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

US Travelers Health Research, Surveillance, Communication, and Outreach Network

Opportunity number: RFA-CK-26-036

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 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

In this step

Basic information

Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Diseases

Division of Global Migration Health

Protect U.S. residents traveling internationally by improving access to timely health information before, during, and after travel.

Summary

The NOFO supports CDC's efforts to protect U.S. residents traveling internationally. The goal is to help U.S. travelers with pre-travel preparation, access to timely health information while traveling, and timely research on health conditions.

The project will:

- Improve access to high quality travel preparation information for both healthcare providers and travelers.
- Collect health information before, during, and after travel through innovative electronic medical record (EMR), web, and mobile phone applications.
- Build on this platform to conduct timely research on emerging health threats, including:
  - Enrollment of prospective cohorts.
  - Developing and evaluating advanced diagnostics.
  - Cost-effectiveness and optimization evaluations.

This NOFO will support research and surveillance activities in a network of clinics that provide pre-travel health services to people with travel destinations outside of the United States, focusing on travelers at high risk for illness or injury while travelling.

During pre-travel visits, this system will anonymously collect specific data on travelers visiting international destinations. This NOFO will encourage high-risk travelers to seek pre-travel health consultations from a clinician to prepare them for a healthy return.

Have questions? See Contacts and Support.

Key facts

Opportunity name: US Travelers Health Research, Surveillance, Communication, and Outreach Network

Opportunity number: RFA-CK-26-036

Activity code: U01

Assistance listing: 93.084

NOFO version: Original

Key dates

Application submission deadline:
November 5, 2026

Required letter of intent deadline:
September 15, 2026

Expected scientific review dates:
December 15, 2026

Expected secondary review dates:
January 12, 2027

Expected award date:
September 1, 2027

Expected start date:
September 30, 2027

Expiration date:
December 7, 2026

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

This will also contribute to the travel medicine scientific evidence base. Examples of contributions may include:

- Prospective traveler cohort studies.
- Use of novel diagnostic techniques to estimate risks to travelers.

Many international travelers see a primary care clinician or another medical specialist for pre-travel consultations instead of a clinician who specializes in travel medicine.

This NOFO will also increase the awareness of travel medicine among primary care providers and provide them with appropriate tools in advising international travelers with up-to-date recommendations.

Funding details

Funding type: Cooperative agreement

Expected awards: 1
The number of awards is subject to available funds and program priorities.

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

Application type: New

Expected total program funding over the performance period: $5,000,000

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

Expected funding per applicant per budget period: $1,000,000

Maximum award amount per budget period: $1,000,000

Minimum award amount per budget period: $750,000

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.

- Requests a budget amount exceeding the ceiling of $1,000,000 per year and/or total budget of $5,000,000 as described in Funding Details section above.
- Exceeds the 12-page limit for the Research Strategy.

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 a 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.

You should:

- Ensure that the PD/PIs, collaborators, and other researchers are well suited to the project.
- Demonstrate an ongoing record of accomplishments and strong publication record in travel medicine.
- 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 and with collaborating research sites.
- Provide evidence of nationwide collaboration with clinical sites.
- Demonstrate the research team includes a multidisciplinary group of investigators representing epidemiological, laboratory, clinical, and health economics expertise.

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:** 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

As global travel grows, so does the potential of spreading infectious diseases. Rapid research is critical to inform traveler preparation.

Pre-travel health consultation gives healthcare providers an opportunity to educate patients about:

- Reducing the risk of illness and injury during travel.
- Recommended vaccinations.
- Drug prophylaxis.
- Preventive measures for diseases such as yellow fever and malaria.

Travel to international destinations has increased among U.S. residents, including travel to areas with higher risks of infectious disease or with higher risk activities, such as adventure travel.

Healthcare providers must assess the possible risks for travelers visiting such destinations and the risks the traveler might encounter during travel.

High-risk travelers of concern include, but are not limited to, the following:

- U.S. residents traveling to visit friends and relatives (VFRs) abroad.
- U.S. students studying abroad.
- Very young or very old travelers, and travelers with underlying health conditions at higher risk for acquiring an illness during travel.
- Travelers visiting destinations at increased risk for infections such as sub-Saharan Africa, south Asia, and parts of Mexico, Central America, South America, and the Caribbean.

Research and surveillance

This NOFO supports research and surveillance activities in a network of clinics providing pre-travel health consultations for people with travel destinations outside the United States, including travelers at high risk for illness or injury while on travel.

These clinics will utilize an electronic medical record (EMR) template pre-travel health consultation system. This system helps healthcare providers provide essential recommendations during the pre-travel medical encounter.

During the pre-travel visit, this system anonymously collects specific data exclusively on travelers visiting international destinations. Collection of these anonymous data from travelers continues to inform CDC's recommendations by providing data on travelers at higher risk, and those traveling to high-risk destinations. Recommendations also include available preventative services travelers could utilize.

High-quality, accessible materials

Many of these high-risk travelers do not visit clinicians trained in travel medicine. This NOFO will develop high quality, accessible materials to help primary care providers prepare their patients for and alert travelers to health risks during travel. Clinic-based data collection will be complemented by:

- Web-based tools and resources to help primary care clinicians give destination-specific guidance.
- Mobile applications to share information with travelers and collect anonymized health and geolocation data from those who opt in.

These tools will also allow enrollment of travelers in prospective study cohorts.

Related work

International travelers provide insight into public health and infectious disease threats globally. CDC has built partnerships with international networks of travel clinics through the GeoSentinel program to conduct surveillance and research among returning international travelers.

This NOFO complements that work by improving pre-travel preparation and conducting prospective research on travelers. This research may include collecting samples before, during, and after travel.

Better preparation lowers the risk of travelers contracting infectious diseases during travel and prevents importation and spread of disease in the United States.

Research regarding international travelers at multiple sites is limited. This complementary package maintains a surveillance and research platform that has been rapidly activated to support responses for COVID-19, dengue, and oropouche, among others.

Additional information on related work may be found here: Research and Surveillance | Travelers' Health | CDC

Purpose

The purpose of this NOFO is to:

- Increase the proportion of international travelers who receive a pre-travel health consultation with recommended preventative services.
- Improve the quality of the health care advice during pre-travel health consultations.
- Increase access to timely health information while traveling.

This NOFO will help international travelers reduce their personal risk of illness or injury and prevent pathogens from being introduced into the US.

Approach

This NOFO funds research and surveillance activities in a network of domestic clinics that provide pre-travel health services to people with travel destinations outside of the United States, especially those at high risk for illness or injury while travelling.

Innovation

These clinics will use an innovative suite of EMR, web, and mobile tools to:

- Support healthcare providers in providing pre-travel recommendations.
- Share timely, location-specific information with travelers during travel.
- Collect anonymous health data and specimens (as needed), during the pre-travel visit, during travel, and after travel.

This program will also:

- Encourage high-risk travelers to seek pre-travel health consultations.
- Strengthen the travel medicine scientific evidence base. Examples of studies may include:
    - Prospective traveler cohort studies.
    - Geospatial, economic, and genomic analyses.
    - Use of novel diagnostic techniques to quantify risks to travelers.
    - Timely research questions motivated by outbreak responses.

Your application should describe how the proposed research introduces novel ideas, approaches, or technologies. Be sure to:

- Explain how your project challenges and shifts current research or clinical practice paradigms by using novel:
    - Theoretical concepts.

    - Approaches or methodologies.
    - Instrumentation.
    - Interventions.
- Describe whether your concepts, approaches or methodologies, instrumentation, or interventions are new to a field of research or new in a broad sense.
- Discuss any refinements, improvements, or new applications of theoretical concepts.
- Show that your proposed research is both innovative and has potential for concrete applications that are of value to public health.
- Include economic modeling, with foci on evidence for and impact of interventions as well as outcomes.

Environment

Your application should describe the scientific environment and resources that will support the proposed project.

- Explain how the scientific environment will contribute to the probability of success.
- Describe the institutional support, equipment, and other physical resources available to the investigators.
- Highlight project benefits, such as:
    - Unique features of the scientific environment.
    - Features of existing work/platforms that could be built on.
    - Subject populations.
    - Collaborative arrangements.
- Describe how key stakeholder will be involved throughout the research process.
- Identify critical partnerships or collaborations.
- Include a description of the traveler population seen in partner clinics and explain how it supports the objectives of this NOFO.

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.

This program fills knowledge gaps and improves disease prevention by collecting robust and methodologically standardized data over time from

multiple traveler populations. Risk is quantified by location, activity, and population. It also ensures information is up to date and scientifically reliable.

Longitudinal comparison of data is possible as people's behaviors, the range and virulence of pathogens, and available interventions change.

You should address the following objectives:

Conduct research and surveillance

Conduct research and surveillance activities in an active network of clinics providing pre-travel health services to people with travel destinations outside the United States, including those travelers at high-risk.

- Maintain electronic, mobile application or web-based pre-travel health consultation resources that are user-friendly to both clinicians and travelers.
- Update resources to account for the changing epidemiology of diseases.
  - Include travel health warnings and notices for specific destinations.
  - Include vaccination or medication recommendations.
- Recruit and add travel providers to the network, as appropriate, to include high-risk travelers in their patient catchments.
  - Include providers that have a high volume of patients traveling to destinations outside of the United States.
- Conduct data collections, analyses, evaluations, and publications of anonymous data collected on travelers during the pre-travel consultation.
  - Identify and address the fundamental gaps in pre-travel preparation of travelers, especially those at high risk.
- Collect data in real time to rapidly respond to disease outbreaks.
- Study high-interest pathogens (including high-transmission pathogens and those with high levels of antimicrobial resistance). Topics may include:
  - Applying high throughput technology and rapid diagnostics to identify chains of transmission.
  - Behavioral factors impacting transmission and ways to interrupt these transmission chains.
  - Evaluating proposed interventions for effectiveness and economic impact using economic modeling and outcome analyses.

Outreach plan for travelers

Your application should include programs that provide outreach to travelers to international destinations, especially those at high-risk, and encourage them to seek pre-travel health consultations.

Methods might include direct or indirect contact with international travelers through:

- Departments of health.
- Travel agents.
- Academic organizations.
- Web-based or mobile tools.
- Community organizations.

Outreach plan for healthcare providers

Your application should include programs that outreach to healthcare providers who do not see travelers on a regular basis, and who have limited knowledge of travel medicine.

- These may include primary care providers or specialists whose patients mention travel plans during visits for other health concerns.
- Methods might include direct or indirect contact with traveler's healthcare providers through:
  - Departments of health.
  - National associations of healthcare providers.
  - National conferences.
  - Existing professional networks with both travel medicine providers and non-expert travel medicine providers (e.g., same hospital system).
  - Ethnic medical associations.
  - Web-based or social media outreach.

Investigator-initiated studies

You may include investigator-initiated studies on travelers' health, including, but not limited to:

- Longitudinal epidemiologic and demographic data collection.
- Specimen collection.
- Laboratory testing.

Collaborations

Collaborations and partnerships that you may identify in your **outreach plan for travelers** could include:

- State and local departments of health.
- Community-based non-governmental organizations and networks.
- Travel agents.
- Houses of worship.
- Personal service providers.

Collaborations and partnerships you may identify in the **outreach plan for healthcare providers** could include:

- State and local departments of health.
- National associations of health care providers.
- National conferences.
- Existing professional networks with both travel medicine providers and non-expert travel medicine providers (e.g., same hospital system).
- Ethnic medical associations.

Research collaborators may include:

- Community or academic health systems.
- Private and public universities.
- Reference laboratories.

Evaluation and performance measurement

You should include measurable goals and aims based on a five-year research project period. You should include the evaluation and performance measurement as the following:

- Establish specific, measurable, achievable, realistic and time-phased (SMART) project objectives for each activity described in the application's project plan.
- Develop and implement project performance measures that are based on specific programmatic objectives.
- Create and use an evaluation plan.

We'll work with recipients to finalize these plans after the award starts. Recipient must submit an annual progress report showing project activities and outcomes based on the overall research goals and timeline.

For more information, see the reporting requirements.

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 the approval.

For more information about CDC's requirements under PRA see CDC Paperwork Reduction Act Compliance.

Translation plan

Applications should include how the results and findings of the project will be tailored for the appropriate audience when disseminated.

- Scientific results should be prepared for a clinical or scientific audience.
- Outcome results for travelers should be prepared in plain language.
- The recipient should publish the project's research and surveillance findings as well as outcomes, as appropriate.

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.

See also program-specific limitations.

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 301(a) [42 USC 241(a)] and 317(k)(2) [42 USC 247b(k)(2)], as amended.

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-CK-26-036. 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.

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.

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.
☐ 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.
☐ 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 Page Limit

Organize your research strategy under three headings:

- Significance.
- Innovation.
- Approach.

Describe the proposed research plan, including staffing and timeline.

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

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.

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?
- Does the work address a scientific problem of great importance to public health research or practice?
- Will the work be influential in that it will:
  - Lead others to investigate the problem?
  - Open new areas of research?
  - Change the scientific approach or public health practice?
- How will this work improve and be of value to public health?
- Since one of the main scientific questions in travel medicine is how often illnesses occur and how to calculate travelers' risk, does the work conduct prospective data and specimen collection in a way that helps define and reduce both behavioral and epidemiological risk?
- Will the work be multifaceted?
  - Will it pull data from epidemiological, laboratory, clinical, and health economics modeling collaborators to enable process innovation?
  - Will it improve the ability to respond to the many yet unaddressed questions in the travel medicine 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?
  - Is their leadership approach, governance, and organizational structure appropriate for the project?
- Do the investigators have a successful track record in public health research?
- Do the investigators have a strong publication record in travel medicine?
- Is there evidence of collaboration among the proposed research team and with collaborating research sites?
- Is there evidence of collaboration with clinical sites nationwide?
- Does the research team include a multidisciplinary group of investigators representing epidemiological, laboratory, clinical, and health economics expertise?

Innovation

- Does the application challenge and seek to shift current research or clinical practice paradigms by using novel:
  - Theoretical concepts?
  - Approaches or methodologies?
  - Instrumentation?
  - 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?
- Is the proposed research innovative and yet offer reasonable potential for concrete applications of interest and value to public health?
- Does the application include an economic modeling goal, with foci on evidence for, and impact of, interventions as well as outcome analyses?

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?
  - 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?
- Does the application propose to use evidence-based interventions or strategies in the research plan?
- If the project is in the latter stages of development, will the strategy establish scalability?
- Are the outputs identified?
  - Are measures and metrics to assess outcomes included in the evaluation plan?
- Does the application describe, in a translation plan, how the results from the research will be disseminated and ultimately used?
- Does the application provide a web-based or user-friendly technology to communicate to both clinical and traveler audiences?
- Does the application include evidence to apply high throughput technology and/or rapid diagnostics to identify:
  - Chains of transmission?
  - Pathogens or global importance?
  - Behavioral factors impacting transmission?
  - Ways to interrupt these transmission chains?
- Is there a national infrastructure in place, or does the application indicate the capacity to create a national infrastructure, to support project needs including:
  - Conducting prospective data and specimen collection to define and mitigate both behavioral and epidemiological risk?
  - Epidemiological, laboratory, clinical, and health economics modeling collaborations?
- Does the application include evidence that investigators can collect data in real time to respond to outbreaks?

- Does the application include a focus on high interest global pathogens, including high transmission pathogens and those with high levels of antimicrobial resistance?

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?
  - Collaborative arrangements?
- Does the project support key stakeholder involvement throughout the research process?
- Does the application include critical partnerships or collaborations?
- Does the application describe a traveler cohort to support the objectives of this NOFO?

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

We will fund applications by the rank order as determined by the results of the merit review.

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.

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

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 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 provisions in the HHS Grants Policy Statement, Appendix D: 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 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.

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:

- 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.
- Obtain 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 at the project site, including:
  - Research design and conduct.
  - Data collection.
  - Quality control.
  - Data analysis and interpretation.
  - Preparation and publication.
  - Outreach to healthcare providers and travelers.
- Select the appropriate group of people for 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.
- Publish the results in 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 before publication related to this funding.
- The award 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 for submission of 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 on at least an annual basis until the research project(s) is completed.
- Supply background information on other relevant studies that have been conducted at the CDC.
- Provide technical advice about tropical medicine, epidemiology, travel-related diseases, travel-related health data, research strategies and protocol development, analysis and data interpretation, manuscript preparation and editing, and dissemination of project data and results. Oversight is also provided to these activities.

- Co-author publications as appropriate.
- Work with the PI to provide leadership and assist with execution of decisions on behalf of the project.
- 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 aimed at solving problems and improving the quality and timeliness of the research activities.

An agency program official, a 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, including 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 being met.
- Attend committee meetings and participate in conference calls for the purposes of assessing overall progress, and for program evaluation purposes.
- Monitor performance against approved project objectives.

Contacts and Support

In this step

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
Grants Management Officer
(770) 488-2703
ZPR0@cdc.gov

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