Notice of Funding Opportunity

Application due August 31, 2026

ASPR
Administration for Strategic Preparedness and Response

Center for Response
Office of Strategic Partnerships

Pediatric Disaster Care Centers of Excellence Program Cooperative Agreement

Opportunity number: EP-U3R-26-001

Department of Health & Human Services · USA

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 August 31, 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

Administration for Strategic Preparedness and Response (ASPR)

Center for Response

Office of Strategic Partnerships

Strengthening regional pediatric disaster readiness through coordinated expertise, training, and systems that protect children in emergencies.

Summary

Children represent approximately one-quarter of the United States population and possess unique developmental, physiological, behavioral, and psychosocial characteristics that require specialized approaches to disaster preparedness, response, and recovery. Pediatric patients frequently require specialized equipment, supplies, pharmaceuticals, transport resources, and clinical expertise that may not be readily available during disasters and public health emergencies.

Although significant progress has been made in pediatric disaster preparedness over the last decade, gaps remain in the Nation's ability to provide coordinated pediatric care during incidents involving trauma, burn injury, emerging infectious diseases, pandemic influenza, chemical exposures, biological threats, radiological incidents, nuclear events, and other high-consequence emergencies.

Specialized pediatric hospitals and health systems provide exceptional care during routine operations; however, disasters frequently disrupt normal referral patterns, overwhelm local resources, and require rapid coordination of pediatric specialty expertise across jurisdictions and health care systems.

To address these challenges, ASPR seeks to establish and sustain a national network of four Pediatric Disaster Care Centers of Excellence (PEDs COEs). These centers will serve as regional hubs for pediatric disaster preparedness, planning, coordination, education, training, situational awareness, and specialized pediatric surge capability.

The PEDs COE Network will strengthen the Nation's ability to coordinate pediatric disaster care across local, state, regional, and interstate boundaries

Have questions? See Contacts and support.

Key facts

Opportunity name: Pediatric Disaster Care Centers of Excellence Program Cooperative Agreement

Opportunity number: EP-U3R-26-001

Federal assistance listing: 93.889

Statutory authority number: Section 1204 of the Public Health Service Act (title 42 USC § 300d-6)

Key dates

Application submission deadline: August 31, 2026

Expected award date: September 30, 2026

Expected start date: October 1, 2026

while advancing pediatric readiness throughout the health care delivery system.

Goals

Recipients will establish and maintain regional capabilities that support pediatric disaster readiness, response, recovery, and resilience, with particular emphasis on:

- Pediatric trauma.
- Burn care.
- Emerging infectious diseases.
- Pandemic influenza.
- Chemical incidents.
- Biological incidents.
- Radiological incidents.
- Nuclear incidents.
- Behavioral and mental health impacts of disasters.
- Children with special health care needs.

Funding details

Funding type: Cooperative agreement

Expected awards: 4

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

Expected total program funding over the performance period: $24,000,000

Estimated average award per applicant **over the period of performance:** $6,000,000

Expected funding per applicant per 12-month budget period: $1,200,000

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

Funding strategy

ASPR intends to award a total of $24,000,000 to four recipients. Each recipient is expected to receive $6,000,000 over a five-year project period, subject to available funds and program priorities.

Eligibility

Eligible applicants

Eligible applicants are limited to one or more public or private hospitals and/or corporate health systems. For the purposes of this NOFO, a corporate health system is defined as an organized, coordinated, and collaborative network that (1) links various health care providers, via common ownership or contract, across three domains of integration – economic, noneconomic, and clinical – to provide a coordinated, vertical continuum of services to a particular patient population or community, and (2) is accountable both clinically and fiscally for the clinical outcomes and health status of the population or community served, and has systems in place to manage and improve them.

Recipients funded under this cooperative agreement will collaborate, coordinate, plan, and work directly with other currently funded PEDs COEs on appropriate activities described in this NOFO.

Special Requirements

Required Letters of Support

The applicant will:

- Submit letters of support from the following agencies/organizations with the application package:
  - State Department of Health or State Hospital Association within the applicant's state and at least one additional state in the applicant's defined region
  - State Office of Emergency Management within the recipient's state
  - State Office of Emergency Medical Services within applicant's state
  - Children's Hospital [11] within at least one additional state in the applicant's defined region

All letters should have a point of contact listed, as ASPR may conduct random reference verifications. In addition, letters should emphasize any past performance of coordinating with the respective organization.

Desired Letters of Support

The Awardee should also collaborate with the following individuals and entities within the state, at minimum, throughout the course of the project period. While letters of support from these entities are not required as part of the application package, applicants will receive additional credit in the application scoring criteria for additional letters of support:

- Acute Care Hospitals/Medical Centers within the applicant's state or at least one additional state in the applicant's defined region.
- State Office of Emergency Management within at least one additional state in the applicant's defined region.
- State Office of Emergency Medical Services within at least one additional state in the applicant's defined region.

Cost Sharing and Match Requirements

There is no cost sharing or match requirement for this project.

Program description

Purpose

The purpose of this NOFO is to fund four PEDs COEs to:

- Develop a coordinated pediatric disaster care capability for pediatric patient care in disasters.
- Strengthen pediatric disaster preparedness plans and health care system coordination related to pediatric medical surge in disasters.
- Enhance statewide and regional medical surge capacity for pediatric patients.
- Increase and maintain health care professional competency through the development and delivery of a standardized training program.
- Enhance situational awareness of pediatric disaster care capabilities and capacity and assess regional pediatric readiness.

Specific focus will be given to the management of pediatric care related to trauma, infectious diseases including pandemic influenza (PI) and other EID, burn, and CBRN incidents.

Outcomes

The recipient must address all activities and strategies listed below in their application. Where possible, it is expected that the recipient will pursue sustainable, long-term solutions and identify plans. The recipient is required to collaborate, coordinate, plan, and work directly with the other PEDs COE recipients on Activity D to provide unified and comprehensive educational and training deliverables and Activity E, Strategies 1-3. The recipient may coordinate with other PEDs COEs on additional activities; however, the recipient is required to develop their own pediatric disaster response capability.

Activities

This section describes activities you will carry out as part of this cooperative agreement. Recipients must use funds to conduct the following activities and strategies, in addition to producing a final report.

Activity A: Develop a coordinated pediatric disaster care capability for pediatric patient care in disasters

Strategy 1: Define the core elements of a pediatric disaster care capability and identify the respective contributions of regional partners and other available assets.

- Identify statewide and regional risks and vulnerabilities related to the clinical management of pediatric patients during disasters.
- Identify the essential capabilities and capacity required to ensure effective and safe management of pediatric patients within the state and multi-state region during a disaster, specifically capability and capacity for the management of pediatric patients requiring highly specialized care (e.g. trauma, infectious diseases including PI and other EID, burn, and CBRN care).
- Compare the identified requirements with existing resources in the state and multi-state region to identify where there are capability and capacity gaps that can be filled by the regional pediatric disaster care system, including any gaps in health care resources and service that are vital to continuity of pediatric health care delivery during a disaster (e.g. clinical services, infrastructure, supply chain, caches, health care workforce, etc.).
- Ensure the capability includes, at minimum:
    - A coordinated mechanism for patient movement within the state and multi-state region.
    - A shared understanding of likely referral patterns for critically ill or injured pediatric patients who require highly specialized care (e.g. trauma, PI/EID, burn CBRN).
    - An inventory of potential sources of paid or volunteer emergency health care workers.
    - A plan for the use of telemedicine for augmentation of existing capability and capacity.
    - And provisions for supply chain management and the distribution of equipment, supplies, and other resources throughout the state and region, specifically related to disasters; pre-, during, & post-.

Strategy 2: Develop a partnership with pediatric health care entities, disaster response entities, other relevant entities (e.g., supply chain vendors/distributors), and subject matter experts (e.g., pediatric professional medical organizations) across the region that are necessary to facilitate statewide and regional pediatric disaster health care response.

Specific focus of this partnership should be on building the response capabilities required for the coordinated regional care of pediatric patients in disasters, including as related to the management of pediatric trauma, infectious disease (including PI and other EID), burn, and CBRN incidents.

- Identify and build the necessary relationships to enable statewide and regional coordination of pediatric medical care in disasters.
  - Collaborators should include, at minimum:
    - Existing PCOEs.
    - Hospitals (including critical access hospitals, a Level I pediatric trauma center, a Level IV neonatal intensive care unit, a Level I pediatric intensive care unit), and a pediatric emergency department.
    - Emergency medical services (EMS) (including inter-facility and other non-EMS patient transport systems).
    - Emergency management organizations.
    - Public health agencies.
    - State EMSC programs.
    - Primary and urgent care facilities.
    - Obstetric and pediatric care providers,
    - Healthcare coalitions.[1]
    - Federal health care facilities.
    - Experts in pediatric emergency care, disaster medicine, trauma, infectious disease (including PI and other EID), burn, toxicology, and CBRN incidents.

Activity B: Strengthen pediatric disaster preparedness plans and health care system coordination related to pediatric medical surge in disasters

Strategy 1: Review and update existing disaster preparedness plans and annexes to ensure they incorporate pediatric considerations

- Convene relevant partners to collectively inventory existing disaster preparedness plans and identify gaps related to statewide and regional coordination of pediatric patients, including plans related to pediatric triage, surge, and/or evacuation.
- Recommend guidelines and draft language to facilitate the alignment of disaster plans throughout the state and multi-state region and ensure the incorporation of pediatric considerations.
- Provide technical assistance and expertise to state and regional partners interested in updating their plans, and support the development of Pediatric Annexes in statewide and regional preparedness plans, seeking concurrence from appropriate officials/entities where appropriate.
- Educate state and regional pediatric health care providers regarding considerations for conventional, contingency, and crisis standards of care for pediatric populations and provide recommendations for the inclusion of these considerations into disaster plans.

Strategy 2: Explore legal and policy coordination and alignment.

- Identify laws, regulations, and policies that impact the establishment of regional (i.e. multi-state) coordination of pediatric health care in disaster planning and response, and explore mechanisms to overcome any identified barriers to allow for regional coordination of pediatric assets during disaster planning and response.
- Identify and explore mechanisms to resolve potential conflicts related to coordination of pediatric health care assets (e.g. patient movement, patient tracking, expertise and resource sharing, and policy support) across the region.

Activity C: Enhance statewide and regional medical surge capacity for pediatric patients

Note: The funds provided under this FOA are not eligible to cover costs associated with providing clinical care.

Strategy 1: Develop regional capability to provide highly specialized clinical care for pediatric patients including children with special health care needs.

- Develop a tiered regional pediatric disaster care capability for the state and region to ensure that pediatric care sites are not overwhelmed by large numbers of pediatric patients or a rapid influx of highly clinically complex pediatric patients.
- Develop the regional capability and capacity to manage pediatric patients with trauma, infectious diseases including PI and other EID, burn, and CBRN incidents.
- Develop the regional capability to manage the psychosocial/behavioral health needs of pediatric patients and their caregivers during and after disasters.

Strategy 2: Develop a regional deployable pediatric response capability.

- Identify methods to utilize existing pediatric response expertise in the state and region and deploy it through specialized pediatric medical teams to support pediatric medical surge in large-scale and highly specialized disaster scenarios. Include capability and capacity in the deployable response team to effectively manage pediatric patients with trauma, infectious diseases including PI and EID, burn, and CBRN.
- Develop a model and plan for the establishment, deployment, and sustainment of specialized pediatric medical teams to respond to disasters within the region that result in significant numbers of pediatric casualties.
- Identify and document regional mobile/deployable equipment, supplies, and clinical capabilities (e.g., personnel, pediatric equipment, pharmaceutical needs) required to effectively manage and treat pediatric patients during disasters.
- Identify available interstate medical resources and personnel (e.g. Emergency Medical Assistance Compact, etc.) so that they may be rapidly shared across state lines.

- Ensure the availability and rapid acquisition of pediatric supplies and equipment in disasters by participating in healthcare coalitions' supply chain vulnerability assessments and working with other relevant partners as necessary.

Strategy 3: Coordinate with entities within and outside of the region to develop a model for pediatric telemedicine and telementoring capability

- Demonstrate how pediatric critical care medical direction, oversight, and guidance may be provided during a medical surge response by using telemedicine and telementoring.[2]
- Identify methods to utilize existing response expertise (e.g. Regional Ebola and Other Special Pathogen Treatment Centers (RESPTCs), Radiation Injury Treatment Network, trauma, etc.), including pediatric care expertise (e.g. pediatric mental and behavioral health, trauma, etc.), through telemedicine or other technological platforms to support medical surge in large-scale and highly specialized disaster scenarios throughout the state and region.
- In addition to the clinical services described, consider and provide solutions to potential challenges related to operational/logistical requirements, dependencies (i.e., electrical grid), regulatory considerations (i.e., licensing, credentialing, Health Insurance Portability and Accountability Act (HIPAA)), professional liability coverage, workforce/on-call requirements, payment for services, and technology (i.e., interoperability and connectivity).

Strategy 4: Assess and enhance pediatric tracking, transport, and reunification capabilities within the state and multi-state region.

- Convene relevant partners to discuss whether bi-directional inter-facility and interstate transport (including aeromedical and ground critical care transport) plans have been developed for pediatric patients, and identify any shortcomings in existing pediatric patient evacuation and relocation plans across the region, particularly as related to the transport and care of pediatric patients who require highly specialized care (e.g. trauma, burn, PI/EID, and CBRN).
- Explore and document if and how electronic medical records or health information exchanges (HIEs) can improve existing patient tracking and

transport capabilities and develop a model for an improved regional pediatric patient tracking and transport system.

- Develop a state and regional capability for family notification and reunification of pediatric patients who arrive unaccompanied or are evacuated or discharged out of health care settings during disasters. Include processes for collecting detailed descriptions of unaccompanied minors and designating safe locations for children awaiting reunification and address any ambiguity surrounding laws and decision-making processes regarding the treatment of non-critical pediatric patients in a disaster without parental consent.

Activity D: Increase and maintain health care professional competency through the development and delivery of a standardized training program

The PCOE will be a resource for the broader health care sector in providing expert training and technical assistance related to providing pediatric care during disasters. Recipients should consider collaboration with other entities that provide resources related to pediatric care, such as the National Center for Disaster Medicine and Public Health, and ASPR's Technical Resources Assistance Center & Information Exchange (TRACIE) to promote a comprehensive, unified pediatric training program for the health care community.

Strategy 1: Educate and train the health care and medical workforce on identified preparedness and response gaps related to the clinical management of pediatric patients.

- Identify basic elements to be included in a standardized training program for medical response personnel (e.g. state-sponsored medical teams, deployable teams developed under Activity C, etc.), health care providers (e.g. prehospital providers, pediatricians and obstetricians, family medicine providers, emergency medicine physicians, etc.), and medical volunteers as it relates to the management of pediatric patients during disasters.
    - The training program must align with current and relevant published guidance, evolving scientific and clinical evidence-based research, and reflect standard treatment protocols and procedures for pediatric disaster care.

- Where training gaps exist, develop educational materials including training curricula, just-in-time training modules, and train-the-trainer modules to complete the training program.
    - Consider, in particular, training related to management of pediatric patients exposed to CBRN, PI, EID, burn, and trauma. Additionally, training should include considerations for the behavioral and mental health impact that disasters may have on the pediatric population, parents, caregivers, and first responders/health care workforce.
    - Include training for health care and public health personnel, EMS, and other necessary partners regarding disclosures allowed under HIPAA and other applicable laws in disasters.
    - Include guidance and best practices on how to best use FDA-approved treatments in pediatric populations, with special consideration to emergency medical countermeasures.
    - Include guidance, training, and protocols for movement and transport of pediatric patients.
    - Document whether existing pediatric triage and treatment protocols related to the management of pediatric patients during a disaster require revision or updates.
- Develop in-person and online courses that will enable health care workers to obtain continuing education credit appropriate to their discipline.
- Demonstrate how just-in-time (JIT) training may be provided to increase health care worker resilience as required for response to different hazards (e.g., CBRN) and by professionals of different clinical specialty expertise.
- Develop training with regional team capability (*Activity C*) to ensure familiarization with the equipment and supplies, and treatment protocols and procedures.

Strategy 2: Provide expert training and technical assistance.

- Build capacity for the provision of training and technical assistance related to, at a minimum, the management of pediatric patients exposed to pediatric trauma, infectious disease (including PI and other EID), burn, and CBRN incidents.
- Develop internal and external evaluation tools to allow for tracking the number of participants trained, demographic information of participants, whether there is a demonstrated increase in knowledge, and participant confidence to apply the skills learned when appropriate.

- Develop a mechanism to allow facilities to submit requests for subject matter expert based technical assistance.

Strategy 3: Develop an open-access online resource repository.

- Establish an online, centralized and searchable repository to support dissemination of timely and relevant materials. At minimum, the online repository should contain all educational and training resources, and templates developed under this FOA.
- Disseminate, as appropriate, updated or newly available materials to health care providers and facilities.

Pursuant to 2 CFR 200.340, the awardee may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under this award (in this and all other sections of the FOA). ASPR reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

Activity E: Enhance situational awareness of pediatric disaster care capabilities and capacity and assess regional pediatric readiness

Strategy 1: Improve regional situational awareness.

- Define the essential elements of information (EEI) related to pediatric trauma, infectious disease (including PI and other EID), burn, and CBRN incidents (1) to be shared in an emergency to facilitate medical surge response; (2) necessary for patient movement and tracking; and (3) necessary for regional health care situational awareness and decision-making
- Explore the role of integration of these EEI into interoperable health information technology systems and HIEs

Strategy 2: Develop regional pediatric readiness metrics.

- Develop regional readiness metrics that measure a region's pediatric readiness to effectively respond to and treat the pediatric population during disasters and public health emergencies, with particular emphasis on the ability to manage the impact of CBRN agents, burn, EID, PI, and trauma.

- Metrics should address regional assets, risks, and vulnerabilities related to the clinical management of pediatric patients during disasters, to include an inventory of health care resources and services that are vital to continuity of pediatric health care delivery during a disaster (e.g. clinical services, infrastructure, supply chain, caches, health care workforce, etc.). Metrics should address the regional level of readiness to respond to for potential disaster scenarios with varying levels of impact and scale, to include large-scale, mass casualty events (e.g., pediatric trauma, infectious disease (including PI and other EID), burn, and CBRN incidents).

Strategy 3: Create a regional readiness self-assessment tool.

- Create a regional pediatric disaster readiness self-assessment tool based on identified metrics (*Activity E, Strategy 2*) to establish a benchmark and identify areas of opportunity for future development of pediatric readiness. The tool should be made available to other regions to conduct self-assessments.

Strategy 4: Conduct regional exercise(s) to test capabilities.

- Conduct at least one readiness exercise (minimum, tabletop exercise) during the project period utilizing CBRN and EID scenarios that measures the readiness of the region's pediatric surge capacity, to include mobile team and telemedicine capabilities, validates plans, and demonstrates the ability to coordinate pediatric health care service delivery at the regional level.
- Develop templates for exercises, after-action reports, and corrective action and improvement plans that can be adapted and used to practice scenarios including, but not limited to CBRN and EID scenarios with a pediatric clinical care component. Such resources should be made readily available via the online repository.
- Complete after-action reports and corrective action plans based on the exercise(s).

Additional Requirements

Project Meetings

- Kick Off and Quarterly Meetings (with Government). Each recipient and the Government shall participate in project meetings to coordinate the performance of the cooperative agreement. These meetings may include face-to-face meetings at the recipient site or ASPR/HHS facilities. Such meetings may include, but are not limited to, meetings to discuss technical approach, operational capabilities, and regulatory and ethical aspects of the program. These meetings will also serve to formulate and agree upon the activities for the subsequent three months. In order to facilitate review of agreement activities, it is expected that the recipient will provide data, reports, and presentations to ASPR and/or other HHS or U.S. Government personnel as requested by the project officer. Dates for these meetings will be determined post-award.
- Bi-weekly Teleconferences. A conference call between ASPR and the recipient shall occur every two weeks or as directed by the ASPR project officer. During this call, the recipient will discuss the activities during the reporting period, any problems or challenges that have arisen, and the activities planned for the ensuing reporting period. Any relevant key project personnel may participate on the conference call to give detailed updates on specific project activities, or the ASPR project officer may make this request. The recipient will maintain a table of expected activities, an actions log, and an identified risk log as a means of managing and conducting these teleconferences. The quarterly meeting may be held in lieu of the monthly teleconference at the discretion of the ASPR project officer.
- Quarterly Meetings of the Recipients. Recipients funded under this cooperative agreement shall meet quarterly. To the extent possible, representatives from supporting organizations and additional partners may also participate. The purpose of these meetings is to identify and understand roles and responsibilities, formulate and agree on the activities for the subsequent three months, perform a progress check on the activities in the work plan, undergo a budget review, troubleshoot any barriers or challenges related to completing the deliverables of this cooperative agreement, and prepare for kick-off and quarterly meetings with ASPR and/or other HHS or U.S. Government personnel. These meetings may be conducted virtually (e.g. phone- or web-conference) or in-person.

Reporting Requirements

- Each recipient will be required to submit quarterly progress reports, including an end of year report.
- Each recipient will be required to submit an annual After Action Report and Corrective Action Plan as a result of the exercise(s) conducted.

Federal program requirements

In completing the activities above, you must satisfy the following requirements to maintain eligibility for funds:

- You must comply with cooperative agreement administrative requirements.
- You must submit the following:
  - Progress reports.
  - Program and financial data by the deadline. Refer to reporting for more information.
  - Progress in achieving evidence-based benchmarks and objective standards.
  - Performance measures data.
  - Accomplishments highlighting the activities' impact and value.
  - Final report.
- You must have fiscal and programmatic systems in place to document accountability and improvement.
- You must maintain all program documentation for purposes of data verification and validation.

Termination provision

The Federal Award may be terminated in whole or in part at any time prior to the end of the period of performance by the HHS Awarding Agency/ASPR if the non-Federal entity fails to comply with the terms and conditions of award. For more information, please refer to 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

Funding policies and limitations

You may use funds only for reasonable program purposes. Funds may be used to cover the costs of: personnel, consultants, equipment, supplies, grant-related travel, and other grant-related costs.

General policies

Changes in HHS regulations

As of October 1, 2025, HHS has adopted 2 CFR Part 200, with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

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.

System for Award Management (SAM) Reporting

A term may be added to the Notice of Award that states: “In accordance with the regulatory requirements provided at 2 CFR 200 and 2 CFR 300, recipients that have currently active federal grants, cooperative agreements, and Procurement contracts with cumulative total value greater than $10,000,000, must report and maintain information in the SAM about civil, criminal, and administrative proceedings in connection with the award or Performance of a federal award that reached final disposition within the most recent five-year period. The recipient also must make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)).”

Drug-Free Workplace

A term may be added to the Notice of Award that states: “You as the recipient must comply with drug-free workplace requirements in Subpart B (or Subpart

C, if the recipient is an individual) of part 382, which adopts the Government-wide implementation (2 CFR part 182) of section 5152- 5158 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701-707)."

Smoke- and Tobacco-free Workplace

The HHS/ASPR strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/ASPR mission to protect and advance the physical and mental health of the American people.

NOTE: The signature of the Authorized Organizational Representative (AOR) on the application serves as the required certification of compliance for your organization regarding the administrative and national policy requirements.

ASPR Public Access Policy

The ASPR Public Access Policy requires all researchers receiving ASPR grants, cooperative

agreements, or fixed amount awards to develop data management plans describing how they will provide for the long-term preservation of, and access to, scientific data in digital format. This ASPR Public Access Policy applies to any manuscript that is peer-reviewed and arises from any direct funding from an ASPR grant, cooperative agreement or fixed amount award awarded in FY 2016 or beyond. This policy ensures that the public has access to the published results of ASPR funded grants, cooperative and fixed amount awards at the NIH NLM PubMed Central (PMC), a free digital archive of full-text biomedical and life sciences journal literature. Under the policy ASPR-funded investigators are required by Federal law to submit (or have submitted for them) to PMC an electronic version of the final, peer-reviewed manuscript upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. On February 22, 2013, the White House Office of Science and Technology Policy (OSTP) released the memorandum entitled, Increasing Access to the Results of Federally Funded Scientific Research, which requires federal agencies to make the results of federally funded scientific research available to and useful for the public, industry, and the scientific community. This document establishes a governing policy to enable public access to digitally-formatted scientific data created with ASPR funds.

Publications

Manuscripts resulting from funded work must be submitted directly to the NIH Manuscript Submission System (NIHMS). At the time of submission, the submitting author must specify the date the final manuscript will be publicly accessible through PMC. Authors may own the original copyrights to materials they write and should work with the prospective publisher as necessary before any rights are transferred to ensure that all conditions of the ASPR Public Access Policy can be met. Authors should avoid signing any agreements with publishers that do not allow the author to comply with the ASPR Public Access Policy. The author's final peer-reviewed manuscript is defined as the final version accepted for journal publication arising from funds awarded in or after FY16 and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Institutions and investigators are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this policy. Applicants citing articles in ASPR applications, proposals, and progress reports that fall under the policy, were authored or co-authored by the applicant and arose from ASPR support must include the PMCID or NIHMS ID. The NIHMS ID may be used to indicate compliance with the ASPR's Public Access Policy in applications and progress reports for up to three months after a paper is published. After that period, a PMCID must be provided to demonstrate compliance.

Digital Data

ASPR-supported researchers must publish digital scientific data sets resulting from projects meeting the scope criteria above in a recognized scientific data repository capable of long-term preservation of the data and open access to the public within a proscribed time period of 30 months from the creation of the data set (if the data set has not been used in a peer-reviewed publication) or upon publication of a peer-reviewed publication based on the data set, whichever is sooner, unless this requirement has been waived in the approved data management plan. ASPR will recognize intellectual property rights as appropriate, consistent with regulations and program policies, including considerations for intellectual property based on the type of data subject to those policies (e.g., varied embargo dates, conditions for delaying data release). For the purpose of this plan, proprietary interests include receiving appropriate credit for scientific work. If the outcomes of the research result in inventions, the provisions of the Bayh-Dole Act of 1980, as implemented in 37 CFR Part 401, apply.

Acknowledgement

ASPR Public Access Policy requires all recipient publications, including research publications, press releases, other publications, or documents about research that is funded by ASPR to include the following two statements:

- A specific acknowledgment of ASPR grant support, such as: "Research reported in this [publication/press release] was supported by [name of the program office(s), or other ASPR offices] the Department of Health and Human Services Administration for Strategic Preparedness and Response under award number [specific ASPR grant number(s)]."
- A disclaimer that says: "The content is solely the responsibility of the authors and does not necessarily represent the official views of the Department of Health and Human Services Administration for Strategic Preparedness and Response."

Trafficking in Persons

Awards issued under this Notice of Funding Opportunity are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to this link. If you are unable to access this link, please contact the Grants Management Officer identified in this Notice of Funding Opportunity to obtain a copy of the term.

Funding restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipient may not use funds for research.
- Recipient may not use funds for clinical care.
- Recipient may only expend funds for reasonable program purposes, including personnel, travel, equipment, supplies, and services, such as contractual.
- Recipient may not generally use HHS/ASPR funding for the purchase of furniture. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipient may not use funds to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: provided that such limitation does not apply to the use of funds for elements of a program other than

making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the state or local jurisdiction, as applicable, is experiencing or is at risk for a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

- Recipient may not use funds to advocate or promote gun control.
- The salary rate limitation in the current appropriations act applies to this program. As of January 2026, salaries may not exceed the rate of $228,000 USD per year. We update this limitation when it changes.
- Recipient may not use funds for lobbying activities.
- Recipient may not use funds for fund raising.
- Recipient may not use funds for the cost of money even if part of the negotiated indirect cost rate agreement.
- Recipient may not use funds for purchase of vehicles.
- Funding under these awards may only be used for minor alteration and renovation (A&R) activities. Construction and major A&R activities are not permitted. A&R of realproperty generally is defined as work required to change the interior arrangements or installed equipment in an existing facility so that it may be more effectively utilized for its currently designated purpose or be adapted for an alternative use to meet a programmatic requirement. The work may be categorized as improvement, conversion, rearrangement, rehabilitation, remodeling, or modernization, but it does not include expansion, new construction, development, or repair of parking lots, or activities that would change the “footprint” of an existing facility (e.g., relocation of existing exterior walls, roofs, or floors; attachment of fire escapes). Minor A&R may include activities and associated costs that will result in:
    - Changes to physical characteristics (interior dimensions, surfaces, and finishes); internal environments (temperature, humidity, ventilation, and acoustics); or utility services (plumbing, electricity, gas, vacuum, and other laboratory fittings).
    - Installation of fixed equipment (including casework, fume hoods, large autoclaves, biological safety cabinets).
    - Replacement, removal, or reconfiguration of interior non-load bearing walls, doors, framed, or windows in order to place equipment in a permanent location.

- Making unfinished shell space suitable for purposes other than human occupancy, such as storage of pharmaceuticals.
- Alterations to meet requirements for accessibility for the physically handicapped.

Statutory authority

Section 1204 of the Public Health Service Act (title 42 USC § 300d-6).

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today. To register, go to SAM.gov entity registration and click 'Get Started.' From the same page, you can also click on the 'Entity Registration Checklist' for the information you will need to register.

Grants.gov

You must also have an active account with Grants.gov. You can follow step-by step instructions at the Grants.gov Quick Start Guide for Applicants.

Need help? Refer to Contacts and Support.

Find the application package

The application package has all the forms you need to apply. Go to Grants Search at Grants.gov and search for opportunity number [Insert Funding Opportunity Number].

If you cannot use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, contact Grants.gov for assistance. The Grants.gov Support Center is available 24 hours a day, 7 days a week, except federal holidays. The Grants.gov Support Center is available by phone at 1-800-518-4726 or by email at support@grants.gov.

To get updates on changes to this NOFO, select 'Subscribe' from the 'View Grant Opportunity' page for this NOFO on Grants.gov.

Step 3:
Write your application

In this step

Application contents and format

Applications include five main components. This section includes guidance on each. Make sure you include each of these:

Component	Submission Guidance
Project abstract	Upload using guidance below.
Project narrative	Upload using guidance below.
Budget narrative	Upload using guidance below.
Standard forms	Upload using each required form.

Required format

Required format for project abstract, project narrative, and budget narrative.

Format: PDF

Font: Times New Roman

Size: 12-point font

Footnotes and text in graphics: 10-point font

Spacing: Single-spaced

Margins: 1-inch

Includes page numbers.

Project abstract

Page limit: 1 page

File name: Project abstract summary

Provide a self-contained summary of your proposed project, including the purpose, a summary with information about the required activities you are addressing, and outcomes. Do not include any proprietary or confidential information. We use this information when we receive public information requests about funded projects.

Project narrative

Page limit: 20 pages

File name: Project narrative

Submit a project narrative that addresses all your proposed activities and the planned outputs for each activity over the full period of performance. Follow the section order and instructions below.

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not the project meets the minimum requirements of this cooperative agreement. The Project Narrative should provide a clear and concise description of the project. ASPR recommends that the project narrative include the following sub-components:

Overview

This section provides a brief but comprehensive (no more than 2 pages) summary of the application. Because the overview is often distributed to provide information to the public and Congress, please prepare a narrative that is clear, accurate, concise, and without reference to other parts of the application. This section should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project, including a summary of the overall goal of the project, proposed activities, the defined geographic area being served, timelines, and deliverables.

Work plan and timeline of proposed activities

Each proposed activity within the proposal should have clear timelines for execution and completion. The Project Work Plan must be in narrative form and should reflect and be consistent with the proposal Overview and the proposal Budget and Justification. The narrative should cover the entire project period and all activities and strategies. It should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks/action steps that will be pursued to achieve the goal and outcome(s). For each major task/action step, the work plan should identify timeframes involved, and the lead person responsible for completing the task.

Organizational Capability

The organizational capability statement should describe how the applicant agency is organized, the nature and scope of their work and/or the capabilities possessed to successfully implement the proposed project activities and strategies. It should include a description of the roles and responsibilities of any key personnel, consultants, and partner organizations and how they will contribute to achieving the project's objectives and outcomes. If applicable, applications should include a description of any infrastructure already in place in which to build on to meet project goals/requirements and a description of any relevant past performance of coordinating with pediatric health care entities across the state/region, including a description of previous collaborations with the supporting organizations and additional partners that have provided the required or desired letters of support in the application package. It should include a relevant description of the capabilities and experience of any of the supporting organizations and additional partners that have provided letters of support as part of the application process.

Evaluation and Performance Measurement Plan

At the time of application, recipients must include in their project narrative a brief description of how they plan to fulfill the requirements described in the "Work Plan and Timeline of Proposed Activities" and "Evaluation and Performance Measurement Plan" sections of this NOFO. Recipients also must briefly outline the scope of work, planned activities, and intended outcomes of work performed via any sub-awardee contracts.

The EPMP is a written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The EPMP specifies what will be done, how it will be done, who will do it, and when it will be done. The EPMP evaluation plan is used to describe how the recipient and/or ASPR will determine whether activities are implemented appropriately and outcomes are achieved.

The EPMP should track progress related to the proposal objectives, activities, tasks, and outcomes that the applicant is promising to deliver. The EPMP should describe how outcomes are achieved, and how these outcomes are related to the required performance measures in the Award Administration Information/Reporting Requirements section.

ASPR does not require recipients to follow a specific EPMP template.

Personnel

Please attach Personnel CV/Biosketch for key personnel and any technical consultants that are part of this project. Key Personnel are defined as all individuals who contribute in a substantive, meaningful way to the scientific development or execution of the project, whether or not salaries are requested. Key personnel must include, at minimum, a designated Medical Director that meets or exceeds the following qualifications:

- Physician with a current in-state license and demonstrated pediatric clinical experience.
- Board Certified in an American Board of Medical Specialties recognized pediatric specialty and clinically active.
- Familiarity with EMS, Emergency Management and Public Health laws and regulations.
- Education and/or experience with mass casualty, bioterrorism, Nuclear, Biological Chemical, Weapons of Mass Destruction (WMD) and/or disaster preparedness.

CVs or Biosketches should clearly convey the required qualifications of personnel and include the specialized expertise and experience that personnel's affiliated health care entity exhibits to complete the activities and strategies under the cooperative agreement. Also include information about any contractual organization(s) that will have a significant role(s) in implementing the project and achieving project goals.

Letters of support

Include required and desired Letters of Support. In addition, any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator and a letter of support should be submitted. Letters of Support will not count towards the narrative 20-page limit.

Budget narrative

The Budget Narrative and Justification is used to determine reasonableness and allowability of costs for the project. All of the proposed costs listed must be reasonable, necessary to accomplish project objectives, allowable in accordance with applicable federal cost principles, auditable, and incurred during the budget period.

Indirect cost agreement

This sub-section should include a copy of the applicant's most recent indirect cost agreement, if requesting indirect costs. Upon issuing a contract or sub-award copies of their indirect cost agreements must be forwarded to the ASPR Division of Grants.

Budget narrative

Page limit: None

File name: Budget narrative

The budget narrative supports the detailed Fiscal Year (FY) 2027 Budget Period 1 work plan for all activities and information you provide in Standard Form 424-A. Refer to standard forms.

It includes added detail and justifies your proposed costs. As you develop your budget, consider:

- If the costs are reasonable, allocable, allowable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. Refer to funding policies and limitations.

To create your budget narrative, prepare a document that includes each of the categories listed below. Under each, show the line-item budget detail followed by a justification that describes why you need the cost, how you arrived at the cost, and any calculations needed for understanding. Pay particular attention to justifying equipment or high-cost requests. In your justification, provide a statement on how applicants will institutionalize and sustain activities past the period of performance and in the event of funding fluctuation. Each item must also be described in your detailed FY 2027 Budget Period 1 work plan.

Verify the budget narrative includes the minimum elements outlined in the Centers for Disease Control and Prevention (CDC) Budget Preparation Guidelines.

Categories

- Salaries and wages.
- Fringe benefits.
- Consultant costs.
- Equipment.
- Supplies.
- Travel.
- Other categories.
- Contractual costs.

Totals

- Total direct costs.
- Total indirect costs.

Attachments

You will upload attachments in Grants.gov using the Attachments Form. Attachments do not have page limits unless specifically required below.

Table of contents

File name: Table of contents

Attach a table of contents that guides a reader through your entire application. Include all the documents in the application and headings in the project narrative section.

Detailed FY 2027 Budget Period 1 work plan

File name: Detailed FY 2026 Budget Period 1 Work Plan

Submit a detailed FY 2026 Budget Period 1 work plan documenting how you will carry out the activities you outlined in your project narrative and meet NOFO requirements. Your work plan should reiterate which activities you will address, your intermediate activities and expected outputs, and how you will prioritize activities. Include timelines and interim milestones.

- Your activities should align with cooperative agreement requirements (Refer to the Activities section) and Section 1204 of the Public Health Service Act.

You will complete this work plan and save it to upload in the Attachments Form.

Indirect cost rate 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. If you use the *de minimis* rate, you do not need to submit this attachment.

Organizational chart

Filen ame: Organizational chart

Provide a one-page diagram that shows the full project's organizational structure. Include all aspects, not just the applicant organization.

Standard Forms

You will need to complete some standard forms. Upload the standard forms listed below at Grants.gov. You can find them in the NOFO application package or review them and their instructions at Grants.gov Forms.

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Assurances- Non-Construction Programs (SF-424B)	With application.
Disclosure of Lobbying Activities (SF-LLL)	With application.

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.

Step 4:
Learn about Review and Award

In this step

Application review

Initial review

We review each application to make sure it meets basic requirements. We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Is submitted after the deadline.
- Is not submitted through Grants.gov.
- Does not include all components required in the application checklist.
- Does not use the formatting requirements, including spacing, font size, etc.

We will not review any pages that exceed the page limit.

Merit Review

Merit review is a review by those with expertise in the programmatic subject matter area for eligible applications. Reviewers may include federal and/or non-federal reviewers. The merit review panel will evaluate eligible applications in accordance with the review criteria and provide recommendations to the individuals responsible for making award decisions.

Review Criteria

Eligible applications must meet all requirements defined in the NOFO. You will be evaluated against the following review criteria:

Background and approach

An objective review committee comprised of reviewers/experts will evaluate each application that passes the screening criteria. Based on the application review criteria, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

Final award decisions will be made by ASPR. In making these decisions, ASPR will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

The following scoring system will be used:

1. Approach – (5 points)
2. Organizational Capability – (36 points)
3. Work Plan – (52 points)
4. Budget – (2 points)
5. Project Relevance and Evaluation – (5 points)

Eligible applicants will be evaluated against the following review criteria:

Required Components – Maximum Points: 100

1. Approach

Does the applicant provide the required letters of support? **[5 points]**

2. Organizational Capability

Does the applicant's key personnel (i.e., Medical Director) have the capability and prior experience listed in the Content and Form of Application Submission section reflected in their curricula vitae/Biosketch? **[5 points]**

Does the applicant include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes? **[5 points]**

Does the applicant demonstrate organizational capability and prior experience as described in sub-bullets shown below?

- Demonstrated past performance of coordinating with health care organizations and health care coalitions and State EMSC programs across the applicant's defined region; **[4 points]**
- Developing and maintaining relationships among the partners listed in Activity A, Strategy 2; **[4 points]**
- Demonstrated past performance coordinating with entities within and outside of the applicant's defined region to enable pediatric telemedicine and telementoring; **[4 points]**
- Establishing pediatric disaster readiness metrics as required under Activity E; and **[4 points]**
- Conducting a regional (i.e. multi-state) level exercise as required under Activity E? **[4 points]**

Does the primary applicant have experience with direct pediatric patient care and sharing of clinical expertise across applicant's the state and/or defined region? Does the primary applicant demonstrate capability for the ongoing,

complex clinical management of pediatric patients requiring specialty expertise in response to (1) chemical, biological, radiological, and nuclear threats, (2) trauma (3) emerging infectious disease, including pandemic influenza, and/or (6) burn? **[6 points]**

3. Work Plan

Does the applicant describe a clear technical approach for each activity and strategy in the work plan and timeline including:

- Activity A: Develop a coordinated pediatric disaster care capability for pediatric patient care in disasters **[10 points]**
- Activity B: Strengthen pediatric disaster preparedness plans and health care system coordination related to pediatric medical surge in disasters **[10 points]**
- Activity C: Enhance statewide and regional medical surge capacity for pediatric patients **[12 points]**
- Activity D: Increase and maintain health care professional competency through the development and delivery of a standardized training program **[10 points]**
- Activity E: Enhance situational awareness of pediatric disaster care capabilities and capacity and assess regional pediatric readiness **[10 points]**

4. Budget

Does the applicant provide additional information about any contractual organization(s) that will have a significant role(s) in implementing the project and achieving project goals? **[2 points]**

5. Project Relevance and Evaluation

Does the applicant address how the required activities and strategies will be monitored and reported in the Evaluation and Performance Measurement Plan? **[5 points]**

Funding priority

A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. This adjustment shall be up to a total of 5 possible points, with points assigned as listed below.

Eligibility for the adjustment will be determined by ASPR staff. Eligibility for 4 points will be based on information included in the additional letters of support from the desired partners listed below:

1. Acute Care Hospitals/Medical Centers within applicant's state or at least one additional state in the applicant's defined region **[0.5 point for each, up to 3 total points]**
2. State Office of Emergency Management within at least one additional state in the applicant's defined region **[0.5 point]**
3. State Office of Emergency Medical Services within at least one additional state in the applicant's defined region **[0.5 point]**

Eligibility for 1 point will be based on information provided by the recipient regarding:

1. Applicant's facility(s) is part of the National Disaster Medical System Definitive Care Network **[0.5 point]**[3]
2. Applicant's state has an established Pediatric Medical Recognition Program[4] **[0.5 point]**

Funding Special Consideration

In making final award decisions, ASPR will take into consideration the geographic distribution of applicants. **No more than one recipient will be funded per each HHS Region**. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

Selection process

Based on the application review criteria, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. Eligible applications must meet all the requirements defined in this NOFO.

ASPR will make all final award decisions. In making these decisions, ASPR will take into consideration:

- Recommendations of the review panel.
- Reviews for programmatic and grants management compliance.
- The reasonableness of the estimated cost to the government considering the available funding and anticipated results.
- The likelihood that the proposed project will result in the benefits expected.

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.
- Fund no applications under this NOFO.

Our ability to make awards depends on available appropriations.

Risk review

Before making an award, we review your ability to carefully manage federal funds. We need to make sure you have handled any past federal awards well and demonstrated sound business practices. We use SAM.gov responsibility/ qualification to check this history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We will 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, refer to 2 CFR 200.206.

Award notices

Each applicant will receive written notification of the outcome of the selection process, including a summary of the merit review committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. If you are successful, we will provide a notification through Grants Solutions with a link to your NoA.

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

Step 5:
Submit Your Application

In this step

Application submission and deadlines

Refer to find the application package to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. You will have to maintain your SAM.gov registration throughout the life of the award. Refer to the Get registered section for more information on SAM.gov and UEI requirements.

Deadlines

Application

You must submit your application by August 31, 2026 at 11:59PM ET.

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 Chief Grants Management Officer may extend an application due date based on emergency situations, such as documented natural disasters or a verifiable widespread disruption of electronic or mail service.

Submission Methods

Grants.gov

You must submit your application through Grants.gov. Refer to the Get registered section.

For instructions on how to submit in Grants.gov, refer to the Quick Start Guide for Applicants. To ensure submission, make sure that your application passes the Grants.gov validation checks. Do not encrypt, zip, or password protect any files.

Refer to Contacts and Support if you need help.

Other Submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Mandatory Disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Refer to 2 CFR 200.113, Mandatory Disclosures.

Send written disclosures to CDC Office of Grants Services at [email] and to the Office of Inspector General at grantdisclosures@oig.hhs.gov

Application checklist

Make sure that you have everything you need to apply.

Narratives

Component	How to upload	Page limit
☐ Project abstract	Use the Project Abstract Summary Attachment form.	1 page
☐ Project narrative	Use the Project Narrative Attachment form.	20 pages
☐ Budget narrative	Use the Budget Narrative Attachment form. Verify the budget narrative includes the minimum elements outlined in the CDC Budget Preparation Guidelines	None

Attachments

Insert each in a single Other Attachments form.

Component	Page limit
☐ Table of Contents	None
☐ Detailed FY 2027 Budget Period 1 Work Plan	None
☐ Organizational Chart	None
☐ Curricula Vitae	None
☐ Statement of Assurance	None
☐ Letters of Support	None

Standard forms

Upload using each required form.

Form	Page limit
☐ Application for Federal Assistance (SF-424)	None
☐ Budget Information for Non-Construction	None
☐ Assurances- Non-Construction Programs (SF-424B)	None
☐ Disclosure of Lobbying Activities (SF-LLL)	None

Step 6:
Learn What Happens After Award

In this step

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the NoA.
- Applicable Regulatory Provisions. Prior to October 1, 2025, this award is subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award will be subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.
- Termination. Prior to October 1, 2025, this award is subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.
- The HHS Grants Policy Statement (GPS). This document has terms and conditions tied to your award. If there are any exceptions to the GPS, they will be listed in your NoA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.

Reporting

If you receive an award, you will have to submit financial and performance reports.

Non-discrimination and assurance

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.

Contacts and Support

In this step

Agency contacts

Program

Joe Lamana
Director
Office of Strategic Partnerships
Joe.Lamana@hhs.gov
202-230-9169

Grants Management

Percy Jernigan
Supervisory Grants Management Specialist
CDC Office of Grants Services
ibj7@cdc.gov
770-488-2811

Grants.gov

Grants.gov provides 24/7 support. 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.

Endnotes

1. For the purposes of this FOA, reference to healthcare coalitions refer to ASPR's Hospital Preparedness Program (HPP) healthcare coalitions. https://www.phe.gov/Preparedness/planning/hpp/Pages/default.aspx ↑
2. American Academy of Pediatrics, Telementoring program helps health professionals provide specialized care. 2019. https://www.aappublications.org/news/2019/02/22/projectecho022219 ↑
3. Participating in NDMS, https://www.aspr.gov/readiness-response/join-train-respond/ndms/definitive-care/frequently-asked-questions ↑
4. State Recognition Programs & Resources, https://emscimprovement.center/collaboratives/frc/resources/ ↑