

Notice of Funding Opportunity
Application due Monday, June 22, 2026










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

Global Health Center/Office of Director

Enhancing Understanding of and Preparedness for Public Health Threats Through Research in Kenya

Opportunity number: RFA-JG-26-034

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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 Monday, June 22, 2026.



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



Step 1:

Review the Opportunity

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Basic information

Centers for Disease Control and Prevention

Global Health Center/Office of Director

Advancing research on public health threats in Kenya to inform U.S. and global preparedness and strengthen Kenya's local capacity to respond to infectious diseases.

Summary

This notice of funding opportunity (NOFO) supports research, implementation science, and public health evaluations to inform best practices for preventing and responding to infectious disease threats in Kenya, while strengthening local research capacity.

The award recipient will conduct **research, implementation science, and public health evaluations** through the Kenya Medical Research Institute (KEMRI) and focus on four required priority areas:

- **Influenza and other respiratory pathogens:** Activities include surveilling high-risk groups; monitoring for human and avian influenza and other pathogens; and evaluating efficacy and use of vaccines and other treatments. Outcomes include increasing understanding of disease burden and improving vaccination strategies.
- **Vaccine-preventable diseases:** Research will assess disease burden, vaccine effectiveness, and sociocultural factors influencing immunization. Outcomes include increasing vaccine uptake and strengthening immunization systems.
- **Drug-resistant infections:** Activities include monitoring antimicrobial resistance (AMR) trends, applying novel diagnostics, and identifying drivers of resistance. Outcomes include improving mitigation strategies and global AMR preparedness.
- **Global and emerging health threats:** Research will address malaria, HIV, tuberculosis, schistosomiasis, and emerging infections. Outcomes include improving understanding of disease dynamics, intervention effectiveness, and cross-border risks.



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

Key facts

Opportunity name:
Enhancing Understanding of and Preparedness for Public Health Threats Through Research in Kenya

Opportunity number:
RFA-JG-26-034

Assistance listing: 93.326

NOFO version: Original

Key dates

Application submission deadline: Monday, June 22, 2026

Optional letter of intent deadline: May 23, 2026

Expected scientific review dates: July 2026

Expected secondary review dates: July 2026

Expected award date: September 1, 2026

Expected start date: September 30, 2026

Expiration date: June 23, 2026

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

The recipient will also conduct **research coordination and administration** activities to manage and oversee U.S. government-funded public health research, ensure compliance with financial and ethical standards, and enhance organizational infrastructure. Outcomes include improved management and compliance with federal funding regulations.

The proposed activities under this NOFO will generate evidence to guide U.S. and global preparedness, reduce disease burden and health threats in Kenya, and prevent the spread of health threats across borders.

Funding details

Funding type: Cooperative agreement

Expected awards: 1

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

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

Application type: New

Expected total program funding over the performance period: \$30 million

Expected total program funding per budget period: \$3 to 6 million

Expected funding per applicant per budget period: \$3 to 6 million

Maximum award amount per budget period: \$6 million

Minimum award amount per budget period: \$0

For budget year 1, we will budget the following amounts for each priority. We will only fund applications that include all four priorities. We will not fund any priority individually.

- Influenza and other respiratory pathogens: \$2 to 3 million
- Vaccine-preventable diseases: \$75,000 to \$100,000
- Drug-resistant infections: \$400,000
- Global and emerging health threats: \$100,000

Eligibility

Eligible applicants

Only these types of organizations may apply.

- Public and state-controlled institutions of higher education.
- Nonprofits with a 501(c)(3) status, other than institutions of higher education.
- Private institutions of higher education.
- For-profit organizations other than small businesses.
- Small businesses.
- Foreign organizations. A foreign organization is a public or private organization, whether nonprofit or for-profit, located in a country other than the United States and its territories that is subject to the laws of the country in which it is located, irrespective of the citizenship of project staff or place of performance.

Applications from consortia are allowed.

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](#).
- Does not demonstrate evidence of an established institutional presence in Kenya, such as an office, personnel, or other infrastructure.
- Does not demonstrate access to relevant research infrastructure (such as facilities and equipment) and document a history of technical collaboration or ongoing work with the Kenya Medical Research Institute (KEMRI) and/or the Kenya Ministry of Health (MoH). See the [responsiveness criteria documentation section of the application requirements](#) for information on how to meet this requirement.
- Does not describe all core categories, priority areas, and research coordination and administration functions.

- Your application must respond to all the priority areas described in the [summary of this NOFO](#). You will submit a separate research plan for each priority area. See the [research plan section of this NOFO](#).

If your application does not address all responsiveness criteria, it will be deemed nonresponsive and will not be forwarded for review. In addition, if you request a funding amount greater than the total ceiling, HHS/CDC will consider the application nonresponsive, it will not enter the review process, and you will be notified that the submission did not meet the requirements.

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. All applications submitted by an eligible institution must name the same, single lead principal investigator/principal director (PI/PD).

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.

Cost sharing and matching funds

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

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

Post-award requirements

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

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

Agency priorities

Required alignment with CDC priorities

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

Funded activities must:

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

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

- **A commitment to gold-standard science and ensuring trust, transparency, and credibility:** To build trust and improve CDC's ability to lead during health crises, CDC will increase transparency, be more accountable, and follow strict, gold-standard scientific practices that are open, unbiased, and based on clear evidence.
- **A commitment to global leadership:** With staff in 63 countries and supporting 20 more, CDC's Global Health Center:
 - Works to prevent disease and advance emergency response.
 - 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 not support DEI initiatives based on group identity and focus on merit-based, evidence-driven approaches to improve health outcomes.
- **Parental rights:** CDC will support policies that protect parental authority, promote transparency, and give parents greater control over their children's education.

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

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

Program description

Background

The Centers for Disease Control and Prevention (CDC) advances its mission to protect the United States from health, safety, and security threats by supporting research and capacity-building in regions with high burdens of infectious disease. Kenya, as a major trade and travel hub with frequent outbreaks of endemic, emerging, and reemerging diseases, presents unique risks for cross-border spread of infectious threats to the U.S., the region, and the world.

CDC has a long-running collaboration with Kenyan government institutions conducting scientific research that address major public health threats. This includes research into strategies to control and reduce the spread of malaria, HIV/AIDS, tuberculosis, vaccine-preventable diseases, emerging infectious diseases, drug-resistant infections, and infectious disease outbreaks. CDC supports research, implementation science, and public health evaluations to inform best practices for countering infectious disease health threats. This contributes to CDC's mission to save lives and protect American people from health threats, while also contributing to a safer world.

National strategic priorities

This project aligns with the [HHS Strategic Plan \(2022–2026\) \[PDF\]](#), including Goal 2, Safeguard and Improve National and Global Health Conditions, and Objective 4.3, Strengthen Surveillance, Epidemiology, and Laboratory Capacity. The project advances the [National Health Security Strategy \(2023–2026\)](#) by supporting infectious disease research and surveillance in Kenya, which helps detect and contain emerging threats at their source, strengthen laboratory and data systems, and apply a One Health approach. The project also aligns with the [Administration's Biothreat Radar](#) initiative. These activities protect Americans by reducing the risk of cross-border spread of high-priority pathogens and ensuring that the U.S. public health system has timely, actionable information for response.

Related work

For over 40 years, CDC has partnered with the Kenya Medical Research Institute (KEMRI) to advance research on the epidemiology, prevention, and control of infectious diseases. This collaboration has built population-based surveillance platforms, internationally accredited laboratories, and clinical

research centers that generate evidence informing international and Kenyan Ministry of Health policies. These efforts strengthen global health security by enabling early detection of pathogens, advancing vaccines and diagnostics, and reducing cross-border transmission risks.

Population-based surveillance and pathogen discovery

The [Population-Based Infectious Disease Surveillance \(PBIDS\)](#) in Siaya and Nairobi counties, expanded to Isiolo county in 2024, comprises household, community, environmental, and health facility surveillance. It has been critical for outbreak preparedness and research. Research has defined causes of pneumonia and diarrheal and febrile illnesses; identified zoonotic threats; and provided evidence of the effectiveness of vaccines such as rotavirus, pneumococcal conjugate vaccine (PCV10), typhoid, respiratory syncytial virus (RSV), and COVID-19.

Laboratory science and innovation

CDC-supported KEMRI laboratories serve as accredited reference centers for HIV viral load, HIV and TB drug resistance, and TB diagnostics. The [Diagnostic Laboratory Systems Program \(DLSP\)](#) lab, located at Kisumu and Nairobi KEMRI campuses, strengthens outbreak detection, diagnostic innovation, and research. The lab conducted genomic sequencing of SARS-CoV-2 to track variants and support trials, implementation research, and surveillance. DLSP also supports the [CHAMPS study](#), which generates high-quality child mortality data for global health policy. Laboratory-based studies have validated improved TB diagnostics such as Xpert Ultra and pediatric-friendly sampling methods.

Clinical and translational research

CDC helped establish two research centers that are operated by KEMRI and are available for collaboration on CDC-funded projects.

- The **Siaya Clinical Research Center** is central to CDC-supported malaria studies including prevention (chemoprevention, monoclonal antibodies), treatment, and vaccines (RTS,S/AS01). These studies have informed malaria guidelines in Kenya and globally.
- The **Kisumu Clinical Research Center** supported several studies led or supported by CDC on HIV prevention, including demonstrating efficacy of antiretroviral therapy (ART) in pregnancy, validating oral pre-exposure prophylaxis (PrEP), and establishing long-acting injectable PrEP as superior to daily oral dosing.

Purpose

The purpose of this NOFO is for CDC to support or facilitate research, implementation science, and public health evaluations to inform best practices for preventing infectious diseases and countering health threats that both affect Americans and have a high burden or risk in Kenya and outside the U.S. Findings from supported research will benefit preparedness in the U.S., Kenya, and globally. To promote long-term capacity to conduct relevant research, CDC plans to support Kenya's local capacity to research public health threats. The goal is to strengthen local response and reduce the spread of infectious disease threats.

The NOFO recipient will support surveillance, epidemiological studies, laboratory research, and dissemination of scientific results. They will also support KEMRI's administration and business systems to facilitate research.

Approach

This NOFO will support various CDC projects on public health threats in Kenya to be conducted at KEMRI, institutions collaborating with KEMRI, or KEMRI affiliates.

The NOFO also aims to support KEMRI to enable CDC-supported research on public health threats while Kenya consolidates its public health functions under the Kenya National Public Health Institute (KNPHI).

This NOFO builds on a previous NOFO, "Advancing Public Health Research in Kenya" (RFA-GH-21-003).

Objectives and outcomes

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

This notice of funding opportunity includes two main areas:

- Research, implementation science, and public health evaluations.
- Research infrastructure coordination and administration.

1. Research, implementation science, and public health evaluations

Priority area 1A: Influenza and other respiratory pathogens

Outcome 1A: To better understand the disease burden of influenza and other respiratory pathogens nationally and among groups at increased risk of influenza complications to guide targeted public health interventions

Objectives—you must address **all five** in your research plan:

1. To conduct surveillance of influenza and other respiratory infections in populations at high risk to guide targeted public health interventions.
2. Prioritize innovation with new technologies such as AI, use of targeted and untargeted sequencing and metagenomics capacity, and systems that can support both pathogen-specific and pathogen-agnostic surveillance.
3. To monitor human respiratory pathogens including avian and human influenza, respiratory syncytial virus (RSV), and other respiratory pathogens, and to archive samples for related public health research.
4. To assess efficacy, effectiveness, cost-effectiveness, immunogenicity, and impact of recommended vaccines, treatments, and nonpharmaceutical interventions (NPIs) and other control measures to reduce the burden of influenza disease and other respiratory pathogens among high-risk populations.
5. To evaluate strategies to optimize routine use of licensed vaccines for influenza or other respiratory pathogens in Kenya.

Priority area 1B: Vaccine-preventable diseases

Outcome 1B: Improved understanding of the burden of other vaccine-preventable diseases (VPDs) and opportunities to increase vaccination to reduce threat of VPDs.

Objectives—choose and describe **one**:

1. To estimate the disease burden of groups at increased risk of VPDs to guide targeted public health interventions, including vaccination.
2. To assess efficacy, effectiveness, immunogenicity, and impact of vaccines, coverage, schedules, product switches, treatments, and other interventions to reduce burden of VPDs.
3. To conduct sociocultural and behavioral research on knowledge, attitudes, and practices related to VPDs.

4. To research immunization information systems, social mobilization, communications, coverage, and quality of immunization service delivery, including identifying barriers to vaccination in high-risk groups.

Priority area 1C: Drug-resistant infections

Outcome 1C: Improved understanding of drivers of antimicrobial resistance and identification of effective mitigation strategies.

Objectives—choose and describe at least **two**:

1. To assess the burden and trends in antimicrobial resistance among community and hospitalized populations at both epidemiologic and molecular levels.
2. To better detect and characterize antimicrobial-resistant pathogens, including by using new technologies and rapid diagnostics.
3. To identify factors and pathways contributing to the spread of antimicrobial resistance.
4. To evaluate and implement novel strategies to surveil antimicrobial resistance.
5. To identify and evaluate the impact of interventions on mitigating antimicrobial resistance across different populations.

Priority area 1D: Global and emerging public health threats

Outcome 1D: Enhance understanding of infectious disease epidemiology, risk groups, and intervention outcomes in Kenya to generate insights to help protect U.S. and local populations from global diseases (such as malaria, HIV, tuberculosis, and schistosomiasis) and emerging health threats.

Objectives—choose and describe **one**:

1. Conduct research and surveillance using program, survey, and national/subnational data to assess epidemiology and intervention effectiveness for global and emerging health threats.
2. Evaluate new interventions, diagnostics, and technologies for their effectiveness, acceptability, and potential applicability for preparedness for global and emerging health threats.
3. Study the dynamics of infectious diseases, including co-infections and cross-border threats, to inform strategies for risk mitigation in the U.S., locally, and globally for global and emerging health threats. This could include collaborations on surveillance for communicable disease for international travelers at ports of entry.

2. Research coordination and administration

Outcome 2: Strengthen KEMRI's research coordination and administration, evidenced by full compliance with U.S. government financial and ethical standards, timely reporting on all funded projects, and improved institutional capacity to deliver high-quality research that informs local, U.S., and global responses to emerging and reemerging health threats.

Objectives—you must address **all five**:

1. Collaborate with KEMRI to provide administrative, financial management, and oversight support for U.S. government-funded research projects that generate critical data for addressing health threats.
2. Ensure fiduciary oversight of CDC subawards by reviewing, monitoring, and confirming cost allocations to safeguard U.S. assistance and ensure responsible use of research funds.
3. Guarantee compliance with research ethics procedures and internal review board (IRB) requirements, ensuring the integrity of research that will underpin local, U.S., and global public health policy and preparedness.
4. Strengthen KEMRI's organizational capacity, including infrastructure and human resources, to conduct collaborative research that informs local, U.S., and global health responses.
5. Help the research laboratory maintain international standards to generate reliable scientific evidence that advances local, U.S., and global health security and disease prevention.

Collaborations

- You are required to collaborate with the Kenya Ministry of Health (MoH) and the Kenya Medical Research Institute (KEMRI). You must submit information and supporting documents on how you will establish and maintain these collaborations and have established similar collaborative work in the past. Please see the [responsiveness criteria documentation section of the application requirements](#) for submission requirements.
- You are required to collaborate with other recipients of CDC assistance on activities that are complementary to this NOFO, such as those supporting surveillance and laboratory platforms.

Evaluation and performance measurement

CDC will monitor performance of recipient during the life of the award, with quarterly meetings held between you and CDC. You will work with CDC and other partners as appropriate to develop and implement an evaluation plan and performance measures after the award begins. Some examples of potential performance measures are:

- Research, implementation science, and public health evaluations:
 - Number of protocols launched on planned timeline.
 - Proportion of studies done in compliance with protocol.
 - Proportion of participants recruited on time.
 - Proportion of studies completed on time.
- Research coordination and administration:
 - Implementation of necessary administrative standard operating procedures.
 - Number of routine meetings with key stakeholders scheduled and completed.
 - Timely submission of quarterly financial plan with clear cost allocation breakdown.
 - Timely submission of progress reports and dissemination to key stakeholders.
 - Implementation of cost allocation plans for KEMRI campus management and laboratory services.

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 describe plans for how you will report and disseminate research and scientific findings, such as through peer-reviewed journals, scientific presentations, reports, meetings, or conferences. Specify how you will integrate these activities into the project plan. Your translation of findings should be understandable to a variety of audiences, including policymakers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, the public, and researchers. The aim of translation is to make the evidence from the research findings and data accessible to policymakers to inform policies, guidelines, or interventions.

Funding policies and limitations

Changes in HHS regulations

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

General guidance

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

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

- If we receive more funding for this program, we will consider:
 - Funding more applicants.
 - Extending the period of performance.
 - Awarding supplemental funding.

Unallowable costs

You may not use funds for:

- Clinical care, except as allowed by law.
- Pre-award costs. Any costs incurred prior to the Notice of Award will not be reimbursed.
- 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 \[PDF\]](#).

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 \[PDF\]](#).

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.

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

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

Other indirect cost policies

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

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

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. As of January 2026, the salary rate limitation is \$228,000. 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, see the [HHS Grants Policy Statement](#) and speak to the [grants management contact](#).

Public health data

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

Human subjects

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

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

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

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

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

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

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

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

Statutory authority

Public Health Service Act, Section 301(a) [42 USC 241(a), as amended], Section 307 [42 USC 242], as amended].



Step 2:

Get Ready to Apply

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Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) or [eRA ASSIST](#) and search for opportunity number RFA-JG-26-034. 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 \[PDF\]](#) to complete your application.

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

Make sure that you have everything you need to apply:

Form	Required for
<input type="checkbox"/> PHS 398 Research Plan form	All applications.
<input type="checkbox"/> SF424 (R&R)	All applications.
<input type="checkbox"/> PHS 398 Cover Page Supplement Form	All applications.
<input type="checkbox"/> SF424(R&R) Other Project Information	All applications.
<input type="checkbox"/> SF424(R&R) Project/Performance Site Locations	All applications.
<input type="checkbox"/> SF424(R&R) Senior/Key Person Profile	All applications.
<input type="checkbox"/> R&R Budget Form or HS 398 Modular Budget Form	All applications. <ul style="list-style-type: none"> • 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.
<input type="checkbox"/> R&R Subaward Budget Attachments Form	If your application proposes subawards.
<input type="checkbox"/> PHS Human Subjects and Clinical Trials Information	All applications.
<input type="checkbox"/> PHS Assignment Request Form	Optional.
<input type="checkbox"/> Other Attachments Form	All applications.
<input type="checkbox"/> Report on overlap	If applicable.
<input type="checkbox"/> Bona fide agents documentation	If applicable.
<input type="checkbox"/> Indirect cost agreement	If applicable.
<input type="checkbox"/> Overall management plan	All applications.
<input type="checkbox"/> Responsiveness criteria	All applications.

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 \[PDF\]](#).

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.	15 pages

Your application package must include all the components of the SF-424 package. Each application must include an SF-424 R&R with a **separate research plan, budget, and strategy to address each priority area**. (Note that you must also include a separate budget narrative that does not exceed

the [provided funding levels](#) for each priority area. The budget narrative is not included in the page limit. See the [budget form section](#).)

All research plans submitted by an eligible institution must name the same, single lead Principal Investigator/Principal Director (PI/PD, along with all key staff responsible for programmatic oversight.

If your application is submitted by a consortium, you must provide details on the consortium agreement, including the management structure. The lead entity of the consortium has overall responsibility for the management plan.

Applicants are expected to apply for the entire project period, with specific focus on required objectives in Year 1.

You must follow all page limits described in this NOFO. Pages that exceed the limits will be removed and not forwarded for peer review, potentially affecting your score.

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 the [CDC’s data management plan guidance \[PDF\]](#) for your DMP.

Appendix

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

Do not use the appendix to get around page limits. You may attach up to 10 PDF documents in the appendix. This part of your appendix cannot exceed 50 pages.

Additionally, you can include up to three publications that are not publicly available (beyond the 50 pages).

Budget form

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

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.

Overall management plan

You must include an overall management plan as part of the application package. The management plan must address the entire five-year project period, as well as the overall management plan for each priority. The overall management plan must address all priority areas, outcomes, and objectives listed in the [objectives and outcomes section of the program description](#). The plan must describe how you will manage common resources and address any potential overlap of costs and activities. The plan should name the principal investigator or other key staff responsible for overall programmatic oversight.

Responsiveness criteria documentation

To be responsive to this notice of funding opportunity, you must submit an attachment titled “Responsiveness Criteria.” Include the following:

1. Evidence of an existing institutional presence (such as an office and staff) in Kenya.
2. Evidence of prior or current research activities conducted in partnership with KEMRI or MoH.



Step 4:

Understand Review, Selection, and Award

In this step

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Application review

Initial review

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

We will not review any pages over the page limit.

Scientific merit review

We use a two-level merit review process:

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

First level of merit review

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

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

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

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

Scored criteria

Reviewers will evaluate the five individual criteria (significance, investigators, innovation, approach, and environment) and consider the application's strengths and weaknesses within each criterion. The impact score for the application is not intended to be an average of these scored criteria.

Significance

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

Investigators

- Are the PD/PIs, collaborators, and other researchers well suited to the project?
- Have the PD/PIs demonstrated an ongoing record of accomplishments that have advanced their field?
- If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise? Are their leadership approach, governance, and organizational structure appropriate for the project?

Innovation

- Does the application challenge and seek to shift current research or clinical practice paradigms by using novel theoretical concepts, approaches or methodologies, instrumentation, or interventions?
- Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense?
- Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

Approach

- Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project?
- Are potential problems, alternative strategies, and benchmarks for success presented?
- If the research project is in the early stages of development, will the strategy establish feasibility, and will particularly risky aspects be managed?
- If the project involves human subjects or clinical research:
 - Are there plans for protection of human subjects from research risks, consistent with applicable human subjects' regulations and policies, regardless of their sex, race, ethnicity or age?
 - Is the approach justified in terms of the scientific goals and research strategy proposed?

Environment

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

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 \[PDF\]](#).

Biohazards

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

Improving the Safety and Security of Biological Research

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

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

Additional review considerations

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

Budget and period of support

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

Resource-sharing plan

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

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

Second level of merit review

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

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

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

Risk review

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

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

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

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

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

Selection process

When making funding decisions, we consider:

- Scientific merit review results. The results of the first- and second-level reviews are key in making decisions but are not the only factor.
- Positive risk review—as described in the [Risk Review section](#).
- Consistency with applicable laws.
- Alignment to agency priorities (see Centers for Disease Control and Prevention (CDC) Priorities), to the extent permitted by law and applicable court orders.

We may:

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

Our ability to make awards depends on available appropriations.

Award notices

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

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

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

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

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



Step 5:

Submit Your Application

In this step

Submission requirements and deadlines [45](#)

Submission requirements and deadlines

Optional letter of intent

Due on May 23, 2026.

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 kva5@cdc.gov and rro2@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 Monday, June 22, 2026, at 11:59 p.m. ET.

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

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

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

Submission methods

Your organization's authorized official must certify your application.

To submit your application, you have three choices:

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

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

File format for all submissions

You must submit all text attachments to the Adobe application forms as PDFs. All text attachments must use the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide.

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

Grants.gov

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

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

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

eRA ASSIST

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

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

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



Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration [48](#)

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.

- Specific requirements that apply to this NOFO are:
 - Generally applicable ARs:
 - [AR-25: Data Management and Access](#)
 - [AR-31: Research Definition](#)
 - [AR-36: Certificates of Confidentiality](#)
 - Organization-specific ARs:
 - [AR-8: Public Health System Reporting Requirements](#)
 - [AR-15: Proof of Non-profit Status](#)
 - [AR 23: Compliance with 45 C.F.R. Part 87](#)
 - ARs applicable to Global Health Assistance Awards:
 - [AR-35: Protecting Life in Global Health Assistance](#)

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)	<ul style="list-style-type: none"> • 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 	120 days prior to the end of the budget period, or the date identified in guidance that CDC distributes.

Report	Description	When
	<p>subjects or IRB approval status.</p> <ul style="list-style-type: none"> Includes how data are collected and used (Data Management Plan). 	
Annual Federal Financial Report (FFR)	<ul style="list-style-type: none"> Includes funds authorized and disbursed during the budget period. Indicates exact balance of unobligated funds and other financial information. 	90 days after the end of each budget period.
Data on Performance Measures	<ul style="list-style-type: none"> Includes information similar to the Annual Performance Report. 	CDC will only require this report if it needs more frequent reporting than in the Annual Performance Report.
Final Performance Report	<ul style="list-style-type: none"> Includes information similar to the Annual Performance Report. 	120 days after the end of the period of performance.
Final Federal Financial Report (FFR)	<ul style="list-style-type: none"> Includes information in Federal Financial Report. 	120 days after the end of the period of performance.
Foreign Tax Report	<ul style="list-style-type: none"> Amount of foreign taxes assessed, reimbursed, and unreimbursed by each foreign government. Also applies to subawards. 	<ul style="list-style-type: none"> Annually by November 16. Quarterly by January 15, April 15, July 15, and October 15 each year.

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

CDC award monitoring

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

CDC'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. Recipients must comply with applicable rules in 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, including HHS-specific requirements in 2 CFR 300.
- The PD(s)/PI(s) will have the primary responsibility for:
 - Complying with the responsibilities for the extramural investigators as described in the [Policy on Public Health Research and Non-research Data Management and Access](#).
 - Overseeing all administrative, management, programmatic, and scientific aspects of the research, including all data, resources, and operations.
 - Providing the necessary personnel and supplies to implement projects and analyze the results.
 - Collaborating with local researchers, CDC researchers, and community-based organizations or similar community liaisons for the duration of the project period on activities such as developing data-collection instruments, specimen collection procedures, study protocols, and data-management procedures.
 - Obtaining IRB approval for all the collaborators and working with CDC scientists to refine protocols to improve the study and other proposal projects, based on the reviewer's comments in the IRB summary statement.
 - Identifying, recruiting, obtaining informed consent forms, and enrolling an adequate number of study participants, as determined by the study protocols and the program requirements.

- Following study participants as determined by the study protocols.
- Establishing procedures to maintain the rights and confidentiality of all study participants.
- Agreeing to share complete data and specimens with CDC scientists regularly, as well as appropriate international partners.
- Collaborating with CDC scientists in analysis and writing up manuscripts.

CDC roles and responsibilities

- The HHS/CDC purpose is to support and stimulate the recipients' activities through involvement and working jointly with recipients in partnership.
- CDC staff has substantial programmatic involvement that is above and beyond the normal stewardship role in awards.
- CDC project officers will not assume direction, prime responsibility, or a dominant role in the activities.
- Additionally, an agency program official or CIO program director is responsible for the normal scientific and programmatic stewardship of the award. We will name them in the award notice.
- CDC's other roles and responsibilities include:
 - Helping the PI, as needed, comply with the investigator responsibilities described in the [Policy on Public Health Research and Non-research Data Management and Access](#).
 - Providing technical assistance to the recipient and linking them with other national and international agencies that might provide additional technical or material assistance.

Joint responsibilities

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

- CDC will help the recipient identify and connect with other partners working toward the objectives of this NOFO. The recipient will ensure work is not duplicative but complementary and supportive to existing efforts funded by CDC, the rest of the U.S. government, and other partners.



Contacts and Support

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Agency contacts

Scientific and research

Sereineat Nath

rro2@cdc.gov

Scientific merit review

Susan Cha

ghcerpo@cdc.gov

Grants management

Sharon Cassell

zpr0@cdc.gov

Help with systems

Grants.gov

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

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

SAM.gov

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

eRA Commons

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

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

You can email commons@od.nih.gov.

Reference websites

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