Performance Report.	CDC will only require this report if it needs more frequent reporting than in the Annual Performance Report.
Final Performance Report	Includes information similar to the Annual Performance Report.	120 days after the end of the period of performance.
Final Federal Financial Report (FFR)	Includes information in Federal Financial Report.	120 days after the end of the period of performance.

Report	Description	When
Foreign Tax Report	- Amount of foreign taxes assessed, reimbursed, and unreimbursed by each foreign government. - Also applies to subawards.	- Annually by November 16. - Quarterly by January 15, April 15, July 15, and October 15 each year.

To learn more about these reporting requirements, see [Reporting](#) on the CDC website.

CDC award monitoring

If you receive an award, CDC will monitor your activities. To learn more about CDC award management, see [Resources for CDC Recipients](#).

A cooperative agreement has substantial CDC programmatic involvement with the recipients during the performance of activities.

We will place these roles and responsibilities in the terms and conditions of award:

Recipient's roles and responsibilities

- The recipient has the dominant role and primary responsibility for the project as a whole.
- The PD(s)/PI(s) have the primary responsibility for complying with the responsibilities for the extramural investigators in the Data Management and Access.
- Recipients retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC regulations and policies. Recipients must comply with applicable rules in 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, including HHS-specific requirements in 2 CFR 300.

Specifically, for this NOFO, the recipient is expected to:

- Monitor progress toward objectives and performance measures and implement corrective actions as needed to address delays, data quality issues, or operational challenges.

- Submit surveillance data, genomic sequences, and associated metadata in a timely manner to designated analytic environments and global platforms, including GLOWACON, in accordance with applicable standards.
- Ensure all activities comply with applicable federal, state, local, and international laws, regulations, and policies.
- Maintain appropriate oversight for ethical, legal, and regulatory requirements related to environmental sampling and genomic data generation.
- Comply with the responsibilities for the Extramural Investigators as described in the Policy on Public Health Research and Non-research Data Management and Access.
- Ensure the protection of human subjects through ethical review of all protocols involving human subjects at the local institution and at CDC and obtaining the appropriate Institutional Review Board (IRB) approvals for all institutions or individuals engaged in the conduct of the research project.
- Work with CDC scientists to obtain OMB-PRA approvals, as needed.
- Provide scientific and management oversight for the overall project at his/her site, including research design and conduct, data collection, quality control, data analysis and interpretation, preparation and publication, and outreach to healthcare providers and travelers.
- Select the appropriate group of individuals about whom to conduct the research.
- Perform epidemiologic, clinical, and (if appropriate) laboratory assessments to improve the detection, prevention, and clinical care of ill international travelers.
- Describe outcomes of the research at relevant intervals in project reports and publish the results in the peer reviewed literature, as appropriate.
- Collaborate with CDC for the following activities:
 - Attending meetings.
 - Participating in conference calls.
 - Collaborating on the development and refinement of research protocols.
 - Analyzing and interpreting research and surveillance data.
 - Providing project updates.

Publications and presentations

Publications, journal articles, presentations, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

“This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention”.

In addition, the PI/PD must provide to CDC Program abstracts or manuscripts prior to any publication related to this funding. The recipient will not seek to publish or present results or findings from this project without prior clearance and approval from CDC.

CDC's role

CDC staff have substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:

- The HHS/CDC purpose is to support and stimulate the recipients' activities through involvement and working jointly with recipients in partnership.
- CDC staff has substantial programmatic involvement that is above and beyond the normal stewardship role in awards.
- CDC project officers will not assume direction, prime responsibility, or a dominant role in the activities.
- CDC staff will assist the PI, as needed, to comply with the responsibilities for the extramural investigators in the [Data Management and Access](#).

Specifically, for this NOFO, CDC will:

- Assist the PI, as needed, to comply with the investigator responsibilities described in the Policy on Public Health Research and Non-research Data Management and Access.
- Prepare the paperwork necessary to submit research protocols to the CDC Institutional Review Board for review, as needed.
- Obtain Office of Management and Budget approval per the Paperwork Reduction Act, if necessary.
- Assist in the development of research protocols that will be acceptable to the local site and the CDC Institutional Review Board (IRB) and/or OMB for review and approval. The CDC IRB and OMB will need to review and

approve the protocol initially, and at least annually, until the research project(s) is completed.

- Supply background information on other relevant studies that have been conducted at the CDC.
- Provide technical advice and oversight on:
 - Tropical medicine.
 - Epidemiology.
 - Travel-related diseases.
 - Travel-related health data.
 - Research strategies and protocol development.
 - Analysis and data interpretation.
 - Preparing and editing manuscripts.
 - Disseminating project data and results.
- Co-author publications as appropriate.
- Monitor and evaluate scientific and operational accomplishments of this project through frequent communication, review of technical reports, and interim data analyses. Based on these evaluations, CDC will make recommendations to solve problems and improve the quality and timeliness of the research activities.
- Provide scientific and technical input related to traveler-based genomic surveillance, aircraft wastewater surveillance, and pathogen detection methodologies.
- Facilitate alignment of funded activities with evolving scientific standards, best practices, and analytic approaches relevant to public health surveillance.
- Participate, as appropriate, in technical discussions related to protocol development, data interpretation, and analytic integration.
- Review and assess recipient progress against established performance measures and milestones.
- Provide feedback to recipients on evaluation findings and recommend improvements to enhance program effectiveness and data quality.
- Facilitate sharing of aggregate findings, lessons learned, and best practices across funded projects, consistent with data governance and security requirements.
- Use program outputs to inform broader public health surveillance strategies and future program development.

Additionally, an agency program official, aka Scientific Program Officer (SPO) will be responsible for the normal scientific and programmatic stewardship of the award. We will name them in the Notice of Award. The SPO will:

- Serve as the primary point of contact on official award-related activities. This includes an annual review of the grantee's performance as part of the request for continuation application.
- Make recommendations on requests for changes in scope, objectives, and or budgets that deviate from the approved peer-reviewed application.
- Carry out continuous review of all activities to ensure objectives are met.
- Attend committee meetings and participate in conference calls to assess overall progress and for program evaluation purposes.
- Monitor performance against approved project objectives.



Contacts and Support

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Agency contacts

Scientific and research

Brian York, Ph.D.

Scientific Program Officer

(404) 639-7094

ryork@cdc.gov

Scientific merit review

Seraphine Pitt Barnes, PhD, MPH, CHES

Scientific Review Officer

(770) 488-6115

SPittBarnes@cdc.gov

Grants management

Sharon Cassell

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Help with systems

Grants.gov

Grants.gov provides [24/7 support](#) (closed on Federal holidays).

You can call 1-800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

eRA Commons

Contact the [eRA Commons Help Desk](#) for questions regarding eRA Commons registration, tracking application status, and post-submission issues. The Help Desk is open Monday through Friday from 7 a.m. to 8 p.m. ET. Closed on federal holidays.

You can call toll free at 301-402-7469 or 866-504-9552 or TTY 301-451-5939.

You can email commons@od.nih.gov.

Reference websites

- [U.S. Department of Health and Human Services \(HHS\)](#)
- [Grants Dictionary of Terms](#)
- [CDC Grants: How to Apply](#)
- [Research Instructions \[PDF\]](#)
- [CDC Grants: Already Have a CDC Grant?](#)
- [Grants.gov Accessibility Information](#)
- [Code of Federal Regulations \(CFR\)](#)
- [United States Code \(U.S.C.\)](#)
- [Bayh-Dole Regulations](#)