



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

Division of Global HIV and Tuberculosis

Notice of Funding Opportunity








Application due Monday, June 22, 2026

Strengthening tuberculosis (TB) prevention, diagnosis, treatment, and surveillance in Asia

Opportunity number: CDC-RFA-JG-26-0125



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Before you begin

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

SAM.gov registration (this can take several weeks)

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

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

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

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Monday, June 22, 2026.



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



Step 1:

Review the Opportunity

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Basic information

Centers for Disease Control and Prevention (CDC)

Global Health Center

Division of Global HIV and Tuberculosis

Making America safer, stronger, and more prosperous by reducing TB and other related health conditions in global settings through data-driven activities, innovative approaches, and strengthened public health systems.

Summary

The purpose of this NOFO is to reduce TB-related morbidity and mortality in India, the Philippines, and Vietnam by strengthening:

- TB case finding, including linked activities such as screening, testing, and diagnostic evaluation.
- TB prevention, including TB preventive treatment (TPT).
- TB treatment, including linkage and improved treatment regimens, as appropriate.
- Surveillance, through adopting, evaluating, and expanding innovative approaches.

Activities implemented will focus on:

- Expanding and improving diagnosis of TB infection and TB disease, including early and asymptomatic TB as well as drug-resistant or multidrug-resistant TB. This will be done by using and evaluating innovative screening and diagnostic methods and scaling up evidence-based approaches.
- Improving TPT outcomes for all individuals at high risk of developing TB disease and improving TB treatment outcomes of individuals with TB disease, including those with drug-resistant or multidrug-resistant TB. This will be done by using new, shorter, and better-tolerated treatment regimens.
- Strengthening TB surveillance for data-driven decision making, program planning, and public health action.



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

Key facts

Opportunity name:
Strengthening tuberculosis (TB) prevention, diagnosis, treatment, and surveillance in Asia

Opportunity number:
CDC-RFA-JG-26-0125

Announcement type:
New

Assistance listing:
93.494 – Global Tuberculosis

Key dates

Application submission deadline: Monday, June 22, 2026

Expected award and start date:
September 30, 2026

We will inform you of your application status by the end of August 2026.

Asia carries the highest burden of TB and drug-resistant or multidrug-resistant TB globally. This NOFO will focus on activities in India, the Philippines, and Vietnam because they are three of the top four countries contributing to the TB burden in the U.S. This aligns with the America First Global Health Strategy.

Funding details

Funding Type: Cooperative agreement

Expected total NOFO funding for Year 1: \$3,000,000

This is the expected total Year 1 funding for all awards made under this NOFO.

Expected number of awards: 1-3

The number of awards is subject to available funds and program priorities. Exact amounts for each award under this NOFO will be determined upon award.

We plan to award projects for five 12-month budget periods for a five-year period of performance, subject to available funds and program priorities.

Funding strategy

Funding amounts

Average One Year Award Amount: \$1,000,000

The [expected total NOFO funding for Year 1](#) is \$3,000,000. For this NOFO, you are strongly encouraged to apply to the Average One Year Award amount of \$1,000,000 instead of applying to the full \$3,000,000 expected total NOFO funding for Year 1. You should develop a proposal to spend up to \$1,000,000 carrying out activities under all NOFO strategies in one of the following countries: India, Philippines, or Vietnam.

Exact funding amounts and the geographic scope for each award under this NOFO will be determined at the time of award. Geographic prioritization may change over the course of the period of performance based on the burden of disease and evolving program priorities.

To align with the [responsiveness criteria](#), if you request more than the Year 1 funding amount, your application will be deemed 'non-responsive' and will not be considered for award.

Funding amounts for years two through five will be set at continuation. We will continue funding based on:

- Availability of funds.
- Evidence of satisfactory progress, as documented in your [required reports](#).
- The determination that continued funding is in the best interest of the federal government.

Component funding

Overview

We fund all CDC Global HIV and TB cooperative agreements using component funding.

Component funding allows us to provide funding as it becomes available. To do so, we fund sets of activities by quarter and project.

CDC may fund one or more of your components to start the budget period, and then consider other components based on available funding and recipient performance related to meeting milestones. Component activation and sequence may vary based on buy-ins and interagency allocations. CDC will communicate any adjustments in writing.

Setting up components

You must set up your components in your application. While preparing your application:

- Review the expectations for year one activities in the [strategies and activities](#) section.
- Group your activities under the following anticipated components. Only include the activities planned for year one.
 - **Component 1:** Strategy 1: Enhance and optimize early diagnosis and treatment of TB, drug-resistant/multidrug-resistant TB, and TB infection, while maximizing linkages between screening, diagnostic evaluation, treatment, and prevention activities to strengthen the TB care and prevention cascade.
 - **Component 2:** Strategy 2: Strengthen TB surveillance to promote data-driven decision-making and program planning.
 - **Component 3:** Additional Global TB Priorities.

For information on how to incorporate component funding into your application, see the following sections:

- [Budget narrative](#)
- [Component funding instructions for SF-424A](#)

Eligibility

Statutory authority

This NOFO supports global TB activities that are consistent, as applicable, with the America First Global Health Strategy and other applicable guidance. Activities under this NOFO are authorized under applicable statutory authorities. Funding is provided through available appropriations consistent with current law. This program is authorized under Section 307 of the Public Health Service Act [42 USC 242], as amended and Section 301(a) of the Public Health Service Act [42 USC 241(a)], as amended.

Eligible applicants

This is a fully competitive NOFO. Eligibility is unrestricted. All types of organizations are eligible and encouraged to apply, including:

- 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.
- Foreign or non-U.S. based entities.

Other required qualifying factors

Delivery location

While any type of organization may apply, you must conduct the project in either India, the Philippines, or Vietnam.

The expected total NOFO funding for Year 1 is \$3,000,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review. However, for this NOFO, you are strongly encouraged to apply to the Average One Year Award amount of \$1,000,000 per country instead of applying to the full \$3,000,000 expected total NOFO funding for Year 1.

You should develop a proposal to spend up to \$1,000,000 carrying out activities under all NOFO strategies in one of the following countries: India, Philippines, or Vietnam. CDC currently anticipates approximately \$1,000,000 per country, although this is subject to change and dependent on geographic priorities and availability of funds. Geographic prioritization may change over the course of the period of performance. CDC will work with the recipient(s) on any adjustments throughout the period of performance.

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 eligibility criteria. See requirements in [eligibility](#).
- Is submitted after the deadline.
- Proposes research activities. See the [definition of research](#).
- Requests more funding than the expected total NOFO funding for Year 1, as referenced in the [funding amounts sub-section](#).
- Exceeds the 20-page limit for the project narrative (see the [project narrative](#) section for what counts toward the page limit).
- Is not in English.
- Includes a budget or budget narrative that uses a currency other than U.S. dollars.
- Does not respond to and is outside the scope of this NOFO.

See the [application checklist](#) to understand your application requirements.

For applicants applying to work in India:

Any local recipient (prime applicant or proposed sub-recipient) applying to undertake activities in India under this NOFO must be compliant with Government of India's Foreign Contribution Regulation Act (FCRA) and must submit documentation of active FCRA registration.

The prime recipient applicant must have the capability to obtain local approval and engage local sub-recipients, as needed, to meet the program objectives.

Failure to provide FCRA registration as part of the application will render an application non-responsive and your application will not move forward.

For applicants applying to work in Vietnam:

Any local or foreign applicant (prime applicant or proposed sub-recipient) applying to undertake activities in Vietnam under this NOFO must be compliant with Government of Vietnam's required certifications. Foreign applicants must have a Registration Certificate, and local recipients must have a Certificate of Establishment/Juridical Person Status.

The prime recipient applicant must have the capability to obtain local approval and engage local sub-recipients, as needed, to meet the program objectives.

Failure to provide documentation of certification as part of the application will render an application non-responsive and your application will not move forward.

Application limits

We do not limit the number of applications an organization may submit. However, only one applicant/application will be selected to carry out activities in one specified location. CDC reserves the right to choose which location the organization will carry out the activities should one organization rank in the top 3 scoring range for each location and may select out of rank order. Applicants are encouraged to select their preferred choice of location should such scenario were to occur.

Cost sharing and matching funds

This program has no cost-sharing or matching funds requirement. We will not consider cost-sharing fund contributions during your application review. However, if you submit voluntary cost-sharing funds and we fund your project, we will require you to report on these funds.

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, sends response teams, trains health workers, and provides 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 \[PDF\]](#):** 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 overview and related work

The global TB burden

TB is the world's deadliest infectious disease and a significant global health threat, with 10.7 million new cases and 1.23 million deaths each year. Though it is curable and preventable, TB imposes a substantial economic burden on individuals, communities, and healthcare systems: diagnosis, treatment, and lost productivity costs have reached billions of dollars globally. The rise of drug-resistant and multidrug-resistant TB complicates efforts further, as these strains are more difficult and expensive to treat, leading to increased morbidity and mortality. As an airborne disease, TB easily crosses borders through international travel and trade, posing an urgent threat to national safety and security in the United States. Eliminating TB and protecting the U.S. requires a coordinated global response, particularly in high-burden countries such as India, the Philippines, and Vietnam.

India

India has the highest burden of TB globally, with over 2.7 million new cases and 305,000 TB-related deaths in 2024. The TB incidence rate in India is 187 cases per 100,000 population, and around 40% of the population is estimated to be infected with TB. India also faces a significant challenge with drug-resistant or multidrug-resistant TB, accounting for 32% of the global burden. Despite progress, including an 18% decline in TB incidence over the last decade, the gap between estimated incidence and the number of people diagnosed and treated remains critical. The lack of primary healthcare infrastructure in rural areas and a shortage of trained healthcare workers hinder effective diagnosis and treatment. Progress in India is essential for reducing TB cases in the U.S., as nearly 4 million tourists travel between the U.S. and India each year.

Philippines

The Philippines reported approximately 724,000 new cases and 37,000 TB-related deaths in 2024. The country has one of the highest TB incidence rates, of 625 cases per 100,000 population. It accounts for 6.8% of new TB cases globally, despite representing only 1.4% of the global population. Many individuals are not diagnosed or treated due to a fragmented healthcare system and a lack of trained personnel in remote areas. The Philippines also

has one of the highest burdens of drug-resistant or multidrug-resistant TB, with significant gaps between estimated cases and those enrolled in treatment. The Philippines is a significant contributor to TB cases among non-U.S.-born individuals, so lowering the TB burden in the Philippines is crucial for reducing the TB burden on the U.S. healthcare system.

Vietnam

Vietnam also has a high TB burden, with approximately 184,000 new cases and 13,000 TB-related deaths in 2024. Nearly half of TB cases in Vietnam are not diagnosed or treated, and the country struggles with a substantial burden of drug-resistant or multidrug-resistant TB. Challenges include underscreening of high-risk groups, challenges in care linkage, and delays in implementing new drug regimens. Misconceptions about TB further complicate treatment adherence and efforts to eliminate the disease. Vietnam's contribution to the global and U.S. TB burden is significant, so it is vital to address TB in Vietnam to reduce incidence rates worldwide.

The current work to end TB

The global End TB Strategy envisions a world free of TB — zero deaths, disease, or suffering due to TB by 2035. It serves as a blueprint for countries to end the TB epidemic by driving down TB incidence and deaths and eliminating catastrophic costs, defined as spending more than 20% of annual household income on TB-related costs. The 2025 milestone targets outline a 50% reduction in TB incidence and a 75% reduction in TB deaths compared to 2015 levels. Current trajectories show a 21% and 28% reduction in India, a 14% and 25% increase in the Philippines, and an 8.4% and 28.4% reduction in Vietnam, compared with 2015 levels.

Failure to achieve the global End TB Strategy could reverse decades of progress toward eliminating TB and reducing antimicrobial resistance in the U.S. To prevent a widespread TB resurgence in the U.S., it is critical to fortify TB efforts in countries with the highest burden and those that contribute most to U.S. TB cases. In 2024, 75% of TB cases and 85% of drug-resistant TB cases in the U.S. occurred among non-U.S.-born individuals born in India, the Philippines, or Vietnam, with these three being among the top four contributors. Strengthening TB initiatives in India, the Philippines, and Vietnam aligns closely with national interests and the America First Global Health Strategy, which emphasizes making the U.S. safer, stronger, and more prosperous. By focusing on diagnosing, treating, and preventing TB in these high-burden countries, the U.S. can help mitigate costly and deadly outbreaks at the source and prevent TB and drug-resistant/multidrug-resistant TB

strains from entering the U.S. This work will ultimately safeguard American lives and livelihoods, and the nation's economy.

Purpose

The purpose of this NOFO is to:

- Enhance early detection, treatment, and prevention of TB using evidence-based, innovative interventions.
- Strengthen TB data systems to optimize TB care and care cascade activities in India, the Philippines, and/or Vietnam.

Approach

Program logic model

The following logic model includes the expected strategies under this NOFO.

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

The **asterisked (*)** outcomes are those we expect you to achieve or substantially contribute to during the [five]-year period of performance. You must report on these outcomes.

Not all outcomes apply to all strategies. You will use these outcomes as a guide for developing performance measures.

Table: Strategies and outcomes

Strategies	Short-term outcomes	Intermediate outcomes	Long-term outcomes
<p>Strategy 1:</p> <p>Enhance and optimize early diagnosis and treatment of TB, drug-resistant or multidrug-resistant TB, and TB infection. Maximize linkages between screening, diagnostic evaluation, treatment, and prevention activities to strengthen the TB care and prevention cascade.</p> <p>Strategy 2:</p> <p>Strengthen TB surveillance to promote data-driven decision-making and program planning.</p>	<p>Enhanced competencies of healthcare providers, ministries of health, and community workers in TB infection case-finding.*</p> <p>Increased uptake of quality TB diagnosis and treatment services, including TPT.*</p> <p>Increased recognition of drug-resistant and multidrug-resistant TB.*</p> <p>Increased recognition and diagnosis of asymptomatic TB disease.*</p> <p>Increased collection and reporting of timely and accurate data covering the full TB care and prevention cascades.*</p> <p>Improved capacity at all health-system levels to analyze and interpret TB surveillance data.*</p>	<p>Reduced delays in TB diagnosis, notification, and treatment, especially among high-risk populations.*</p> <p>Increased case detection in populations at risk for TB, including children and adolescents.*</p> <p>Increased successful outcomes for all TB patients.*</p> <p>Reduced time from TB infection to TB treatment.*</p> <p>Increased real-time use of TB data by government health organizations for decision-making and public health response.*</p> <p>Increased integration of care systems combining surveillance, screening, and action for timely response.*</p>	<p>Reduced TB mortality and morbidity.</p> <p>Reduced TB transmission.</p> <p>Sustained progress toward TB-free regions and countries.</p> <p>Increased TB programs that are evidence-based and data-driven in countries.*</p>

* Indicates outcomes we expect you to achieve or substantially contribute to during the time period noted in the logic model You must report on these outcomes.

Strategies and activities

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

The following are priority activities under each strategy of this NOFO:

Strategy 1: Enhance and optimize early diagnosis and treatment of TB, drug-resistant or multidrug-resistant TB, and TB infection. Maximize linkages between screening, diagnostic evaluation, treatment, and prevention activities to strengthen the TB care and prevention cascade.

Priority activities

Screening and diagnosis

- Implement systematic TB screening using evidence-based, innovative screening tools and approaches in high-risk groups. You should propose groups that are high risk based on the TB epidemiology of the focus country. These groups could include:
 - Household and non-household contacts.
 - Undernourished people.
 - Children and adolescents.
 - Elderly people.
 - People with diabetes mellitus.
 - Tobacco users.
 - People working or living in healthcare facilities, congregate settings, or crowded settings.
- Integrate TB screening and referral services into existing health services and programs, including:
 - Nutrition rehabilitation centers.
 - Health facility departments that treat sick children.
 - Congregate settings.
- Help ensure that individuals who screen positive for TB promptly receive diagnostic evaluation, including clinical assessments and laboratory tests.

These evaluations should include advanced and novel diagnostic tests, including near point-of-care diagnostics, where appropriate.

- Integrate evaluation into funded activities to ensure that linkages succeed.

TB infection screening and TPT

- Link individuals who screen negative for active TB, but are at high risk for TB, to TB infection screening (as appropriate) and TPT services. Use shorter regimens for eligible people.
- Incorporate TB infection screening, as appropriate, and TPT into routine care in settings where high-risk populations seek services. This helps ensure easy access and supports adherence.

Treatment of active TB cases

- Establish clear pathways for people diagnosed with TB to be tested for drug susceptibility and to receive timely, accurate treatment.
- Integrate case management strategies, including contact investigations, to ensure comprehensive prevention, care, and treatment adherence.

Strategy 2: Strengthen TB surveillance to promote data-driven decision-making and program planning.

Priority activities

- Improve tools and processes to ensure TB data are complete and valid, including linkages between different data systems used for TB prevention and care.
- Build capacity of healthcare workers to:
 - Document and report relevant clinical and epidemiologic information across the spectrum of TB infection and disease.
 - Routinely analyze and use data for decision-making.
 - Promote timely progression from collecting surveillance data to taking programmatic action or making a policy change.
- Strengthen laboratory and diagnostic data systems to track and increase rates of bacteriologic confirmation and drug susceptibility testing.
- Promote use of interoperable laboratory and health information systems, including radiology results, to reduce reporting burden while ensuring data quality.
- Develop and pilot a record linkage activities framework for routine monitoring of underreporting.

You are expected to provide copies of and/or access to all data, software, tools, training materials, guidelines, and systems developed under this NOFO to Ministry of Health and other relevant interest holders, including HHS/CDC, for appropriate use consistent with underlying authorities.

Related policies

- If awarded, any activities you conduct must align, as applicable, with the [America First Global Health Strategy \[PDF\]](#).
- Proposed work should align with CDC's core priorities by demonstrating a commitment to gold-standard science, transparency, and evidence-based practices.
- Projects should support CDC's mission to:
 - Protect Americans from infectious and chronic diseases.
 - Strengthen public health systems.
 - Advance innovation in health data and infrastructure.

Additionally, applicants should show how their work:

- Contributes to rapid, science-driven responses to public health threats.
- Promotes global health leadership.
- Adheres to principles of integrity, accountability, and compliance with applicable laws and federal priorities.
- For more information about CDC's priorities, see [CDC priorities statement](#)
- Recipients should keep up with the latest guidelines, guidance, and policies found on USG sites including Whitehouse.gov, HHS.gov, CDC.gov, and Department of State/[Bureau of Global Health Security](#). Also, the Notice of Award (NoA) will include important terms and conditions that also apply to this award.

Geographic focus

Geographic prioritization may change over the course of the period of performance. CDC will work with the recipient(s) on any adjustments throughout the period of performance.

Outcomes

We expect you to achieve or substantially contribute to the outcomes **asterisked (*)** in the [logic model](#) by the end of the five-year period of performance. You will be expected to report on these outcomes as well as milestones achieved in each performance period.

Communities served

Under this NOFO communities served include people living with or at increased/higher risk for TB or other related health conditions that can negatively affect the goals of keeping Americans safer, stronger, and more prosperous.

Organizational capacity

You must include a heading in your Project Narrative titled Organizational Capacity under which you should include a brief description of your organizational capacity to carry out these strategies and activities.

You must also provide supporting documentation in your attachments. See the [attachments](#) section for full instructions.

Coordination

If funded, we will expect you to work with:

- Other CDC programs.
- CDC-funded and non-CDC-funded ministries of health and local health authorities.
- CDC-funded multilateral organizations such as the Stop TB Partnership.
- Other CDC-funded and non-CDC-funded global TB organizations.
- Regional interested parties, including local and international agencies or organizations, and other entities closely aligned with Stop TB's Global Plan to End TB (2023–2030), the United Nations sustainable development goals for TB, and the United Nations Political Declaration on the Fight Against TB (2023).
- Other U.S. government organizations, such as the Bureau of Global Health Security and Diplomacy.

Through its global TB program, CDC works with organizations to help prevent TB infection, provide life-saving treatment to people living with TB, and reduce TB-related deaths. We encourage our recipients to coordinate with local organizations, U.S.-based organizations, and international organizations. The goal of this coordination is to complement efforts to lower costs, make programs more effective, enhance national capacity, sustain the gains, and accelerate progress towards ending TB.

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. These indicators may include or align with broader USG global health metrics where appropriate, reflecting CDC's integrated approach to HIV, TB, and global health-security outcomes.

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

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.

CDC expectations

CDC expects you to review, clean, and use routine performance data for program management and to evaluate program activities to inform program direction and scale-up. There may also be additional non-routine data collection needed as the program and priorities shift. As a result, you should hold regular review meetings to discuss performance and use data to inform program quality improvement activities.

In your application budget, you should allocate at least 5% of funds for monitoring activities and 5% for evaluation activities. We will discuss these percentages and finalize them at or after award. These are estimates for the total funding over the five-year project.

Required performance measures

Overview

This program includes:

- **Custom indicators** that either we or you create. These include process and outcome measures that directly correlate with the logic model.

The indicators shown below may change before the award or in future years. For example, any gaps or unmet needs not fulfilled in the first year may affect the targets in later years.

Custom indicators

Below we show some anticipated custom indicators, targets, and reporting frequencies for the first year. You may also propose custom indicators.

- Number of healthcare providers and community workers trained in innovative screening tools and diagnostic tests. [Target: 1,000; Reporting Frequency: Quarterly]
- Percent increase in confirmed TB notifications among those at risk for TB from previous year, including children and adolescents. [Target: 25%; Reporting Frequency: Quarterly]
- Percentage of people diagnosed with active TB disease who initiate TB treatment. [Target: 100%; Reporting Frequency: Quarterly]
- Percentage of people diagnosed with active TB disease without symptoms or who would have otherwise been missed through routine activities. [Target: 25%; Reporting Frequency: Quarterly]
- Percentage of people diagnosed with TB disease who were linked to treatment. [Target: 100%; Reporting Frequency: Quarterly]
- Percentage of TPT coverage among children less than 5 years old who are household contacts of people with TB disease. [Target: 100%; Reporting Frequency: Quarterly]
- Percentage of TPT coverage among household contacts over 5 years old with TB infection. [Target: 85%; Reporting Frequency: Quarterly]
- Percentage of TPT coverage among other eligible persons from high-risk settings, for example healthcare workers, or residents or workers from congregate or crowded settings. [Target: 75%, Reporting Frequency: Quarterly]

Data sources for custom indicators

Data sources may include:

- Routinely used and project-specific registers.
- Tally sheets.
- Electronic and paper patient records.
- Quarterly progress reports.
- Surveillance and survey reports.
- Other program monitoring tools.

Evaluation

Below, we include examples of evaluation topics that we may expect you to answer through process, outcome, or economic evaluation. In your application, include at least one, but no more than three potential evaluation questions. We expect you to conduct a mid-term and end-term evaluation.

- Improvement in TB prevention and care cascade, including number of people screened for TB, number of people who completed TPT, number of people with presumptive TB identified, and diagnosis and treatment outcome.
- Effect of TB case-finding activities, as defined in the NOFO, and care linkage: outcome evaluation.
- Effect of activities, as defined in the NOFO, on changes in TB data system use, accuracy, completeness, and timeliness: outcome evaluation.

Evaluation data sources

Data sources may include:

- Routinely used and project-specific registers.
- Tally sheets.
- Electronic and paper patient records.
- Recipient progress reports.
- Focus groups.
- In-depth interviews.
- Surveys.
- Other program evaluation tools.

Dissemination of evaluation results

Dissemination channels could include:

- Local and international conferences and forum abstract presentations, if allowable.
- Conference poster displays, if allowable.
- Manuscripts.
- Bulletins.
- Reports.
- Presentations to technical working groups and interest holder meetings.
- Other approved products in print and electronic media.

The primary intended users of evaluation results and findings will be the wider program interest holders.

CDC and interest holders will use overall evaluation findings during the five-year project period to share and implement key recommendations to strengthen program implementation and effectiveness, sustainability, and continued program improvement after the award ends.

All evaluation reports will be publicly available.

Evaluation and performance measurement plan

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

As you develop your evaluation and performance measurement plan, align it with applicable national, global TB, and agency priorities as detailed in the NOFO. If awarded, we will work with you to finalize the plan and help ensure it is in alignment with CDC's core priorities and with the America First Global Health Strategy.

Include the following elements in your evaluation and performance measurement plan.

Methods

Describe how you will:

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

Additionally, explain:

- How findings will contribute to reduce barriers to accessing health and related services, as relevant.
- How key program interest holders 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 and populations of interest in a way that meets their needs.
- Other relevant information, such as performance measures you propose.

Evaluation activities

You must carry out specific evaluation activities.

At least one evaluation must be carried out for each cooperative agreement during funding. The evaluation can be:

- **Process evaluation:** Measures how the intervention was delivered, what worked and did not, the differences between the intended population and the population served, and access to the intervention.
- **Outcome evaluation:** Determines the effects of the intervention in the focus population, such as change in knowledge, attitudes, behavior, or capacity.
- **Economic evaluation:** Determines cost, cost drivers, cost effectiveness, efficiency, factors influencing economic behavior and choices, or the economic impact of interventions or activities to justify the investment.

Describe:

- The type of evaluations you will complete (process, outcome, and/or economic).
- Key evaluation questions these evaluations will address.
- Other information, such as measures and data sources.

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](#).

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

Submit your initial DMP with your application and include:

- The data you will collect or generate and what its sources will be.
- Any reasons why you cannot share data collected or generated under this award with CDC. These could include legal, regulatory, policy, or technical reasons.
- Who can access the data and how you will protect and secure it.

- Data standards that explain what documentation released data will have. That documentation should describe collection methods, what the data represent, and data limitations.
- Archival and long-term data preservation plans.
- How you will update the DMP as new information becomes available during the project. You will provide updates to the DMP in [annual reports](#).

In addition to the other requirements listed, also include:

- Cybersecurity plans.
- How you will protect personally identifiable information when you collect, store, transfer, and use this data.
- How you will remove information from the data that could reveal participants' identities (de-identify the data) in intermediate and final data sets.

CDC will inform you of data you need to share with us and how and when it should be shared.

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 should provide a detailed work plan for the first year and a high-level work plan for later years. Years two through five: submit a high-level plan subject to annual review and update.

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 logic model.	Responsible position or party	Funding component / completion date
Strategy 1:				
1.				
2.				
3.				
Strategy 2:				
1.				
2.				
3.				

Paperwork Reduction Act

Any activities involving information collection from 10 or more individuals or organizations may require 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](#).

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS has 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 policies

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

- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. If you have questions about these purposes, [ask the grants management specialist](#).
- Your budget is arranged in eight categories: salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual.
- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.
- All requests for funds contained in the budget should be stated in U.S. dollars.
- Cost increases for fluctuations in exchange rates are allowable costs subject to the availability of funding. Prior approval of exchange rate fluctuations is required only when the change results in the need for additional Federal funding, or the increased costs result in the need to significantly reduce the scope of the project. Before providing approval, the Federal agency must ensure that adequate funds are available to

cover currency fluctuations in order to avoid a violation of the Antideficiency Act. Find out more about exchange rates at [2 CFR 200.400](#).

- 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 we receive more funding for this program, we will consider options such as:
 - Funding more applicants.
 - 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 Recipients \[PDF\]](#).
- For more information on unallowable costs that apply to this NOFO's awards and work, refer to the [HHS Administrative and National Policy Requirements](#) .

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](#).

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.

Foreign organizations and foreign public entities

Indirect costs on awards to foreign organizations and foreign public entities performed fully outside of the U.S. and its territories may be paid to support the costs of complying with federal requirements. This rate is fixed at eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000.

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.
- For discretionary awards, preference may be given to institutions with lower indirect cost rates.

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. As of January 2026, the HHS/CDC 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. If applicable, the disposition of program income

must have written prior approval from the Grants Management Officer. Find more about program income at [2 CFR 200.307](#).

Program-specific limitations

CDC global HIV and TB terms and conditions

If awarded, you may be required to adhere to any specific global HIV and TB terms and conditions. These will be communicated through official channels after the NoA has been issued.

Host country laws and regulations

If funded, you are expected to follow applicable host country laws and regulations related to the strategies under this NOFO; if there are conflicts with this award, contact the [Grants Management Officer](#).



Step 2:

Get Ready to Apply

In this step

Get registered [34](#)

Help applying [35](#)

Get registered

SAM.gov

You must have an active account with SAM.gov. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Find the application package

You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number CDC-RFA-JG-26-0125. 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.

The Grants.gov Contact Center is available 24 hours a day, 7 days a week, except U.S. federal holidays. The Contact Center is available by phone at

1-800-518-4726 (U.S.) and 1-606-545-5035 (international) or by email at support@grants.gov.

We will post any changes, updates, or amendments on Grants.gov.

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

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 contents and format	<u>39</u>

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 abstract	Project Abstract Summary form	1 page	
<input type="checkbox"/> Project narrative	Project Narrative Attachment form	20 pages	Yes
<input type="checkbox"/> 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?
<input type="checkbox"/> Table of contents	None	No
<input type="checkbox"/> Experience statement	None	No
<input type="checkbox"/> Financial capability statement	None	No
<input type="checkbox"/> Resumes and job descriptions	None	No
<input type="checkbox"/> Organizational chart	None	No
<input type="checkbox"/> Indirect cost agreement (if applicable)	None	No
<input type="checkbox"/> Letters of support	None	No
<input type="checkbox"/> Report on overlap (if applicable)	None	No
<input type="checkbox"/> Statement of prior award	None	No
<input type="checkbox"/> Other documentation (optional)	None	No
<input type="checkbox"/> If applying to work in India or Vietnam: <ul style="list-style-type: none"> • FCRA registration (if applying to work in India) • Registration Certificate (if applying to work in Vietnam) 	None	Yes

Other required forms

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

Application contents and format

Applications include narratives, attachments, and other required forms. This section includes guidance on each. All your application materials must be in English. Express currency in U.S. dollars.

Your organization's authorized official must certify your application.

We will provide instructions on document formats in the following sections. If you don't provide the required documents, your application is incomplete.

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

See [responsiveness criteria](#) and [initial review](#) to understand how this affects your application.

Required format

Required format for project abstract, project narrative, budget narrative justification, attachments, and other required forms.

File format: PDF, Word, or Excel

Size: 12-point font

Footnotes and text in graphics may be 10-point.

Spacing: Single-spaced

Margins: 1-inch

Include page numbers.

These formatting requirements do not apply for any scanned or photocopied materials inserted into your application.

See [merit review criteria](#) to understand how reviewers will evaluate your application.

Project abstract

Page limit: 1

File name: Project abstract 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.

Project narrative

Page limit: 20

File name: Project narrative

Although not required, you may include the following four additions to your project narrative file. They do not count toward the 20-page limit:

- Cover or title page.
- Table of contents for the project narrative.
- Nondisclosure statement, if applicable to your organization.
- Acronym or abbreviation list.

All other content included in the Project Narrative file will count toward the 20-page limit. It is your responsibility to double-check for formatting issues that might occur when you submit your application. If a formatting problem causes a 20-page project narrative file to exceed 20-pages, your application will be deemed non-responsive.

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

Background

Describe the problem you plan to address. Be specific to your population, communities served, and geographic area.

See the [background overview and related work](#) section of the program description.

Approach

Strategies and activities

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

Outcomes

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

Organizational capacity

Briefly describe your organizational capacity to carry out the strategies and activities. You will provide the required [attachments](#) in a separate file.

Coordination

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

Evaluation and performance measurement plan

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.

Data management plan

You must provide an initial data management plan. This plan describes how you will fulfill the requirements in [program description, data management plan](#).

Work plan

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

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 required forms](#).

You must state all amounts in U.S. dollars.

HHS now uses the definitions for [equipment](#) and [supplies](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

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. We encourage you to develop a budget based on accomplishment of key or critical milestones and clearly link budget amounts for activities to accomplishment of related milestones.

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](#).

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.

Component funding requirements

In your [SF-424A](#) form, you will separate your component budgets using the “grant program, function, or activity” sections.

In a single document, provide a separate budget narrative for each [component](#) you propose. Separate them with clear headings.

Attachments

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

Page limit: Provide only the information you need to respond to each requirement. Combined, the attachments may not be more than 90 pages. We provide this page limit to ensure you have adequate space to meet all requirements; however, we don’t expect you to need the full 90 pages. Anything submitted beyond the 90-page limit will not be considered as part of the review process.

Table of contents

Required.

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.

Experience statement

Required.

File name: Experience statement

Provide an experience statement that demonstrates your organization’s capacity to address the requirements of the NOFO, specifically in the following areas:

- Capacity to develop, implement, and evaluate TB interventions internationally and in alignment with Stop TB’s Global Plan to End TB (2023–2030).
- Experience planning and implementing activities aimed at improving TB screening and case finding.

- Experience designing, implementing, and scaling a range of TB prevention strategies, including TPT.
- Experience planning and implementing novel approaches to ensure quality of TB care.
- Experience building local organization capacity to support efforts to respond to and contain outbreaks.
- Experience, working relationships, and established cooperative relationships in the country where you are proposing to carry out activities.

Financial capability statement

Required.

File name: Financial capability statement

Describe your:

- Systems and procedures used to manage funds
- Procurement procedures
- Previous experience managing budgets greater than \$1,000,000

Resumes and job descriptions

Required.

File name: Resumes and job descriptions

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

At the applicant's discretion, but may include Principal Investigator, Business Official, etc.

Organizational chart

Required.

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.

Statement of prior award

Required.

File name: Statement of prior award

If your organization has received a prior grant award under the federal global HIV and TB program, include a list of each previous award in this attachment with agreement number and project period dates.

For organizations that have not previously received an award under this program, this attachment should state that no prior awards have been received.

Country-specific required attachments

For applicants applying to work in India:

You will need to provide documentation of current FCRA registration

File name: India FCRA registration

For applicants applying to work in Vietnam:

You will need to provide documentation of current approval to work in Vietnam. Foreign applicants must have a Registration Certificate, and local recipients must have a Certificate of Establishment/Juridical Person Status

File name: Vietnam certificate(s)

Indirect cost agreement

Required if applicable.

File name: Indirect cost agreement

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

For discretionary awards, preference may be given to institutions with lower indirect cost rates.

Report on overlap

Required if applicable.

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.

Other documentation

Optional.

You may include any additional materials that are important to support your application.

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

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With 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.](#)

Component funding instructions for SF-424A

When completing your SF-424A, you will enter each component you propose in the "grant program, function, or activity" sections. The form allows for only four components. If you are proposing more than four components, you must submit two SF-424A forms. You can upload the second form under other attachments.



Step 4:

Learn About Review and Award

In this step

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Application review

Initial review

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

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

Merit review

A panel reviews all applications that pass the initial review for responsiveness criteria. They use the following criteria. Merit reviewers will score each application, and then we will rank them by score.

Table: Criteria and total points

Criterion	Total number of points = 100
1. Approach	40 points
2. Organizational capacity	35 points
3. Data, monitoring, and evaluation	25 points

Criteria

Approach (Maximum points: 40)

Make sure that responses are consistent with the requirements in the [program description](#) sections shown in the following table.

Table: Approach criteria

Evaluate the extent to which the applicant provides:	Points
A proposal to implement an approach that addresses TB program needs, priorities, and available resources in the proposed country.	15 points
Justification for activities in the selected country.	5 points
Demonstrated understanding of the TB burden in the country they are proposing to work in.	10 points
A plan to implement TB activities in cooperation with and in support of national TB programs.	5 points
A proposal to build local capacity in the proposed TB technical areas.	5 points

Organizational capacity (Maximum points: 35)

Ensure that responses are consistent with the Program Description section Organizational Capacity, and with the requested attachments (experience statement, financial capability statement, resumes and job descriptions, organization chart, and any other requested attachments).

Table: Organizational capacity criteria

Evaluate the extent to which the applicant provides:	Points
Demonstrated technical capacity, experience, and expertise working in multiple TB program areas such as drug-resistant/multidrug-resistant TB, diagnosis and treatment of TB, TB screening, and prevention activities.	15 points
An established infrastructure and capacity to efficiently and effectively work with national TB programs in the country where they are proposing to conduct activities.	15 points
Information on staff involved in this project who are qualified to perform the activities described. Curricula vitae or resumes provided should show how staff are qualified in the following: <ul style="list-style-type: none"> • TB screening and case finding. • TPT. • Continuity and quality of TB care. • Capacity building among and cooperation between governmental and nongovernmental organizations. 	5 points

Data, monitoring, and evaluation (Maximum points: 25)

Make sure that responses are consistent with the program description's [data, monitoring, and evaluation](#) section.

Table: Data, monitoring, and evaluation criteria

Evaluate the extent to which the applicant provides:	Points
<p>A good description of the timeframe, key interest holders, indicator definitions, and evaluation questions when considering:</p> <ul style="list-style-type: none"> • The initial project evaluation. • How each factor will be measured. • How the findings will be disseminated. • Appropriate indicators and evaluation questions given the objectives of the NOFO. 	15 points
<p>A description of a good system for reviewing and adjusting program activities based on performance monitoring and evaluation findings.</p>	10 points

Budget (Not scored)

Make sure that responses are consistent with the [Budget narrative](#) and [Funding policies and limitations](#).

Table: Budget criteria (not scored)

Evaluate the extent to which:	Points
<p>The budget is itemized, justified, reasonable, and consistent with NOFO objectives, planned program activities, and global TB program goals in alignment, as applicable, with the America First Global Health Strategy.</p>	Not scored

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

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.
 - We will resolve ties using the following process, in order:
 - Conduct further review of the tied applications.
 - Promote the application with the highest score under [Approach](#).
 - If there is still a tie, promote the application with the highest score under [Organizational Capacity](#).
 - If there is still a tie, promote the application with the highest score under [Data, monitoring, and evaluation](#).
 - We reserve the right to fund applications out of rank order:
 - If a grant is awarded based on false or misrepresented information, or if a recipient does not comply with public policy requirements, we may take any necessary and appropriate action with respect to the recipient or the award, up to termination.
 - To further the activities and priorities of the global TB program in alignment with the America First Global Health Strategy.
 - For discretionary awards, preference may be given to institutions with lower indirect cost rates.
 - Should one applicant rank in the top 3 scoring range for each country (India, Philippines and Vietnam)

We may:

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

Our ability to make awards depends on available appropriations.

Risk review

Before making an award, we review 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 SAM.gov [Responsibility / Qualification](#) to check this history for all 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 additional 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](#).

Award notices

If we decide to award you funding, we will email a NoA to your authorized official.

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

You will receive these notifications by the end of August 2026 or as soon as possible.

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

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

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



Step 5: Submit Your Application

In this step

Submission requirements and deadlines [56](#)

Submission requirements and deadlines

See [find the application package](#) to make sure you have everything you need.

You must obtain a UEI number associated with your organization's physical location. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location receiving the federal funds.

Make sure you are current with SAM.gov and UEI requirements. See [get registered](#).

You will have to maintain your registration throughout the life of any award.

Application

Due on Monday, June 22, 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.

If you are experiencing technical issues with your submission that may impact submitting your application by the deadline, email the [grants management contact](#) at least five calendar days before the [application deadline](#) with the following information:

- Your organization name and contact information.
- The [opportunity number](#) of this NOFO.

- The [Grants.gov](#) case number assigned to your inquiry.
- The problems that prevent you from submitting through Grants.gov, and how you attempted to solve these problems with the help of the Grants.gov Contact Center.

Intergovernmental review

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



Step 6:

Learn What Happens After Award

In this step

Post-award requirements and administration [59](#)

Post-award requirements and administration

We adopt by reference all materials included in the links within this NOFO.

Administrative and national policy requirements

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

- All terms and conditions in the NoA, including [CDC General Terms and Conditions](#). The NoA includes the requirements of this NOFO. This also includes adhering to Gold Standard Science.
- 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](#), which you must also follow, as applicable.
- 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 NoA.
- 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. 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.
- For information about additional requirements that apply to this NOFO's awards and work, please see the [CDC's Additional Requirements](#) (AR).

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. CDC will provide you with a template for the Evaluation and Performance Measurement Plan after the NoA is issued. 	Six months into award.
Annual Performance Report	<ul style="list-style-type: none"> Serves as yearly continuation application. Includes performance measures, successes, and challenges. Updates work plan and the Evaluation and Performance Measurement 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.
Final Performance Report	<ul style="list-style-type: none"> Includes information like the Annual Performance Report. 	120 days after the end of the period of performance.
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.
Reporting of Foreign Taxes	<ul style="list-style-type: none"> Includes amount of foreign taxes assessed, reimbursed, and unreimbursed by each foreign government. Also applies to subawards. 	<ul style="list-style-type: none"> Annually by November 16. Quarterly by January 15, April 15, July 15, and October 15 each year.

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

CDC award monitoring

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

Monitoring activities include:

- Routine and ongoing communication between CDC and recipients.
- Site visits.
- Recipient reporting, including work plans, performance reporting, and financial reporting.
- Routine updates and annual review of the full evaluation and performance measurement plan.

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

- Tracking your progress in achieving 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:

- Organizing an orientation meeting with you on expectations, regulations, and key management requirements, as well as report formats and contents.
- Reviewing and approving your evaluation and performance measurement plan, including for compliance with the strategic information guidance established by CDC.
- Meeting regularly with you to assess your quarterly technical and financial progress reports and modify plans, as needed.
- Meeting each year with you to review your annual progress report, and to review and adjust your annual work plans for the next fiscal year based on outcome achievement, evaluation results, and changing budgets.
- Conducting site visits through an approved monitoring system, in compliance with CDC and related requirements.
- We will monitor your ability to perform supportive or systemic functions, by assessing and scoring site performance connected to key areas of your program.

- We will work with you on gaps we identify and continuous quality improvement, which might include additional data quality or service quality assessments.
- Providing technical oversight for all activities under this award.
- Making sure you are on track to achieve outcomes on time.
- Monitoring programmatic and financial performance measures to ensure satisfactory performance.
- In accordance with [2 CFR 200.339](#) and [200.340](#), as appropriate, we can take corrective or enforcement actions if you underperform in achieving your project's targets. This means:
 - When we are considering a target improvement or corrective action plan, we will assess your level of effort, including the following:
 - Any preventive action taken.
 - Any extenuating circumstances internal or external to the recipient.

CDC's role

Under a cooperative agreement, CDC has substantial involvement in your project. This means that we will do the following:

- Help/assist with your review and selection of key personnel, any post-award sub-contractors, and any sub-recipients that will be involved in the activities performed under this NOFO. This is limited to reviewing and making recommendations on the process you use to select these individuals and organizations.
- Provide technical support and targeted capacity building activities designed to help you:
 - Develop and conduct program activities based on CDC guidance, operational plan approval, and best practices.
 - Manage, analyze, and ensure data quality.
 - Meet USG financial and reporting requirements.
 - Present and possibly publish program results and findings.
 - Manage and track finances.
- Guide you on how to allocate funds for and how to conduct monitoring and evaluation activities, including providing ethical reviews to direct or assist with any needed changes.
- Help ensure your work aligns with the country's national plan to manage and lead their TB initiatives in a fair, effective, and long-lasting way.



Contacts and Support

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Agency contacts

Program

DGHT NOFOs

Email: DGHTNOFOs@cdc.gov

Grants management

Randolph Williams

Grants Management Officer

Email: gur2@cdc.gov

Telephone: 770-488-8382

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](#)

Reference websites

- [U.S. Department of Health and Human Services \(HHS\)](#)
- [Grants 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 \(U.S.C.\)](#)
- [CDC Global HIV and TB](#)
- [FFR Information | HHS PSC FMP Payment Management Services](#)
- [CDC priorities statement.](#)