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

Office of Innovation and Analytics

Notice of Funding Opportunity

Application due Wednesday, June 10, 2026

Identify and Evaluate Potential Risk Factors for Amyotrophic Lateral Sclerosis

Opportunity number: RFA-TS-26-165

Contents

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 5:00 p.m. local time on Wednesday, June 10, 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

In this step

Basic information

Centers for Disease Control and Prevention

Agency for Toxic Substances and Disease Registry

Office of Innovation and Analytics

Seeking innovative research proposals to identify environmental and other associated risk factors that may increase the likelihood of developing amyotrophic lateral sclerosis (ALS).

Summary

CDC/ATSDR invites innovative research proposals to study environmental and other associated risk factors for amyotrophic lateral sclerosis (ALS).
We prioritize studies focused on:

- Military service.
- Contact sports.
- Traumatic brain injury.
- Neuroinflammation.
- Infectious agents.

Proposals funded under this NOFO must address two objectives:

- Identify potential environmental and other associated risk factors for ALS in humans.
- Characterize how or why the risk factors could be associated with or contribute to the etiology, progression, and pathophysiology of ALS in humans.

The proposed research should produce outcomes that will help CDC:

- Better understand the etiology and epidemiology of ALS.
- Prioritize topics for future research initiatives.
- Develop new CDC/ATSDR National ALS Registry risk factor surveys for persons with ALS.

CDC/ATSDR National ALS Registry data are available for researchers to identify potential risk factors for ALS. You're encouraged to submit proposals

Have questions? See Contacts and Support.

Key facts

Opportunity name: Identify and Evaluate Potential Risk Factors for Amyotrophic Lateral Sclerosis (ALS)

Opportunity number: RFA-TS-26-165

Assistance listing: 93.061

NOFO version: Original

Key dates

Application submission deadline:
Wednesday, June 10, 2026

Informational call:
June 2, 2026

Optional letter of intent deadline:
May 27, 2026

Expected scientific review date: July 6, 2026

Expected secondary review date: July 20, 2026

Expected award date:
August 27, 2026

Expected start date:
September 30, 2026

Expiration date:
December 13, 2026

See Submit your Application for other submission requirements and deadlines that may apply to this NOFO.

on research topic areas that are not currently funded by the National ALS Registry.

There are four funding options included in this NOFO:

- **Option A** - Support research with strong existing evidence such as studies on known environmental or genetic risk factors, research that improves past studies with better data, or investigations linking risk factors to ALS diagnosis and treatment.
- **Option B** - Support new and exploratory research on ALS risk factors such as studies on risk factors with little existing evidence or research using innovative methods.
- **Option C** - Understand ALS risk in affected populations, such as studies involving military veterans or investigations of ALS risk factors among military veterans.
- **Option D** - Analyze biological samples from the Guamanian ALS cluster such as investigation of disease mechanisms and environmental factors, exposure routes, genetic studies and biomarkers and how this could lead to mitigation therapeutics, diagnostics or prevention.

An application may include only one funding option.

Funding details

Funding type: Cooperative agreement

Expected awards: 3
The number of awards is subject to available funds and program priorities.

Period of performance: 3 years in 12-month budget periods.

Application type: Renewal

Expected total program funding over the performance period: $4,500,000

Expected total program funding per budget period: $1,500,000

Expected funding per applicant per budget period: $500,000

Maximum award amount per budget period: $500,000 (Funding Option A or D) or $300,000 (Funding Option B or C). An application may include only one funding option.

Minimum award amount per budget period: $0

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.
- Foreign organizations.
- Bona fide agents applying on behalf of state, territorial, local, and tribal government organizations.

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 of Wednesday, June 10, 2026.
- Does not include specific aims in the Research Strategy focused primarily on environmental toxicant-mediated etiology of ALS.

- Does not include an epidemiology-focused specific aim in the Research Strategy to investigate ALS risk factors using human epidemiological data.
- Does not meet the Qualifications for principal investigator or project director.
- Exceeds the maximum funding amount for any budget period. The proposed budget for each fiscal year must be less than or equal to the maximum funding amount for each budget period of $500,000 (Funding Option A or D) or $300,000 (Funding Option B or C) as outlined in the Funding Details section.

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 more than one application per institution if each application is scientifically distinct. The principal investigator (PI) must be different for each application.

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.

CDC encourages people from all groups to apply.

SF-424 Biographical Sketch requirements

The SF-424 Biographical Sketch for the PD/PI or Co-Investigator(s) must include documentation of their:

- Experience in their area of expertise.
- Knowledge directing human epidemiological, environmental health, and ecological empirical research on ALS risk factors, including the use of:
  - Prospective and retrospective case-controls.
  - Large epidemiological datasets.
  - And the toxicological/molecular laboratory approaches that are reflected in the research strategy section of your Research plan.

You must also document that the PD/PI or Co-Investigator(s) has the knowledge, experience, and expertise necessary to conduct this research and achieve the proposed objectives with at least one of the following:

- A first-authored, peer-reviewed publication, as defined by the NIH National Library of Medicine, directly relevant to the research plan proposed.
- Serve as a principal investigator on a grant, cooperative agreement, or contract in these subject matter areas (include description and references in the biographical sketch).

These experience requirements may be met by the combined experiences of a Principal and Co-Investigator(s) (if applicable). When you cite the relevant publication(s) or research experience, use **bold** or highlighted text in the SF-424 Biographical Sketch.

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.

Types of cost sharing

You can meet your match requirement through any combination of:

- Cash contributed by your organization, partners, or other third parties.
- In-kind (non-cash) contributions from your organization, partners, or other third parties.

Cost-sharing commitments

If awarded, you must provide the amount of cost-sharing funds you promised, even if you promised more than the required minimum. We put these commitments in the Notice of Award.

If you don't provide your promised amount, we may decrease the amount of funding we give you.

You'll have to include your cost-sharing funds when you fill out your federal financial reports.

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:** 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

The Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry (CDC/ATSDR) are committed to protecting people's health from environmental hazards by:

- Investigating the relationship between environmental factors and health.
- Developing guidance.
- Building partnerships to support healthy decision making.

The intent of the CDC/ATSDR extramural research program is to fund research that promotes healthy community environments by assessing the available scientific data to determine whether people are at risk because of their exposures to harmful chemicals in the environment.

Amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease, is a progressive and often fatal neuromuscular disease that presents in familial (fALS) and sporadic (sALS) forms. As of 2017, over 30,000 people in the U.S. lived with ALS. Most people die within two to five years of being diagnosed with the disease.[1] Approximately 5 to 10% of all ALS cases can be attributed to familial, or heritable, genetic mutations.

Most ALS cases are sporadic. And while the underlying cause(s) are largely unknown, a complex set of risk factors may interact to produce the disease.[2],[3],[4],[5],[6] These include:

- Genetic susceptibility.
- Environment.
- Time.
- Occupation.

Studies have evaluated possible ALS risk factors.[7],[8],[9],[10],[11],[12],[13],[14] Examined risk factors include:

- Familial and sporadic genetic susceptibility.
- Employment in certain occupations.
- Exposure to heavy metals, cyanotoxins and infectious agents.
- Physical activity.
- Trauma (e.g., traumatic brain injuries, concussions).

ATSDR is seeking investigator-initiated research that will identify and evaluate environmental and other associated risk factors that contribute to ALS, with a preferred focus on factors related to:

- Military service.
- Contact sports.
- Traumatic brain injury.
- Neuroinflammation.
- Infectious agents.

Military Service

Past population-based cohort studies provide limited and suggestive evidence that associates military service in World War II, the Korean, Vietnam, and Gulf Wars with the development of ALS.[15],[16],[17],[18],[19],[20]

While the reasons for increased ALS risk among military veterans are unknown, selective environmental exposures during military service may play a part in increased risk. Examined examples include exposure to persistent organic pollutants, herbicides (including Agent Orange), ionizing radiation, burn agents, cyanotoxins.[21] [22] [23] [24] In addition, the duration of time served and exposure to repetitive explosion-mediated blast overpressure in combat settings, leading to traumatic brain injury (TBI), may also contribute to susceptibility and severity of ALS. [25],[26]

We seek additional research to determine if and how these or other military service-related factors contribute to an increased risk of ALS. These investigations should include study approaches that are statistically well-powered and that adequately control for potential biases and confounding factors.[27]

Contact sports and traumatic brain injury

Participating in some contact sports (e.g., American football and soccer) is associated with an increased risk of developing ALS for athletes. Past studies cite intense physical activity, head and neck musculoskeletal trauma, and repeated concussions leading to mild, moderate, or severe TBI as potential contributing factors.[28], [29], [30],[31],[32] However, it is unclear to what degree contact sports-related TBI, and the severity and repetition of TBI, influence ALS development.

We're seeking additional research that:

- Examines the role of impact-mediated TBI from participating in contact sports in the development of ALS.

- Considers differential diagnosis of and co-morbidity with ALS and chronic traumatic encephalopathy post-TBI[33],[34].
- Investigates whether and how additional risk factors can work in concert with TBI to increase ALS risk.[35],[36] Such risk factors may include:
  - Athlete's exposure to playing field pesticides or grass or soil-associated infectious agents.
  - The intensity of physical activity.
  - Athlete demographics, including pre-existing genetic susceptibility, sex, and age at the time of exposure.

Neuroinflammation and infectious agents

Neuroinflammation is a primary cause of secondary brain injury following TBI. Emerging research suggests that neuroinflammation, including dysregulated innate immune system activation, may contribute to the development of ALS through neuronal toxicity. [37],[38]

We're seeking research to:

- Understand the role of TBI in neuroinflammatory and innate immune response pathways in the development of ALS.
- Identify relevant inflammatory and immune biomarkers in persons with ALS.

We're also seeking further research on how infectious agents may contribute to ALS, especially their effects on neuroinflammation and immune response. Past studies have suggested that exposure to microbial infectious agents, including mycoplasma, cyanobacterial neurotoxins, fungal neurotoxins, and viruses, may be a risk factor for ALS.[39],[40] ,[41],[42],[43]

CDC/ATSDR National ALS Registry

Uncertainty about the incidence and prevalence of ALS, the etiology of the disease, and risk factors associated with disease development and progression created a need for structured data collection. The ALS Registry Act (P.L. 110-373 (2008)), passed in October 2008, amends the Public Health Service Act to require the Secretary of DHHS, acting through the Director of CDC, to:

- Develop a system to collect data on ALS.
- Establish a national registry for the collection and storage of ALS data.

In October 2010, the ATSDR, in partnership with CDC, launched the National ALS Registry to collect data to:

- Describe the incidence and prevalence of ALS in the U.S.
- Examine factors, such as environmental, occupational, and genetics, that might be associated with the disease.
- Better outline key demographic factors (such as age, race or ethnicity, sex, and family history of individuals who are diagnosed with the disease) associated with the disease.
- Facilitate examination of the connection between ALS and other motor neuron disorders that can be confused with ALS, misdiagnosed as ALS, and in some cases progress to ALS.

CDC/ATSDR National ALS Registry data are available for researchers to identify potential risk factors for ALS. Per 42 USC 280g-7(d)(1)(B), access to ALS Registry data must comply with privacy statues and regulations.

National strategic priorities

CDC/ATSDR is responsible for developing and maintaining the congressionally-mandated National ALS Registry.

Related work

A listing of currently funded and previously funded grants can be found on the CDC website.

Purpose

ATSDR seeks to identify and evaluate risk factors that contribute to ALS. We're focusing on research proposals that will examine factors related to:

- Military service.
- Contact sports.
- Traumatic brain injury.
- Environmental exposures.
- Neuroinflammation.
- Infectious agents.

The proposed research should be innovative and produce outcomes that will help ATSDR:

- Better understand the etiology and epidemiology of ALS.
- Prioritize topics for future research initiatives.
- Inform the development of new ATSDR ALS Registry risk factor surveys for persons with ALS.

You're encouraged to submit proposals on research topic areas not currently funded by the National ALS Registry**.** We're especially interested in innovative research applications that propose to conduct an epidemiological investigation using the National ALS Registry and/or using a third-party ALS registry. Examples of ALS registry research that CDC/ATSDR has previously funded can be found on the CDC website.

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.

Applications funded under this NOFO must address two objectives to achieve the following outcomes:

- Better understand ALS risk factors.
- Identify possible etiologies to reduce patient morbidity and mortality.

Objective One

Identify potential risk factors for ALS in humans, including at least one of the risk factors listed below:

- Environmental and other associated risks, including from past military service.
- Traumatic brain injuries, including blast or impact TBI associated with military service or contact sports such as American football or soccer.
- Injury or microbial infection (e.g., bacterial, fungal, viral) resulting in neuroinflammation or innate immune system activation.
- Nutritional intake, or lack thereof.
- Pharmaceutical use (e.g., statins).

Objective Two

Characterize how or why the risk factors could be associated with or contribute to the etiology, progression, and pathophysiology of ALS in humans.

This NOFO offers four funding options to address the two research objectives. You may submit a research proposal under Funding Option A, B, C, or D.

Funding Option A

Funding Option A supports ALS risk factor research investigations that have an existing, well-substantiated evidence base and would benefit from strengthened rigorous evaluation.

Examples of proposals appropriate for Funding Option A include:

- Investigations on well-substantiated environmental, genetic, and other ALS risk factors that can be strengthened by prospective and retrospective longitudinal studies with appropriately addressed confounders.
- Studies that improve upon past investigations with increased statistical power and expanded ALS and/or control population cohorts.
- Studies that seek to link risk factors to clinical diagnosis, treatment, and outcomes.

Awards made under Funding Option A will be funded for up to $500,000 per year (including direct and indirect costs), for a period of performance of up to 3 years, if funds are available.

Funding Option B

Funding Option B supports novel ALS risk factor research investigations that:

- May or may not have an existing evidence base.
- May be supported by limited and insufficient preliminary research.
- Are exploratory and developmental in nature.

Examples of proposals appropriate for Funding Option B include:

- Investigations on risk factors without an existing evidence base. For example:
  - Gut microbiome and other genomic, dietary, or metabolic risk factors.
  - Aviation and other radiation-related risk factors.
  - Sports-related risk factors other than TBI (e.g., strenuous physical activity).
- Investigations on risk factors that use novel approaches.

Awards made under Funding Option B will be funded for up to $300,000 per year (including direct and indirect costs), for a period of performance of up to 3 years, if funds are available.

Funding Option C

Funding Option C supports research and better understanding of ALS risk factors, including prevalence and incidence in disproportionally impacted communities, such as military veterans.

Examples of proposals appropriate for Funding Option C include research related to:

- Populations disproportionately impacted, such as military veterans or those with increased susceptibility to ALS.

Awards made under Funding Option C will be funded for up to $300,000 per year (including direct and indirect costs), for a period of performance of up to 3 years, if funds are available.

Funding Option D

Funding Option D supports the analyses of biological fluids and tissues for the Guamanian ALS cluster.[44] This collection presents a unique opportunity to study the role of potential hereditary characteristics of pathogenic gene(s) and the contribution of environmental factors in disease development because:

- They're one of the largest retrospective ALS clusters.
- They were collected by investigators as part of a clinical and epidemiological study in Guam due to a sudden peak and decline of ALS incidence in the region during the 1950s.
- The biospecimen are unique to the local population of Guam and nearby islands, affected descendants of those diagnosed with ALS, and its geography.

Examples of proposals appropriate for Funding Option D include:

- Investigations on the potential disease mechanism underlying clinical phenotype, environmental risk factors, biomarkers, genetic markers or mutations and/or modifications that may be unique to the Guamanian ALS biospecimen, and gene-environment interaction.
- Studies where the successful outcome may add significant scientific knowledge and better understanding of the disease mechanism contributing to both familial (hereditary) and sporadic (no evident hereditary cause) ALS cases.

Awards made under Funding Option D will be funded for up to $500,000 per year (including direct and indirect costs) for a period of performance of up to 3 years, if funds are available.

You must clearly indicate in the abstract whether the research proposal will fall under either Funding Option A, B, C, or D. An application may include only one funding option.

For Options A, B, or C, you may use data from the National ALS Registry if you follow all applicable privacy laws and regulations. However, using National ALS Registry data is **not required** for any of the funding options.

Collaborations

As a recipient, you're required to carry out the majority (60% or more) of the proposed research work plan. Document how you'll do so in SF-424 Research and Related Budget. You cannot serve as a "pass through" to fund another entity to conduct the majority of the research.

Partnerships between your institution and outside entities may be necessary or advantageous to complete the proposed work. Your application must clearly describe each partners' roles and responsibilities. This includes demonstrating your access to planned data sources and study populations, and all partnerships necessary to complete the proposed project.

You should clearly describe the nature and extent of the proposed partnership for the proposed research in the Research Strategy section of your application, including:

- Roles and responsibilities of the Principal Investigator(s).
- Roles and responsibilities of the outside entities or partner agencies.
- Existing working relationship between Principal Investigator(s) and outside entities or partner agencies.
- Plans for the proposed research.
- Nature and extent of the involvement to be provided by the applicant institution and outside entity.
- How the partnership will ensure implementation and sustainability of the proposed evaluation.

Evidence of access to the data from outside entities may be demonstrated by data sharing agreements, memoranda of understanding, or Letters of Support detailing the data availability. Refer to the Scored Criteria section to review how collaborations and partnerships will be considered.

Evaluation and performance measurement

You're expected to provide an evaluation and performance measurement plan with measures of effectiveness in your application. The plan must demonstrate that you'll be able to accomplish the objectives of your proposal. The measures of effectiveness must relate to the goals stated in the Purpose section. They should measure the intended outputs and outcomes as described in the Objectives and outcomes section. The outcomes you'll evaluate should be clearly specified.

Performance measures should include:

- Number of study participants recruited.

- Participation rate.
- Types of samples collected.

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 project officer. Collections include items like surveys and questionnaires. If you have collections requiring PRA approval, CDC is responsible for working with OMB to gain the 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 adopted 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 attachments.

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.

For foreign awards: Recipients may charge indirect costs on awards to foreign organizations and foreign public entities performed fully outside of the U.S. and its territories to support the costs of complying with federal requirements. This rate is fixed at 8% of MTDC, excluding tuition and related fees, direct expenditures for equipment, and subawards over $25,000.

Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

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 $228,800. 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 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

This program is authorized under Sections 317(k)(2) and 399S of the Public Health Service Act [42 U.S.C. 247b(k)(2) and 42 U.S.C. 280g-7].

Step 2:
Get Ready to Apply

In this step

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-TS-26-165. 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. When you register, you will also receive your required Unique Entity Identifier (UEI). 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.

When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations. You must specifically agree to those for grants, not those for contracts, because the two agreements are different. You will have to maintain your registration throughout the life of any award.

You must have a UEI number associated with your organization's physical location. If your organization has multiple UEI numbers, use the UEI number associated with the location receiving the federal funds.

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.

Need help? See Contacts and Support.

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.

Join the informational call

For more information about this opportunity, join our informational call. A pre-application webinar call will be conducted on June 2, 2026, to address questions from prospective applicants regarding NOFO RFA-TS-26-165. The call will begin at 2 p.m. Eastern Time (ET) and end at 2:50 p.m. ET, or sooner if all questions are addressed. Questions and answers from the discussion are anticipated to be included in an amended NOFO approximately 3 weeks after the webinar.

Microsoft Teams meeting

- Join the meeting here.
- **Meeting ID:** 219 231 458 690 976
- **Passcode:** 6dd2F97B

If you are not able to join through your computer, you can call in by phone.

- +1 404-498-3000,,335092471# United States, Atlanta
- (888) 994-4478,,335092471# United States (Toll-free)
- Find a local number.
- **Phone conference ID:** 335 092 471#

Joining and participating is voluntary and does not affect eligibility, application scoring, or award selection. You can attend anonymously.

Step 3:
Build Your Application

In this step

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. • Include Funding Option A, B, C, or D in the abstract. • Clearly include the specific aim focused on a human health epidemiological investigation to identify and evaluate ALS risk factors and specifics to identify potential environmental toxicant mediated etiology. • List sources using human ALS epidemiological data.
☐ 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	All applications. • 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.

Form	Required for
☐ **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. Include specifics that will identify possible: • Environmental toxicant mediated etiology of ALS with **bold text**. • Aim focused on human epidemiological investigation.	1 page

Parts	Required for	Page limit
	You must clearly indicate in the abstract whether the research proposal will fall under either Funding Option A, B, C, or D. An application may include only one funding option.	
Research strategy	All applications. • Clearly indicate the human health epidemiological investigation to identify and evaluate ALS risk factors. • List data sources from human ALS epidemiological data. See Approach Section of Scored criteria for scientific considerations	12 pages

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	Not required.	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.
- Use NCEH/ATSDR's Data Management Plan Template, OMB NO: 0920-1301 (Exp. date: June 30, 2026) for your DMP.

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

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.
- Internal senior federal scientists with broad scientific and programmatic experience perform the second level.

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 should not be an average of these scored criteria.

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?
- Is the significance of the proposed research plan to identify and evaluate the specific ALS risk factor(s) justified? To what extent does the application propose to identify and evaluate risk factors for ALS related to past military service, contact sports, traumatic brain injury, neuroinflammation, or infectious agents?
- Is the proposed funding option justified?
    - For applications submitted under Funding Option A, how well does the application demonstrate that the proposed research investigation has an existing, well-substantiated evidence base and includes an approach that would support a rigorous evaluation?
    - For applications submitted under Funding Option B, how well does the application demonstrate that the research investigation is exploratory or developmental in nature and/or includes an approach that is novel?
    - For applications submitted under Funding Option C, how well does the applicant demonstrate that the study supports those most at risk or susceptible to ALS and better understanding of ALS risk, including prevalence and incidence in communities and military veterans?
    - For applications submitted under Funding Option D, how well does the application support research investigation of the Guam ALS cluster that is considered novel?

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 PD/PI, Co-I, collaborators, or other researchers have sufficient prior expertise, experience, and knowledge directing human epidemiological, environmental health and ecological empirical research on ALS risk factors, including the use of prospective and retrospective case-controls, large epidemiological datasets, and toxicological/molecular laboratory approaches, to conduct the proposed research?
- For proposals that are collaborative or multi-PD/PI, do the investigators have the experience to conduct the proposed research? Is there evidence of past collaboration with the proposed research team to support the success of the proposed research?

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?
- Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?
- To what extent does the proposed research include innovative methods to identify potential risk factors for ALS in humans?

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?
  - Is it justified in terms of the scientific goals and research strategy proposed?
- How well does the proposal describe how the potential risk factors for ALS in humans will be identified? How well has the applicant identified and described the target population for the proposed research? Is the sample size for the proposed research adequate to test the proposed hypotheses?
- How well does the applicant describe methods to translate the proposed research?
- Does the applicant demonstrate the ability to access the necessary data to execute the research plan? Are these data appropriate for the research?
- Does the research plan address:
  - The availability and quality of ALS epidemiological data research resources proposed for evaluation?
  - Limitations in the analysis of the ALS epidemiological data proposed for evaluation?

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?
- How well will findings be disseminated to communities?
- Are the partnerships necessary for the successful completion of the proposed research documented in the application by letters of support or memoranda of understanding? Do they include detailed information about the nature of existing relationships (if applicable)?
- Do you clearly demonstrate that your organization will conduct a substantial portion of the research plan, including a proposed budget that does not reflect an intent to act as a “pass through” organization for partner entities (as required)?

- Do the letters of support or memoranda of understanding clearly describe the working relationships between the research institution and all partner organizations (if applicable)?
- Is the nature of and extent of each entity's involvement sufficient for the successful completion of the proposed research project as a whole (if applicable)?
- To what extent does the geographic location or setting of the study contribute to understanding of ALS and impact?

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.

Applications from foreign organizations

Reviewers will assess whether the project presents special opportunities for furthering research programs through the use of unusual talent, resources, populations, or environmental conditions that exist in other countries and either are not readily available in the United States or augment existing U.S. resources.

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.
- Consideration for meritorious applications proposing to identify and evaluate risk factors for ALS in the context of past military service, contact sports, traumatic brain injury, or neuroinflammation and infectious agents, as evidenced by the Research Strategy section of your research plan.
- Consideration for meritorious applications in which the contact Eligible PD/PI meets NIH Early Stage Investigator (ESI) status, as verified by the NIH Determination of Investigator Status process.

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.
- Availability of funds.
- Relevance of the proposed project to program priorities.
- Geographic balance of proposed projects to broaden distribution of the awards.

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

Optional letter of intent

Due on May 27, 2026 at 11:59 p.m. ET.

We ask that you 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 do not have to submit a letter of intent to apply.

Please email the notice to ncipc-peer-review@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 Wednesday, June 10, 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 SF424 (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

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 CDC General Terms and Conditions. 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 highlighted in the HHS Grants Policy Statement, Appendix D: HHS Administrative and National Policy Requirements.
- All antidiscrimination laws: By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination 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.

Report	Description	When
Final Federal Financial Report (FFR)	• Includes information in Federal Financial Report.	120 days after the end of the period of performance.
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.

CDC roles and responsibilities

- 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.
- Additionally, an agency program official or CIO program director is responsible for the normal scientific and programmatic stewardship of the award. We will name them in the award notice.
- Provide suggestions for refining research protocols (e.g., for sampling, recruitment, assessment, and data management).
- Participate in the analysis, interpretation, and dissemination of study findings (may include co-authorship of peer-reviewed manuscripts and scientific presentations). Monitoring and evaluating the scientific and operational accomplishments of the project through conference calls, site visits, and review of technical reports. Provide ongoing suggestions as needed to ensure project success.

Joint responsibilities

- Specific tasks and activities may be shared between the recipients and HHS/CDC as defined below.
- The grant recipient and CDC/ATSDR will agree upon and establish a schedule for regular phone calls to discuss ongoing research project progress.
- The recipient agrees that upon award, their application and the summary of reviewers' comments will be shared with the CDC staff, who will provide support as described above. Recipient organization will retain custody of and have primary rights to the information, data, and software developed under this award

Contacts and Support

In this step

Agency contacts

Scientific and research

Candis M. Hunter, PhD, MSPH, REHS
ncipc_erpo@cdc.gov

Scientific merit review

Aisha Wilkes, MPH
ncipc-peer-review@cdc.gov

Grants management

Sharon Cassell
zpr0@cdc.gov
770-488-2703

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.

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Endnotes

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