Notice of Funding Opportunity

Application due Monday, August 3, 2026

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

NCCDPHP

Great Health for America

Opportunity number: CDC-RFA-DP26-0233

Contents

Before you begin

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

SAM.gov registration (this can take several weeks)

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

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

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

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Monday, August 3, 2026.

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

Step 1: Review the Opportunity

In this step

Basic information

Centers for Disease Control and Prevention (CDC)

NCCDPHP

Transforming child health by addressing the root causes of chronic disease where kids live, learn, and grow

Summary

In collaboration with U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), state and federally funded programs, you will implement a project focused on reducing chronic disease rates within a defined geographic area within four communities: Lake County, Indiana; Sandusky and Toledo metro area, Ohio; Brownsville, Texas; Petersburg, Virginia. The goal is to demonstrate how individual and system-level interventions can encourage healthier habits and choices that can reduce the burden of chronic disease in children. When these lifestyle and community changes are maintained over time, reductions in the burden of chronic diseases among adults in the United States may eventually result. Findings from these demonstration programs will inform the potential replication of successful interventions in additional communities.

Additionally, HHS will use findings from this demonstration project to inform future approaches to funding and measuring effects of novel efforts to improve health for individuals and communities.

Have questions? Go to Contacts and Support.

Key facts

Opportunity name: Great Health for America

Opportunity number: CDC-RFA-DP26-0233

Assistance listing: 93.809

NOFO version: Original

Key dates

Application submission deadline: August 3, 2026

Expected award date: August 31, 2026

Expected start date: September 30, 2026

See Submit Your Application for other time frames that may apply to this NOFO.

Funding details

Funding type: Cooperative agreement

Anticipated awards: 4

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

Anticipated total program funding over the performance period:
$32,000,000

Estimated average award per applicant over the period of performance:
$8,000,000

Anticipated funding per applicant per 12-month budget period: $4,000,000

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

Eligibility

Eligible applicants

Only these types of organizations may apply.

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

Bona fide agents must submit documentation that demonstrates their arrangement with the eligible applicant. See 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.

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 for one program site (Lake County, Indiana; Sandusky and Toledo metro area, Ohio; Brownsville, Texas; Petersburg, Virginia) 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:
  - Works 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 not support 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 [PDF]: 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

Background

Chronic diseases such as heart disease, cancer, diabetes, obesity, and asthma are the leading causes of death and disability in the United States, accounting for approximately $4.9 trillion in annual health care costs. Many preventable chronic diseases begin in childhood and are driven by modifiable risk behaviors — poor nutrition, physical inactivity, tobacco use, and substance use — compounded by environmental exposures, food insecurity, inadequate housing, and limited access to primary care.

Pediatric populations are increasingly affected. Among school-age children (ages 5–17) in a nationally representative 2018 survey, chronic disease prevalence rose by approximately 130,000 additional children per year since 1999, with asthma and mental and behavioral health conditions among the leading conditions. More than 1 in 5 children and adolescents have obesity nationally, with rates exceeding 1 in 4 among children enrolled in Medicaid — who are also more than twice as likely to have obesity as those with private insurance.

Addressing adult chronic disease rates requires intervening early. Many risk factors are established in utero, during childhood, and in early adolescence, shaped by the conditions in which children are born and raised. Family-centered, community-supported approaches that address poor nutrition, physical inactivity, and harmful environmental exposures can reduce obesity, diabetes, asthma, mental health diagnoses, and substance use across the lifespan.

Chronic disease burden is higher in communities with high poverty, limited nutritious food access, aging housing, and constrained access to preventive care — which also face disproportionately high Medicaid utilization and costs from preventable hospitalizations and emergency visits. This funding opportunity targets four such communities:

- **Lake County, Indiana**
- **Sandusky and Toledo metro area, Ohio**
- **Brownsville, Texas**
- **Petersburg, Virginia**

Each community has elevated poverty and Medicaid enrollment rates, high rates of childhood chronic disease risk factors, existing public health infrastructure suitable for community-driven intervention, and meaningful potential for Medicaid savings through reduced preventable utilization. Findings from this demonstration project will inform replication in additional communities and guide future HHS and CDC approaches to community-level funding and measurement.

Related work

- National Diabetes Prevention Program
- High Obesity Program
- What Works in Schools
- Healthy Schools
- Family Health Weight Programs
- State Physical Activity and Nutrition Program

National public health priorities and strategies

Make America Healthy Again prioritizes decreasing the burden of chronic disease among children in the United States by advancing research, realigning incentives, fostering private sector collaboration, and increasing public awareness.

Purpose

To reduce childhood chronic disease burden in four targeted communities — Lake County Indiana; Sandusky and Toledo metro area, Ohio; Brownsville, Texas; and Petersburg, Virginia — by funding community-driven demonstration projects that identify root causes, implement evidence-based interventions, and track measurable health outcomes. Findings will inform replication of successful approaches in additional communities and guide future HHS and CDC investments in community-level chronic disease prevention.

Approach

This demonstration project aims to reduce the prevalence and burden of chronic disease among children in four targeted communities — Lake County, Indiana; Sandusky and Toledo metro area, Ohio; Brownsville, Texas; and Petersburg, Virginia — by addressing the biological, behavioral, social, and

environmental factors that drive poor health outcomes from early childhood through adolescence.

Each recipient will engage their community, assess local needs and assets, select and implement interventions, and track progress toward measurable health outcomes. Rather than prescribing a single intervention model, this project allows each community to identify an anchor chronic condition (diabetes, obesity, poor nutrition, physical activity, asthma, or other identified chronic condition) and tailor evidence-based strategies to their local context — supported by HHS, CDC, and locally deployed federal staff. This approach recognizes that sustainable health improvement requires community ownership and that effective interventions must be adapted to the specific conditions, populations, and resources of each setting. Sustainable improvements in child health require more than clinical intervention — they depend on communities that are connected, engaged, and invested in one another's wellbeing. This project seeks to strengthen intra-community connectedness by increasing the participation of residents, families, schools, and local institutions in collective health improvement efforts that extend beyond individual households to benefit neighbors and shared community spaces. Alongside this, the project aims to rebuild and deepen trust in local systems of care, recognizing that communities with stronger relationships with public health and clinical institutions are better positioned to prevent chronic disease and respond to health needs over time.

While individual intervention components draw on existing evidence — including CDC Community Guide recommendations and established clinical and public health best practices — the community-driven demonstration model itself is designed to generate new evidence. By implementing, monitoring, and evaluating locally tailored interventions across four different communities, this project will build the evidence base for how community-designed and community-implemented approaches can reduce childhood chronic disease burden and associated Medicaid costs at scale. Evaluation findings will be documented and shared to support replication in additional communities and inform future HHS and CDC funding strategies.

Program logic model

The following logic model includes the strategies and activities allowed 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 2-year period of performance. You are required to report on these outcomes.

Not all outcomes apply to all strategies. The table shows how they apply. You will use these outcomes as a guide for developing performance measures.

Short-term outcomes are intended to be accomplished within one year, intermediate outcomes within two years, and long-term outcomes are expected to be met beyond the project period.

Table: Strategies and outcomes

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Strategy 1: Community Engagement and Coalition Building Establish and convene a diverse, multidisciplinary community coalition; develop a strategy for community engagement.	• Functioning community coalition established with documented membership, meeting cadence, and input mechanisms.* • Community coalition input incorporated into program design, intervention selection, and evaluation planning.*	• Sustained multidisciplinary partnerships; increased community capacity to design and evaluate health improvement initiatives. • Increased intra-community connectedness, reflected in greater resident participation in collective health improvement efforts.	• Communities with self-sustaining health improvement coalitions capable of identifying and addressing emerging chronic disease priorities without ongoing federal investment. • Increased social connectedness and mutual investment in community health and strengthened trust in local systems of care.
Strategy 2: Community Health Assessment and Priority Setting Compile census-tract-level secondary data; engage coalition in assessment; identify disease incidence and	• Completed community health assessment with baseline data on childhood chronic conditions by census tract.* • HHS/CDC-approved anchor condition and	• Shared understanding among stakeholders of root causes driving childhood chronic disease; integration of existing federal, state, and local	• A replicable community assessment model that can be applied in additional communities.

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
prevalence, social, nutritional and, environmental triggers; assess Medicaid utilization in children; submit anchor condition to HHS/CDC for approval.	priority intervention areas selected. • Documented baseline Medicaid utilization and cost data for the anchor condition.*	programs aligned to project priorities.	
Strategy 3: Data Infrastructure and Dashboard Development • Finalize Data Management Plan; establish HIE sub-award; aggregate secondary data; deploy data monitoring dashboard; establish data governance processes.	• Finalized DMP submitted within 30 days of Notice of Award.* • Data monitoring dashboard deployed within three months of Notice of Award, stratified by census tract.* • Bi-weekly analytic updates and on-demand reporting to HHS and CDC initiated.*	• Real-time dashboard data used to inform program decisions and demonstrate progress toward outcomes; standardized data elements developed to support comparability across project sites.*	• A replicable data infrastructure model for monitoring chronic disease burden and program performance in near-real time.
Strategy 4: Intervention Implementation Develop and implement HHS/CDC-approved intervention plan; strengthen partnerships; implement evidence-based interventions across clinical, nutrition, physical activity, family support, and policy	• HHS/CDC-approved intervention plan implemented per work plan.* • Increased children with access to evidence-based prevention or management services including clinical, environmental,	• Adoption of policies, systems, and environmental changes in schools and community settings; improved clinical management of the anchor condition.* • Decreased emergency department visits and	• Decreased incidence and prevalence of obesity, diabetes, asthma, and/or related conditions; replication of successful interventions in additional communities.

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
domains; document implementation fidelity.	nutritional, and social.* • Increased access to nutritious food and physical activity opportunities in child-relevant settings including school and home.*	hospitalizations for the anchor condition.* • Reduced Medicaid costs associated with the anchor condition.*	
Strategy 5: Evaluation and Continuous Quality Improvement Finalize performance measures; submit Evaluation and Performance Measurement Plan; conduct ongoing monitoring; share findings with coalition; document lessons learned; submit required reports.	• Evaluation and Performance Measurement Plan submitted within six months of Notice of Award.* • Process and outcome data collected and reported to HHS and CDC on required schedule.*	• Evidence base generated to support future replication; continuous quality improvement demonstrated through documented program adaptations and recommendations for possible sharing savings with community.	• Findings inform HHS and CDC approaches to future community-level funding and replication of successful chronic disease prevention interventions.

* 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.

Activities

Strategy 1: Community Engagement and Coalition Building

The recipient is expected to identify and convene a community coalition that represents the community early in the project period. This coalition should include, but is not limited to, representatives from:

- Community members, parents, and families with children.
- Community-based organizations, faith communities, and neighborhood groups.
- Local schools and school districts.
- Primary care providers, federally qualified health centers, and hospitals.
- Local public health agencies.
- Local government, including housing and parks and recreation departments.
- Social service organizations addressing food access, housing, and economic stability.
- Relevant state agencies with jurisdiction over Medicaid, education, or environmental health.

The coalition should reflect the community it serves, with particular attention to ensuring representation from neighborhoods and populations with the highest burden of childhood chronic disease.

The recipient is expected to increase intra-community connectedness, reflected in greater resident participation in collective health improvement efforts — including support for neighbors, schools, and community institutions — and increased trust in and engagement with local public health and clinical care systems.

Expected role of the coalition

The community coalition is expected to serve as the primary vehicle for local input throughout the project. Its expected contributions include:

- Advising on the community health assessment design and interpretation of findings.

- Participating in the selection of the anchor condition and priority interventions.
- Providing ongoing input on program implementation, including identification of barriers and facilitators.
- Reviewing and interpreting data dashboard outputs and progress toward outcomes.
- Supporting community communication and dissemination of findings.

The coalition is not a governance or approval body for federal funds; final programmatic decisions remain with the recipient, HHS, and CDC. However, the recipient should establish clear mechanisms for incorporating coalition input into project decisions and should document how community input has informed program design and implementation.

Key activities

- Develop and implement a stakeholder engagement plan within 60 days of the Notice of Award.
- Convene an initial coalition meeting within 90 days of the Notice of Award.
- Establish regular coalition meeting cadence (at minimum quarterly) and document participation and input.

Develop a community communication strategy to keep broader community informed of project activities and findings.

Strategy 2: Community Health Assessment and Priority Setting

The recipient will conduct a community health assessment using a community-based participatory research (CBPR) framework, in partnership with the community coalition, HHS, CDC, and locally assigned federal staff. The assessment should draw primarily on existing secondary data sources) — including a state or regional Health Information Exchange (HIE), Medicaid claims data, electronic health record data, local health department data, school health data, and publicly available surveillance data such as CDC PLACES.

The assessment should be organized around the following questions:

- What is the prevalence and distribution of childhood chronic conditions in the target geographic area, including by census tract?

- What are the leading risk factors and root causes — biological, developmental, behavioral, social, and environmental — for the priority conditions in this community?
- What Adverse Childhood Experiences (ACEs) are prevalent in the community, and how do they interact with chronic disease risk?
- What environmental triggers of chronic illness exist in homes and locations where children reside (e.g., mold, lead, air quality)?
- What existing federal, state, and local programs and resources are available to address these risk factors, and where are the gaps?
- What are the current Medicaid utilization patterns and costs associated with childhood chronic conditions in the target geographic area?

The assessment findings, together with community coalition input, will inform the selection of the project's anchor condition and priority intervention areas. A summary of the assessment findings and proposed anchor condition must be submitted to HHS and CDC for review and approval within six months of the Notice of Award.

Key activities

- Identify and compile relevant secondary data sources at the census-tract level within 60 days of the Notice of Award.
- Engage the community coalition in reviewing and interpreting assessment findings.
- Identify environmental triggers of chronic illness in homes and community settings and connect community members with mitigation and remediation resources.
- Document existing federal, state, and local programs to identify integration opportunities and avoid duplication.
- Prepare and submit a community assessment summary and proposed anchor condition and priority areas to HHS and CDC for approval within six months of the Notice of Award.
- Use assessment findings to develop a baseline against which program outcomes will be measured.

Strategy 3: Data Infrastructure and Dashboard Development

The recipient will establish a data monitoring dashboard that aggregates existing secondary data from health, social service, and community sources, drawing primarily on data that already exist within health information exchange organizations (HIEs), Medicaid managed care organizations, local health systems, and other data partners. The primary recipient may sub-award to one or more sub-awardees, such as an HIE or health data utility (HDU), capable of supporting data management activities. All data management activities must be conducted in accordance with a Data Management Plan (DMP) approved by HHS and CDC.

Data sources may include, but are not limited to: Medicaid claims data; electronic health record (EHR) data; local health information exchange data; school health and attendance data; environmental data (e.g., housing inspection records, air quality monitoring); and social services data (e.g., SNAP, WIC participation, housing assistance).

At minimum, the dashboard must:

- Display key process and outcome metrics, stratified by census tract, demographics, and service utilization.
- Support near-real-time data refresh with data currency indicators.
- Allow export of summary data for reporting purposes.
- Be informed by feedback from community members.
- Support segregated access by user type, including HHS, CDC, and other federal staff as outlined in the DMP.
- Support routine display of Medicaid cost data.

Required activities

- Submit a preliminary DMP with the application.
- Submit a finalized DMP within 30 days of the Notice of Award.
- Deploy an initial dashboard within three months of the Notice of Award.
- Provide bi-weekly updates to analytic outputs after initial dashboard deployment, and on-demand updates as needed.
- Establish data governance processes, including data use agreements with all data partners.

Data Management Plan requirements

The DMP must address, at minimum:

- Description and lineage of data to be collected, used, or generated, including use of secondary data sources and whether an HIE or sub-awardee is the source
- Data quality and modification methodology, including use of artificial intelligence
- Complete inventory of variables collected, with data type classification, estimated volume, and update frequency
- Access controls, storage location, and dashboard platform, including specifications for locally deployed federal staff
- Mechanisms for access and sharing between sub-awardees, the recipient, and HHS or CDC
- Plan for archiving, long-term preservation, and future DMP updates

Strategy 4: Intervention Implementation

The recipient has flexibility to select interventions appropriate for the anchor condition and community context identified through the assessment process. All interventions must be evidence-based — drawing on peer-reviewed literature, CDC Community Guide recommendations, or other recognized evidence repositories — or, where the evidence base is limited, must include a clear evaluation plan. Interventions must be approved by HHS and CDC prior to implementation.

Interventions should address the full spectrum of factors influencing the anchor condition. The following domains represent areas where evidence-based approaches are available and likely applicable across all four target communities:

- **Clinical and health care access**: Expand access to primary and preventive care, including through non-traditional delivery points (e.g., school-based health centers, community health workers); improve clinical management and care coordination for the anchor condition.
- **Nutrition and food access**: Expand nutrition education and improve access to nutritious foods in schools, childcare centers, and community settings; support policies and environmental changes that increase demand for healthy foods.
- **Physical activity and healthy environments**: Increase physical activity opportunities in school and community settings; identify and remediate

environmental triggers of chronic illness (e.g., mold, lead) in homes and community settings.

- **Family and community support**: Implement family-centered approaches supporting healthy behaviors; connect families to existing federal and state programs (SNAP, WIC, housing, early childhood); engage faith community and schools as trusted platforms for health promotion; engage community members in supporting and reinforcing health behaviors in homes, schools, and neighborhoods.
- **Policy, systems, and environmental change**: Promote adoption of policies in schools and community spaces that support healthful behaviors and reduce chronic disease risk; leverage existing federal programs addressing root causes of poor child health at the census-tract level.

The recipient is not restricted to these domains, but must document the rationale, evidence base, and anticipated contribution to measurable outcomes for any selected intervention in the work plan, subject to HHS and CDC approval.

Key activities

- Develop an intervention selection plan informed by community assessment findings and coalition input, and submit to HHS and CDC for approval.
- Establish or strengthen partnerships with health care providers, schools, community organizations, and other implementation partners.
- Implement approved interventions in accordance with the project work plan.
- Establish referral pathways and care coordination mechanisms connecting children and families across intervention components.
- Document implementation fidelity and adapt interventions as needed based on ongoing monitoring and community input.
- Coordinate with location-based HHS and CDC staff on implementation support and technical assistance.

Strategy 5: Evaluation and Continuous Quality Improvement

The recipient will establish a performance measurement system that draws on the data infrastructure developed under Strategy 3 and is aligned with the project's logic model and work plan. The performance measurement system should track both process measures — indicators of whether interventions

are being implemented as planned — and outcome measures — indicators of whether those interventions are achieving the intended results for children and families.

Final performance measures will be developed in collaboration with HHS and CDC following the award and will be incorporated into the Evaluation and Performance Measurement Plan due six months after the Notice of Award.

The recipient will use dashboard data and performance measure results to support ongoing, data-driven decision-making throughout the project. This includes:

- Reviewing performance data with HHS and CDC at regular intervals (at minimum quarterly) and adjusting implementation strategies as needed.
- Sharing performance data and emerging findings with the community coalition to support community accountability and inform local decision-making.
- Documenting lessons learned, implementation challenges, and adaptations made during the project period to support future replication.

The recipient will provide bi-weekly updates to dashboard analytic outputs and participate in on-demand reviews as requested by HHS or CDC.

Outcomes

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

These correspond to the asterisked outcomes in the logic model.

Short-term outcomes

Community Engagement and Coalition Building

- A functioning, multidisciplinary community coalition is established with documented membership, a regular meeting cadence, and clear mechanisms for community input
- Community coalition input is incorporated into program design, intervention selection, and evaluation planning, with documentation of how input has shaped program decisions

Community Health Assessment and Priority Setting

- A completed community health assessment with baseline data on the prevalence and distribution of childhood chronic conditions by census tract

- An HHS/CDC-approved anchor condition and priority intervention areas, selected based on assessment findings and community coalition input
- Documented baseline Medicaid utilization and cost data for the anchor condition in the target geographic area

Data Infrastructure and Dashboard Development

- A finalized Data Management Plan submitted within 30 days of the Notice of Award
- A functioning data monitoring dashboard deployed within three months of the Notice of Award, displaying key process and outcome metrics stratified by census tract and accessible to HHS, CDC, and authorized federal staff
- Bi-weekly analytic updates and on-demand reporting to HHS and CDC initiated following dashboard deployment

Intervention Implementation

- An HHS/CDC-approved intervention plan implemented in accordance with the project work plan and timeline
- Increased number of children with access to evidence-based prevention or management services for the anchor condition
- Increased access to nutritious food and physical activity opportunities in child-relevant settings, including schools and childcare centers
- Decreased emergency department visits and hospitalizations for the anchor condition among children in the target area

Evaluation and Continuous Quality Improvement

- An Evaluation and Performance Measurement Plan submitted within six months of the Notice of Award
- Ongoing process and outcome data collected and reported to HHS and CDC on the required schedule

Intermediate outcomes

Data Infrastructure and Dashboard Development

- Real-time dashboard data is used to inform program decisions, identify implementation gaps, and demonstrate progress toward outcomes
- Increased social connectedness and mutual investment in community health, including greater participation of residents, families, and institutions in supporting the health of their neighbors, schools, and shared community spaces, and strengthened trust in local systems of care

Evaluation and Continuous Quality Improvement

- Reduced Medicaid costs associated with the anchor condition in the target area, as demonstrated through Medicaid claims data analysis
- An evidence base generated for project interventions, including documentation of implementation context, fidelity, and outcomes to support future replication
- A continuous quality improvement cycle demonstrated through documented program adaptations based on data and community feedback
- Development of measures of trust and engagement of the community in their health and with health systems

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.

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:				
1.				
2.				
3.				
Strategy 2:				
1.				
2.				
3.				

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.

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.

- Increased number of children with access to evidence-based prevention or management services for the anchor condition
- Increased access to nutritious food in child-relevant settings (schools, childcare centers, community sites, homes)
- Increased number of schools and childcare settings with physical activity opportunities meeting evidence-based guidelines
- Reduction in environmental triggers of chronic illness in assessed homes and community settings

Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan. Use the measures required under the CDC strategy.

The measures selected should also reflect the proposed performance measures and outcomes described in previous sections.

Include the following elements.

Methods

Describe how you will:

- Collect the performance measures.
- 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

You or your sub-awardees are expected to collect or generate the data needed to implement funded public health activities and submit a Data Management Plan (DMP) describing the data and how it will be collected, managed, and shared. The DMP is designed to present a high-level summary of how you or your sub-awardees will handle information related to this project in terms of collection, use, generation, stewardship, access, sharing, disclosure, archiving, retention, or preservation. It also allows you to describe how existing data standards may be relevant to this project.

For all public health data you plan to collect, a preliminary data management plan (DMP) is required at the time of application. For a definition of “public health data” and other key information, see Data Management and Access.

- Submit your DMP with your application using Data-Management-Plan-template.docx and include:

Inputs that may be considered in the DMP include but are not limited to:

- Information about data collection, use, or generation:
  - Description of data to be collected, used, or generated or if secondary data sources will be used in lieu of direct data collection or data generation.
  - The origination (lineage) of the data; describe whether the source is through a sub-awardee or partner of the recipient, such as a HIE.

    - The methodology of data quality and data modifications (including whether artificial intelligence is used to generate or analyze the data):
        - Complete inventory of all variables collected.
        - Data type classification (surveillance, research, evaluation, etc.).
        - Estimated volume and update frequency.
        - Methods used to link individuals within the data repository for longitudinal assessments.
- Information about data stewardship:
    - Who can access data and how it will be protected, including access specifications for locally-deployed federal staff *(e.g.,* PHS Officers) directly supporting program implementation.
    - Storage location and dashboard platform location.
    - File formats (non-proprietary where feasible).
    - Migration planning for long-term preservation.
- Information about access, sharing, and disclosure:
    - Description of data to be collected, used, or generated that is planned to be accessed by HHS or CDC or disclosed to HHS or CDC, including aggregate data products and program evaluation findings.
    - Whether there are reasons why you cannot share data collected or generated under this award with HHS or CDC (*e.g.,* legal, regulatory, policy, or technical limitations).[1]
    - Mechanisms for access and sharing between any sub-awardees, you as the recipient, and HHS or CDC.
- Information about data standards and documentation:
    - Plan for allowing the flexibility necessary to incorporate future data standards into dashboard construction, data analytics, and data cleaning processes.
    - Existing management or architecture standards applied to collected or generated data.
    - In partnership with HHS and CDC, considerations that include applying standardized data elements and functions that could lead to interoperability across jurisdictions (*e.g.*, common methods for describing disease prevalence).
- Information about archiving, retention, and preservation.
- Plan for archiving and long-term preservation.

- Long-term steward designation.
- Budget planning for preservation.
- Future DMP updates.

How to incorporate new information as it becomes available over the life of the project? For example, DMP updates as part of annual reporting; for more information about CDC's policy on the DMP, see Data Management and Access Requirement at CDC's website

Evaluation activities

You must 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.

Final evaluation approaches (i.e., process, outcome, or both), questions or topics, and data sources will be determined together with funder after the award is issued. The approved evaluation topics and data sources should be incorporated into the Evaluation Performance Measurement Plan that you submit once the award period begins.

Paperwork Reduction Act

Any activities involving information collection from 10 or more individuals or organizations may require the Paperwork Reduction Act (PRA) approval. The PRA requires review and approval of the information collection by the White House Office of Management and Budget. To determine if a proposed activity requires PRA approval, contact your 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 the approval.

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

Organizational capacity

Each applicant must demonstrate the organizational capacity to design, implement, manage, and evaluate a complex, multi-strategy community health improvement project in one of the four designated communities: Lake County, Indiana; Sandusky and Toledo metro area, Ohio; Brownsville, Texas; or Petersburg, Virginia. **An applicant may apply for only one community site**. The application must clearly identify the community for which the applicant is seeking funding, and all capacity documentation must be specific to that community.

Given the community-driven nature of this project, organizational capacity is evaluated not only in terms of administrative and technical competence, but also in terms of the applicant's depth of existing relationships, presence, and demonstrated track record within the specific community for which they are applying. The ability to convene a credible community coalition, conduct a meaningful community assessment, and implement interventions that communities will trust and engage with depends fundamentally on the applicant's rootedness in that community. Applicants should demonstrate close, established ties to their proposed community — including, relationships with community organizations and institutions, and a track record of prior work.

1. Community Presence and Established Relationships

The applicant must demonstrate that it has a meaningful, established presence in the specific community for which it is applying. At minimum, the applicant must provide evidence of:

Physical and operational presence:

- A primary office or operational base located within or immediately adjacent to the target community (Des Moines, Sandusky and Toledo metro area, Brownsville, or Petersburg, as applicable), or within the relevant state, or a demonstrated history of sustained operations within that community.
- Staff who are currently employed by the applicant and reside in or immediately adjacent to the target community or within the state, and who would serve in leadership roles on this project.

Established relationships with community stakeholders:

- Documented, existing relationships with community organizations, health care providers, schools, local government agencies, and other institutions in the target community that are relevant to this project.
- Evidence that the applicant has previously worked with these organizations in a collaborative capacity, not merely as a contractor or vendor.
- At least one letter of support from community organizations and institutions in the target community that attest to the nature, depth, and duration of the applicant's relationships (see application requirements).

Community trust and recognition:

- A narrative description of how the applicant is known and trusted within the target community, including how it has engaged community members — particularly families with children — in prior work.
- Evidence that the applicant's leadership and staff reflect the community they serve, including familiarity with the community's history, culture, and health challenges.

2. Prior Experience Implementing Health Interventions in the Target Community

The applicant must demonstrate prior experience administering, supporting, designing and implementing public health, clinical, or community health improvement interventions specifically within the target community. Experience in other communities, while relevant to demonstrating general technical capacity, does not substitute for community-specific experience in this evaluation.

The applicant must describe:

- At least one example of a health improvement project or program previously implemented within the target community — either led directly by the applicant or managed or overseen by the applicant on behalf of another implementing organization — including the target population, the intervention approach, the partners engaged, and the outcomes achieved.
- Evidence that prior work addressed health conditions or risk factors relevant to this project, such as childhood obesity, asthma, diabetes, mental and behavioral health, food insecurity, environmental health, or related root causes.

- Experience engaging the specific populations — including children and families — who experience the highest burden of chronic disease in the target community.
- The results and lessons learned from prior community health work, including any experience with program evaluation or performance measurement.

3. Administrative and Financial Management Capacity

The applicant must demonstrate the administrative infrastructure and financial management systems needed to manage federal cooperative agreements in compliance with applicable federal regulations, including 2 CFR Part 200 and HHS Grants Policy Statement requirements.

The applicant must provide evidence of:

- Experience managing federal grants or cooperative agreements of comparable size and complexity, including compliance with federal financial reporting and audit requirements.
- Adequate financial management systems, including internal controls, accounting procedures, and the ability to track and report expenditures by budget category.
- Experience managing sub-awards to community-based partners, including monitoring sub-recipient performance and financial compliance.
- Sufficient administrative staffing to support grant management, reporting, and compliance requirements without diverting program staff from implementation activities.
- Capacity to hire and manage program staff including community health workers.

4. Technical Expertise in Relevant Program Areas

The applicant must demonstrate technical expertise in the program areas relevant to this project. Because the anchor condition will be determined through the community assessment process, applicants are not expected to demonstrate expertise in every possible chronic disease area. However, the applicant must demonstrate a credible foundation of technical knowledge and should describe how they will access additional expertise — through staff, consultants, sub-awardees, or partners. Technical expertise should include:

Chronic disease prevention and management:

- Demonstrated knowledge of evidence-based approaches to childhood chronic disease prevention and management, including at least one of the following: asthma, obesity, diabetes, or mental and behavioral health conditions in children.
- Familiarity with CDC Community Guide recommendations, clinical practice guidelines, or other recognized evidence repositories relevant to childhood chronic disease.

Community-based participatory approaches:

- Experience conducting community health assessments using participatory methods, including the identification and use of secondary data sources (Medicaid claims, EHR data, surveillance data, school health data).
- Experience facilitating multi-sector community coalitions or advisory boards, including managing diverse stakeholder perspectives and translating community input into program decisions.

Data and evaluation:

- Experience collecting, managing, and analyzing health data for program monitoring and evaluation purposes.
- Familiarity with health information exchange (HIE) data, Medicaid claims data, or other secondary data sources relevant to this project.
- Experience developing or using data dashboards or other visualization tools to communicate health data to non-technical audiences.
- Experience developing and implementing evaluation and performance measurement plans for community health programs.

Implementation science:

Familiarity with implementation science principles, including the adaptation of evidence-based interventions to local community contexts and continuous quality improvement.

5. Staffing Plan

The applicant must provide a staffing plan that demonstrates sufficient human resources to implement all five project strategies and complete program activities on schedule. The staffing plan must:

- Identify key personnel by name where positions are filled, including their qualifications and the percentage of effort they will dedicate to this project

- Provide job descriptions for positions that are not yet filled, including the qualifications required and the hiring timeline
- Demonstrate that key leadership positions — including the Project Manager — are or will be filled by individuals who reside in or have a sustained working history in the target community
- Include an organizational chart that clearly depicts the project team structure, lines of accountability, and the relationship between the applicant organization and any planned sub-awardees or key partners

Program Manager:

The Program Manager is the individual primarily responsible for day-to-day project management, stakeholder engagement, and coordination with HHS and CDC. Given the community-driven nature of this project, the Program Manager must demonstrate:

- Residence in or substantial, sustained professional engagement with the target community.
- Experience managing complex, multi-partner public health or community health improvement projects.
- Existing relationships with key community stakeholders relevant to this project.
- Strong communication and facilitation skills, including experience engaging community members and diverse stakeholder groups.

Collaborations

The project will require collaboration between HHS Immediate Office of the Secretary (IOS), CDC, federally funded programs, state and local partners, agencies, potential subcontractors, and the recipient.

All collaboration with sub-awardees, contractors, or other entities that involve a financial transaction must be approved through a process that ultimately requires HHS IOS approval. This process is highlighted within this Notice of Funding Opportunity (“Approval Process”). Additional approval process details will be included in the Notice of Award.

Applicants must provide at least one letter of support from an organization with an established presence in your specific target community (Des Moines, Sandusky and Toledo metro area, Brownsville, or Petersburg, as applicable). Each letter should:

- Identify the organization and its role in the target community

- Describe the history and nature of the existing relationship with your organization, including how long you have worked together and in what capacity
- Speak to your organization's credibility, trust, and track record within the community
- Describe how the organization anticipates participating in or supporting the proposed project

Funding policies and limitations

Changes in HHS regulations

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

General guidance

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

- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. If you have questions about these purposes, ask the grants management specialist.
- 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.
- If needed, and where consistent with the scope of the NOFO:
  - You may use funds to meet national standards or seek health department accreditation or reaccreditation through the Public Health Accreditation Board (PHAB). This allowability applies only to state, tribal, local, and territorial government agencies within the U.S. and its territories. Include the proposed activities and describe the connection to national standards or accreditation achievement in the budget narrative.

    - You may use funds to support your jurisdiction's vital records office (VRO) to do any of the following:
        - Build its capacity through partnerships.
        - Provide technical or financial assistance to improve vital records timeliness, quality, or access.
        - Support vital records improvement efforts.
    - You may use funds to make sure that state, tribal, local, and territorial employees funded by CDC grant or cooperative agreement awards are adequately trained and prepared to effectively participate in jurisdictional emergency response activities.

If we receive more funding for this program, we will consider options such as:

- Extending the period of performance.
- Awarding supplemental funding.

See also program-specific limitations.

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].
- 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].

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 do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate (see 2 CFR 200.414(f)). This rate is 15% of modified total direct costs (MTDC). See the definition of MTDC (2 CFR 200.1). You can use this rate indefinitely.

Other indirect cost policies

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

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

Salary rate limitation

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

Program income

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

Expanded authority

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

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

Statutory authority

This program is authorized under the Public Health Service Act, Sections 301(a) [42 U.S.C. 241(a)], and 317(k)(2) [42 U.S.C. 247b(k)(2)], as amended.

Step 2:
Get Ready to Apply

In this step

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] 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-DP26-0233. 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

Application checklist

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

Narratives

Item	Grants.gov form	Page limit	Responsiveness factor?
☐ Project abstract	Project Abstract Summary form	1 page	Yes
☐ Project narrative	Project Narrative Attachment form	20 pages	Yes
☐ Budget narrative	Budget Narrative Attachment form	None	Yes

Attachments

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

Attachments	Page limit	Responsiveness factor?
☐ 1. Table of contents	None	No
☐ 2. Indirect cost agreement	None	No
☐ 3. Resumes and job descriptions	None	No
☐ 4. Organizational chart	None	No
☐ 5. Letters of support	None	No
☐ 6. Report on overlap	None	No
☐ 7. Data Management Plan	None	No
☐ 8. Preliminary Evaluation Plan	None	No

Other required forms

Other forms	Grants.gov form	Responsiveness factor?
☐ Application for Federal Assistance (SF-424)	Form SF-424	No
☐ Budget Information for Non-Construction Programs (SF-424A)	Form SF-424A	No
☐ Disclosure of Lobbying Activities (SF-LLL) (if applicable)	Form SF-LLL	No

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.

Applications contents and format

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

Required format

Required format

Required format for project abstract, 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 abstract (0 points)

Page limit: 1

File name: Project abstract

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.

Project narrative (100 points)

Page limit: 20

File name: Project narrative

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

Evaluation criterion	Scoring
Background and approach	**35 point section total**
Background	5 points
Strategies and activities	15 points
Outcomes	5 points
Work plan	10 points
Evaluation and performance measurement plan	**25 points section total**
Organizational capacity	**40 points section total**

Background and approach (35 points)

Background (5 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
Background information that shows a clear problem your organization will address.	5 points

Strategies and activities (15 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
Strategies and activities consistent with all five strategies in the program's logic model, including community engagement, assessment, data infrastructure, intervention implementation, and evaluation.	15 points

Outcomes (5 points)

Identify outcomes you expect to achieve or make progress on by the end of the performance period. Use the program logic model to identify your outcomes.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Outcomes consistent with the asterisked short-term and intermediate outcomes in the program's logic model, including coalition establishment, completed community health assessment, dashboard deployment, and intervention implementation milestones.	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 the strategies, activities, outcomes, and performance measures in the program description and is consistent with the content and format we recommend.	5 points
A proposed use of funds that aligns with the work plan and is an efficient and effective way to carry out the strategies and activities and achieve the outcomes.	5 points

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
Their ability to collect the data needed for evaluation and performance measurement. A description of available data sources — including Medicaid claims, EHR, HIE, school health, and environmental data — and a credible plan for accessing them at the census-tract level within the target community.	6 points
Clear monitoring and evaluation procedures, and how your organization will incorporate evaluation and performance measurement into planning, implementing, and reporting project activities.	5 points
How your organization will report and use performance measurement and evaluation findings to demonstrate outcomes and for continuous program quality improvement.	3 points
A plan for meaningful participation by key partners — including the community coalition, HIE or data sub-awardee, and health care partners — in evaluation and performance measurement activities.	3 points
How your organization will share evaluation findings with communities.	1 point
A preliminary Data Management Plan that addresses data lineage, access controls (including for locally deployed federal staff), storage, governance, and archiving, and data limitations. This includes how your organization will update the plan throughout an award.	5 points
The type of evaluations your organization will use, such as process, outcome, or both, as well as the key evaluation questions, measures, and data sources. This includes how evaluation and performance measurement will be used to build the evidence base for community-driven chronic disease interventions.	2 points

Organizational capacity (40 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
Evidence of meaningful, established presence in the specific target community (Des Moines, Sandusky/Toledo metro area, Brownsville, or Petersburg), including physical or operational presence, staff residing in or adjacent to the community, and documented relationships with community organizations, health care providers, schools, and local government..	12 points
At least one example of a health improvement project previously implemented, managed, or overseen within the specific target community, including the intervention approach, partners engaged, populations served, and outcomes or lessons learned.	9 points
A staffing plan that identifies key personnel by name where positions are filled (including the Program Manager), demonstrates that leadership positions are held by individuals with sustained community engagement, and provides an organizational chart reflecting project structure and sub-awardee relationships.	7 points
Demonstrated administrative and financial management capacity, including experience managing federal grants or cooperative agreements of comparable size, managing sub-awards, and maintaining compliant financial systems	8points
Collaborations that add value to the project, including with community organizations, health care providers, schools, HIE or data partners, and other relevant stakeholders, supported by letters of support attesting to the nature, depth, and duration of the applicant's relationships.	4 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].

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 **1** letters from relevant organizations with an established presence in your specific target community (Des Moines, Sandusky and Toledo metro area, Brownsville, or Petersburg, as applicable). Each letter should:

- Identify the organization and its role in the target community.
- Describe the history and nature of the existing relationship with your organization, including how long you have worked together and in what capacity.
- Speak to your organization's credibility, trust, and track record within the community.
- Describe how the organization anticipates participating in or supporting the proposed project.

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

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 USAspending. This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

See instructions and examples [PDF].

Step 4: Understand Review, Selection, and Award

In this step

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

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 to ensure there is one recipient per site.
- We will fund one applicant per implementation site.

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 preferences for alignment with agency priorities

Before final funding decisions are made, CDC leadership 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.

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

In this step

Submission requirements and deadlines

Application

Due on Monday, August 3, 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

In this step

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 antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
- We can take corrective or enforcement actions if your performance is poor, in accordance with 2 CFR 200.339 and [2 CFR 200.340](https://www.ecfr.gov/current/title-2/section-200.340), as appropriate. This means:

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	• 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	• Serves as yearly continuation application. • Includes performance measures, successes, and 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.
Annual Federal Financial Report (FFR)	• Includes funds authorized and disbursed during the budget period. • Indicates exact balance of unobligated funds and other financial information.	90 days after the end of each budget period.
Data on Performance Measures	• Includes information similar to the Annual Performance Report.	CDC will only require this report if the award needs more frequent reporting than in the Annual Performance Report.
Final Performance Report	• Includes information similar to the Annual Performance Report.	120 days after the end of the period of performance.
Final Federal Financial Report (FFR)	• Includes information similar to the Federal Financial Report.	120 days after the end of the period of performance.

To learn more about these reporting requirements, see Reporting on the CDC website.

CDC award monitoring

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

CDC's role

This is a cooperative agreement, and we will maintain a substantial role in guiding and providing technical assistance for the NOFO. In addition to regular calls, site visits, regular performance and financial monitoring during the period of performance, other types of substantial involvement may include technical assistance including the commitment of personnel and resources, subject matter expertise, evaluation support, performance measurement support, guidance in workplan development, program planning, and capacity building. The program will regularly share information, practices, lessons learned and evaluation results through conferences, webinars, guidance, material development, web sources, data sharing publications, participation in meetings, conference calls, and working groups.

Contacts and Support

In this step

Agency contacts

Program

Djenaba Joseph
Email: Dvk5@cdc.gov
Telephone: 770-488-2800

Grants management

Keisha Thompson
Email: Dwt6@cdc.gov
Telephone: 770-488-2681

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.)

Endnotes

1. In accordance with 2 C.F.R. § 200.315(d), HHS, CDC may obtain, reproduce, publish, or otherwise use the data produced under this award. HHS, CDC also may authorize others to receive, reproduce, publish, or otherwise use the data for federal purposes, consistent with applicable privacy and confidentiality laws. ↕