Notice of Funding Opportunity

Application due Monday, June 29, 2026

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

National Center for Immunization and Respiratory Diseases (NCIRD)
Influenza Division

Network of Influenza Modeling and Forecasting Centers

Opportunity number: CDC-RFA-IP-26-0102

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, June 29, 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)

National Center for Immunization and Respiratory Diseases (NCIRD)

Influenza Division

Establishing a network that improves CDC's use of influenza modeling and forecasting.

Summary

You'll create a site and join a network of researchers that will improve CDC's use of influenza modeling and forecasting to prepare for and respond to health threats due to influenza. This includes:

- Providing situational awareness.
- Informing prevention and control of influenza.
- Advancing the science of influenza forecasting and modeling.
- Increasing communication of related results to best serve our communities.

As part of the network, you'll help inform strategies to prevent and control influenza. This includes in populations at higher risk of influenza or who have less access to and use of influenza prevention and control measures.

Funding details

Funding type: Cooperative agreement

Expected awards: Up to 7

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

Expected total program funding over the performance period: $16,625,000

Estimated average award per applicant over the period of performance: $2,375,000

Expected funding per applicant per 12-month budget period: $475,000

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

Have questions?
Go to Contacts and Support.

Key facts

Opportunity name:
Network of Influenza Modeling and Forecasting Centers

Opportunity number:
CDC-RFA-IP-26-0102

Assistance listing:
93.185

NOFO version:
Original

Key dates

Application submission deadline:
Monday, June 29, 2026

Informational call:
June 5, 2026

Optional letter of intent deadline:
June 10, 2026

Expected award date:
September 15, 2026

Expected start date:
September 30, 2026

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

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 with 501(c)(3) status, other than institutions of higher education.
- Nonprofits without 501(c)(3) status, other than institutions of higher education.
- Nonprofit private institutions of higher education.

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.
- Includes all applications materials required by the responsiveness criteria.

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 under your organization's 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.
  - Detects 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

Seasonal influenza disease activity is associated with a substantial health burden in the United States. According to CDC data from past seasons, influenza results in an estimated 120,000 to 710,000 hospitalizations and 6,300 to 52,000 deaths annually. Access to and use of influenza prevention and control measures, such as seasonal influenza vaccination, varies across subpopulations of the United States. Influenza modeling and forecasting can inform best practices for influenza prevention and control in seasonal and pandemic settings and provide valuable insights into influenza activity expected over the short-term period.

CDC employs a variety of modeling and forecasting techniques to enhance its understanding and management of seasonal influenza. These efforts are crucial for translating surveillance data into actionable insights that inform public health strategies. For example, CDC collaborates with academic and industry partners to conduct forecasting challenges, which have been ongoing since the 2013-2014 influenza season. This collaboration has led to the development of robust forecasting models that provide short-term predictions of influenza activity, which can be used to inform decisions about resource allocation and improve health care preparedness. Additionally, CDC uses mathematical modeling to better understand the impact and use of influenza prevention and control measures, such as seasonal influenza vaccination and influenza antiviral treatment. This helps us better understand the benefits of these measures during influenza seasons and informs planning for future influenza seasons and pandemics.

Despite these efforts, the complexities of seasonal influenza necessitate ongoing improvements in modeling and forecasting methodologies. As the landscape of respiratory virus circulation continues to evolve and newer methods like artificial intelligence become more widely available, there is a pressing need for enhanced influenza modeling and forecasting capabilities.

Related work

- NOFO IP20-003: Network of Modeling Centers to Improve Evidence Base for Seasonal and Pandemic Influenza Prevention and Control
- NOFO IP19-004: Network of Forecasting Centers to Improve Forecast Accuracy and Communication for Seasonal and Pandemic Influenza

Purpose

The purpose of this NOFO is to grow a network of researchers that improves CDC's use of influenza modeling and forecasting to:

- Provide situational awareness.
- Inform the prevention and control of influenza.
- Advance the science of influenza forecasting and modeling.
- Increase communication of related results with key partners, including state, local, and non-governmental partners.

These efforts will inform strategies to mitigate influenza morbidity and mortality. This includes populations at higher risk of influenza or who have less uptake and access to influenza prevention and control measures.

Approach

Overview

By growing a network of researchers, CDC will be able to use the expertise of multiple influenza modeling and forecasting partners to provide the best possible evidence for influenza planning, preparedness, and response. You will be expected to establish and maintain a network site, a group of connected researchers that also connects with CDC's larger network.

Why this approach

Studies have shown that collaborative modeling and forecasting efforts can effectively improve our understanding of the impact of interventions and situational awareness for infectious disease incidence. Aggregate models produced by combining the results of multiple contributing models regularly outperform those from an individual source, in terms of their accuracy and robustness.

What we'll accomplish

This means that together, we will be able to better estimate the impact of prevention and control measures, including in populations at higher risk of influenza or who have less access to and use of influenza prevention and control measures. These areas of research also provide prime opportunities to expand the use of novel capabilities, such as artificial intelligence.

The goal is to ensure that public health partners and communities have the best possible information and resources readily available to respond to and prepare for seasonal and pandemic influenza threats.

Forecasting and modeling produced by this network will add to the existing evidence base for:

- Using forecasts for situational awareness of influenza activity.
- Informing the enhancement of influenza prevention and control strategies.

Activities and results from this network will be implemented in partnership with key public health partners, including state, local, and non-governmental partners. We need robust results to build trust with these partners and justify changes in prevention and control 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 five-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.

You are required to include:

- Strategies 1-3.
- Strategy 4 or 5.

You may choose to include the following strategies but they're not required.

- Both Strategy 4 and Strategy 5 (only one is required).
- Strategies 6-8.

Table: Strategies and outcomes

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Strategy 1. Establish and operate a network site.	A site of influenza researchers that participate in the network is established.*	A site of researchers that advance modeling and forecasting influenza is maintained.*	
Strategy 2. Collaborate across the network.	Improved collaboration across network sites.* Increased efficiency in sharing project findings and resources.*	Improved collaboration protocols. Expanded and unified projects across network sites.	Improved robustness and utility of influenza modeling and forecasting results.
Strategy 3. Document scientific findings.	Increased documentation of network results in the scientific literature and in internal reports.* Increased access to open-source code implementing novel methodology.*		Network results are used to inform national, state/ territorial, and local public health preparedness, decision-making and response, including when there is an urgent need.
Strategy 4: Inform prevention and control strategies with modeling.	Modeling questions are identified to assess the impact of prevention and control strategies for influenza, as a site and in collaboration with the network.* Expedited model development to address questions, including those for emergent public health issues.*	Established robust modeling approaches to inform influenza preparedness and response.* Modeling results are used to appropriately assess influenza prevention and control measure impacts, including in populations at higher risk of influenza or who have less uptake	Informed decision-making by federal and jurisdictional public health partners about prevention and control strategies with model results generated by the network. Increased availability of models that can be extended during emergent public health events, like an

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
	Increased number and quality of scenario model projection submissions to collaborative efforts for all 50 states, the District of Columbia, selected U.S. territories, and nationally, as appropriate.*	and access to influenza prevention and control measures. Increased users of model projections results. Increased number of multi-site modeling projects.	influenza pandemic, to inform public health action.
Strategy 5: Produce seasonal forecasts to improve preparedness and response.	Increased availability of real-time forecasts.* Increased number and quality of real-time influenza forecast submissions to FluSight and other forecasting collaboration repositories for all 50 states, the District of Columbia, selected U.S. territories, and nationally, as appropriate.* Improved accuracy and robustness of forecasts by utilizing novel methods (e.g., artificial intelligence) and data sources.*	Established robust forecasting approaches to inform influenza situational awareness, preparedness and response.* Forecast accuracy and robustness metrics are used to build trust with public health partners in forecasting results. Areas for forecasting improvement are identified in collaboration with public health partners.*	Seasonal influenza situational awareness and decision-making for public health and other partners are informed by the forecasts. Communications and recommendations surrounding influenza prevention and control efforts, including when there is an urgent need for additional information are informed by the forecasts.
Strategy 6: Synthesize collaborative modeling and forecasting results.	Increased consistency and transparency of model assumptions between network	Models are verified and validated so that their outputs are robust.	Situational awareness and decision-making for federal and jurisdictional public

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
	sites for collaborative network projects. Improved representation of uncertainty in individual and aggregate model projections and forecasts. Novel methods (e.g., those informed by artificial intelligence) are identified to create real-time ensembles of forecasts and/or model projections that outperform current methods.	Improved ensembling approaches. Increased robustness of FluSight ensemble forecasts.	health partners are informed by models and forecasts with more robust aggregate modeling and forecasting results. More robust aggregate model projections and forecasts are used to inform the public on influenza situational awareness and the use of prevention and control strategies.
Strategy 7: Communicate modeling and forecasting results.	Communication strategies for modeling and/or forecasting results are identified and evaluated.* New data visualization methods are developed for presenting modeling and forecasting results in the scientific literature and to the public.	New communication strategies are proposed to federal and jurisdictional public health partners for their feedback. Improved communication of modeling results and their uncertainty for federal and jurisdictional public health partners. Tailored forecast communication methods for the intended audience during seasonal influenza epidemics	Increased knowledge of seasonal influenza forecasting results and their use by public health and other partners for decision-making. Increased knowledge of seasonal influenza modeling results and their use by federal and jurisdictional partners to inform recommendations surrounding influenza prevention and control strategies.

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
		or pandemic applications.	
Strategy 8: Extend seasonal influenza modeling or forecasting to novel applications, including pandemic influenza.	Extended seasonal influenza modeling and/or forecasting methods to support the response to pandemic influenza and other novel applications or public health events, to inform preparedness and prevention and control strategies.* Identified whether there is substantive evidence for early predictors of overall influenza season severity and burden.	Communicated results of influenza models and forecast methods to federal and jurisdictional public health partners. Increased availability of influenza models that can rapidly assess impacts of influenza prevention and control measures for novel applications, including in populations at higher risk of influenza or who have less uptake and access to influenza prevention and control measures.	Increased availability of modeling and forecasting methods that can be extended in the case of seasonal influenza epidemics and in the case of an influenza pandemic or other emergent public health events to inform public health action. Improved modeling and forecasting preparedness of federal and jurisdictional public health partners for influenza pandemics and other public health events.

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.

In your application, you must include:

- Strategies 1-3.
- Strategy 4 or 5.

You may include both Strategies 4 and 5, as well as 6-8, but these are not required.

Make sure you include all required activities for the strategies you propose.

Strategy 1: Establish and operate a network site

Required activities:

- Identify a principal investigator (PI) with extensive influenza modeling and/or forecasting experience. Proposed PIs should have the skills, knowledge, and resources necessary to coordinate the execution of proposed activities. PIs should have experience collaborating with other institutions. You can only include one PI per application.
- Organize and coordinate a network site with multiple experts in modeling, forecasting, or both. Each network site should have a multidisciplinary set of researchers with the skills, knowledge, and resources necessary to execute the proposed activities.
- Add additional details to the Data Management Plan (DMP) that you submit as part of your application and submit your updated DMP within the first six months of the award.

Strategy 2: Collaborate across the network

Required activities:

- Key staff, including the PI, from each network site attend network meetings.
- Share monthly preliminary findings, related to influenza research and resources, with other network sites and CDC partners. Preliminary findings may come from work that is not yet published. Resources may include novel datasets. This may occur during scheduled conference calls or by email.
- Document lessons learned from successful and unsuccessful research and non-research efforts to inform future activities.

Strategy 3: Document scientific findings

Required activities:

- Develop and publish communication products that document individual and collective findings of the network. Examples of communication products include publications, presentations, scientific posters, issue briefs, and summaries. Produce short reports, scientific articles, and other public-facing products on network projects.
- Upload methods that correspond to results in open-source code repositories. All code and tools developed under this award must be shared within the network and made publicly available to the largest extent feasible. You may use open-source code, licensing, and similar platforms. You may also consider developing no-code (i.e., user-friendly)

versions of tools for stakeholders without programming backgrounds to use.

Strategy 4: Inform prevention and control strategies with modeling

Required activities (if you select this strategy):

- Generate national and, where appropriate, sub-national (e.g., state-level) model projections. Preferably, models should generate projections at multiple spatial scales and for all 50 states, the District of Columbia, and selected U.S. territories as appropriate for network projects and other collaborative efforts.
- Submit results of those model projections to corresponding network repositories. This could include submitting results to repositories for network specific projects and to broader collaborative efforts such as the Flu Scenario Modeling Hub.

Optional activities:

- Identify modeling questions about influenza dynamics and utilize input from the partnering CDC team to address pertinent and timely issues of public health concern. Your activities could extend to other respiratory pathogens, in consultation with CDC.
- Develop new models or extend older models to address identified questions of public health importance. In your application, describe current modeling platforms and how these might be extended (e.g., to account for circulation of different influenza types and/or subtypes). Modeling frameworks may include statistical components but should also be able to consider influenza virus dynamics (e.g., transmission or immunological dynamics).
- Directly consider populations at higher risk of influenza or who have less access to and use of influenza prevention and control measures, such as vaccination and antivirals. These models may be used to assess the potential impacts of changes to uptake and access of prevention and control measures on disease burden. Surveys and other behavioral monitoring activities may be used to better characterize behavioral components of modeling.
- Research activities, including related data collection activities, may be considered under this strategy.

Strategy 5: Produce seasonal forecasts to improve preparedness and response

Required activities (if you select this strategy):

- Generate national and, where appropriate, sub-national (e.g., state-level) forecasts. Preferably, models should generate forecasts at multiple spatial scales and for all 50 states, the District of Columbia, and selected U.S. territories as appropriate for network projects and other collaborative efforts. These will include probabilistic forecasts for influenza. Targets could include:
  - Weekly number of confirmed influenza hospital admissions.
  - Daily percent of emergency department (ED) visits with influenza-associated diagnosis.
  - Month of peak activity, peak intensity, or weekly probabilities of observing increases and decreases at short-term horizons.
- Submit results of those forecasts to FluSight and other corresponding network repositories. During the FluSight forecasting season (roughly October through May), you must submit real-time weekly forecasts. Specific forecast targets and submission formats will be determined in collaboration with CDC. Forecasting timing and targets for the 2024–25 season can be found on GitHub.

Optional activities:

- Inform FluSight forecasting guidelines. Each influenza season, you may need to collaborate with representatives from CDC to update guidelines and submission formats to reflect available data sources or new forecast targets of interest.
- Generate novel forecast accuracy and robustness measures. These could be for different types of forecasts, including probabilistic quantile forecasts, bin-based forecasts, or categorical forecasts (forecasts for the upcoming probability of increase, decrease, or stable trend). Accuracy is determined by the similarity between forecasts and the (eventually) observed data. Robustness should emphasize what is most useful to federal and jurisdictional public health partners. These partners need to determine which forecasts to base decisions on and how best to account for forecast uncertainty.
- Generate new forecasts based on novel methodology (e.g., artificial intelligence) with improved accuracy and robustness compared to previously used models. You may demonstrate improved accuracy and

robustness of forecasts from new models by forecasting retrospective weeks of data as if they were real-time forecasts. You can compare the accuracy and robustness metrics for the retrospective forecasts with those that were submitted in real-time.

- Identify data sources that increase forecast accuracy. You may explore using additional data sources to improve forecasts. These could include other sources of clinical information, such as influenza-like-illness or test positivity if forecasting laboratory-confirmed influenza hospital admissions or other non-clinical information sources (e.g., data from smart watches or other wearables).
- Evaluate forecast accuracy and robustness among population settings with different characteristics. Consider potential differences in influenza outcomes (for example, rural vs. urban states). This could also include states with more or less timely data available.
- Develop and maintain publicly available datasets that can be used to inform forecasting efforts. This could include versioned datasets of currently available public data.
- Activities could extend to other respiratory pathogens in consultation with CDC.
- You may also include research activities, including data collection to improve inputs for seasonal influenza forecasts, under this strategy.

Strategy 6: Synthesis of collaborative modeling and forecasting results

Optional activities:

- Develop methods to harmonize assumptions across the network. To aggregate model projection results from the network, many assumptions must remain constant across the modeling groups. In this way, differences that result from a small subset of model inputs can be assessed. So, it would be helpful to create a process for:
    - Determining which assumptions need to remain constant across modeling groups.
    - Agreeing on formatting or reformatting parameter inputs to satisfy these requirements.
- Identify approaches to verify and validate models. These approaches should improve individual model projections, any aggregate projections from network projects, or both. Improving model verification and validation methods should increase the robustness of results.

- Identify novel methods to synthesize the results of multiple scenario models. This could include:
  - Aggregation methods for model projections.
  - Identifying ways to aggregate the outputs of model results so that they are most useful to the scientific community and federal and jurisdictional public health partners.
- Identify novel methods to create forecast ensembles (forecasts that aggregate data from multiple models). Recent advancements have been made in applying alternative ensembling methods. Activities in this area could:
  - Improve upon existing unweighted ensembling methods.
  - Identify novel ways to weight contributing model forecasts to improve the overall ensemble, including the use of artificial intelligence.

Strategy 7: Communicate modeling and forecasting results

Required activity (if you select this strategy):

- Identify communication approaches that improve understanding of modeling or forecasting results among federal and jurisdictional public health and other partners.

Optional activities:

- Identify communication approaches that improve the understanding of modeling results among federal and jurisdictional public health partners. Approaches may include different ways of summarizing model outputs and calculating different metrics that could inform preparedness and the use of resources. These may also be geared toward communicating modeling methods for audiences that are less familiar with modeling. Describe how you will identify stakeholders and incorporate feedback when developing deliverables.
- Improve data visualization for modeling or forecasting or both products. You may tailor visualizations for particular audiences (e.g., federal and jurisdictional public health partners, the public). You may use surveys and test groups to inform user preferences and successful application of visualization methods.
- Develop and evaluate communication products that describe forecast results and related uncertainty. You may develop additional visualizations and verbal summaries to help increase the value of FluSight communication products. These improvements may be implemented on the FluSight web page or in other communication forums. You may also

tailor communication products for specific audiences, such as federal and jurisdictional public health partners or the public. To evaluate these communication products, you may use surveys, focus groups, or user tests.

- You may also include research activities under this strategy.

Strategy 8: Extend seasonal influenza modeling or forecasting to novel applications, including pandemic influenza

Required activity (if you select this strategy):

- Prepare for influenza pandemics. Adapt successful approaches for modeling the impact of prevention and control measures and/or forecasting the timing, intensity, and short-term trajectory of an emerging influenza pandemic or other public health event. This activity requires considering adjustments that would be needed to ensure that modeling and/or forecast results are relevant during a pandemic.

Optional activities:

- Identify early predictors of overall influenza season severity and burden. Potential predictors that you could evaluate include global influenza circulation patterns and aspects of recent influenza seasons. You may propose additional potential predictors. Evaluate the robustness of potential predictors for informing expectations for overall influenza season severity and burden in the U.S. in the upcoming season.
- Adapt seasonal influenza forecasting approaches to account for type (or subtype) specific forecasts. Many forecasting approaches consider a single type of influenza that is circulating. However, forecasts may (or may not) be improved by separately forecasting different influenza types and subtypes (e.g., A, B, AH1N1, AH3N2). If you adapt forecasting models to account for circulation of different influenza viruses, you should also evaluate their performance against approaches that consider only one type of influenza virus.
- Adapt successful approaches that are used at the state and national level so they can be used for forecasting at the substate-level. Identify robust influenza data sources at the chosen scale. Evaluate the performance of these forecasts.
- Adapt seasonal forecasting and modeling approaches for applications in other countries in consultation with CDC.

- Adapt influenza forecasting and modeling approaches for applications involving other respiratory viruses in consultation with CDC.
- You may also propose research activities in this strategy.

You may propose additional strategies and activities to achieve the outcomes.

Outcomes

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

Strategy 1: Establish and operate a network site

Short-term

- A site of influenza researchers that participate in the network is established.
  - This network should consist of a single PI and a team of multidisciplinary researchers with the knowledge, skills, and abilities needed to accomplish the proposed activities.

Intermediate

- A site of researchers that advance modeling and forecasting influenza is maintained.
  - Your site will contribute to a network consisting of all recipients of funding under this NOFO.

Strategy 2: Collaborate across networks

Short-term

- Improved collaboration across network sites.
  - Demonstrated by regular participation of key staff in network meetings.
  - Collaborations and innovations should be shared across the entire network and documented through dissemination of cross-site collaborations, methods, and innovations.
- Increased efficiency in sharing project findings and resources.
  - Demonstrated by routine monthly sharing of preliminary influenza modeling and forecasting research findings, datasets, and tools across network sites and CDC partners.
  - Project findings could include progress reports on projects that are currently underway or other findings that are not yet at the stage of

publication. Shared resources could include datasets helpful for modeling or forecasting.

Strategy 3: Document scientific findings

Short-term

- Increased documentation of network results in the scientific literature and in internal reports.
  - Reports from network projects should be made available in a timely manner and shared with other network sites and CDC.
  - Results included in reports may eventually be included in formal publications.
- Increased access to open-source code implementing novel methodology.
  - Final versions of modeling and forecasting tools developed as part of this NOFO must be shared in public repositories (e.g., on GitHub).

Strategy 4: Inform prevention and control strategies with modeling

Short-term

- Modeling questions are identified to assess the impact of prevention and control strategies for influenza, as a site and in collaboration with the network.
  - This will be done in collaboration with CDC partners and should focus on influenza related outcomes. Specific modeling questions may involve quantifying the effects of different prevention and control strategies.
- Expedited model development to address questions, including those for emergent public health issues.
  - Documented model development procedures and descriptions of corresponding questions. Models may need to be developed and adapted to answer pertinent public health issues.
- Increased number and quality of scenario model projection submissions to collaborative efforts for all 50 states, the District of Columbia, selected U.S. territories, and nationally, as appropriate.
  - These collaborative efforts may include network projects specifically associated with this NOFO and submissions to broader collaborations, such as the Flu Scenario Modeling Hub.

Strategy 5: Produce seasonal forecasts to improve preparedness and response

Short-term

- Increased availability of real-time forecasts.
  - Network sites should generate influenza forecasts based on currently available data. Forecasts should be actionable when they are disseminated and robust to fluctuations in the data due to initial reporting errors.
- Increased number and quality of real-time influenza forecast submissions to FluSight and other forecasting collaboration repositories for all 50 states, the District of Columbia, selected U.S. territories, and nationally, as appropriate.
  - Network sites should submit forecasts to the FluSight collaboration repository. Other collaboration repositories may become available.
- Improved accuracy and robustness of forecasts by utilizing novel methods (e.g., artificial intelligence) and data sources.
  - This will be done through a combination of real-time assessment and retrospective evaluation of forecasts.

Intermediate

- Established robust forecasting approaches to inform influenza situational awareness, preparedness and response.
  - Once forecast robustness is established, these results should be used to inform situational awareness and response.
- Areas for forecasting improvement are identified in collaboration with public health partners.
  - Collaborations with public health partners are conducted to identify areas for forecasting improvement and help ensure that forecasts are a valuable source of information for partners.

Strategy 6: Synthesis of collaborative modeling and forecasting results

If you choose to include the optional activities for this strategy, you need to specify appropriate outcomes. Use the optional outcomes in the logic model as a guide.

Strategy 7: Communicate modeling and forecasting results

Short-term

- Communication strategies for modeling and/or forecasting results are identified and evaluated.
    - Improved communication strategies for modeling and/or forecasting results will help ensure that results are understood and best applied to support situational awareness, preparedness, and response.

Strategy 8: Extend seasonal influenza modeling or forecasting to novel applications, including pandemic influenza

Short-term

- Extended seasonal influenza modeling and/or forecasting methods to support the response to pandemic influenza and other novel applications or public health events, to inform preparedness and prevention and control strategies.
    - Seasonal influenza modeling and/or forecasting methods provide the basis for preparing for and rapidly responding to an influenza pandemic and other public health events.
    - Models that investigate the effects of prevention and control strategies during seasonal influenza epidemics form the foundation for models that explore potential effects of these strategies during an influenza pandemic or other public health events.

Work plan

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

Your work plan for the first year of the project must be detailed. Your work plan for subsequent years can be high-level. The detailed work plan for the first year of the project must:

- Cover all activities in Strategies 1-3.
- Cover all required activities for Strategy 4 or 5.
- Identify staff providing all areas of expertise referred to in the Strategies and activities section. Indicate their roles, functions, and respective time allocations.
- Outline the level of effort provided by key personnel on projects.

Work plans should also cover any additional optional activities in Strategies 4, 5, and 6-8, that you're proposing in your application. The activities in your workplan should be feasible and aligned with the proposed use of funds in your Budget Narrative.

Using the following sample work plan format, list the activities you will implement to achieve the NOFO strategies, activities, and outcomes. The first column should not just restate the strategies and activities in the NOFO logic model. It should reflect what you actually intend to do.

For each activity, list:

- The progress measures(s) or process measure(s) from the required performance measures that you will use to monitor progress of the strategy/activity.
- The period of performance outcomes relevant to the strategy/activity listed.
- The responsible party or position who will complete the activity.
- The expected completion date.

Post-award, CDC may collaborate with you to adjust the scope and terms of your proposed work plan and activities. Adjustment may be necessary to comply with applicable grant regulations and policies, to avoid duplicative work within the network, and to prioritize the highest priority efforts to address the objectives of this NOFO.

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. Evaluation activities may include model or forecast performance and utility assessment. 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.

Process measures

This section provides examples of process measures you may use to demonstrate progress on the strategies and activities described in the logic model. These measures provide details about how you expect to implement your program. In your application, you should demonstrate your ability to assess the proposed process measures.

You should address process measures for all of the strategies and activities that you're proposing. This should include:

- All process measures for Strategies 1-3.
- Process measures for required activities and proposed optional activities in Strategies 4 and/or 5.
- Process measures for any activities you propose for Strategies 6-8.

Strategy 1: Establish and operate a network site

- Identify a Principal Investigator (PI) with extensive influenza modeling and/or forecasting experience.
  - Demonstrate extensive influenza modeling and/or forecasting experience for the chosen PI.
- Organize and coordinate a network site with multiple modeling and/or forecasting experts.
  - Share an organizational chart with CDC staff showing the roles and responsibilities of key personnel involved in the activities of the network site.
  - Complete all agreements and protocols as needed for your proposed research activities (e.g., memoranda of understanding, data use agreements, IRB protocols).
- Add additional details to the Data Management Plan (DMP) that you submit as part of your application and submit your updated DMP within the first six months of the award.
  - An updated DMP is submitted within the first six months of the award.

Strategy 2: Collaborate across the network

- Key staff attend network meetings, including the PI from each network site.
  - Plan to document network meeting attendance by key personnel.
- Share monthly preliminary findings, related to research and resources, with other network sites and CDC partners.
  - Plan to share in-progress and completed projects across the network during meetings or over email communication to the network sites and CDC partners.
  - Number and percentage of months in which preliminary influenza modeling or forecasting findings and/or resources are shared with network sites and CDC partners.
  - Plan to share resources across the network during meetings or by email to the network sites and CDC partners.
  - Number of shared products (e.g., progress updates, early analyses, datasets, modeling inputs) disseminated per budget year.
  - Plans to document and report collaboration between the site and external partners outlined in the Collaborations section.
- Document lessons learned from successful and unsuccessful research and non-research efforts to inform future activities.
  - Plan to document lessons learned from network activities.

Strategy 3: Document scientific findings

- Develop and publish communication products documenting individual and collective findings of the network.
  - Plan to develop, disseminate, and evaluate potential impact(s) of model code, findings, and scientific articles. Plan to develop short reports on collaborative network projects.
    - Examples of communication products include publications, presentations, scientific posters, issue briefs, and summaries
- Upload methods corresponding to results in open-source code repositories.
  - Plan to ensure novel methodology and approaches applied by network sites are shared in open-source code repositories.

Strategy 4: Inform prevention and control strategies with modeling

- Develop new models or extend older models to address identified questions of public health importance.
  - Number of models identified or extended.
  - Detailed methodological description of new models or older models with details pertaining to their extensions.
  - Sufficient detail is provided so that related results are reproducible.
- Generate national and, where appropriate, sub-national (e.g., state-level) model projections.
  - Plans to generate both national and, where appropriate, sub-national model projections.
- Submit results of those model projections to corresponding network repositories. This could include submitting results to repositories for network specific projects and to broader collaborative efforts such as the Flu Scenario Modeling Hub.
  - Plans to submit national and sub-national model projections to network repositories for network specific projects or to broader collaborative efforts such as the Flu Scenario Modeling Hub.
- Directly consider populations at higher risk of influenza or who have less access to and use of influenza prevention and control measures, such as vaccination and antivirals.
  - Plans account for these populations.

Strategy 5: Produce seasonal forecasts to improve preparedness and response

- Generate national and, where appropriate, sub-national (e.g., state-level) forecasts.
  - Develop plans to generate forecasts.
- Submit results of those forecasts to FluSight and other corresponding network repositories.
  - Develop plan to submit weekly national and sub-national forecasts in real-time to FluSight, according to FluSight guidelines, during the forecasting season.
- Generate new forecasts based on novel methodology (e.g., artificial intelligence) and data sources that improve accuracy and robustness compared to previously used methods.
  - Develop plans to generate new forecast models.

    - Develop plans to test their accuracy and robustness compared to previously used models.
    - Evaluate whether additional data sources used to inform forecasts improve forecast accuracy.
- Develop and maintain publicly available datasets that can be used to inform influenza forecasting efforts.
    - Develop plans to identify data that can be used to inform influenza forecasting efforts (e.g., versioned versions of publicly available data).
    - Develop plans to maintain, contain, identify, and organize publicly available datasets.

Strategy 6: Synthesize collaborative modeling and forecasting results

- Develop methods to harmonize assumptions across the network.
    - Plan to develop best-practices and standard operating procedures for harmonizing necessary assumptions across the network for network projects.
- Identify approaches for model verification and validation.
    - Plan to develop best practices and standard operating procedures for model verification and validation.
- Identify novel methods to synthesize the results of multiple scenario models.
    - Plan to synthesize model projections and model results for network projects.
    - Develop a plan to synthesize the results of multiple models for characterizing the potential effects of mitigation strategies on disease outcomes at the population level.
- Identify novel methods to create forecast ensembles.
    - Develop plans to update and evaluate different methodologies for creating forecast ensembles.
    - Consider ways that weighted ensembles may or may not improve the performance of the FluSight ensemble.
    - Evaluate whether artificial intelligence approaches, such as machine learning, can be used to train ensembles and increase real-time forecast performance.

Strategy 7: Communicate modeling and forecasting results

- Identify communication approaches that improve understanding of modeling or forecasting results among federal and jurisdictional public health and other partners.
    - Plan to develop communication products for modeling or forecasting results that improve understanding for public health and other partners.
        - Examples of communication products include publications, presentations, scientific posters, issue briefs, summaries, customized analytical tools, and reports.
    - Plan to evaluate the success of conveying modeling or forecasting results in these communication products to inform public health decision-making.
- Improve data visualization for modeling or forecasting products or both.
    - Plan to update data visualization techniques for modeling or forecasting products or both.

Strategy 8: Extend seasonal influenza modeling or forecasting to novel applications, including pandemic influenza

- Prepare for influenza pandemics. Adapt successful approaches for modeling the impact of prevention and control measures and/or forecasting the timing, intensity, and short-term trajectory of an emerging influenza pandemic or other public health event.
    - Plans to evaluate whether seasonal approaches for modeling the impact of prevention and control measures and/or for forecasting the timing, intensity, and short-term trajectory could be adapted for use during of an emerging pandemic.
    - Plans to identify methodological adjustments or any additional sources of information that would be needed to adapt seasonal approaches to short-term modeling and/or forecasting approaches for an emerging pandemic.

Outcome measures

This section provides example outcome measures that you may use to demonstrate your progress towards the outcomes described in the logic model. In your application, you should demonstrate your ability to assess your proposed outcome measures.

You should address outcome measures for all the strategies and activities you're proposing. This should include:

- All outcome measures for Strategies 1-3.
- Outcome measures for required activities and proposed optional activities in Strategies 4 and/or 5.
- Outcome measures for any activities you propose for Strategies 6-8.

Strategy 1: Establish and operate a network site

Short-term

- A site of influenza researchers that participate in the network is established.
  - Network sites and key personnel from each site are listed. Information on each participant's relevant background and experience is included.
  - An organizational chart is shared with CDC staff. It shows the roles and responsibilities of key personnel involved in the activities of the network site.

Intermediate-term

- A site of researchers that advance modeling and forecasting influenza is maintained.
  - Network-based influenza projects are planned and executed.

Strategy 2: Collaborate across the network

Short-term

- Improved collaboration across network sites.
  - Increased frequency of communication, collaboration, and results sharing between network sites.
  - Number of cross-site collaborations, shared methods, or innovations identified and disseminated.
- Increased efficiency in sharing project findings and resources.

- In-progress and completed projects are shared across the network, during meetings or by email.
- Percent of months in which findings were shared on schedule.
- Resources are shared across the network, during meetings or by email.

Strategy 3: Document scientific findings

Short-term

- Increased documentation of network results in scientific literature and internal reports.
  - Increased use of scientific articles documenting project findings from individual network sites.
  - Increased use of scientific articles documenting the collective findings of the network, either from collaborations within subgroups of the network or with participation from all network sites.
  - Increased development and circulation of internal reports on network-based projects.
- Increased access to open-source code implementing novel methodology.
  - Open-source code repositories, with novel methodology and approaches, are generated by network sites.
  - Functional descriptions and locations of developed code, tools, and resources are added. Descriptions also include potential frequency of updates and revisions, and accessibility of the platforms used to disseminate modeling code, tools, and/or resources.
  - Increased use of these repositories. (Data on downloads and other indicators (e.g., watching users, external linked copies) is collected).

Strategy 4: Inform prevention and control strategies with modeling

Short-term

- Modeling questions are identified to assess the impact of prevention and control strategies for influenza, as a site and in collaboration with the network.
  - Number of identified questions.
  - Modeling questions have enough detail to inform the assessment of potential impacts of prevention and control strategies.
  - These questions should connect to relevant modeling frameworks and include information on necessary assumptions. They should

identify the model outputs that will be used to assess the impact of prevention and control strategies.

- Expedited model development to address questions, including those for emergent public health issues.
  - Number of models developed.
  - Descriptions of model methodology and adaptations address the complications of current public health issues.
  - Documentation of successes, failures, and lessons learned from all stages of the modeling, research, and translation processes.
- Increased number and quality of scenario model projection submissions to collaborative efforts.
  - Model projections with observed outcomes or their ability to capture differences in projected outcomes for scenarios with different prevention and control strategies are consistent.

Intermediate-term

- Established robust modeling approaches to inform influenza preparedness and response.
  - Activities focused on improving influenza preparedness and response are described.

Strategy 5: Produce seasonal forecasts to improve preparedness and response

Short-term

- Increased availability of real-time forecasts.
  - Activities performed and methods used to generate real-time influenza forecasts are described.
- Increased number and quality of real-time influenza forecast submissions to FluSight and other forecasting collaboration repositories for all 50 states, the District of Columbia, selected U.S. territories, and nationally, as appropriate.
  - Real-time influenza forecast submissions to FluSight and other forecasting collaboration repositories are documented. Descriptions include frequency and targets submitted.
  - Performance of influenza forecast submissions relative to the performance of forecast submissions from other contributors to forecasting collaboration repositories is documented.

- Improved accuracy and robustness of forecasts by utilizing novel methods (e.g., artificial intelligence) and data sources, as measured by:
  - Accuracy of forecasts relative to forecasts generated by other models.
  - Robustness of forecasting accuracy across sub-national (i.e., state-level) jurisdictions.
  - Calibration of forecasts as quantified by coverage metrics.

Intermediate-term

- Established robust forecasting approaches to inform influenza situational awareness, preparedness, and response.
  - Long-term evaluations of forecast performance (accuracy and coverage) for specific model forecasts, including ensemble forecasts.
  - Reports identify whether certain forecasting approaches tend to provide more robust forecasts for informing situational awareness and response.
  - Communication products describe the robustness of forecasting approaches and how they should be used to inform preparedness and response (e.g., the time horizons in which forecasts are reliable enough for various public health applications).
- Areas for forecasting improvement are identified in collaboration with public health partners.
  - Collaborations with public health partners to improve forecasts are described.

Strategy 7: Communicate modeling and forecasting results

Short-term

- Communication strategies for modeling and/or forecasting results are identified and evaluated.
  - Features of proposed communication strategies for modeling or forecasting results are described with evaluations of their potential effectiveness.

Strategy 8: Extend seasonal influenza modeling or forecasting to novel applications, including pandemic influenza

Short-term

- Extended seasonal influenza modeling and/or forecasting methods to support the response to pandemic influenza and other novel applications

or public health events, to inform preparedness and prevention and control strategies.

- Internal and external products detailing how seasonal modeling or forecasting methods may be extended to inform situational awareness, preparedness, and response strategies applied to pandemic influenza.
- Reports documenting necessary methodological adjustments, additional information or data sources that would be needed to ensure that modeling and/or forecasting results would be relevant in the case of an influenza pandemic.

Evaluation and performance measurement plan

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

Include the following elements.

Methods

Describe how you will:

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

Additionally, explain:

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

Data management plan

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

Provide a brief 2-3 sentence summary of your DMP in your Evaluation and performance measurement plan. Submit your full DMP with your application as a separate attachment and include:

- The data you will collect or generate, and what its sources will be.
- Who can access data and how you will protect it.
- Data standards that explain what documentation the released data will have. That documentation should describe collection methods, what the data represent, and data limitations.
- Archival and long-term data preservation plans.
- Any reasons you cannot share data collected or generated under this award with CDC. These could include legal, regulatory, policy, or technical concerns.
- How you will update the DMP as new information becomes available over the life of the project. You will provide updates to the DMP in annual reports.

Evaluation activities

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

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

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

Paperwork Reduction Act

Any activities involving information collection from 10 or more individuals or organizations may require the Paperwork Reduction Act (PRA) approval. The PRA requires review and approval of the information collection by the White House Office of Management and Budget. 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

Describe how you will address the organizational capacity requirements:

- Describe relevant experience, expertise, and capacity (management, administrative, and technical). Key personnel should have clear, demonstrated experience and expertise that covers the range of proposed activities outlined within the Strategies and activities section.
- Describe your experience and capacity to implement the monitoring and evaluation plan.
- Define staff roles and note any vacant positions in the staffing plan. Describe any vacant positions and your hiring plans. Describe where the project sits within the organization and who is responsible for project leadership and oversight.

In addition, you should demonstrate that your site has the capacity to:

- Define modeling or forecasting questions, generate hypotheses, analyze data, conduct literature searches, inform collaborative modeling or forecasting exercises, identify appropriate model outputs or forecast targets, evaluate model and forecast robustness, determine needed data inputs, construct models or develop forecast methodology individually and in collaboration with other recipients, disseminate findings, and evaluate the impact of your work.
- Access sufficient institutional support, equipment, and other physical resources, and computational resources to perform the planned modeling or forecasting activities.
- Provide project management structure and experience to achieve the project outcomes, including appropriate policies and procedures. This includes program and staffing management, financial reporting systems, communication, and technological and data systems required to implement activities effectively and expeditiously.
- Work effectively with federal or jurisdictional public health partners to identify modeling or forecasting topics, strategies, and products that are most useful in their efforts to address public health problems related to influenza.
- Collaborate effectively, including with federal or jurisdictional public health partners, during seasonal epidemics and unforeseen public health events. Demonstrate this capacity through letters of support,

descriptions of successful past or current collaborative work that includes length, type, and results.

If you are proposing activities for Strategy 4, you should demonstrate expertise in:

- Dynamics of influenza transmission, disease, immunity and/or methodological expertise that is relevant and scientifically appropriate for addressing the prevention of influenza morbidity and mortality.
- Infectious disease transmission modeling, including for respiratory pathogens, as evidenced by a significant track record of high-quality communication products (e.g., peer reviewed publications).

If you are proposing activities for Strategy 5, you should demonstrate expertise in:

- Real-time forecasting for influenza-related targets from FluSight, such as influenza-like-illness or laboratory-confirmed influenza hospitalizations.
- Infectious disease forecasting as evidenced by a significant track record of high-quality communication products such as peer reviewed publications.

Collaborations

Recipients will be organized into a network with principal investigators from each institution acting as a representative for their network site. Network representatives will collaborate and serve as a steering committee in a technical advisory role to other individual investigators and/or teams, as needed. CDC Project Officers/Program Officials will provide technical and programmatic input. A well-developed and collaborative network is integral to the program's success but will **not** serve as an advisory committee to CDC.

Participating in the network of influenza modeling and forecasting centers includes active participation in conference calls, in-person meetings (grantee meetings, special projects meetings, ad hoc meetings), site visits, and collaborative exercises.

Describe the following in your application:

- Plans, including suggested roles and responsibilities, for collaboration with partners across multiple institutions.
- Extent of previously successful, existing, and/or future plans to collaborate with public health partners (e.g., jurisdictional public health partners, the Council for State and Territorial Epidemiologists).

- Demonstrated capacity to participate through the network in additional collaborations to respond by using computational, statistical, and/or mathematical transmission modeling and forecasting methods, in the case of a public health event.
- Previous successful collaborations among institutions to conduct computational, statistical, and mathematical work to improve the ability to address preparedness, prevention, and control efforts targeted to minimize influenza risk and disease in the United States.
- Any past activities undertaken with influenza collaborative modeling or forecasting efforts (e.g., the Flu Scenario Modeling Hub or FluSight), including years of involvement as well as geographic regions contributed.
- Any plans to contribute projections to the Flu Scenario Modeling Hub or to contribute forecasts to FluSight.
    - Note that if you propose activities for Strategy 5, you will be required to submit real-time forecasts to the FluSight collaboration consistent with FluSight guidelines.
- Willingness to participate extensively in collaborative projects with other funded recipients. Evaluation plans will be tailored after recipients are selected and refined in yearly workplan development, as needed.

Funding policies and limitations

Changes in HHS regulations

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

General guidance

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.
- Your budget is arranged in eight categories: salaries and wages, fringe benefits, travel, equipment, supplies, contractual, other (includes consultant costs) and indirect costs.
- Generally, it is not allowed to use funds to purchase furniture or equipment. However, if a specific need exists for such expenses, the reasons for this allocation must be clearly outlined and justified within the budget.
- Any anticipated need for primary data collection to directly inform model calibration, validation, or forecasting efforts throughout the 5-year period of performance should be outlined in the initial application and should not exceed 25% of the proposed annual budget.

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

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

See also program-specific limitations.

Unallowable costs

You may not use funds for:

- 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].
- Primary data collection activities exceeding the allowed 25% of your annual proposed budget.
- 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.

Program-specific limitations

Please see Section 317(k)(1) of the Public Health Service Act [42 U.S.C. § 247b(k)(1)], as amended, for statutory program limitations.

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

Section 317(k)(1) of the Public Health Service Act [42 U.S.C. § 247b(k)(1)], as amended.

Step 2:
Get Ready to Apply

In this step

Need help? See Contacts and Support.

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.

Find the application package

You can find it online. Go to Grants Search at Grants.gov and search for opportunity number CDC-RFA-IP-26-0102. 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.

Join the informational call

For more information about this opportunity, join our informational call. Join:

- **Date:** June 5, 2026
- **Time:** 2:00 p.m. ET
- Please visit the Event Page to register, access MS Teams meeting link and the recording after the webinar.
- **Meeting ID:** 218 762 557 195 261
- **Passcode:** 5By9HN6U

Note that you must register before the informational call in order to access the recording.

If you are not able to join through your computer, you can call in.

- **Phone number:** +1 404-718-3800,,944242651# United States, Atlanta
- **Toll-free number:** (888) 994-4478,,944242651# United States
- **Phone conference ID:** 944 242 651#

If you are not able to join the call, additional information will also be made available as a related document with the announcement.

The goals of this session are to answer questions about applying for this funding opportunity. Joining and participating is voluntary and does not affect eligibility, application scoring, or award selection. You can attend anonymously.

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. References	None	No
☐ 8. Data management 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.

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

Font: Calibri

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.

Application contents and format

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

Project summary (0 points)

Page limit: 1

File name: Project summary

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

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	**45 point section total**
Background	5 points
Strategies and activities	32 points
Outcomes	3 points
Work plan	5 points
Evaluation and performance measurement plan	**20 points section total**
Organizational capacity	**35 points section total**

Background and approach (45 points)

Background (5 points)

Describe the problems and questions you plan to address.

See the background section of the program description.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
A background section that demonstrates influenza knowledge and identifies clear problems and questions to address, consistent with the objectives of this NOFO, including its focus on influenza modeling and forecasting.	5 points

Strategies and activities (32 points)

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

See the Strategies and activities section of the program description. You must include Strategies 1-3 and Strategies 4 and/or 5. You may include Strategies 6-8, but these are not required. Make sure you include all required activities for the strategies you propose. Applications which propose activities for optional strategies will be evaluated based on the quality, feasibility, and overall utility of the proposed activities. We may fund sites out of merit order to ensure there is at least one site funded for each of Strategies 6-8 (see Selection process).

Table: Merit review criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Strategies and activities that are realistic and consistent with the program's logic model, including analytic approaches appropriate for the questions being answered, the data available, and the proposed activities. Higher scores may be assigned for applications that include multiple activities for covered strategies.	10 points
Proposed activities that address each of Strategies 1-3 and at least one proposed activity for Strategy 4 or 5 or both. Indicates plans to submit model projections or forecasts to a collaborative modeling or forecast hub, (e.g., the Flu Scenario Modeling Hub or FluSight) at the national and sub-national level.	10 points
Proposed activities engage partners across multiple institutions. This could include existing partnerships that might enhance capabilities and outputs. The approach should include suggested roles and responsibilities for active collaboration with public	5 points

Reviewers will evaluate the extent to which the applicant provides:	Point value
health partners (e.g., jurisdictional public health partners). Feasibility and commitment to collaboration during the award may be demonstrated through a letter of support for future collaboration, evidence of previous collaborations, or both.	
A plan to identify and address potential problems, alternative strategies, and benchmarks for success. Includes plans to document lessons learned from successes and failures of innovative analytic approaches using findings to inform modeling and forecasting to improve the prevention and control of influenza.	5 points
A plan should increase the availability of and access to modeling or forecasting code, tools, and resources on commonly available and preferably non-proprietary platforms (for example, GitHub), consistent with the federal government source code policy.	2 points

Outcomes (3 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 outcomes in the program's logic model.	3 points

Work plan (5 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 is feasible and aligned with the strategies, activities, outcomes, and performance measures in the approach for influenza project development and execution. Proposed activities in the work plan should directly address the goals of this NOFO. A proposed use of funds that aligns with the work plan, implements the strategies efficiently and effectively, and will attain the outcomes.	5 points

Evaluation and performance measurement plan (20 points)

You must provide an evaluation and performance measurement plan. This plan describes how you will fulfill the requirements in the data, monitoring, and evaluation section of the program description.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Ability to collect the data needed for evaluation and performance measurement. Clear monitoring and evaluation procedures and how they will incorporate evaluation and performance measurement into planning, implementing, and reporting project activities.	5 points
How they will report and use performance measurement and evaluation findings to demonstrate outcomes and for continuous program quality improvement and the feasibility of collecting appropriate evaluation and performance data.	5 points
Appropriate participation in the evaluation and performance measurement planning process by public health partners involved in the design of projects. Activities to maximize the likelihood that model findings will be used to improve influenza preparedness and response efforts. How they will share evaluation findings from modeling or forecasting activities to inform influenza preparedness and control efforts.	5 points
A data management plan that includes generated or collected data, access, standards, long-term and archiving plans, collection methods, and data limitations. They should describe how the plan will be updated throughout an award. The data management plan should be provided as a separate attachment.	3 points
The type of measures (such as process, outcome, or both) that they will use, including key evaluation questions, data sources, and measures. The measures should demonstrate how the evaluation process will contribute to the evidence base for prevention and control efforts.	2 points

Organizational capacity (35 points)

Describe how you will address the requirements in the organizational capacity section of the program description, including how you will address the requirements in the collaborations section of the program description.

Expertise and experience could be demonstrated through citations of peer-reviewed publications in addition to CVs/resumes of key personnel (e.g.,

principal investigator or project director and other leaders, program staff, technical staff, and consultants).

You must provide these attachments to support this section:

- Resumes and job descriptions
- Organizational chart
- Letters of support
- References

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Provides evidence of technical expertise in the dynamics of influenza (e.g., transmission and immunity) and/or methodological expertise that is relevant and scientifically appropriate for modeling that addresses prevention and control of influenza or for forecasting for situational awareness and preparedness.	10 points
Provides evidence of relevant technical expertise and capacity to define modeling or forecasting questions, generate hypotheses, conduct literature searches, determine needed data inputs, construct models or forecasting methods individually and in collaboration with other recipients, disseminate findings, and evaluate the impact of their work. Provides evidence of sufficient experience, personnel, and resources to support the feasibility of completing the proposed activities.	5 points
Demonstrates ability to produce real-time forecasts or scenario model projections for all 50 states and the U.S. and contribute these to collaborative efforts, such as FluSight or the Flu Scenario Modeling Hub. Higher scores may be assigned for previous contributions that include national and subnational examples and/or for greater numbers of years contributing (e.g., contributing influenza forecasts to more than three FluSight seasons).	10 points
Describes relevant project management, administrative expertise, and capacity of key and supporting personnel to successfully develop, implement, monitor, and evaluate a federally funded cooperative agreement. Provides an organizational chart that supports the structure and that clearly defines staff roles.	3 points
Describes sufficient access to institutional support, equipment, and computational resources to perform the planned activities.	2 points
Provides evidence of past collaborations with key academic, federal, or jurisdictional public health partners to conduct computational, statistical, or mathematical work to forecast influenza epidemics or inform influenza prevention and control strategies in the U.S. Descriptions of past collaborations should include length, type, and results of collaborative activities.	5 points

Reviewers will evaluate the extent to which the applicant provides:	Point value
At least one letter of support should be from a federal, jurisdictional, or other public health partner.	

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 CVs/Resumes for positions that are filled. If a position isn't filled, attach the job description with qualifications and plans to hire.

- Key personnel should have clear experience and expertise that covers the range of proposed activities outlined within the Strategies and activities section.

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. The organizational chart should also demonstrate sufficient project management structure and experience needed to satisfy the requirements of the award (e.g., program and staffing management, financial reporting systems).

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 2 letters from relevant organizations supporting your organization's successful work. At least one letter should be from a public health partner.

Examples of content for letters of support include:

- Description of successful past and/or current collaborative work that includes length, type, and results.
- Plans for future active collaboration, including suggested roles and responsibilities of partners in the design of projects and activities, to maximize the use of findings to improve influenza preparedness and response.

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.

References

File name: References

Provide a list of references that demonstrate experience and expertise in the range of proposed activities outlined within the strategies and activities section.

Include any references used in your application.

Data management plan

File name: Data management plan

Provide a data management plan that includes the data you will collect or generate, and what its sources will be. See additional details on what to include in the Data management plan subsection of the Evaluation and performance measurement plan section above.

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 that 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.
- Applications may be funded out of rank order to ensure that:
  - A sufficient number of sites are funded to cover both modeling and forecasting objectives. For example, we will fund at least two sites that propose activities in Strategy 4 and at least two sites that propose activities in Strategy 5, as long as a sufficient number of candidates meet the requirements of this NOFO.
  - A variety of forecasting and modeling approaches are represented across the network. For example, preference may be given to unique model structures or model elements that would ensure a variety of approaches across the research network when there are multiple groups proposing the same broad methodological approaches.
  - There is at least one site funded for each of Strategies 6-8.

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 do not 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

Optional letter of intent

Due on Wednesday, June 10, 2026, at 11:59 p.m. ET.

We ask that you let us know if you plan to apply for this opportunity. We do this to plan for the number of reviewers we will need to evaluate applications. You do not have to submit a letter of intent to apply.

Please email the notice to Rebecca Borchering at xhq2@cdc.gov.

In your email, include:

- The funding opportunity number and title.
- Your organization's name and address.
- A contact name, phone number, and email address.

Application

Due on Monday, June 29, 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, as appropriate. This means:
    - We can take corrective or enforcement actions if your activities do not align with your application or if you fail to make substantive progress towards the award objectives.
    - We can also take corrective action if you have failed to materially comply with the terms and conditions of award.

- The CDC General Terms and Conditions for Research Grants and Cooperative Agreements includes specific requirements for your research activities.
- Please note for this NOFO, CDC-RFA-IP-26-0102, research activities are allowed and will be subject to all applicable laws, regulations, and policy requirements. All instructions pertaining to research should be addressed and followed as indicated in this NOFO. Please refer to the Strategies and activities section for more details.
- Funds relating to conducting research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. Copies of all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) will be required to lift restrictions.
- Indicate that all identified engaged institutions or participating sites will agree to rely on the proposed IRB and that any institutions or sites added after award will rely on the IRB:
    - Briefly describe how communication between institutions and the IRB will be handled.
    - Indicate that all engaged institutions or participating sites will, prior to initiating the study, sign an authorization/reliance agreement that will clarify the roles and responsibilities of the IRB and participating sites.
    - Indicate which institution or entity will maintain records of the authorization/reliance agreements and of the communication plan.
    - Do not include the authorization/reliance agreement(s) or the communication plan(s) documents in your application.

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

As part of this cooperative agreement, CDC will:

- Provide ongoing guidance, consultation, programmatic support, and technical assistance. This includes subject matter expertise in influenza, forecasting, and modeling, evaluation, performance measurement, and work plan development.
- Participate in data analysis, interpretation of results, working groups related to the cooperative agreement and its projects, dissemination and publication of results, if CDC contribution so merits.
- Coordinate information sharing between recipients through collaborative documentation of practices, lessons learned, and advancements in modeling and forecasting information.
- Facilitate opportunities to collaborate with other CDC subject matter experts and/or with peers within the Network for Influenza Modeling and Forecasting.
- Determine when to extend activities to include other respiratory pathogens or to broaden the scope of forecasting and modeling activities to global applications.

Contacts and Support

In this step

Agency contacts

Program

Rebecca Borchering
xhq2@cdc.gov
+1 404-639-5214

Grants management

Rhonda (Lisa) DeBouse
WZN5@cdc.gov
+1 770-488-3198

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.)