Notice of Funding Opportunity

Application due June 23, 2026; January 5, 2027; and October 26, 2027

Last modified November 24, 2026. Review updates.



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

National Institute for Occupational Safety and Health (NIOSH)

Cooperative Research Agreements Related to the World Trade Center Health Program (U01)

Opportunity number: RFA-OH-26-001

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Before you begin

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

SAM.gov registration (this can take several weeks)

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

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

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

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on June 23, 2026; January 5, 2027; and October 26, 2027.

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



Step 1:
Review the Opportunity

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Basic information

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health (NIOSH)

Supporting research to improve care and well-being for people exposed to the September 11, 2001 terrorist attacks and to identify emerging conditions within affected populations.

Summary

The World Trade Center (WTC) Health Program seeks strong research proposals that aim to provide scientific evidence that can be used to optimize member care for people enrolled in the WTC Health Program. The scope of this research may include identifying emerging health conditions related to the September 11, 2001 terrorist attacks (the 9/11 attacks).

The funding award is a cooperative agreement between the recipient and the WTC Health Program within the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). It will provide funding for projects of up to three years.

To apply for this award, follow all the instructions listed in this Notification of Funding Opportunity (NOFO). In your application, describe the strategies and methodologies you will use to meet the goal of this NOFO. Your proposed research should address at least one of the following objectives:

- Improve diagnosis and treatment activities of the WTC Health Program.
- Expand knowledge about health effects related to the 9/11 attacks.
- Answer critical questions about physical and mental health conditions related to the 9/11 attacks.
- Apply lessons learned from 9/11 to improve public health response and reduce health impacts in future disasters.

Major areas of interest for research may include, but are not limited to:

- Linking exposure to 9/11 attacks to health conditions.
- Characterizing and treating established WTC-related conditions.

Have questions? See Contacts and Support.

Key facts

Opportunity name: Cooperative Research Agreements Related to the World Trade Center Health Program (U01)

Opportunity number: RFA-OH-26-001

Assistance listing: 93.262

NOFO version: Original

Key dates

Application submission deadline: June 23, 2026; January 5, 2027; and October 26, 2027.

Optional letter of intent deadline: May 29, 2026; November 6, 2026; and September 24, 2027.

Expected scientific review dates: July 2026; March 2027; and March 2028.

Expected secondary review dates: August 2026; April 2027; and April 2028.

Expected award date: August 2026; June 2027; June 2028

Expected start date: September 1, 2026; July 1, 2027; July 1, 2028

Expiration date: October 27, 2027

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

- Conducting health services research to help the Program understand the effectiveness and efficiency of the Program's healthcare delivery system and its impact on its members' health and well-being.
- Characterizing impacts of 9/11 on job performance and occupational outcomes.

Your research project should focus primarily on populations directly impacted by the 9/11 attacks. These include:

- Enrolled FDNY responders: responders from the Fire Department of New York City (FDNY).
- Enrolled General responders: non-FDNY workers and volunteers.
- Certified-eligible WTC survivors under treatment (adults and children at the time of the 9/11 attacks).
- Less-exposed WTC populations: people present outside the NYC disaster area in Manhattan as far north as 14th Street and in Brooklyn.

You should briefly describe how your research findings may be translated into practice or inform strategies to improve the health and well-being of people impacted by the 9/11 attacks.

Reviewers of these applications will evaluate how directly your application responds to this NOFO. Non-federal scientists and senior federal scientists will review and score only responsive applications. We will award applications with the strongest merit based on two levels of merit review, as described in the Application review section.

Funding details

Funding type: Cooperative agreement

Expected awards: 30 over three years.
The number of awards is subject to available funds and program priorities.

Period of performance: Up to three years in 12-month budget periods.

Application type: New and Resubmission

Expected total program funding over the performance period: $16.5 million

Expected total program funding per budget period: $5.5 million

Expected funding per applicant per budget period: $550,000

Maximum award amount per budget period: $550,000

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.
- For-profit organizations other than small businesses.
- Small businesses.
- Federally Funded Research and Development Centers.
- Faith-based or community-based organizations.
- Regional 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.

Foreign Institutions

Non-domestic (non-U.S.) entities (foreign institutions) **are not** eligible to apply.
Non-domestic (non-U.S.) components of U.S. organizations **are not** eligible to apply.
Foreign components, as defined in the *NIH Grants Policy Statement*, **are not** allowed.

For this announcement, applicants **may** include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

Responsiveness criteria

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

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

- Is from an organization that doesn't meet all eligibility criteria. See requirements in Eligibility.
- Is submitted after the application deadline.
- Exceeds the three-year period of performance limit.
- Exceeds the total cost per budget year (including consortium Facilities and Administrative costs).
- Exceeds the eight-page limit for the Research Strategy component of the Research Plan (including all text, tables, graphs, figures, diagrams, and charts).
- Is incomplete.

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 if each application is scientifically distinct.

You may resubmit an application after the first year of the funding cycle but must address the initial peer review comments in your summary statement. This is to follow the Policy on Resubmission Applications from the SF424 (R&R) Application Guide.

We do not accept any new or resubmission application that is a duplicate or highly overlapping with an existing 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.

We do not make awards to individuals directly.

If there are multiple PDs/PIs, we require one PD/PI to serve as the "Contact" PI. The "Contact" PI will be responsible for all communications between the PDs/PIs and NIOSH, for assembling the application materials, and for coordinating progress reports. You can refer to Multiple Principal Investigators for more information.

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.

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.
  - Detects health threats early, sends response teams, trains health workers, and provides personal protective equipment, vaccines, and medicines.
  - Tests 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 deprioritize 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 WTC Health Program was established by the James Zadroga 9/11 Health and Compensation Act of 2010 (Zadroga Act) and extended in 2015. It is administered by the National Institute for Occupational Safety and Health (NIOSH).

The Program provides high-quality, compassionate medical monitoring and treatment for WTC-related health conditions to those directly affected by the September 11th attacks in New York, at the Pentagon, and in Shanksville, Pennsylvania (the 9/11 attacks). The Program is also mandated to fund research regarding certain health conditions related to the 9/11 attacks (42 USC 300mm-51).

The Program funds research in the following areas:

- Physical and mental health conditions that may be related to the 9/11 attacks.
- Diagnosing WTC-related health conditions for which there has been diagnostic uncertainty.
- Treating WTC-related health conditions for which there has been treatment uncertainty.

We fund epidemiologic and other research studies on WTC-related health conditions or emerging conditions for the following groups:

- Enrolled WTC responders and certified-eligible WTC survivors under treatment.
- Individuals who were exposed within a geographic area related to the September 11, 2001 terrorist attacks in a manner similar to the exposure within such geographic area experienced by individuals meeting the eligibility criteria under sections 42 USC 300mm–21(a)(2) or 42 USC 300mm-31(a)(1)(B).
- Sampled populations outside the New York City disaster area in Manhattan as far north as 14th Street and in Brooklyn, along with control populations, to identify potential for long-term adverse health effects in less-exposed populations.

An emerging condition is one that is not listed among the WTC-related health conditions but that may be related to the 9/11 attacks. In other words, preliminary data or research suggest, but do not conclusively confirm, a causal relationship between the 9/11 attacks and the health condition. Examples of some emerging conditions can be found at https://www.cdc.gov/wtc/received.html.

The goal of the WTC Health Program research is to optimize care for those enrolled in the WTC Health Program (member care). This NOFO provides funding to support research on health impacts related to the 9/11 attacks.

National strategic priorities

Proposed work should align with CDC's core priorities by demonstrating a commitment to gold-standard science, transparency, and evidence-based practices.

Projects should support CDC's mission to:

- Protect Americans from infectious and chronic diseases.
- Strengthen public health systems.
- Advance innovation in health data and infrastructure.

Additionally, applicants should show how their work:

- Contributes to rapid, science-driven responses to health threats.
- Promotes global health leadership.
- Adheres to principles of integrity, accountability, and compliance with applicable laws and federal priorities.

For more information about CDC's priorities, see CDC priorities statement.

Related work

We strongly encourage interested applicants to review related information and work at the following websites:

- Our research agenda and areas of interests: WTC Health Program Research.
- Current and completed NIOSH-funded 9/11 research studies: WTC Health Program Funded Projects.
- All publications related to 9/11 exposure: 9/11 Health Research Publications.
- Key activities, accomplishments, and recent findings by the World Trade Center Health Registry: annual reports.

Purpose

This NOFO funds scientifically rigorous health research related to the 9/11 attacks. The goal is to provide scientific evidence to optimize member care for the WTC Health Program, and to identify emerging health conditions related to the 9/11 attacks.

Public health impact

Research funded by this NOFO should advance the WTC Health Program's mission. Proposed research should aim to generate scientific evidence to help identify emerging health conditions related the 9/11 attacks, diagnose WTC-related conditions earlier, provide more effective treatment, or improve members' health and well-being. It may also provide insights for other federal healthcare programs or disaster response programs.

CDC priorities

CDC is committed to gold-standard science and ensuring trust, transparency, and credibility.

Approach

You must provide a comprehensive, well-reasoned research strategy and clearly describe how the proposed project will achieve the objectives of this NOFO. You should include detailed plans that address the following elements:

- A clear and logical overall study design, including the conceptual framework, research questions or hypotheses, and how each specific aim will be accomplished.
- Thorough descriptions of the methods and analyses to be used, including study population(s), sampling and recruitment procedures, data collection instruments, quality assurance and control processes, and statistical or analytical approaches.
- Identification of potential challenges, limitations, and contingency plans to address possible obstacles or alternative interpretations of findings.
- Discussion of scientific rigor and reproducibility, including steps to minimize bias, ensure data validity and reliability, and enhance transparency and replicability.
- Description of how the proposed approach is appropriate for and responsive to the focus population(s), community setting(s), or health context relevant to the goals of this announcement.
- When applicable, plans for integration of findings into practice, policy, or implementation, including mechanisms for feedback, dissemination, and sustainability.
- A timeline, staffing plan, and allocation of resources that are realistic, well-justified, and aligned with the methodological approach and scope of work.

Populations of focus

Your research project should focus on populations exposed to 9/11. In your application, specify which of the following populations you will focus on:

- **Enrolled FDNY responders:** responders from the Fire Department of New York City (FDNY).
- **Enrolled General responders:** non-FDNY workers and volunteers who performed rescue, recovery, clean-up, and other related support services in the disaster areas, including New York City (NYC), the Pentagon site, or the Shanksville site.
- **Certified-eligible Survivors under treatment:** community members (adults and children) who lived, worked, went to school, or attended child or adult day care in the NYC Disaster Area, as defined in 42 CFR 88.1, on September 11, 2001, or in the following days, weeks, or months and those otherwise meeting the eligibility criteria in 42 CFR 88.7 or 88.8.
- **Less exposed WTC populations:** sampled populations outside the NYC disaster area in Manhattan as far north as 14th Street and in Brooklyn.

Primary study focus

You should also specify your study focus, which may include:

- Aerodigestive conditions.
- Cancer (including detection or diagnosis of pre-malignant changes).
- Psychological resilience and well-being.
- Persistent psychiatric conditions such as posttraumatic stress, anxiety, and depressive disorders.
- Cardiovascular disease.
- Cognitive changes.
- Aging: the impacts of aging on those exposed to the 9/11 attacks (e.g., premature aging, optimizing adaptation for productivity).
- Neurological diseases.
- Birth and reproductive outcomes.
- Multisystem or auto-immune diseases.
- Hematologic disorders.
- IgA nephropathy.
- Acquired amegakaryocytic thrombocytopenia.
- Angiomyolipoma of the kidney.
- Acoustic neuroma.
- Vestibular schwannoma.
- Primary biliary cholangitis.
- Amyloidosis.
- Other emerging conditions: those identified by WTC Health Program surveillance activities or requiring further Program consideration. Some examples of these diseases and conditions can be found at https://www.cdc.gov/wtc/received.html, in the section titled “Petitions Received and WTC Health Program Responses”.
- Lifestyle interventions.
- Health services.
- People exposed to 9/11 at a young age: those who were exposed to the 9/11 attacks when they were 21 years old or younger or were in utero.

Health research project examples

An appropriate research proposal could look like one of the following examples:

- **Epidemiological/clinical research:** Projects that seek to identify the patterns, causes, risk factors, and control of diseases and disorders among those exposed to the 9/11 attacks, including women and people exposed to 9/11 as children. These projects will also identify, implement, and improve research methods.
- **Health services research:** Projects that examine how people get access to healthcare and care management services, how much care costs, and what happens to patients as a result of this care. These projects have the potential to identify improved methods/procedures to organize, manage, finance, and deliver healthcare.
- **Translation research:** Projects that evaluate the process and outcome of translating existing WTC Health Program research findings into practical benefits to affected populations.
- **Prevention research:** Projects that identify and evaluate new methods and interventions (e.g., medicine, psychotherapy, nutrition, or lifestyle changes) that prevent or mitigate the development or reoccurrence of various diseases and disorders.
- **Quality-of-life research:** Projects that identify, develop, or evaluate methods and interventions that improve the quality of life for individuals with a chronic illness or multimorbidity.
- **Screening research:** Projects that evaluate current methods, or facilitate the development of new and improved methods, of detecting certain disorders or health conditions.
- **Diagnostic research:** Projects that evaluate current methods, or facilitate the development of new and improved methods, of identifying diseases, disorders, or conditions.
- **Treatment research:** Projects that evaluate or identify improved treatment interventions/methods (e.g., medication, psychotherapy, dietary/nutritional, care management and coordination) or promote the development of new or novel treatment approaches.
- **Omics research:** Projects that facilitate improvement in methods/procedures to predict disorders by identifying and understanding how genes and illnesses may be related (e.g., identification of phenotypes and biomarkers). These projects may explore ways in which a person's genes

make him or her more or less likely to develop a disorder or respond to a medication.

Objectives and outcomes

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

Your proposed research should aim to:

- Improve diagnosis and treatment activities of the WTC Health Program.
- Expand knowledge about health effects related to the 9/11 attacks.
- Answer critical questions about physical and mental health conditions related to the 9/11 attacks.
- Apply lessons learned from 9/11 to improve preparedness and response to future disasters.

Major areas of interest for research include, but are not limited to:

- Linking exposure to 9/11 attacks to health conditions. This might include:
  - Identifying emerging health conditions related to the 9/11 attacks (e.g., rare cancers, multisystem or autoimmune disease, or cardiovascular and neurologic disease).
  - Characterizing patterns of illness among subgroups of the populations exposed to the 9/11 attacks (e.g., by age, sex, and comorbidities).
  - Characterizing how the 9/11 attacks impacted the health and educational development of those exposed as children.
- Characterizing and treating established WTC-related conditions:
  - Identifying phenotypes, biomarkers, and epigenetics for existing health conditions.
  - Evaluating care models that address disaster-related injury and illness for chronic disease, complex co-morbidities, and other modifiable factors.
  - Improving surveillance, diagnostic, and treatment capabilities for Program members.
- Conducting health services research to help the Program understand the effectiveness and efficiency of its healthcare delivery system and its impact on its members' health and well-being.
- Characterizing the impact to job performance and occupational outcomes for those exposed by the 9/11 attacks:

- Identifying and operationalizing key elements of psychological resilience for disaster responders.
- Establishing comparison groups for disaster-related research for key health indicators for first responders.

You can review the WTC Health Program Funded Projects and 9/11 Health Research Publications to help decide your research topics.

We will fund a balanced portfolio of projects that help understand how the 9/11 attacks impacted the health and well-being of those exposed and improve treatment effectiveness and Program member care.

We add new research publications to the library of 9/11 Health Research Publications when they are available. This provides a centralized resource for clinicians and Program officials to make evidence-driven decisions on member care. We share these with the broader 9/11 community, including medical professionals working outside the Program in common research areas.

Collaborations

Interdisciplinary and transdisciplinary collaborations are essential to achieving all the objectives outlined in this NOFO. We recognize that there are many benefits from a diverse scientific workforce, including, but not limited to, fostering scientific innovation, contributing to robust learning environments, improving research quality, advancing the likelihood of engaging and benefiting underserved populations of interest, and enhancing public trust. We encourage researchers from different scientific workforces and different geographic areas of the United States to apply for this funding opportunity.

We expect to see the recipient of this award collaborate with NIOSH and the WTC Health Program at various levels, as this award is a cooperative agreement.

If you are considering an ancillary study or secondary analysis of existing data, you may also need to interact or collaborate with the WTC Health Program Data Centers, or the WTC Health Registry, and you must coordinate in advance with their respective contacts listed below. This effort ensures you have access to data needed and to adequate participants to conduct the proposed research. You must include documentation of all the following components:

- The study recruitment plan.
- Agreement on this coordination.

- Letter(s) of support.
- Budgetary needs for the coordination activities.
- A request letter from the investigator to the Data Center or the WTC Health Registry.
- A response letter from the Data Center or the WTC Health Registry to the investigator.

Contacts of the WTC Health Program Data Centers and the WTC Health Registry

- Fire Department of New York (FDNY Responder Data Center)
  Data Requests – Jessica Weakley
  718-999-0412
  Jessica.Weakley@fdny.nyc.gov
- Icahn School of Medicine at Mount Sinai (General Responder Data Center)
  Data Requests – Christopher R. Dasaro
  212-241-1568
  christopher.dasaro@mssm.edu
- NYC Health and Hospitals Corporation (Survivor Data Center)
  Data Requests – Michelle Hyde
  212-788-0949
  Michelle.Hyde@nychhc.org
- WTC Health Registry
  Data Requests – Jacquelynn Osoro
  718-786-4411
  josoro@health.nyc.gov

More information can be found on the WTC Health Program research website: Considerations for Interested Researchers.

Evaluation and performance measurement

You should include an evaluation and performance measurement plan for your application.

The CDC Program Evaluation Framework guides public health professionals in conducting program evaluation. It is a practical, nonprescriptive tool, designed to summarize and organize essential elements of program evaluation.

Your evaluation plan should address the following:

- Assess the relevance and the impact of the project activities in terms of improving the health and wellness of those exposed to the 9/11 attacks.
- When applicable, measure how project activities contribute to project outputs and outcomes (intermediate or final), and use and explain quantitative measures in such assessments.
- Describe training and supervision of the personnel who will gather and analyze data.
- Describe assessments of the quality and accuracy of collected data.
- Describe your proposed project timeline and objectives, and how you will measure progress objectively.
- Describe potential or emerging problems, alternative strategies, and benchmarks for success to solve these problems.
- Identify personnel or other resources for evaluating study activities and quality of collected data.

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

You should include a translation plan and describe briefly how your research findings may be used to help improve the health and well-being of the population exposed to the 9/11 attacks. Your translation goals may include:

- **Facilitating the application of research findings:** To ensure that findings from the research project are effectively translated into practical applications, such as new treatments, therapies, or interventions.
- **Improving patient outcomes:** To enhance the health and well-being of patients by implementing evidence-based practices derived from research findings.
- **Accelerating the research process:** To streamline the transition from basic research to clinical trials and ultimately to widespread clinical use, reducing the time it takes for new discoveries to benefit patients.
- **Enhancing collaboration:** To foster partnerships among researchers, clinicians, industry, and policymakers to promote the sharing of knowledge and resources.
- **Promoting evidence-based practice:** To encourage the use of research evidence in clinical decision-making and public health policies.
- **Encouraging innovation:** To stimulate the development of new technologies, methodologies, and approaches that can improve health outcomes.
- **Evaluating effectiveness:** To assess the real-world effectiveness of interventions and treatments to ensure they provide the intended benefits in diverse settings.

Read more about Translation Science on the NIH site.

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.
- You should plan and budget two WTC Health Program research meetings each year. These research meetings usually last two days and are held in

New York City. These may alternate between virtual and in-person meetings.

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

The World Trade Center (WTC) Health Program (the Program) was established by Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 (the Zadroga Act), Pub. L. 111-347, as amended by Pub. L. 114-113, Pub. L. 116-59, Pub. L. 117-328, and Pub. L. 118-31 adding Title XXXIII to the Public Health Service (PHS) Act (codified at 42 U.S.C. 300mm - 300mm-64). The authority for this specific research is found in Section 3341 of the Zadroga Act, as amended (42 USC 300mm-51).



Step 2:
Get Ready to Apply

In this step

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Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov or eRA ASSIST and search for opportunity number **RFA-OH-26-001**. 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

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Application checklist

You must follow the research instructions 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.
☐ SF424 (R&R)	All applications.
☐ PHS 398 Cover Page Supplement form	All applications.
☐ SF424(R&R) Other Project Information	All applications. Note: You should specify the WTC Subpopulation(s) and the primary Study Focus as listed in the Approach session of this announcement.
☐ SF424(R&R) Project/Performance Site Locations	All applications.
☐ SF424(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.	8 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	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.
- Use NCCDPHP template for your DMP.

Other plans: Project dissemination plan

We recognize that reporting comprehensive findings can provide valuable contribution to scientific knowledge about 9/11 health effects. We encourage award recipients to disseminate favorable, unfavorable, and null findings from their projects.

You should include an adequate plan for summarizing and disseminating results. Describe how the results from your research will be disseminated and ultimately used.

The dissemination plan should include, but is not limited to:

- Publication of results in peer-reviewed scientific journals.
- Presentation of results at scientific conferences (tell us which target conferences you would plan to present your research at).

- Presentation of findings or research progress at WTC Health Program Research meetings or webinars.
- Presentation of results to diverse interested groups or stakeholder organizations.

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.

Use these guidelines to decide if you need to include a PDF appendix titled "**WTC Health Program funded projects and publications":**

- If you have received funding as a PI or co-PI for any research project(s) from the WTC Health program, you should include this appendix. In this appendix, please list the funded project(s) and provide citations for any related papers published or submitted for publication in peer-reviewed journals.
- If you have been supported (not as a PI or co-PI) by any research funding from the WTC Health Program, it is OPTIONAL for you to include this appendix in your application to list the supporting project(s) and provide citations for any related papers published or submitted for publication in peer-reviewed journals that you authored or co-authored.
- If you have never received research funding from the WTC Health Program, you don't need to include this appendix in your application.

Reviewers will consider this information when evaluating the investigator's past performance or contribution to WTC Health Program funded research when applicable.

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.

Pre-award requirements

If your application is under consideration for funding, we will request "just-in-time" information as described in the HHS Grants Policy Statement.



Step 4: Understand Review, Selection, and Award

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Application review

Initial review

We will review your application to make sure that it meets the responsiveness criteria. If your application does not meet these criteria, we will not move it to the merit review phase.

We will not review any pages over the page limit.

Scientific merit review

We use a two-level merit review process:

- Non-federal scientists with expertise in relevant scientific disciplines and research areas perform the first level.
- 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, strategy, 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 public health or clinical problem related to the population exposed to 9/11?
- Does the project address the overall objectives of this announcement?
- Will the project contribute to improved healthcare and well-being of WTC Health Program members or understanding of emerging symptoms and conditions among people exposed to 9/11?
- If the aims of the project are achieved, how will the project advance scientific knowledge, technical capability, or clinical practices that benefit those affected by 9/11?
- How will successful completion of research aims change the concepts, methods, technologies, treatments, services, or preventative interventions used in the WTC Health Program or public health settings?
- What is the potential impact of the project on emergency or disaster preparedness and response as it relates to occupational health and safety?

Investigators

- If the PDs/PIs received previous research funding from the WTC Health Program, did they publish, or submit for publication, the results of WTC Health Program-funded research in peer-reviewed journals? Please see Appendix in *WTC Health Program funded projects and publications* for related information.
- Are the PD/PIs, collaborators, and other researchers well-suited to the project? Do they have appropriate experience and training?
- Have the investigators demonstrated an ongoing record of accomplishments that have advanced their field(s)?
- If early-stage investigators or new investigators, or in the early stages of independent careers, do they have appropriate experience and training?
- If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise? Are their leadership approaches, governance, and organizational structure appropriate for the project?
- Is there evidence of past collaborations with the proposed research team?

- For a multicenter trial, is the organizational structure appropriate and does the application identify a core of potential center investigators and staffing for a coordinating center?

Innovation

- Primary importance to the WTC Health Program: Does the application have a significant potential for immediate or near-term improvement in member care for the WTC Health Program, or to expand knowledge about emerging health conditions that may be related to the 9/11 attacks?
- Secondary importance to the WTC Health Program:
  - Does the application propose novel approaches, methods, tools, or technologies that improve upon existing research or practice in the WTC Health Program?
  - Does the project apply innovative combinations of data, disciplines, or interventions to address WTC-related health challenges in new ways?
  - Does the proposed work have the potential to generate new insights, enhance early detection, or improve prevention or treatment of WTC-related diseases and conditions?
  - For translational or implementation studies, does the project creatively bridge research and real-world practice to improve public health outcomes?

Strategy

- Does the project include any of the populations of focus described in the Approach section?
- Are the overall study design, research plan, strategy, methodology, data management, and analyses well-reasoned and appropriate to accomplish the specific aims of the project?
- Does the proposed project timeline include clear objectives that can be used to measure progress objectively using defined methods?
- Does the application include a translation plan and a dissemination plan describing how findings will be applied to clinical care, policy, or program implementation?
- Does the application include a data management and data sharing plan that ensures transparency, quality, and reproducibility?
- Does the application include an adequate evaluation plan to undertake the following activities:

    - Assess project activities, outputs, outcomes and impact.
    - Measure progress.
    - Ensure data quality.
    - Identify potential challenges and alternative strategies.
    - Use evaluation findings for continuous project improvement.
- Does the application present potential problems, limitations, alternative strategies, and benchmarks for success?
- If the research project is in the early stages of development, will the strategy establish the project's feasibility, and will particularly risky aspects be managed?
- If the project involves human subjects or clinical research, are there plans to protect human subjects from research risks? Is this research justified in terms of the scientific goals and research strategy proposed?
- If the project involves collaboration with the current Clinical Centers of Excellence, Data Centers, or the WTC Health Registry, are appropriate letters of support included in the application?

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?
- For planned or potential collaborations, is the commitment and cooperation of other interested parties adequate as evidenced by letters of support specifying the nature and extent of their involvement?

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.

Generalizability and Limitations of Currently Available Data

The WTC Health Program funds research that benefits the 9/11-exposed population. You do not need to generalize project findings to other populations.

Health effects related to the 9/11 attacks are primarily a result of exposure during the attacks, while responding to the resulting disaster, or while living in the area during the disaster response, remediation, and cleanup efforts. Scientifically identifying the causes of health problems or conditions is typically very difficult because of independent factors unrelated to the 9/11 attacks that may contribute to the onset of specific diseases. Likewise, health

conditions existing prior to exposures related to the 9/11 attacks may also be contributing factors.

Reviewers will consider that a standardized body of pre-existing medical data for all potential study subjects may not exist. In addition, the lack of reliable, comprehensive environmental measurements could make quantifying exposures very difficult.

Although often it may not be possible to determine the specific cause of an individual's illness or condition, it is critical to promote scientifically rigorous studies and reviews of potential health problems or risk factors among the affected population. Reviewers will consider how well applicants acknowledge and address the limitations in currently available data.

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.
- Performance/publications resulting from any projects previously funded by the WTC Health Program, if applicable.
- Potential translation of results to improve health and well-being for populations exposed to the 9/11 attacks.

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.

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

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Submission requirements and deadlines

Optional letter of intent

Due on May 29, 2026; November 6, 2026; and September 24, 2027.

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 lee5@cdc.gov and copy jcy5@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 June 23, 2026; January 5, 2027; and October 26, 2027 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

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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 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, 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.
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.

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's role

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 roles and responsibilities

- The recipient has the dominant role and primary responsibility for the project as a whole.
- 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.
- The PD(s)/PI(s) have the primary responsibility for complying with the responsibilities for the extramural investigators in the Data Management and Access.
- The recipient has the primary role and primary responsibility to initiate collaborations with the WTC Health Program at various levels and to obtain required clearance or consultation from CDC.
- The recipient should attend and participate in WTC Health Program research meetings and webinars.

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. These include, but are not limited to, activities below:
    - Assisting in review of research protocols (such as for sampling, recruitment, assessment, and data management)

    - Advising on analysis, interpretation, and dissemination of study findings.
    - Monitoring and evaluating the scientific and operational accomplishments of the project through conference calls, site visits, grantee meetings, and review of technical reports.
- 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.

Joint responsibilities

Specific tasks and activities may be shared between the recipients and HHS/CDC as defined below.

- CDC and the recipient have joint roles to make sure the project and all project activities proposed and conducted by the recipient are relevant to the WTC Health Program.
- Specific substantial involvement activities for CDC project scientists will be negotiated further with each grantee as part of the pre-award process. This will include adding special terms and conditions in the Notice of Award.



Contacts and Support

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Agency contacts

Scientific and research

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jcy5@cdc.gov
513-841-4271

Scientific merit review

Laurel Garrison, MPH
lee5@cdc.gov
513-533-8324

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.

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
- Writing a Data Management and Sharing Plan
- Multiple Principal Investigators
- World Trade Center Health Program
- WTC Health Program Research
- 9/11 Health Research Publications
- WTC Health Program Extramural Research Projects and Publications
- World Trade Center Health Registry: annual reports
- National Center for Advancing Translational Sciences: Translational Science

Modifications

Modification description	Date updated
The application receipt date has changed from December 8, 2026, to January 5, 2027.	11/24/2026