



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

Division of Population Health

Notice of Funding Opportunity








Application due Friday, June 26, 2026

Public Health Strategies to Address Alzheimer's Disease and Related Dementias: The National Healthy Brain Initiative, BOLD Public Health Centers of Excellence, and Public Health Adoption Accelerator

Opportunity number: CDC-RFA-DP-26-0227



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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 Friday, June 26, 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 (CDC)

National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health

Advancing public health efforts and promoting data-driven strategies to address Alzheimer's disease and related dementias (ADRD).

Summary

This NOFO will fund several organizations to build and translate the evidence base for promoting brain health to support nationwide adoption and use of this evidence to address the needs of all people affected by Alzheimer's disease and related dementias (ADRD).

Funded organizations will provide expertise to state, tribal, local, and territorial (STLT) public health agencies, including Building Our Largest Dementia (BOLD) public health programs (funded through [CDC-RFA-DP-23-0010 \[PDF\]](#)). Their input will assist these agencies in implementing the Healthy Brain Initiative (HBI) [State and Local Road Map for Public Health: 2023–2027 \[PDF\]](#) to advance the goals of the [Building Our Largest Dementia \(BOLD\) Infrastructure for Alzheimer's Act \(P.L. 115-406\) \[PDF\]](#).

This NOFO will fund three integrated components to accomplish these goals.

Funding details

Funding type: Cooperative agreement

Expected awards: At least seven

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

Expected total program funding over the performance period: \$35,000,000



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

Key facts

Opportunity name:
Public Health Strategies to Address Alzheimer's Disease and Related Dementias: The National Healthy Brain Initiative, BOLD Public Health Centers of Excellence, and Public Health Adoption Accelerator

Opportunity number:
CDC-RFA-DP-26-0227

Assistance listing:
93.334

NOFO version: Original

Key dates

Application submission deadline:
Friday, June 26, 2026

Expected award date:
August 29, 2026

Expected start date:
September 30, 2026

See [Submit Your Application](#) for other time frames that may apply to this NOFO.

Minimum and maximum award amounts over the period of performance:

- **Component 1:** \$12,500,000 to \$15,000,000.
- **Component 2:** \$3,750,000 to \$5,000,000.
- **Component 3:** \$3,750,000 to \$6,000,000.

Expected funding per applicant per 12-month budget period: \$5,200,000

Funding range per applicant per budget period:

- **Component 1:** \$2,500,000 to \$3,000,000.
- **Component 2:** \$750,000 to \$1,000,000.
- **Component 3:** \$750,000 to \$1,200,000.

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

Funding strategy

We will award at least seven recipients for the three NOFO components. Current recipients funded under DP-23-0010 are not eligible to apply to CDC-RFA-DP-26-0227.

Component 1

We will fund at least two recipients. Component 1 applicants may apply for up to \$3,000,000. Component 1 applicants may also apply for Component 2, Component 3, or both.

Component 2

We will fund at least two recipients. Component 2 applicants may apply for up to \$1,000,000. Component 2 applicants may only apply for one topic-specific area. Component 2 applicants may also apply for Component 1, Component 3, or both.

Component 3

We will fund up to two recipients. Component 3 applicants may apply for up to \$1,200,000. Component 3 applicants may also apply for Component 1, Component 2, or both.

Eligibility

Eligible applicants

Only these types of organizations may apply.

This is an open competition. Eligibility is unrestricted. Your organization may be any entity type, but you must meet the requirements noted in the initial review. State, territorial, local, and tribal government organizations may also opt to select a bona fide agent to apply on their behalf.

These types of organizations may apply:

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Independent school districts.
- Public and state-controlled institutions of higher education.
- Native American tribal governments (federally recognized).
- Public housing authorities and Indian housing authorities.
- Native American tribal organizations, other than federally recognized tribal governments.
- Nonprofits having a 501(c)(3) status, other than institutions of higher education.
- Nonprofits without 501(c)(3) status, other than institutions of higher education.
- Private institutions of higher education.
- Faith-based organizations.
- For-profit organizations other than small businesses.
- Small businesses.

Bona fide agents must submit documentation that demonstrates their arrangement with the eligible applicant. See [attachments](#).

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 [deadline](#).
- Proposes research activities. See the [definition of research](#).
- Proposes budget above the maximum amount within the award range per component: \$3,000,000 for Component 1, \$1,000,000 for Component 2, or \$1,200,000 for Component 3.
 - Applicants may apply for one or more components (Components 1, 2, or 3) but must submit separate applications for each component.
 - Single applications requesting funding for multiple components will be considered non-responsive and will not receive further review..

See the [application checklists](#) 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.

Under this NOFO, you may submit only one application per component under your organization's Unique Entity Identifier (UEI).

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:
 - Work to prevent disease and advance emergency response.
 - Detect health threats early, send response teams, train health workers, and provide personal protective equipment, vaccines, and medicines.
 - Test disease samples from around the world to prepare for flu and other serious outbreaks.
 - Has strengthened systems to better protect people at home and abroad after the COVID-19 outbreak.

- **A commitment to ensuring rapid, evidence-based responses to crises:** During public health emergencies, ensuring rapid, science-driven responses is critical to minimizing harm, maintaining public trust, and restoring stability. To meet this goal, CDC must continue to strengthen its emergency response systems by:
 - Streamlining internal processes.
 - Improving risk communication strategies.
 - Ensuring that laboratory capacity is fully equipped and tested—capable of rapidly developing and deploying scalable diagnostics during crises.
 - Embedding structures for real-time learning, independent after-action reviews, and the application of lessons learned will ensure that each crisis response is smarter, faster, and more effective than the last.
- **A commitment to vaccine safety and efficacy research:** CDC will apply “gold-standard” science to all of its vaccine safety and effectiveness research. It will make vaccine data, research methods, and related datasets publicly available through simple data use agreements to improve transparency, accountability, and trust.
- **A commitment to advancing our understanding of the causes of autism spectrum disorder (ASD), neurodevelopmental disorders (NDDs), and chronic disease:** CDC conducts research and works with partners to better understand the causes of autism spectrum disorder, neurodevelopmental disorders, and chronic diseases. It will use new and existing data to study the rise in these conditions, including the increase in autism diagnoses from 1 in 150 to nearly 1 in 31 over the past 25 years.
- **A commitment to modernizing public health infrastructure and enhancing our approach to health data:** CDC will modernize public health infrastructure to create a faster, more efficient health system that can detect and respond to outbreaks in real time. This effort includes:
 - Replacing data silos with integrated systems.
 - Using advanced technology.
 - Strengthening partnerships with states to ensure shared responsibility and strong local health data systems.
 - Emphasizing collaboration across federal and state partners, resilient and adaptable systems, and accountability for funded programs to ensure they align with these priorities and federal requirements.

- **Conflicts of interest:** CDC will not support funding programs with conflicts of interest and ensure its work is based on transparent, unbiased science.
- **Immigration:** CDC funds will not be used to support or encourage illegal immigration, consistent with federal law.
- **Protecting life and the family:** CDC funds will not be used to support elective abortions, consistent with the Hyde Amendment, and will promote maternal health, the dignity of life, and strong families.
- **Ending disorder on America's streets:** CDC will prioritize evidence-based programs that reduce homelessness, drug use, and public disorder. It will support comprehensive services for people with serious mental illness and substance use disorder. CDC will not support housing first strategies, harm-reduction or safe consumption sites, or related activities. To the extent allowable by federal law, CDC intends to give priority to grantees in States and municipalities that have laws and policies that support and enforce CDC's priorities.
- **[Gender ideology and protecting children:](#)** CDC will not fund medical interventions for minors seeking gender transition and will define sex based on biological criteria.
- **DEI:** CDC will not support DEI initiatives based on group identity and focus on merit-based, evidence-driven approaches to improve health outcomes.
- **Parental rights:** CDC will support policies that protect parental authority, promote transparency, and give parents greater control over their children's education.

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

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

Program description

Background

Alzheimer's disease and related dementias (ADRD) are a growing public health concern among older Americans, with modifiable risk factors — including tobacco use, high blood pressure, cardiovascular disease, diabetes, physical inactivity, obesity, low educational attainment, excessive alcohol consumption, head injury, and hearing impairment — offering significant opportunities for prevention. This NOFO advances a comprehensive, population-level approach to brain health guided by the Healthy Brain Initiative (HBI) Roadmap Series. Funded activities will strengthen infrastructure, policies, and partnerships; support workforce development; improve data collection and evaluation; and leverage proven public health frameworks from tobacco control, cardiovascular health, injury prevention, and related fields to lessen ADRD and promote cognitive health across the lifespan.

Overview

Alzheimer's disease, the most common form of dementia, is a progressive disease that begins with mild memory loss and may lead to the inability to carry on conversations and respond to one's environment. The prevalence of Alzheimer's disease is rising as the U.S. population ages.

- In 2022, Alzheimer's disease was the [sixth leading cause of death \[PDF- 6.5MB\]](#) for people aged 65 years or older in the U.S., as well as the seventh leading cause of death overall, with death rates continuing to rise.
- By 2060, the Alzheimer's Association projects that approximately [15 million Americans](#) will have Alzheimer's disease, a nearly two-fold increase.
- Caregivers for people living with dementia are also of crucial importance to addressing dementia. In 2024, family members and friends provided [19 billion hours of unpaid care](#) to people with Alzheimer's and other dementias, at an economic value of \$413 billion.
- About [1 in 3 dementia caregivers \[PDF - 2MB\]](#) report their health has gotten worse due to care responsibilities, compared with 1 in 5 caregivers of other older adults.

While much federal investment has focused on biomedical research and direct services for dementia, implementing a coordinated, systematic public health approach to bridge these two sectors has received less attention. With its unique strength and capacity to advance awareness about the connections between brain health and physical health, public health can:

- Build on infrastructure, policies, and partnerships.
- Contribute to workforce development.
- Improve data collection, use, and evaluation.
- Educate the public.
- Harness public health messages from other public health fields, such as tobacco, blood pressure, cardiovascular health, diabetes, physical activity, obesity, education level, alcohol consumption, head injury, hearing impairment, and injury prevention, to [reduce the risk of dementia and cognitive decline](#).

The [CDC Alzheimer's Disease Program](#), through the National HBI and its funded partners ([CDC-RFA-DP20-2003](#), [CDC-RFA-DP20-2005](#), [CDC-RFA-DP-23-0010](#), and [CDC-RFA-PW-24-0080](#)), provides data and information to promote brain health, address cognitive impairment, and meet caregivers' needs through evidence-based public health action. This funding opportunity aligns with actions described in the [Healthy Brain Initiative Road Map series](#), including the [State and Local Road Map for Public Health: 2023–2027 \[PDF - 20.4MB\]](#) and [the Road Map for American Indian and Alaska Native Peoples \[PDF - 17.5MB\]](#). The [series and its supporting materials](#) will guide your activities during this project.

This funding opportunity also aligns with the activities described in the [Building Our Largest Dementia \(BOLD\) Infrastructure for Alzheimer's Act \(P.L.115-406\) \[PDF - 312KB\]](#), which directs CDC to establish Alzheimer's Disease and Related Dementias Public Health Centers of Excellence, provide funds to support public health departments, and increase data analysis and timely reporting.

This opportunity is made up of three components:

- **Component 1:** The National Healthy Brain Initiative
- **Component 2:** BOLD Public Health Centers of Excellence
- **Component 3:** ADRD Public Health Adoption Accelerator

You can apply for more than one component.

Related work

- [CDC-RFA-DP20-2003](#): The National Healthy Brain Initiative
- [CDC-RFA-DP20-2005](#): BOLD Public Health Centers of Excellence to Address Alzheimer's Disease and Related Dementias
- [CDC-RFA-DP-23-0010](#): BOLD Public Health Programs to Address Alzheimer's Disease and Related Dementias
- [CDC-RFA-PW-24-0080](#): Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

National public health priorities and strategies

CDC-RFA-DP-26-0227 supports the following national public health priorities and strategies:

- [National Alzheimer's Project Act \(Public Law 111-375\)](#)
- [BOLD Infrastructure for Alzheimer's Act \(Public Law 115-406\) \[PDF - 312KB\]](#)
- [2022 National Strategy to Support Family Caregivers](#)

Purpose

This opportunity will fund selected organizations to build and translate the evidence base for promoting brain health and addressing the needs of all people affected by Alzheimer's disease and related dementias (ADRD), so it can be used nationwide. This includes helping STLT public health agencies, including BOLD public health programs, to implement the Road Map Series and fulfill the aim of the [Building Our Largest Dementia \(BOLD\) Infrastructure for Alzheimer's Act \(P.L. 115-406\) \[PDF - 312KB\]](#).

The three components funded in this NOFO are described below.

Approach

Overview

Component 1:

The National Healthy Brain Initiative

The purpose of Component 1 is to fund at least two organizations to develop and implement public health strategies guided by the National HBI Road Map Series.

The HBI Road Map Series advances brain health as an integral component of public health. It uses an action agenda, outlining how public health agencies and their partners can prepare all communities to act quickly and strategically by pursuing changes in policies, systems, and environments.

To achieve this goal, funded organizations, in collaboration with CDC and Component 2 and 3 recipients, will:

- Develop evidence-informed training materials for current and future health care and public health professionals about the importance of ADRD and caregiving.
- Increase the availability and use of public health surveillance information to address cognitive impairment, cognitive decline, and caregiver support. These activities include supporting the adoption and revision of the Behavioral Risk Factor Surveillance System (BRFSS) subjective cognitive decline and caregiver optional modules.
- Lead coordination of other recipients funded under this cooperative agreement, along with other national partners funded by the CDC Alzheimer's Disease Program, to address ADRD through the HBI Collaborative.

Component 2:

BOLD Public Health Centers of Excellence

The purpose of Component 2 is to fund at least two Public Health Centers of Excellence that will specialize in one of three topic-specific areas:

- Dementia risk reduction.
- Early detection and management of dementia.
- Dementia caregiving.

We will fund only one Public Health Center of Excellence for each topic-specific area.

These funded centers will:

- Support and determine the needs of [BOLD public health programs](#) and other public health agencies.
- Identify, share, and promote best practices.
- Translate promising research findings into useful tools and resources for the practice field.
- Increase professional education in ADRD.
- Develop and adapt materials to address specific individual needs to improve health outcomes.

The funded centers will provide expert guidance and technical assistance to BOLD public health programs. They will build on public health infrastructure and collaborate with national experts to make sure evidence-informed practices for their topic areas are available, shared, adopted, and evaluated.

Component 3:

ADRD Public Health Adoption Accelerator

The purpose of Component 3 is to fund up to two organizations to serve as public health strategy adoption accelerator programs. These programs will use strategies for implementing and disseminating a broad range of resources to tackle ADRD.

Funded organizations will:

- Work closely with CDC staff and those working on other components of this announcement to create a prioritized list of ADRD approaches and strategies.
 - High-priority approaches and strategies will include those that are most likely to have the greatest health impact, are most ready to be scaled up, and meet the needs of populations at highest risk for ADRD.
- Use proven strategies to engage partners, health care organizations, and policy makers on a national scale to enhance uptake and implementation, accelerating the impact of ADRD efforts.
 - Advise and partner with the Component 1 and 2 recipients of this NOFO, provide technical assistance to promote and share their work for maximum impact across all components.

Program logic models

The following logic models includes the strategies and activities required under this NOFO.

The logic model also includes the program's expected outcomes. Outcomes are the results that you intend to achieve. They usually show the intended direction of change, such as increase or decrease.

The **asterisked (*)** outcomes are those we expect you to achieve during the 5-year period of performance. You are required to report on these outcomes.

Component 1 Logic Model: The National Healthy Brain Initiative

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Strategy 1: Educate the public and both current and future health care and public health professionals on brain health, ADRD, and caregiving.	Increased awareness of ADRD and caregiving among the public and current and future health care and public health professionals.	Increased use of ADRD and caregiving knowledge and skills among the public and current and future health care and public health professionals.	Improved risk reduction, early detection of, and caregiving for ADRD.
Strategy 2: Support the availability and use of public health surveillance information to address cognitive impairment, cognitive decline, and caregiver support.	Increased adoption of high-quality, timely ADRD public health surveillance information.	Increased use of ADRD surveillance data to inform public health decision-making.*	Increased sustainability of data-informed ADRD public health programs.
Strategy 3: Increase the adoption, implementation, and evaluation of the HBI Public Health Road Map series.	Increased community partnerships and integration with other chronic disease efforts among BOLD public health programs and others.	Increase coordination across STLT areas to support dementia and caregiving efforts.*	Increased policies, systems, and environmental changes to support brain health and reduce the burden of ADRD.
Strategy 4: Enhance coordination among	Increased collaboration among	Increased prioritization,	Improved integration and uptake of

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
national partners to address ADRD and caregiving.	national partners to address ADRD and caregiving.*	integration, and uptake of activities to address ADRD and caregiving.	activities across ADRD topics among public health and national partners.

Component 2 Logic Model: BOLD Public Health Centers of Excellence

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Strategy 1: Provide training and technical assistance to BOLD public health programs and other ADRD public health programs within the selected topic area.	Increased reach of training, technical assistance, and resources to support ADRD public health programs.*	Increased public health capacity to address ADRD public health actions within topic area.	Increased resilience and use of evidence-informed public health strategies to address ADRD.
Strategy 2: Support translation of ADRD research into practice within the selected topic area.	Increased adoption of actionable materials, resources, and strategies to address ADRD, informed by promising research findings.	Increased use of actionable materials, resources, and strategies to address ADRD, informed by promising research findings.*	Improved ADRD risk reduction, early detection, and caregiving practices.
Strategy 3: Develop and share topic-specific professional education and workforce training within the selected topic area.	Increased reach of opportunities for health professionals to develop and enhance their knowledge on ADRD.*	Increased integration of ADRD content within clinical, health care, and workforce curriculum and training.*	Increased competency and use of ADRD knowledge and skills by the health professional workforce.

Component 3 Logic Model: ADRD Public Health Adoption Accelerator

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Strategy 1: Use established dissemination and implementation science principles to help increase use of those evidence-based strategies most likely to improve population health.	Increased adoption of prioritized programs and evidence-informed practices at the national level.	Increased sharing and implementation of prioritized programs and evidence-informed practices at the national level.*	Increased policy action, sharing, and implementation to address ADRD.
Strategy 2: Enhance the capacity of Component 1 and 2 recipients to promote, share, and increase uptake of tools and resources developed under this program at the STLT level.	Increased adoption of developed tools and resources at the STLT level.	Increased spread and use of evidence-informed practices at the STLT level.*	Improved public health practice informed by the use of topic-specific best practices and proven strategies.
Strategy 3: Apply communications and marketing strategies for highlighted tools and resources to ensure continuity, focus, and nationwide reach.	Increased national sharing of prioritized tools and resources through marketing and communications.*	Increased use and integration of prioritized tools and resources nationwide.	Improved risk reduction, early detection of, and caregiving for ADRD.

* Indicates outcomes you are required to report on.

Strategies and activities

This section elaborates on the strategies and activities described in the logic model and provides details about how we expect you to implement your program.

If you receive funds, we will require you to implement the following strategies and activities over the five-year period of performance. If you already have any of the activities in place, we expect you to continue and expand them over that period.

You may apply for one or more of the following components:

Component 1:

The National Healthy Brain Initiative (HBI)

Strategy 1: Educate the public and both current and future health care and public health professionals on brain health, ADRD, and caregiving.

Required activities include:

- Developing broad, topic-based training materials for both current and future health care and public health professionals on the importance of ADRD and caregiving.
- Implementing related communications and other activities to increase awareness of these education materials.
- Evaluating the effectiveness and use of these education materials.
- Providing a robust web presence with national resources for both current and future health care and public health professionals.

Strategy 2: Support the availability and use of public health surveillance information to address cognitive impairment, cognitive decline, and caregiver support.

Required activities include:

- Assisting with adoption, review, and potential revision of the BRFSS cognitive decline and caregiver modules.
- Promoting adoption and implementation of the BRFSS cognitive decline and caregiver modules among states and territories.
- Forming a panel of subject matter experts with different expertise for review and potential revision of BRFSS modules.
- Assisting with Healthy People objective analysis related to cognitive impairment, including ADRD.

Strategy 3: Increase the adoption, implementation, and evaluation of the HBI Public Health Road Map series.

Required activities include:

- Supporting implementation of the fourth HBI Road Map for State and Local Public Health and the Road Map for American Indian and Alaska Native Peoples.
- Developing action-based implementation guides, specific to the complex needs population, to support state and local public health implementation of the HBI Road Map Series actions.
- Evaluating the fourth HBI Road Map for State and Local Public Health and the Road Map for American Indian and Alaska Native Peoples.
- Developing and sharing the next update of the State and Local Public Health Road Map and the HBI Road Map for American Indian and Alaska Native Peoples, along with additional Road Map products such as topic-specific maps or language-specific products.

Strategy 4: Enhance coordination among national partners to address ADRD and caregiving.

Required activities include:

- Leading and actively participating in the HBI Collaborative. The HBI Collaborative brings together recipients of all three components to coordinate and align on common goals.
- Convening the HBI Collaborative on a regular basis to share ongoing planning and implementation efforts related to the cooperative agreement. Looking for ways to combine and use activities and resources to make the biggest impact.

Component 2:

BOLD Public Health Centers of Excellence

You may apply for only **ONE** of the following topic-specific Public Health Centers of Excellence:

- Public Health Center of Excellence on **Dementia Risk Reduction**.
- Public Health Center of Excellence on **Early Detection and Management of Dementia**.
- Public Health Center of Excellence on **Dementia Caregiving**.

Strategy 1: Provide training and technical assistance to BOLD public health programs and other ADRD public health programs within the selected topic area.

Required activities include:

- Assessing and identifying differences in training, technical assistance, and support needs among BOLD public health programs.
- Providing technical assistance and support to BOLD public health programs and other STLT public health agencies with Road Map implementation within topic area.
- Developing and expanding available content in their topic specific area for use by BOLD public health programs and other STLT public health agencies and making it publicly available.
- Coordinating with national partners and other federally funded BOLD Public Health Centers of Excellence.
- Coordinating with the other BOLD Public Health Centers of Excellence to convene an annual national meeting or summit to bring together public health professionals and others to promote, discuss, and understand new and emerging science, and to discuss comprehensive public health approaches to addressing dementia within each topic area.
- Participating in the HBI Collaborative as an active member to share and inform ongoing planning and implementation efforts related to the cooperative agreement.

Strategy 2: Support translation of ADRD research into practice within the selected topic area.

Required activities include:

- Identifying, and sharing promising research findings, and translating them into actionable activities, materials, and resources for use by BOLD public health programs and other public health agencies.
- Evaluating the effectiveness and use of tools and resources developed for public health. Ensuring effective tools are clearly identified and widely shared to relevant audiences.

Strategy 3: Develop and share topic-specific professional education and workforce training within the selected topic area.

Required activities include:

- Identifying and addressing specific knowledge and skills needs within your topic-specific area among health care professionals, community health workers, patient navigators, and other relevant professionals.
- Coordinating with relevant organizations and institutions to expand the reach and uptake of professional education and workforce training for their topic-specific area.
- Evaluate effectiveness and reach of the education and workforce training being delivered, including changes in policies and practices.
- Updating materials and training as needed to keep pace with evolving landscape in the topic area.

Component 3:

ADRD Public Health Adoption Accelerator

During the period of performance, you will conduct activities under the three main strategies:

Strategy 1: Use established dissemination and implementation science principles to help increase the use of those evidence-based strategies most likely to improve population health.

Required activities include:

- Working with CDC to develop a process to identify the potential strategies or materials most likely to have the greatest health impact on outcomes of interest among all populations.
- Working with CDC and other funded partners to identify variations in the use of evidence-based practices (or practice-based evidence) and impediments and facilitators to using prioritized strategies.
- Developing criteria and creating a prioritized list of evidence-informed materials for targeted action.
- Working with CDC and other partners to develop a detailed sharing and implementation plan for each prioritized strategy or material.

Strategy 2: Enhance the capacity of Component 1 and 2 recipients to promote, share, and increase uptake of tools developed under this program at the STLT level.

Required activities include:

- Providing training and technical assistance to Component 1 and 2 recipients to help them prioritize and develop approaches to knowledge translation, intervention implementation, product and tool promotion, and dissemination strategies to maximize reach, uptake, and effective use.
- Participating in the HBI Collaborative as an active member to share and inform ongoing planning and implementation efforts related to the cooperative agreement.

Strategy 3: Apply communications and marketing strategies for highlighted products to ensure continuity, focus, and nationwide reach.

Required activities include:

- Developing a marketing and communications plan to enhance sharing and uptake of highlighted products from Component 1 and 2 recipients and other sources to ensure continuity, focus, and nationwide reach.
- Implementing the marketing and communications plan.
- Evaluating agreed-upon aspects of the marketing and communications plan.

All recipients will use the [State and Local Public Health Partnerships to Address Dementia: The 2023-2027 Road Map \(RM\) \[PDF - 20.4MB\]](#) and the [Road Map for American Indian and Alaska Native Peoples \[PDF - 17.5MB\]](#) as a resource for their work.

Outcomes

This section includes information about the outcomes we expect you to report progress on and achieve within the performance period.

For all recipients, as presented in the logic model for your component, we expect that you will achieve the asterisked short-term and intermediate outcomes during the period of performance. These outcomes include:

Component 1: The National Healthy Brain Initiative

- Increased use of ADRD-related surveillance to inform public health decision making.
- Increased coordination across jurisdictions for dementia and caregiving work.
- Increased collaboration among national partners to address ADRD and support caregiving.

Component 2: BOLD Public Health Centers of Excellence

- Increased reach of training, technical assistance, and resources to ADRD public health programs.
- Increased use of actionable materials, resources, and strategies to address ADRD, informed by promising research findings.
- Increased reach of opportunities for health professionals to develop and enhance their knowledge on ADRD.
- Increased integration of ADRD content in clinical, health care, and workforce education programs and training.

Component 3: ADRD Public Health Adoption Accelerator

- Increased implementation of selected programs and evidence-informed practices at the national level.
- Increased spread and use of evidence-informed practices at the STLT level.
- Increased national sharing of highlighted tools and resources through marketing and communications.

Work plan

You must provide a work plan for your project. The work plan connects your performance outcomes, strategies and activities, and measures. It provides more detail on how you will measure outcomes and processes.

You must provide a detailed work plan for Year 1 of your project, and a high-level work plan for Years 2 through 5. The work plan assists the CDC project officer in monitoring recipient activities and reflects activities supported by the annual budget award.

Please provide additional details for these activities in the [Project narrative section](#) of your application, where indicated.

The work plan connects your period of performance outcomes, strategies and activities, and measures. It provides more detail on how you will measure outcomes and processes.

We do not require a specific work plan format, as long as it is clear to reviewers how the components in the work plan relate to the strategies and activities, outcomes, and the evaluation and performance measures presented in the logic model and the narrative sections of the NOFO.

The table below provides an example to show how you can present your work plan. If you choose to use a different format, you must include the information below.

Table: Sample format

Activities you will implement	Progress or process measures From the Data, monitoring, and evaluation section .	Relevant period of performance outcomes From the Outcomes section .	Responsible position or party	Completion date
Strategy 1: (Use SMART* objectives for each strategy)				
1.				
2.				
3.				
Strategy 2: (Use SMART* objectives for each strategy)				
1.				
2.				
3.				

* SMART – Specific, Measurable, Attainable, Realistic, Timely.

For each strategy, the work plan will include activities, appropriate and relevant process measures (from the [Evaluation and performance measurement plan](#)), responsible team members, and planned start and end dates.

CDC will provide feedback and technical assistance to finalize the work plan activities post-award.

Complete the strategy and activities table as shown here for each of the strategies listed in the [Program logic model](#).

Data, monitoring, and evaluation

CDC strategy

CDC collects and reports on indicators to measure progress toward achieving the activities and outcomes. CDC will also use results for program planning, improvement, accountability, and reporting. CDC will share the results with key parties.

CDC will work with you throughout the life of an award to ensure that all activities and expected outcomes align with your strategies and goals, and those of the U.S. government.

You should dedicate some of award funds to evaluate and monitor the performance of your project. You and CDC will agree on the final funding amount, but we expect that you will dedicate approximately 5 to 10% of your project's funding to monitoring, reporting, and evaluation activities.

Evaluation and performance measurement help to:

- Demonstrate achievement of program outcomes.
- Build a stronger evidence base for specific strategies and activities.
- Clarify how the evidence base applies to different populations and contexts.
- Drive continuous improvement.

CDC will use evaluation findings to:

- Ensure progress and ongoing agreement.
- Show progress toward short-term outcomes and program goals.
- Improve and inform ongoing and future activities.

CDC will also use existing data sources, in addition to performance measurement data submitted by recipients, to conduct a comprehensive evaluation that will:

- Assess progress toward NOFO outcomes.
- Identify areas for improvement.
- Inform future efforts to enhance the reach and effectiveness of funded initiatives.

Required performance measures

This section describes the draft performance measures you will need to report on after award. We will likely refine the required measures for this program. If so, we will work with you and finalize them before we require you to submit any data.

You must track evaluation and performance measures and report process to CDC using a CDC-defined format and timeline.

Component 1: The National Healthy Brain Initiative

Outcomes you must report on	Performance measure
Increased use of ADRD surveillance to inform public health decision making.	Number and category of public health agencies using ADRD-related surveillance, including the optional BRFSS cognitive decline and caregiver modules.
Increased coordination across jurisdictions for dementia and caregiving work.	Number of Road Map actions implemented by state, local, and territorial health departments, tribes and tribal organizations.
Increased collaboration among national partners to address ADRD and caregiving.	Number and category of national partners engaged in collaborative activities.

Component 2: BOLD Public Health Centers of Excellence

Outcomes you must report on	Performance measure
Increased reach of training, technical assistance, and resources to ADRD public health programs.	Number of STLT public health agencies reached with ADRD evidence-informed tools, trainings, and technical assistance.
Increased use of actionable materials, resources, and strategies to address ADRD, informed by promising research findings.	Number and type of state, local, and tribal public health agencies and other partners using or adopting topic-specific tools and materials.
Increased reach of opportunities for health professionals to develop and enhance their knowledge of ADRD.	Number and categories of entities reached with topic-specific professional education and workforce development materials.
Increased integration of ADRD content within clinical, health care, and workforce curriculum and training.	Number and categories of ADRD content integrated within clinical, health care, and workforce curriculum and training.

Component 3: Public Health Adoption Accelerator

Outcomes you must report on	Performance measure
Increased implementation of selected programs and evidence-informed practices at the national level.	Number and categories of evidence-informed tools, trainings, and other practices used by organizations at the national level.
Increased spread and use of evidence-informed practices at the STLT level.	Number and categories of evidence-informed tools, trainings, and other materials used by STLT public health agencies.
Increased national sharing of highlighted tools and resources through marketing and communications.	Number and categories of evidence-informed communications and marketing tools and products shared.

Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan. Use the measures required under the [CDC strategy](#).

When you submit your application, you must include an Evaluation and performance measurement plan that:

- Aligns with strategies and activities from the Program logic model.
- Includes performance measures.
- Describes assigned personnel.
- Includes a timeline.
- Describes expected outcomes.
- Describes the use of results to improve your program.

Include the following elements.

Methods

Describe how you will:

- Collect the performance measures.
- Respond to the evaluation questions.
- Incorporate evaluation and performance measurement into planning, implementing, and reporting project activities.
- Use evaluation findings for continuous program quality improvement.

Additionally, explain:

- How key program partners will participate in the evaluation and performance measurement process.
- How feasible it will be to collect appropriate evaluation and performance data.
- How you will share evaluation findings with communities.
- Other relevant information, such as performance measures you propose.

Data management plan

For all public health data you plan to collect, you must have a data management plan (DMP). For a definition of “public health data” and more information about CDC’s policy on the DMP, see [Data Management and Access](#).

Submit your DMP with your application using [NCCDPHP's OMB-approved DMP template](#) and include:

- The data you will collect or generate, and what its sources will be.
- Who can access data and how you will protect it.
- Data standards that explain what documentation the released data will have. That documentation should describe collection methods, what the data represent, and data limitations.
- Archival and long-term data preservation plans.
- Any reasons you cannot share data collected or generated under this award with CDC. These could include legal, regulatory, policy, or technical concerns.
- 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](#).

Evaluation activities

You may choose to take on specific evaluation activities. Describe:

- The type of evaluations you will complete, such as process, outcome, or both.
- Key evaluation questions these evaluations will address.
- Measures and data sources.
- Any other relevant information.

Submit an initial draft of your evaluation and performance measurement plan, including the DMP, with your application. You must submit a more detailed plan within the first six months of the award. See [reporting](#).

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 (OMB). To determine if a proposed activity requires PRA approval, contact your [program contact](#).

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

For more information about CDC's requirements under PRA see [CDC Paperwork Reduction Act Compliance](#).

Organizational capacity

You must describe how your organizational capacity meets the purpose of this opportunity for each component you are applying for.

Describe how well-suited you are to implement the activities proposed in your work plan and how you will significantly contribute toward the asterisked (*) outcomes defined in the Program logic model within the NOFO period of performance. Address all of the following in your Project narrative, Organizational capacity section.

Component 1

You should describe how your infrastructure is sufficient to successfully implement this work, including:

- Previous experience and current ability to implement national public health initiatives for brain health and cognitive impairment, including ADRD and caregiving, with an established presence in 25 or more states or U.S. territories, to ensure a comprehensive national scope.
- Previous experience and current ability to establish and maintain strong working relationships with various partners, including subject matter experts in public health and brain health, cognitive impairment, and caregiving to inform national, state, and local programs and policy initiatives.
- Ability to plan, implement, and monitor performance and evaluate programs, including at a national level.
- Ability to improve population health by implementing strategies that develop or revise health-related policies or systems adopted by organizations or government entities.
- Ability to manage people by overseeing and supporting strong performance and growth.
- Previous experience working with 10 or more BRFSS state coordinators on adopting subjective cognitive decline and caregiver modules. You must include Memorandums of Understanding (MOUs) or agreements as attachments in “Other information” to demonstrate your established relationships with at least 10 BRFSS state coordinators.
- Previous experience and ability in training states and other partners on the use of BRFSS and other public health data and translating that data into public health action.

- Ability to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities and to build opportunities, specifically the ability of the organization to:
 - Distribute funding in a timely manner.
 - Hire or contract personnel with applicable skills needed to implement the program.
 - Write and award contracts in accordance with applicable regulations.
- Ability to effectively gather, analyze, interpret, and use evidence-based or evidence-informed strategies where such information exists.
- Provide letters of support from at least three organizations (external to CDC) that you have previously identified as partners. Letters of support should clearly describe the partnership with the applicant and how the organization has supported the program. Include specific examples of successful collaborations.
- Ability to lead strategically by creating a common agenda or strategic vision for national priority setting and to demonstrate program accomplishments such as building on resources with respect to brain health, cognitive impairment, caregiving, and other state and local health-related programs.
- Ability to describe your experience providing public health leadership in brain health and cognitive impairment, including ADRD. Include:
 - Your history of providing guidance and support.
 - Recent examples of the guidance and support you have provided, including content and format.
 - Any outcomes or benefits of that work.

If applicable, describe current and previous federally funded projects. You will be allowed to implement NOFO requirements based on your own organizational design and approach, unless otherwise required by statute.

- Your staffing plan, including roles and responsibilities and how each will contribute toward outcomes, and a project management structure sufficient to achieve those outcomes.

You must provide resumes for staff who will be engaged in the project, and position descriptions for any unfilled positions. Name this file "Resumes and Job Descriptions."

You must also provide an organizational chart for your organization that includes the specific unit applying for this cooperative agreement. Name this file "Organizational Chart."

You must provide MOUs or agreements to demonstrate your previous experience working with 10 or more state BRFSS coordinators. Name this file "Agreements."

For more information, see [Attachments](#).

Component 2

To apply for Component 2, describe how your existing infrastructure is sufficient to successfully implement this work, including:

- Previous experience and ability to identify, collect, translate, and disseminate promising research findings and actionable materials and resources for use by BOLD public health programs and other public health agencies related to brain health and dementia nationwide. This work should be within the chosen [Center of Excellence topic area](#), consistent with the Road Map actions and the NOFO.
- Previous experience providing technical assistance, training, and resources to BOLD public health programs and other public health programs in your chosen Center of Excellence topic-specific area.
- Previous experience in establishing and maintaining strong working relationships with various subject matter experts with expertise in your chosen topic area (dementia risk reduction, early detection of dementia, or dementia caregiving) to inform programs and policy initiatives.
- Letters of support from at least three organizations (external to CDC), previously identified as partners. See the [Collaborations](#) section.
- Your ability to provide strategic guidance and support to improve population health for Alzheimer's disease and related dementias through health-related policies or systems adopted by organizations or government entities. Provide recent examples of the guidance, vision, and support you provided (including content and format), along with any resulting outcomes or benefits.
- Your staffing plan, including roles and responsibilities and how each will contribute toward outcomes, and a project management structure sufficient to achieve those outcomes.

You must provide resumes for staff who will be engaged in the project, and position descriptions for any unfilled positions. Name this file "Resumes and Job Descriptions."

You must provide an organizational chart for your organization that includes the specific unit applying for this cooperative agreement. Name this file "Organizational Chart."

For more information, see [Attachments](#).

Component 3

To apply for Component 3, describe how your infrastructure is sufficient to successfully implement this work, including:

- A track record of understanding and working effectively with public health institutions and related partners at the national, state, local, and tribal levels.
- Previous experience and examples of your ability to translate scientific information into user-friendly, accessible formats such as toolkits, checklists, one-pagers, and infographics for public health practitioners.
- Previous experience and ability to apply dissemination and implementation science concepts to increase the use of those public health strategies most likely to improve health outcomes.
- Previous experience and examples of your current ability to assess, train, and provide ongoing support to organizations that seek to achieve widespread dissemination, adoption, and effective use of their public health strategies.
- Previous experience and examples of the ability to use both routine and innovative communications and marketing strategies to reach key audiences and persuade them to take specific action steps.
- Experience and examples of developing and carrying out communications and marketing plans for large-scale national organizations, including public health organizations.
- Previous experience and examples of your ability to evaluate the reach, adoption, and sustainability of a large-scale national effort to promote uptake and effective use of key public health strategies in various settings.
- Your staffing plan, including roles and responsibilities and how each will contribute toward outcomes, and a project management structure sufficient to achieve project outcomes.

You must provide resumes for staff who will be engaged in the project, or position descriptions for any unfilled positions. Name this file "Resumes and Job Descriptions."

You must also provide an organizational chart for your organization that includes the specific unit applying for this cooperative agreement. Name this file "Organizational Chart."

For more information, see [Attachments](#).

Collaborations

Collaborate with other CDC programs and CDC-funded organizations

If funded, we will expect you to build on your work by identifying and working with CDC-funded public health programs and networks that share interests and goals related to brain health, cognitive impairment, dementia risk reduction and early detection, as well as dementia caregiving.

You will collaborate with other recipients funded through this NOFO as well as with state, tribal, local, and territorial health departments, including those funded under NOFO [CDC-RFA-DP-23-0010](#), "BOLD Public Health Programs to Address Alzheimer's Disease and Related Dementias." You will collaborate with recipients that the CDC Alzheimer's Disease Program funds under NOFO [CDC-RFA-PW-24-0080](#), "Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health."

We expect you to engage regularly with these and other organizations to incorporate multiple distinct viewpoints and types of expertise, and to enhance the knowledge of the Centers of Excellence about their chosen topic area, current resources, and audience. This approach will also provide an opportunity to share Center of Excellence content.

Suggestions for bringing people together include webinars, in-person meetings, and individual conversations.

In your project narrative [collaborations](#) section, explain the programs and organizations you plan to collaborate with, including their roles.

Collaborate with organizations not funded by CDC

We expect you to identify and build on opportunities to enhance your work with organizations external to CDC that have common ADRD-related interests and objectives. You should coordinate with and assist other organizations,

both CDC-funded and non-CDC-funded, in implementing the Road Map and its actions and to achieving the NOFO strategies and outcomes.

We expect you to regularly engage with these and other organizations to incorporate multiple diverse viewpoints and types of expertise, and to enhance knowledge of the Centers of Excellence about their chosen topic, current resources, and audience. Engaging with these diverse viewpoints and experiences will also provide an opportunity to share Centers of Excellence content. Suggestions for bringing people together include webinars, in-person meetings, and individual conversations.

We strongly encourage you to collaborate with groups and individuals, including the following:

- Subject matter experts in brain health and cognitive impairment, including ADRD and dementia caregiving.
- Subject matter experts in public health tools, strategies, and resources, including advanced knowledge of the public health system at the national, state, local, urban, rural, and tribal levels.
- Groups representing individuals with cognitive impairment or their caregivers.
- Persons living with a cognitive impairment.
- Persons caring for a person with a cognitive impairment.
- Representatives from the Aging Services Network.
- State administrators managing applicable programs such as Medicaid, senior public health officials, and public health chronic disease directors.
- Partners from different organizations, such as coalitions, strategic partnerships, and other nonprofit organizations that have a common mission or interests.
- Organizations or individuals with an established history of working with complex needs population groups for ADRD.
- Community-based organizations, including professional associations, faith-based organizations, and academic institutions.

If you are coordinating with external organizations, you must provide letters of support. See [Attachments](#).

Funding policies and limitations

Changes in HHS regulations

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

General guidance

- 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](#).
- 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.
- Your budget is arranged in eight categories: salaries and wages, fringe benefits, travel, equipment, supplies, contractual, other (including consultant costs), and indirect costs.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- 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 options such as:

- Funding more applicants.
- Extending the period of performance.
- Awarding supplemental funding.

Unallowable costs

You may not use funds for:

- Research.
- Clinical care, except as allowed by law.
- Pre-award costs, unless we give you prior written approval.
- Other than for normal and recognized executive-legislative relationships:
 - Publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body.
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body.
 - See [Anti-Lobbying Restrictions for CDC Grantees \[PDF -962KB\]](#).
- For guidance on some types of costs that we restrict or do not allow, see [2 CFR Part 200 Subpart E](#) - General Provisions 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 \[PDF - 1.6MB\]](#).

To charge indirect costs you can select one of two methods:

Method 1 — Approved rate. If you currently have an indirect cost rate approved by your cognizant federal agency, you may use that rate.

Enclose a [copy of the current approved rate agreement](#) in your attachments.

Method 2 — *De minimis* rate. If you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate (see [2 CFR 200.414\(f\)](#)). This rate is 15% of modified total direct costs (MTDC). See the definition of MTDC ([2 CFR 200.1](#)). You can use this rate indefinitely.

Other indirect cost policies

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

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

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. As of January 2026, the salary rate limitation is \$228,000. We update this limitation when it changes.

Program income

If you earn any money from your award-supported project activities (known as program income), you must use it for the purposes and under the conditions of the award. Find more about program income at [2 CFR 200.307](#).

Expanded authority

For more information on expanded authority and pre-award costs, see the [HHS Grants Policy Statement](#) and speak to the [grants management contact](#).

Pre-award costs may be allowable as an expanded authority, but only if we authorize the costs.

Statutory authority

Public Health Service Act, Sections 301(a) and 317(k)(2); 42 U.S.C. 241(a) and 247b (k)(2).



Step 2:

Get Ready to Apply

In this step

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Get registered

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 \[PDF -122KB\]](#) 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](#).

Need help? See [Contacts and Support](#).

Find the application package

You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number CDC-RFA-DP-26-0227. 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 assistance.

Help applying

For help related to the application process and tips for preparing your application, see [How to Apply](#) on our website. For other questions, see [Contacts and Support](#).



Step 3:

Build Your Application

In this step

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Application checklist

This checklist includes every component you will need to submit a complete application:

Narratives

Item	Grants.gov form	Page limit	Responsiveness factor?
<input type="checkbox"/> Project summary	Project Abstract Summary form	1 page	Yes
<input type="checkbox"/> Project narrative	Project Narrative Attachment form	20 pages	Yes
<input type="checkbox"/> Budget narrative	Budget Narrative Attachment form	None	Yes
<input type="checkbox"/> Attachments	Insert each in the Other Attachments form.	None	Yes
<input type="checkbox"/> Other Required forms	Upload using each required form	None	Yes

Attachments

Put all of your attachments into a single Other Attachments form.

Attachments	Page limit	Responsiveness factor?
<input type="checkbox"/> 1. Table of contents	None	Yes
<input type="checkbox"/> 2. Indirect cost agreement	None	Yes
<input type="checkbox"/> 3. Resumes and job descriptions	None	Yes
<input type="checkbox"/> 4. Organizational chart	None	Yes
<input type="checkbox"/> 5. Letters of support	None	Yes
<input type="checkbox"/> 6. Report on overlap	None	Yes

Other required forms

Other forms	Grants.gov form	Responsiveness factor?
<input type="checkbox"/> Application for Federal Assistance (SF-424)	Form SF-424	Yes
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	Form SF-424A	Yes
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL) (if applicable)	Form SF-LLL	Yes

See [submission requirements and deadlines](#) to see if there are other requirements beyond the application itself.

See [responsiveness criteria](#) to understand how they affect your application.

Application contents and format

Applications include narratives, attachments, and other required forms. This section includes guidance on each.

Required format

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

Font: Calibri or Times New Roman

File format: PDF

Size: 12-point font

Footnotes and text in graphics may be 10-point.

Ink color: Black

Spacing: Single-spaced

Margins: 1-inch

Include page numbers.

Project summary (0 points)

Page limit: 1

File name: Project summary

Provide a self-contained summary of your proposed project, including the purpose and outcomes. Do not include any proprietary or confidential information. We use this information when we receive public information requests about funded projects. **Applicable to ALL components.**

Project narrative (100 points)

Page limit: 20

File name: Project narrative

Your project narrative must use the exact headings, subheadings, and order as follows.

Component 1

Evaluation criterion	Scoring
Background and approach	25 points section total
Background	7 points
Strategies and activities	10 points
Work plan	8 points
Evaluation and performance measurement plan	25 points section total
Organizational capacity	50 points section total

Component 1: Background and approach (25 points)

Background (7 points)

Describe the problem you plan to address. Be specific about your population and geographic area. See the [Background](#) section of the program description.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
A clear description of the public health problem and how the applicant will address it and support public health priorities in accordance with the CDC project description.	7 points

Strategies and activities (10 points)

Describe how you will implement the proposed strategies and activities to achieve performance outcomes. Explain whether the strategies are:

- Existing evidence-based strategies.
- Other strategies. Note where in your [Evaluation and performance measurement plan](#) you describe how you will evaluate them.

See the [Strategies and activities](#) section of the program description.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
A description of an existing evidence-based, public health approach using the HBI Road Map framework.	5 points
A description of the proposed strategies and activities that are consistent with the approach and logic model for this project.	5 points

Work plan (8 points)

Include a work plan using the requirements in the [Work plan](#) section of the program description.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
<p>A work plan aligned with the strategies, activities, outcomes, and performance measures in its approach. It should identify:</p> <ul style="list-style-type: none"> • Activities to be implemented. • At least three tasks or steps the applicant plans to implement as they work to achieve each selected activity. • Performance measures associated with the activities. • Outcomes consistent with outcomes in the program's logic model. • Staff and any contractors, consultants, or partners responsible for overseeing or implementing the activities. • The timeline and due dates for activities in the first year. 	8 points

Component 1: Evaluation and performance measurement plan (25 points)

You must provide an evaluation and performance measurement plan. This plan describes how you will fulfill the requirements in the [Data, monitoring, and evaluation](#) section of the program description.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Clear monitoring and evaluation procedures and how they will incorporate evaluation and performance measurement into planning, implementing, and reporting on project activities.	10 points
How evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong evidence base and how the availability and quality of evaluation data will be used to inform decision making.	5 points
An evaluation plan that clearly identifies key evaluation questions, the types of evaluations to be conducted, how data will be collected and reported (and by whom), and how findings will be used to show NOFO outcomes and support continuous program quality improvement.	5 points
An evaluation plan that is feasible, ethical, methodologically sound, and one that engages key stakeholders.	5 points

Component 1: Organizational capacity (50 points)

Describe how you will address the requirements in the [Organizational capacity](#) section of the program description.

Describe how you will coordinate with programs and organizations, either internal or external to CDC. Explain how you will address the requirements in the [Collaborations](#) section of the program description.

You must provide these attachments to support this section:

- [Resumes and job descriptions](#).
- [Organizational chart](#).

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
<p>Relevant experience providing public health leadership in brain health and cognitive impairment, including ADRD, and your experience working with national, state, and local public health partners, including number of years. Include:</p> <ul style="list-style-type: none"> • Your experience providing guidance and support. • Recent examples of that guidance and support, including content and format. • Any resulting outcomes or benefits. 	10 points
<p>A history and current ability to implement national public health initiatives for brain health and cognitive impairment, including ADRD and caregiving, with an established presence in 25 or more states or U.S. territories through community- or state-level affiliates. The applicant must describe this national presence.</p>	10 points
<p>An established relationship with 10 or more state BRFSS coordinators to maintain or increase state implementation of BRFSS Subjective Cognitive Decline and Caregiver Modules and to revise the modules.</p>	5 points
<p>Previous experience establishing and maintaining strong working relationships with subject matter experts across public health and brain health, cognitive impairment and caregiving to inform national, state, and local programs and policy initiatives.</p>	3 points
<p>Experience leading strategically by creating a common agenda or strategic vision, serving as a facilitator of the action, and showing program accomplishments such as building on resources for brain health, cognitive impairment, and caregiving, and other state and local health-related programs.</p>	2 points
<p>The capacity to implement the proposed activities and achieve project outcomes that improve population health and inform the development or revision of health-related policies.</p>	3 points

Reviewers will evaluate the extent to which the applicant provides:	Point value
<p>Their staffing plan, including roles and responsibilities and description of how each staff member will contribute toward outcomes. The plan should also include a project management structure sufficient to achieve project outcomes, along with an organizational chart that supports the structure.</p>	2 points
<p>An ability to effectively gather, analyze, interpret, and use evidence-based or evidence-informed strategies where such information exists, including the experience or capacity to implement the evaluation plan.</p>	5 points
<p>An approach that successfully engages with the following to implement public health actions for brain health and cognitive impairment:</p> <ul style="list-style-type: none"> • National nonprofits. • Federal, state, tribal, local, and territorial public health. • Faith-based and educational organizations. • Health care providers. • Health care systems. 	5 points
<p>A description of how they will consider and address the complex needs population groups in ADRD when designing and implementing their strategies and activities, including a clear description of those population groups.</p>	5 points

Component 2

Evaluation criterion	Scoring
Background and approach	25 points section total
Strategies and activities	25 points section total
Evaluation and performance measurement plan	25 points section total
Organizational capacity	50 points section total

Component 2: Background and approach (25 points)

Strategies and activities (25 points)

Describe how you will implement the proposed strategies and activities to achieve performance outcomes. Explain whether the strategies are:

- Existing evidence-based strategies.
- Other strategies. Note where in your [Evaluation and performance measurement plan](#) you describe how you will evaluate them.

See the [Strategies and activities](#) section of the program description.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
A description of an existing nationwide, public health-focused approach consistent with the strategies and activities defined in the NOFO.	10 points
A description of their approach to enhancing public health capacity in their topic area, including how they will provide technical assistance to public health programs and a description of how they will incorporate their previous public health efforts to inform proposed activities in the chosen Public Health Center of Excellence topic.	10 points
A description of how they will facilitate translation of evidence-informed ADRD research into public health practice within their topic area for maximum reach and impact.	3 points
A proposal for creating and share professional education and workforce training within their topic area for widespread impact.	2 points

Component 2: Evaluation and performance measurement plan (25 points)

You must provide an evaluation and performance measurement plan. This plan describes how you will fulfill the requirements in the [Data, monitoring, and evaluation](#) section of the program description.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Clear monitoring and evaluation procedures and how they will incorporate evaluation and performance measurement into planning, implementing, and reporting on project activities.	10 points
How evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong evidence base and how the availability and quality of evaluation data will be used to inform decision making.	5 points
An evaluation plan that clearly identifies key evaluation questions, types of evaluations to be conducted, how data will be collected and reported (and by whom), and how the findings will be used to show NOFO outcomes and support continuous program quality improvement.	5 points
An evaluation plan that is feasible, ethical, methodologically sound, and engages key partners.	5 points

Component 2: Organizational capacity (50 points)

Describe how you will address the requirements in the [Organizational capacity](#) section of the program description.

Describe how you will collaborate with programs and organizations, either internal or external to CDC. Explain how you will address the requirements in the [Collaborations](#) section of the program description.

You must provide these attachments to support this section:

- [Resumes and job descriptions.](#)
- [Organizational chart.](#)

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Previous public health experience and the ability to identify, collect, translate, and disseminate promising, evidence-informed research findings and actionable materials and resources. You should include information on best practices related to brain health and ADRD topics nationally within the chosen Center of Excellence topic-specific area, consistent with Road Map actions and the NOFO.	15 points
Specific examples of technical assistance, training, and resources provided to the BOLD public health program and other public health programs in the topic area.	12 points
Previous and current work providing strategic guidance and support to public health agencies and to improve population health through health-related policies or systems adopted by other organizations or government entities, including recent examples of guidance, support, and any resulting outcomes or benefits.	8 points
Previous experience in establishing and maintaining strong working relationships with different partners, including subject matter experts in their chosen topic area, to inform programs and policy initiatives, and three letters of support.	5 points
Their ability to effectively gather, analyze, interpret, and use data and other information to inform their work, including experience or capacity to implement the evaluation plan.	5 points
A staffing plan, including roles and responsibilities and descriptions of how each staff member will contribute toward outcomes. The plan should also include a project management structure sufficient to achieve project outcomes, along with an organizational chart that supports the structure.	3 points
A proposal for addressing the complex needs of population groups with ADRD through identification and tailoring of evidence-informed, appropriate approaches in accordance with the CDC project description.	2 points

Component 3

Evaluation criterion	Scoring
Background and approach	30 point section total
Background	10 points
Strategies and activities	10 points
Work plan	10 points
Evaluation and performance measurement plan	20 points section total
Organizational capacity	50 points section total

Component 3: Background and approach (30 points)

Background (10 points)

Describe the problem you plan to address. Be specific about the geography of the selected population group. See the [Background](#) section of the program description.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Clear plans to use implementation science strategies nationwide to accelerate the adoption and implementation of ADRD practices.	10 points

Strategies and activities (10 points)

Describe how you will implement the proposed strategies and activities to achieve performance outcomes. Explain whether the strategies are:

- Existing evidence-based strategies.
- Other strategies. Note where in your [Evaluation and performance measurement plan](#) you describe how you will evaluate them.

See the [Strategies and activities](#) section of the program description.

Table: Merit review criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
A description of plans to enhance the capacity of Component 1 and 2 recipients of this NOFO in using implementation science strategies to accelerate adoption of their own materials nationwide.	5 points
A description of their plans to build on communications and marketing efforts for highlighted tools and resources to ensure continuity, focus, and nationwide reach.	5 points

Work plan (10 points)

Include a work plan using the requirements in the [Work plan](#) section of the program description.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
A work plan that aligns with its strategies, activities, outcomes, and performance measures and includes collaboration with other organizations.	10 points

Component 3: Evaluation and performance measurement plan (20 points)

You must provide an evaluation and performance measurement plan. This plan describes how you will fulfill the requirements in the [Data, monitoring, and evaluation](#) section of the program description.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Clear monitoring and evaluation procedures and how they will incorporate evaluation and performance measurement into planning, implementing, and reporting on project activities.	5 points
How evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong evidence base and how the availability and quality of evaluation data will be used to inform decision making.	5 points
An evaluation plan that clearly identifies key evaluation questions, types of evaluations to be conducted, how data will be collected and reported (and by whom), and how the findings will be used to show the NOFO outcomes and support continuous program quality improvement.	5 points
An evaluation plan that is feasible, ethical, methodologically sound, and engages key stakeholders.	5 points

Component 3: Organizational capacity (50 points)

Describe how you will address the requirements in the [Organizational capacity](#) section of the program description.

Describe how you will coordinate with programs and organizations, either internal or external to CDC. Explain how you will address the requirements in the [Collaborations](#) section of the program description.

You must provide these attachments to support this section:

- [Resumes and job descriptions.](#)
- [Organizational chart.](#)

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Previous experience and examples of being able to apply dissemination and implementation science concepts to increase the use of those public health strategies most likely to improve health outcomes. This criteria includes translating scientific information into user-friendly formats for public health practitioners.	15 points
Previous experience and examples of ability to evaluate proposed activities, including dissemination, reach, adoption, and sustainability of a large-scale national effort to promote uptake and effective use of key public health strategies in various settings.	15 points
Previous experience and examples of the current ability to assess, train, and provide ongoing support to organizations that seek to achieve widespread adoption and effective use of their public health strategies.	5 points
A track record of understanding and working effectively with public health institutions at the national, state, local, and tribal level, as well as related partners.	10 points
A staffing plan, including roles and responsibilities and descriptions of how each staff member will contribute toward outcomes. The plan should also include a project management structure sufficient to achieve project outcomes, along with an organizational chart that supports the structure.	5 points

Budget narrative

Page limit: None

File name: Budget narrative

The budget narrative supports the information you provide in Budget Information for Non-Construction Programs (Standard Form 424-A). See [other forms](#).

As you develop your budget, consider if the costs are reasonable and consistent with your project's purpose and activities. We will review your budget and approve costs prior to award.

The budget narrative must explain and justify the costs in your budget. Provide the basis you used to calculate costs. See [CDC Budget Preparation Guidelines \[PDF - 1.6MB\]](#).

When completing the SF-424A, you must label the "Grant Program Function or Activities" section as the exact component title of the components you are applying for. Complete a separate budget for each component to which you are applying. The spelling, capitalization, and punctuation should match the component names listed below.

The exact component names in this NOFO are:

- **Component 1:** The National Healthy Brain Initiative
- **Component 2:** BOLD Public Health Centers of Excellence
- **Component 3:** ADRD Public Health Adoption Accelerator

This naming convention is critical for GrantSolutions system success now, and throughout the period of performance of this grant. For any future amendments, applicants should continue to use these exact component names unless instructed otherwise.

Your budget narrative must follow this format:

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

- Contractual costs.
- Total direct costs (total of all items).
- Total indirect costs.

See [Funding policies and limitations](#) for policies you must follow.

Attachments

You will upload attachments in Grants.gov using a single Other Attachments form. When adding the attachments to the form, you can use PDF, Word, or Excel formats.

Table of contents

File name: Table of contents

Provide a detailed table of contents for your entire submission that includes all the documents in the application and all the headings in the [project narrative](#) section. There is no page limit.

Indirect cost agreement

File name: Indirect cost agreement

If you include indirect costs in your budget using an approved indirect cost rate, include a copy of your current agreement approved by your [cognizant agency for indirect costs](#). If you use the *de minimis* rate, do not submit this attachment.

Resumes and job descriptions

File name: Resumes and job descriptions

For key personnel, attach resumes for positions that are filled. If a position isn't filled, attach the job description with qualifications and plans to hire.

Organizational chart

File name: Organizational chart

Provide an organizational chart that describes your structure. Include any relevant information to help us understand how parts of your structure apply to your proposed project.

Letters of support

File name: Letter of support (if you upload each letter separately, add the name of the supporting organization to each letter)

Attach **three** letters from relevant organizations supporting your organization's successful work.

Memorandums of understanding (MOUs) or agreements – Component 1 applicants only

File name: Agreements

Attach MOUs or agreements that demonstrate your previous experience working with 10 or more state BRFSS coordinators to maintain or increase the state implementation of the BRFSS Cognitive Decline and Caregiver optional modules and to revise the modules.

Combine all MOUs or agreements into a single file.

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 already are 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 documentation

If you are applying on behalf of another organization as their bona fide agent, you must include documentation that demonstrates your arrangement.

Other required forms

You will need to complete some other forms. You will use the forms in Grants.gov. You can find them in the NOFO application package or review them and their instructions at [Grants.gov Forms](#).

Table: Required standard forms

Grants.gov form	Submission requirement
Application for Federal Assistance (SF-424)	With the application.
Budget Information for Non-Construction Programs (SF-424A)	With the application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.

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 [USA Spending](#). 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 \[PDF - 51KB\]](#).



Step 4:

Understand Review, Selection, and Award

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Application review

Initial review

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

We will not review any pages over the page limit.

Scoring process

A panel reviews all applications that pass the initial review. They use the criteria outlined in [Step 3: Build Your Application](#).

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 manage federal funds prudently. We need to make sure you've handled any past federal awards well and demonstrated sound business practices.

We use the 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 deciding about your level of risk.

We may ask for more information before 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.

You can see more details about risk review at [2 CFR 200.206](#).

Selection process

We will fund applications in order by the rank that the review panel determines. When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- We may fund applications out of the merit review order.
- Funding applications out of the rank order developed in merit review.
 - Component 2 applicants must select only one topic area and clearly indicate their selection from the topic areas. There are three topic areas for the BOLD Public Health Centers of Excellence: dementia risk reduction, early detection and management of dementia, and dementia caregiving. To ensure that all topics are addressed, CDC may fund out of rank order.
- Preference will be granted to applicants who focus on broad geographic areas encompassing at least fifteen states or at least four HHS regions across the U.S. This includes initiatives that reach a significant number of adults nationwide, particularly those affected by AD/DRD, as well as related chronic conditions such as diabetes, hypertension, and heart disease.
- Before final funding decisions are made, we will review awards for consistency with applicable laws and alignment with agency priorities (see [Centers for Disease Control and Prevention \(CDC\) Priorities](#)). To the extent permitted by law and applicable court orders, award applications which are aligned with agency priorities will receive a *funding preference*.

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.

Funding preference for alignment with agency priorities

Before we make final funding decisions, CDC leadership will review all potential awards. They will check for:

- Adherence to applicable laws.
- Alignment to agency priorities (see [Centers for Disease Control and Prevention \(CDC\) Priorities](#)).

To the extent allowed by law and court orders, we will give a funding preference to applications that align with agency priorities.

Award notices

If we decide to award you funding, we will email a Notice of Award (NoA) to your authorized official.

We will notify you if your application is found not responsive or unsuccessful.

The NoA is the only official award document. It tells you 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.

By drawing down funds, you accept all terms and conditions of the award.

Learn more about NoA contents at [Understanding Your Notice of Award](#) at CDC's website.



Step 5:

Submit Your Application

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Submission requirements and deadlines

Application

Due on Friday, June 26, 2026 at 11:59 p.m. ET.

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](#).

Keep in mind:

- 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.
- Your organization's authorized official must certify your application.
- Do not encrypt, zip, or password-protect any files.
- Make sure your application passes the Grants.gov validation checks, or we may not get it.

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.

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

Intergovernmental review

[Executive Order 12372, Intergovernmental Review of Federal Programs](#), does not apply to this NOFO. You do not need to take any action.



Step 6: Learn What Happens After Award

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Post-award requirements and administration

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, effective October 1, 2025. These replace those in 45 CFR 75, with some exceptions in 2 CFR 300.
- The HHS [Grants Policy Statement \(GPS\)](#). This document includes 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 anti-discrimination 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. This means:
 - Consultation with recipient if the Notice of Award requirements are not being met.
 - Establishment of a performance improvement plan for the recipient.
 - Further steps to correct poor performance, in consultation with CDC Office of Grants Services and CDC Office of General Counsel.

Reporting

If you are successful, you will have to submit financial and performance reports. These include:

Table: Financial and performance reports

Report	Description	When
Recipient Evaluation and Performance Measurement Plan	<ul style="list-style-type: none"> Builds on the plan in the application. Includes measures and targets. Shows how data are collected and used (data management plan). 	Six months into award.
Annual Performance Report	<ul style="list-style-type: none"> Serves as yearly continuation application. Includes performance measures, successes, challenges. Updates work plan. Includes how CDC could help overcome challenges. Includes budget for the next 12-month budget period. 	No later than 120 days before the end of each budget period.
Federal Financial Report	<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"> These are reported in 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.

Report	Description	When
Final Financial Report	<ul style="list-style-type: none"> Includes information in Federal Financial Report. 	120 days after the end of the period of performance.

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

CDC award monitoring

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

Monitoring activities include:

- Routine and ongoing communication between CDC and recipients.
- Site visits.
- Recipient reporting, including work plans, performance reporting, and financial reporting.

We expect to include the following in post-award monitoring:

- Tracking your progress in achieving the outcomes.
- Making sure your systems can hold information and generate data reports.
- Creating an environment that fosters integrity in performance and results.

We may also include the following activities:

- Making sure work plans are feasible based on the budget.
- Making sure work plans are consistent with award intent.
- Making sure you are on track to achieve outcomes on time.
- Working with you to adjust your work plan based on outcome achievement, evaluation results, and changing budgets.
- Monitoring programmatic and financial performance measures to ensure satisfactory performance levels.
- Other activities that assist us to identify and manage risk, including among high-risk recipients.

CDC's role

This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews conducted during the normal course of the period of performance. CDC staff involved with this cooperative agreement will provide substantial involvement beyond site visits and regular performance and financial monitoring during the period of performance.

The CDC program will work in partnership with you to ensure the success of the cooperative agreement by:

- Supporting you in implementing cooperative agreement requirements and advancing program activities to meet outcomes.
- Providing you with technical assistance through the availability of subject matter experts in brain health, cognitive impairment, ADRD and caregiving.
- Providing expertise and resources related to obtaining, analyzing, and interpreting data from BRFSS Subjective Cognitive Decline and Caregiver Modules.
- Partnering with you on all work conducted under this cooperative agreement. Publications co-branded by you and CDC will undergo CDC scientific clearance before publishing.
- Convening meetings that provide you with opportunities to exchange resources, share lessons learned, and address common issues.
- Providing technical assistance to implement and report performance measures.
- Providing consultation and guidance on the development of work plans, evaluation tools, and other measures of program outcomes as necessary.

Termination

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 may also otherwise be terminated, to the extent authorized by law, if the agency determines that the award no longer effectuates program goals or agency priorities.



Contacts and Support

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Agency contacts

Program

Dr. Machell Town

Email: dphnofos@cdc.gov

Grants management

Brownie Anderson-Rana

Email: flj2@cdc.gov

Help with systems

Grants.gov

Grants.gov provides 24/7 support. Hold on to your ticket number.

- Phone: 1-800-518-4726.
- Email: support@grants.gov.

SAM.gov

If you need help, you can:

- Call 866-606-8220.
- Live chat with the [Federal Service Desk](#).

Helpful websites

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