Notice of Funding Opportunity

Application due February 20, 2026

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

National Institute for Occupational Safety and Health (NIOSH)
World Trade Center Health Program

Extension of the World Trade Center Health Registry (U50)

Opportunity number: RFA-OH-26-016

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 February 20, 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 Institute for Occupational Safety and Health (NIOSH)

World Trade Center Health Program

Providing a central, unified, and up-to-date database for the study and improvement of the health and well-being of those impacted by the 9/11 attacks.

Summary

This notice of funding opportunity (NOFO) is to extend the World Trade Center (WTC) Health Registry to meet the statutory mandate. This is a cooperative agreement between the recipient and the WTC Health Program within the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). It will provide a total of $47.4 million for a performance period of five years. The recipient will expand the current Registry's work to ensure it continues to provide a central, unified database for the study and improvement of health and well-being of those impacted by the 9/11 attacks.

To apply for this award, follow all the instructions listed in this NOFO. In your responses, describe appropriate strategies and methodologies you will use to meet the specific objectives and outcomes within the period of performance. These include:

- Maintain the Registry as a public health resource.
- Expand knowledge about the physical and mental health effects of 9/11.
- Conduct community activities to respond to concerns and specific healthcare needs of those with 9/11 exposure.
- Maintain and extend the 9/11 Treatment Referral Program.
- Collaborate with the WTC Health Program and its entities at various levels.

Include an evaluation and performance measurement plan for each objective in your application. Briefly describe how research findings may be translated into practice or may inform strategies to improve health and well-being of people impacted by the 9/11 attacks.

Have questions? See Contacts and Support.

Key facts

Opportunity name: Extension of the World Trade Center Health Registry (U50)

Opportunity number: RFA-OH-26-016

Assistance listing: 93.262

NOFO version: original

Key dates

Application submission deadline: February 20, 2026

Optional letter of intent deadline: January 22, 2026

Expected scientific review dates: April 2026

Expected secondary review dates: May 2026

Expected award date: June 26, 2026

Expected start date: July 1, 2026

Expiration date: February 20, 2026

See Submit Your Application for other submission requirements and deadlines that may apply to this NOFO.

We will review how directly your application responds to this NOFO. Non-federal scientists and senior federal scientists will review and score only responsive applications. We will award the application with the highest score.

Funding details

Funding type: Cooperative agreement

Expected awards: 1

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

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

Application type: New and Renewal

Expected total program funding over the performance period: $47.4 million

Expected total program funding per budget period: $9.48 million

Expected funding per applicant per budget period: $9.48 million

Maximum award amount per budget period: $9.48 million

Minimum award amount per budget period: $0

Funding strategy

NIOSH intends to commit over a five-year period approximately $47,400,000 in total costs (direct and indirect) to fund one award. The estimated FY2026 funding is $9,480,000. It is possible that additional funds in later budget periods would be based on increases in the cost-of-living Consumer Price Index if available and approved by the WTC Health Program.

Eligibility

Eligible applicants

Only these types of organizations may apply:

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

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

Foreign Institutions

Non-domestic (non-U.S.) Entities (Foreign Institutions) **are not** eligible to apply.
Non-domestic (non-U.S.) components of U.S. Organizations **are not** eligible to apply.

Foreign components, as defined in the *NIH Grants Policy Statement*, **are not** allowed.

For this announcement, applicants **may** include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

Responsiveness criteria

We will review your application to make sure it meets these requirements.

These are the basic requirements you must meet to move forward in the competition. We won't consider an application that:

- Is from an organization that doesn't meet all eligibility criteria. See requirements in Eligibility.
- Is submitted after the application deadline.
- Exceeds the five-year period of performance limit.
- Has a proposed budget for any fiscal year more than the maximum funding amount for each budget period of $9.48 million as outlined in the Funding details section.

See the Application checklist to understand which elements of your application are part of the responsiveness criteria.

Application limits

You must follow these limits on the number of applications your organization can submit.

You may submit more than one application per institution if each application is scientifically distinct. The principal investigator (PI) must be different for each application you submit.

Qualifications for principal investigator or project director

We invite anyone who has the skills, knowledge, and resources needed to carry out the proposed research as a project director or principal investigator (PD/PI) to work with their organization or institution to apply.

If there are multiple PDs/PIs, we require one PD/PI to serve as the "Contact" PI. The "Contact" PI will be responsible for all communications between the PDs/PIs and NIOSH, for assembling the application materials, and for coordinating progress reports.

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.

Program description

Background

The Agency for Toxic Substances and Disease Registry (ATSDR) and the New York City Department of Health and Mental Hygiene (NYC DOH) established the World Trade Center (WTC) Health Registry (the Registry) in 2002. The Registry's goal was to monitor the health of people directly exposed to the 9/11 attacks. The Registry has received federal funding to begin operations since then, and it has collaborated with the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC) since May 2009.

The Registry is the largest health registry in U.S. history to monitor people's health related to exposure to a large disaster. Over 71,000 people have voluntarily enrolled. The Registry's population includes those who performed 9/11-related rescue and recovery work, or lived, worked, or attended school in lower Manhattan on 9/11/2001.

Since its establishment, the Registry has completed five major health survey waves between 2003-2024 and has launched a sixth wave. Between these waves, the Registry has also conducted focused surveys on specific topics such as Hurricane Sandy impact, autoimmune disease, health and employment, COVID-19, and multiple chemical sensitivity. You can find more information about these surveys on its survey material website. The Registry also prepares annual reports for enrollees and the public. These reports include information on key activities, accomplishments, and recent findings on the health impacts of the 9/11 attacks.

The Registry's work helps the WTC Health Program by:

- Identifying physical and mental health effects from exposure to the 9/11 attacks and related healthcare needs.
- Disseminating findings and recommendations to a broad community.
- Sharing information about 9/11-related resources and services.
- Informing healthcare policy and future disaster response planning.

The Registry is currently managed by the NYC DOH and funded through a cooperative agreement with CDC/NIOSH. This NOFO is to provide funding to extend the WTC Health Registry.

Related work

You can find related information and work at the following websites:

- WTC Health Program Research webpage
- Current and completed NIOSH-funded 9/11 research studies: WTC Health Program Funded Projects
- All publications related to 9/11 exposure: 9/11 Health Research Publications
- The Registry's key activities, accomplishments, and recent findings: Annual reports
- More information about the current Registry: World Trade Center Health Registry

Purpose

This NOFO is to extend the Registry to ensure that it continues to provide a central, unified database for the study and improvement of health and well-being of those impacted by the 9/11 attacks. This work includes:

- Follow-up survey waves.
- Focused surveys or studies of specific topics.
- In-depth studies of subgroups.
- Linkage to other data sources.
- Emerging health condition identification and investigation.
- Research facilitation with external researchers.
- Healthcare facilitation for people enrolled in the Registry.
- Support to the WTC Health Program on surveillance, research, and administration.
- Research translation.
- Community outreach and engagement.

Public health impact

The WTC Health Program's mission is to provide high-quality, compassionate medical monitoring and treatment for WTC-related conditions to those directly affected by the 9/11 attacks. Although the full scope of 9/11-related health problems is unknown, increasing evidence suggests that significant health conditions may be associated with the 9/11 attacks among those directly exposed. The Registry serves as a central, unified database to assess short-term and long-term health effects among this population. It facilitates

studies on health impacts of the 9/11 attacks conducted by external researchers and serves as a valuable tool for the WTC Health Program.

The Registry's research, along with other NIOSH-funded research, provides scientific evidence to healthcare professionals to diagnose WTC-related conditions earlier. This leads to more effective treatment for WTC Health Program members. Although it is challenging to determine the specific cause of an individual's illness or condition, it is critical to promote scientifically rigorous studies and reviews of potential health problems or risk factors among the affected population.

CDC priorities

CDC is committed to gold-standard science and ensuring trust, transparency, and credibility.

Approach

We expect that your application includes plans for the major tasks below to accomplish the goal of the WTC Health Registry:

- **Align with the WTC Health Program Research Agenda**: Establish a procedure that allows the WTC Health Program to review all proposed projects (whether internal or external) to ensure they align with the research needs, priorities, and goals of the WTC Health Program. The WTC Health Program's areas of interest include:
  - Linking 9/11 exposure to health conditions.
  - Characterizing and treating established WTC-related diseases and comorbidities.
  - Health services research and value-based care that addresses disaster-related injury and illness for chronic disease.
  - Characterizing the work-ability and occupational outcomes for those impacted by the 9/11 attacks.
  - Medical, public health, emergency preparedness research, as well as other scientific research relevant to the WTC Health Program.
- **Continue Registry follow-up survey wave(s)**: Plan and conduct continuing follow-up surveys and analysis of the long-term health effects of the 9/11 attacks, building on previous surveys.
- **Expand focused or in-depth studies**: Explore, plan, and conduct studies focusing on specific topics or subgroups (e.g., emerging health concerns, healthcare service needs and utilizations, youth survivors, and second-generation individuals of enrollees exposed to the 9/11 attacks).

- **Explore and conduct data linkage studies**: Explore, plan, and conduct data linkage with other data sources, such as linking enrollees with cancer registries, hospitalization data, Medicare/Medicaid data, MarketScan data, U.S. Renal Data System, and vital records. Perform appropriate analyses and disseminate findings.
- **Support external Registry studies**: Establish and maintain protocols to permit and facilitate other researchers to use the Registry or de-identified Registry data for research related to the health impact of the 9/11 attacks. Establish a clear process to contact consented enrollees about external studies they may participate in.
- **Build and maintain database and analysis infrastructure**: Ensure that data are prepared for analysis within defined, optimal timeframes; develop mechanisms for sharing appropriate data elements with other related organizations serving people exposed to the 9/11 attacks. Develop and implement protocols for data security and database backup and recovery.
- **Disseminate and translate research findings**: Prepare regular reports or peer-reviewed publications on surveys and studies conducted by the Registry. Participate in scientific conferences and disseminate research findings to the scientific community or disaster research/preparedness community. Disseminate results and findings to state and local public health officials, community residents, and other concerned individuals and organizations.
- **Be responsive to public information needs and requests**: Support and maintain a call system for questions and concerns from the public about the WTC Health Registry (NYC DOH call center). Create and maintain an accessible and updated website about the Registry.
- **Engage in outreach**: Engage in broad community outreach. Use existing contacts with businesses, community groups, and organizations to facilitate outreach. Build and maintain a strong liaison with the community, state and local governments, and other stakeholders.
- **Retain and engage enrollees**: Plan and manage resources to follow up with enrollees and keep their contact information updated. Include plans and ways (e.g., website, reports, and direct communications) to sustain enrollees' interest and help keep enrollees involved with the Registry.

- **Respond to enrollees' health needs and concerns**: Maintain and extend the treatment referral program to help enrollees identify care sources. Identify and assist enrollees who may benefit from treatment referral based on survey data. Work with the WTC Health Program and its entities to identify the overlap of Registry enrollees and WTC Health Program members. Identify and assist enrollees who are potentially eligible to apply for the WTC Health Program. Provide support to share exposure information if requested.
- **Integrate project evaluation**: Include measures to assess process and outcomes. Plan and conduct evaluations of each proposed project to assess the relevance and the impact of the project activities in terms of improving the health and wellness of those exposed to the 9/11 attacks. Measure contributions of the project in terms of outputs and outcomes (intermediate or final) that result from project activities; use and explain quantitative measures in such assessments.
- **Provide consultation services**: Develop science-based capacity for conducting epidemiological and demographic research related to the Registry under separate funding; consult with Registry external researchers or interested parties on 9/11-attack or disaster related research, surveillance, and outreach activities.
- **Engage in collaboration**: Collaborate with WTC Health Program and its entities (e.g., data centers) on surveillance, research, and other activities relevant to the WTC Health Program; attend and participate in WTC Health Program's research meetings and webinars.

Objectives and outcomes

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

The specific objectives of this award are to:

- Maintain the Registry as a public health resource to allow health professionals to track and investigate possible trends in illness and recovery related to the 9/11 attacks.
- Conduct and facilitate surveillance activities and research activities relevant to the WTC Health Program to expand knowledge about the physical and mental health effects of the 9/11 attacks.
- Conduct community activities to respond to the physical and mental health concerns and specific healthcare needs of those exposed to the 9/11 attacks.

- Maintain and extend the 9/11 Treatment Referral Program to help those exposed to the 9/11 attacks find care sources. This includes encouraging and helping enrollees to apply to the WTC Health Program and sharing enrollees' exposure information with WTC Health Program to facilitate their enrollment or WTC-related health condition certification.
- Collaborate with WTC Health Program and its entities (e.g., Data Centers and Clinical Centers of Excellence), as needed, through appropriate data use agreements and protections (e.g., business associate agreement) to conduct activities relevant to the WTC Health Program. These activities include but are not limited to:
  - Identifying the overlap of Registry enrollees and WTC Health Program members.
  - Exploring surveillance signals and treatment outcomes as follows:
    - Linkage between 9/11 exposure and uncommon health conditions, such as rare cancers, autoimmune diseases, neurological, and neurocognitive diseases (including age at diagnosis).
    - Treatment outcomes for selected conditions linked to 9/11 exposure.
    - Emerging WTC Health Program priorities regarding health and wellness issues among those exposed to the 9/11 attacks.

We expect you to plan and implement corresponding activities and report the outcomes related to each of these objectives in each performance year.

Collaborations

Interdisciplinary and transdisciplinary collaborations are essential to achieving all the objectives. We expect to see the recipient collaborate with:

- NIOSH and the WTC Health Program at various levels.
- The network of WTC Health Program Data Centers, clinicians, scientists, and internal and external experts for active and passive surveillance activities on emerging health conditions related to the 9/11 attacks.
- External researchers for studies related to the 9/11 attacks.
- Other entities as needed for research or healthcare related to the 9/11 attacks, or for the purposes of informing healthcare policy and future disaster response planning.

Evaluation and performance measurement

You should include an evaluation and performance measurement plan for each specific objective as listed in the "Objectives and outcomes" section. Evaluations provide information for management and improve program effectiveness. You can refer to the CDC document Framework for Program Evaluation for help. Effective program evaluation is a systematic way to improve and account for public health actions by involving procedures that are useful, feasible, ethical, and accurate.

Paperwork Reduction Act

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

To determine if a proposed activity requires PRA approval, contact your scientific and research contact. Collections include items like surveys and questionnaires. If you have collections requiring PRA approval, CDC is responsible for working with OMB to gain the approval.

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

Translation plan

You should describe briefly how the research findings may be translated into practice or may be used to inform public health policy, especially in terms of improving health and well-being of people exposed to the 9/11 attacks.

Funding policies and limitations

Changes in HHS regulations

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

General guidance

- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. If you have questions about these purposes, ask the grants management contact.
- Your budget is arranged in eight categories: salaries and wages, fringe benefits, travel, equipment, supplies, contractual, other (includes consultant costs), and indirect costs.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Satisfactory progress in meeting your project's objectives.
  - A decision that continued funding is in the government's best interest.
- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.
- You should plan and budget two WTC Health Program research meetings each year. These research meetings usually last two days and are held in New York City. These may alternate between virtual and in-person meetings.

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 Recipients.

For guidance on some types of costs that we restrict or do not allow, see 2 CFR 200.420, Considerations for Selected Items of Cost.

Indirect costs

Indirect costs are those shared across multiple projects and not easily separated. Learn more at CDC Budget Preparation Guidelines.

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

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

Enclose a copy of the current approved rate agreement in your Other Attachments Form.

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

Other indirect cost policies

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

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

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. As of January 2025, the salary rate limitation is $225,700. We update this limitation when it changes.

Program income

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

Expanded authority

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

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

Public health data

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

Human subjects

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

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

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

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

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

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

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

For more information, please consult the scientific and research contact listed for this NOFO.

Statutory authority

The World Trade Center Health Program was established by Title I of the James Zadroga 9/11 Health and Compensation Act of 2010, Pub. L. 111-347, as amended by Pub. L. 114-113, Pub. L. 116-59, Pub. L. 117-328, and Pub. L. 118-31 adding Title XXXIII to the Public Health Service (PHS) Act (codified at 42 U.S.C. 300mm - 300mm-64). The authority for this specific research is found in Sections 3342 and 3351 of the Zadroga Act, as amended (42 U.S.C. 300mm-52 and § 300mm-61).

For the purpose of ensuring ongoing data collection relating to victims of the September 11, 2001, terrorist attacks, the WTC Health Program Administrator shall ensure that a registry of such victims is maintained that is at least as comprehensive as the WTC Health Registry maintained under the arrangements in effect as of January 1, 2015, with the New York City Department of Health and Mental Hygiene. (42 U.S.C 300mm-52)

Step 2:
Get Ready to Apply

In this step

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov or eRA ASSIST and search for opportunity number **RFA-OH-26-016**. After opening the opportunity, select the "package" tab to see the forms.

We recommend that you select the Subscribe button from the View Grant Opportunity page for this NOFO to get updates.

If you can't use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, contact Grants.gov for help.

Get registered

You must be registered in both SAM.gov and Grants.gov to apply. You can review the requirements and get started on developing your application before your registrations are complete.

SAM.gov

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

To register:

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

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

Once you register:

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

Grants.gov

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

eRA Commons

You must register in eRA Commons. Your senior and key personnel must also register and affiliate their accounts with your organization's account.

Register at least four weeks before the application deadline.

Need help? See Contacts and Support.

Help applying

For help with the application process and tips for preparing your application, see How to Apply on our website and the Research Instructions for NIH and Other PHS Agencies.

If any instructions differ from those in this NOFO, follow the instructions in this NOFO.

For other questions, see Contacts and Support.

Step 3:
Build Your Application

In this step

Application checklist

You must follow the research instructions to complete your application. In this section, we also provide NOFO-specific guidance for some forms.

Make sure that you have everything you need to apply:

Form	Required for
☐ PHS 398 Research Plan form	All applications.
☐ SF424 (R&R)	All applications.
☐ PHS 398 Cover Page Supplement Form	All applications.
☐ SF424 (R&R) Other Project Information	All applications.
☐ SF424 (R&R) Project/ Performance Site Locations	All applications.
☐ SF424 (R&R) Senior/Key Person Profile	All applications.
☐ R&R Budget Form **or** PHS 398 Modular Budget Form	All applications. • Include only one of these forms, not both, in your application. • The modular form is typically used by domestic organizations requesting $250,000 or less per budget period in direct costs.
☐ R&R Subaward Budget Attachments Form	If your application proposes subawards.
☐ PHS Human Subjects and Clinical Trials Information	All applications.
☐ PHS Assignment Request Form	Optional.
☐ **Other Attachments Form**	All applications.
☐ Report on overlap	If applicable.
☐ Bona fide agents documentation	If applicable.
☐ Indirect cost agreement	If applicable.

See Submission requirements and deadlines to see if there are other requirements beyond the application itself.

Important: public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with USAspending. This is where the public goes to learn how the federal government spends their money.

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

See instructions and examples.

Application contents and format

You must follow the research instructions in the How to Apply: Application Guide unless this NOFO says otherwise. We strictly enforce these requirements. If you do not follow them, we may delay or not accept your application for review.

See responsiveness criteria to make sure you meet all requirements.

As you build your application, keep the review criteria in mind.

PHS 398 Research Plan form

You will use the PHS 398 Research Plan form to complete your research plan. You will upload each of the following parts of the form as a separate attachment.

Some parts may not be required for your application. We provide guidance here and in the Application Guide.

Follow all instructions beginning on page 81 of the research instructions. We note additional instructions in this NOFO.

Introduction

This section only applies to resubmission or revision applications. Do not include this section if you are submitting a new or renewal application.

Research plan section

To complete this section use the instructions beginning on page 83 of the research instructions. The parts for this section include:

Parts	Required for	Page limit
Specific aims	All applications.	1 page
Research strategy	All applications.	75 pages
Progress report publication list	Renewal applications only.	None

To complete this section use the instructions beginning on page 87 of the research instructions. The parts for this section include:

Parts	Required for	Page limit
Vertebrate animals	If you answer "Yes" to the question "Are Vertebrate Animals Used?" on the R.220 - R&R Other Project Information Form.	None
Select agent research	If your proposed activities involve the use of select agents at any time during the proposed period of performance.	None
Multiple PI/PD leadership plan	If you designate multiple PD/PIs (on the R.240 - R&R Senior/Key Person Profile (Expanded) Form).	None
Consortium and contractual arrangements	If you include any consortiums or contracts in your budget.	None
Letters of support	All applications.	None
Resource sharing plans	All applications.	None
Other plans	All applications.	None
Authentication of Key Biological and/or Chemical Resources	All applications.	None

Other plans: Data management plan

For all public health data you plan to collect, a data management plan (DMP) is required. For a definition of "public health data" and other key information, see Data Management and Access on our website.

Submit your DMP in the Other Plans section of your PHS 398 Research Plan and include:

- The data you will collect or generate and what its sources will be.
- Whether there are reasons why you cannot share data collected or generated under the award with CDC. These could include legal, regulatory, policy, or technical concerns.
- Who can access data and how you will protect it.
- Data standards that explain what documentation released data will have. That documentation should describe collection methods, what the data represent, and data limitations.
- Archival and long-term data preservation plans.
- How you will update the DMP as new information becomes available over the life of the project. You will provide updates to the DMP in annual reports. For more information about CDC's policy on the DMP, see Data Management and Access Requirement at CDC's website.
- Use USGS DMP template for your DMP.

Appendix

We allow only limited appendix materials. Follow all the appendix instructions detailed on page 94 of the research instructions.

Do not use the appendix to get around page limits. You may attach up to 10 PDF documents in the appendix. Additionally, you can include up to three publications that are not publicly available.

Use these guidelines to decide if you need to include a PDF appendix titled **"WTC Health Program funded projects and publications":**

- If you have received funding as a PI or co-PI for any research project(s) from the WTC Health program, you should include this appendix. In this appendix, please list the funded project(s) and provide citations for any related papers published or submitted for publication in peer-reviewed journals.
- If you have been supported (not as a PI or co-PI) by any research funding from the WTC Health Program, it is OPTIONAL for you to include this

appendix in your application to list the supporting project(s) and provide citations for any related papers published or submitted for publication in peer-reviewed journals that you authored or co-authored.

- If you have never received research funding from the WTC Health Program, you don't need to include this appendix in your application.

Reviewers will consider this information when evaluating the investigator's past performance or contribution to WTC Health Program funded research when applicable.

Budget form

To develop your budget, see CDC's Budget Preparation Guidelines.

Be sure to follow the guidance in funding policies and limitations.

The budget can include both direct costs and indirect costs as allowed.

Other attachments form

You will use the Other Attachments form to upload the following attachments.

Report on overlap

File name: Report on overlap

You must provide this attachment only if you have submitted a similar request for a grant, cooperative agreement, or contract to another funding source in the same fiscal year and that request may result in any of the following types of overlap:

Programmatic

- They are substantially the same project.
- A specific objective and the project design for accomplishing it are the same or closely related.

Budgetary

- You request duplicate or equivalent budget items that are already funded by another source or requested in the other submission.

Commitment

- Given all current and potential funding sources, an individual's time commitment exceeds 100%, which is not allowed.
- We will discuss the overlap with you and resolve the issue before award.

Bona fide agent documentation

File name: Bona fide agent

A bona fide agent is an organization eligible to submit an application on behalf of another organization.

If you are applying as a bona fide agent of a state, territorial, tribal, or local government, you must attach a legal, binding agreement from the government as documentation of your status as their agent.

Indirect cost agreement

File name: Indirect cost agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your cognizant agency for indirect costs (2 CFR 200.1). If you use the *de minimis* rate, you do not need to submit this attachment.

Step 4: Understand Review, Selection, and Award

In this step

Application review

Initial review

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

We will not review any pages over the page limit.

Scientific merit review

We use a two-level merit review process:

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

First level of merit review

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

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

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

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

Scored criteria

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

Significance

- Does your application further develop the concept and usefulness of a WTC Health Registry? Does your application clearly show that the extended WTC Health Registry will continue to provide a central, unified database for the study and improvement of health and well-being of those impacted by the 9/11 attacks?
- Does your application address an important problem or a critical barrier to help determine physical and mental health impacts and healthcare needs that have emerged in people exposed to the 9/11 attacks?
- If your project is successful, how will scientific knowledge, technical capability, or clinical practices be improved for care of the population exposed to 9/11?
- How will successful completion of your proposed project change the concepts, methods, technologies, treatments, services, or preventative interventions used in the WTC Health Program, occupational health, or public health?
- Will your proposed project further enhance access of the clinical research science community to WTC Health Program data resources?
- What is the potential impact of your proposed project on emergency or disaster preparedness as it relates to occupational health and safety?

Investigators

- If the PD/PIs received previous research funding from the WTC Health Program, did they publish or submit for publication in peer-reviewed journals the results of WTC Health Program-funded research? Please see the Appendix "WTC Health Program funded projects and publications" for related information.
- Are the PD/PIs, collaborators, and other researchers well-suited to the projects? Do they have appropriate experience and training?
- Have the investigators demonstrated an ongoing record of accomplishments that have advanced their field(s), other registries, or the WTC Health Registry?

- If the projects are collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise? Are their leadership approach, governance, and organizational structure appropriate for the project?
- Has the PI/PD devoted an adequate amount of time and effort to the projects?
- Is there evidence of past collaborations with the WTC Health Registry or other registries?

Innovation

- Does your application describe how the WTC Health Registry will serve as a unique resource for researchers or practitioners?
- Does your application indicate how the WTC Health Registry will collaborate with other resources to further enhance its utility?
- Is your proposed project forward-looking about registry practices, approaches or methodologies, or interventions?
- Does your application challenge and seek to shift current research, public health practice, or clinical practice paradigms by using novel theoretical concepts, approaches or methodologies, instrumentation, or interventions?
- Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense?
- Does your application propose a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions?

Strategy

- Are the overall strategy, project plan, methodology, data management, and analyses well-reasoned and appropriate to accomplish the specific objectives of this NOFO?
- Does the proposed timeline include clearly established aims for which progress will be measured objectively by defined methods?
- Does your application incorporate plans for all the major tasks listed under the Approach session?
- Are potential problems, alternative strategies, and benchmarks for success presented?
- Does your application include a translation plan?
- Does your application include a data management and data sharing plan?

- If your proposed project involves human subjects or clinical research, are there plans to protect human subjects from research risks? Is this research justified in terms of the scientific goals and research strategy proposed?
- If the application is new, does it include a credible phase-in plan for assuming the responsibilities of the registry?
- Does your application propose adequate quality assurance/quality control (QA/QC) steps for ensuring reliable operation of the WTC Health Registry? Does the applicant have experience with QA/QC activities related to the WTC Health Registry or other registries? Is there a plan to validate Registry findings?
- If your proposed project is in the early stages of development, will the strategy establish feasibility, and will particularly risky aspects be managed?

Environment

- Will the scientific environment in which the work will be done contribute to the probability of success?
- Are the institutional support, equipment, and other physical resources available to the investigators adequate for the project proposed?
- Will your project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?
- Do you or does your institution have an existing registry?
- Have you addressed how it will work with the existing Registry to maintain, enhance, and improve it through this new cooperative agreement?
- For potential collaborations, are the commitment and cooperation of other interested parties adequate, as evidenced by letters of support specifying the nature and extent of the involvement?
- To what extent will findings be disseminated to communities?

Additional review criteria

When applicable to a proposed project, reviewers will evaluate the following additional items and consider them when assigning an impact score but will not give separate scores for these items.

Protections of human subjects

If the research involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR part 46, and, as

applicable, 21 CFR part 50 and 21 CFR part 56, the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation using the following five review criteria:

- Risk to subjects.
- Adequacy of protection against risks.
- Potential benefits to the subjects and others.
- Importance of the knowledge to be gained.
- Data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR part 46, the committee will evaluate:

- The justification for the exemption.
- Human subject involvement and characteristics.
- Sources of materials.

Including children in research

When the proposed project involves clinical research, the committee will evaluate the proposed plans for the inclusion of children.

For more information, see Additional Requirement 28: Inclusion of Persons Under the Age of 21 in Research.

Vertebrate animals

The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following four points:

- Proposed use of the animals, and species, strains, ages, sex, and numbers to be used.
- Justifications for the use of animals and for the appropriateness of the species and numbers proposed.
- Procedures for limiting discomfort, distress, pain, and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs, or comfortable restraining devices.
- Methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia.

For additional information on review of the vertebrate animals section, see the Checklist for Applicants and Reviewers: Vertebrate Animals.

Biohazards

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

Improving the Safety and Security of Biological Research

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

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

Renewals

For Renewal applications, the following factors will also be considered:

- Has the existing Registry made significant contributions to the WTC Health Program, as demonstrated by its accomplishments?
- Is there evidence of progress and achievement since the previous competitive review?
- Is there evidence of integration and synergy?
- Are collaborative activities between the existing Registry and other WTC Health Program components adequately described?
- Is there documentation through publications or conferences that demonstrates progress, accomplishments, and collaboration?
- Is there evidence that the Registry has met its objectives and has been well-utilized by the WTC Health Program and external researchers?
- Is there adequate justification for adding new projects or cores or for deleting components previously supported?
- Is there evidence of transfer of research findings?
- Have the specific commitments and plans for the Registry from the previous project period been met?
- Have high-quality outputs contributed to improvements that are relevant to the WTC Health Program or broader occupational or public health practices?

Additional review considerations

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

Budget and period of support

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

Resource-sharing plan

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

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

Second level of merit review

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

- Program priorities.
- Program relevance.
- Research portfolio balance.
- Geographic considerations.
- Budgetary considerations.
- Potential translation of results to improve health and wellbeing for populations impacted by the 9/11 attacks.
- Performance or publications resulting from any projects previously funded by the WTC Health Program, if applicable.

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

Risk review

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

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

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

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

For more details, see 2 CFR 200.206.

Selection process

We will fund applications by the rank order as determined by the results of the merit review.

When making funding decisions, we consider:

- Scientific merit review results. The results of the first- and second-level reviews are key in making decisions but are not the only factor.

We may:

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

Our ability to make awards depends on available appropriations.

Award notices

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

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

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

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

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

Step 5: Submit Your Application

In this step

Submission requirements and deadlines

Optional letter of intent

Due on January 22, 2026

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

Please email the notice to ehg8@cdc.gov and copy fzt4@cdc.gov.

In your email, include:

- The funding opportunity number and title.
- Your organization's name and address.
- A contact name, phone number, and email address.
- The descriptive title of your proposed research.
- Names of your project director or principal investigator and other key personnel.
- Participating institutions.

Application

Due on February 20, 2026 at 11:59 p.m. ET.

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

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

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

Submission methods

Your organization's authorized official must certify your application.

To submit your application, you have three choices:

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

See Contacts and Support if you need help.

File format for all submissions

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

See **How to Apply - Application Guide**. The Application guides for FORMS-I application packages are also posted here.

Grants.gov

You must submit your application through Grants.gov. See get registered.

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

See Contacts and Support if you need help.

eRA ASSIST

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

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

For instructions, see Using ASSIST and Submit the Application.

Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration

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

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NoA), including CDC General Terms and Conditions. The NoA includes the requirements of this NOFO.
- The rules listed in 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, or any superseding regulations, including HHS-specific requirements in 2 CFR 300.
- The HHS Grants Policy Statement (GPS). This document has policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those provisions in the 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.

Reporting

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

Report	Description	When
Annual Performance Report (Research Performance Progress Report)	• Serves as yearly continuation application. • Includes performance measures, successes, and challenges. • Updates research plan. • Includes how CDC could help overcome challenges. • Includes budget for the next 12-month budget period. • Complete list of the publications planned or completed to date - including status (e.g., published [include reference], in review, under development). • Description of any changes made in the use of human subjects or IRB approval status. • Includes how data are collected and used (Data Management Plan).	120 days prior to the end of the budget period, or the date identified in guidance that CDC distributes.
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.
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 in Federal Financial Report.	120 days after the end of the period of performance.

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

CDC award monitoring

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

A cooperative agreement has substantial CDC programmatic involvement with the recipients during the performance of activities.

We will place these roles and responsibilities in the terms and conditions of award.

Recipient roles and responsibilities

- The recipient has the dominant role and primary responsibility for the project as a whole.
- The PD(s)/PI(s) have the primary responsibility for complying with the responsibilities for the extramural investigators in the Data Management and Access.
- Recipients retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC regulations and policies. Recipients must comply with applicable rules in 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, including HHS-specific requirements in 2 CFR 300.
- The recipient has the primary role and primary responsibility to initiate collaborations with the WTC Health Program at various levels and to obtain required clearance or consultation from CDC.
- The recipient should attend and participate in WTC Health Program research meetings and webinars.
- The recipient is expected to submit manuscript(s) summarizing research findings from the funded projects to peer-reviewed journals, regardless of study results. This can be completed within or out of the performance period.

CDC roles and responsibilities

- The HHS/CDC purpose is to support and stimulate the recipients' activities through involvement and working jointly with recipients in partnership.
- CDC staff has substantial programmatic involvement that is above and beyond the normal stewardship role in awards.

- CDC project officers will not assume direction, prime responsibility, or a dominant role in the activities.
- CDC staff will assist the PI, as needed, to comply with the responsibilities for the extramural investigators in the Data Management and Access.
- Additionally, an agency program official or CIO program director is responsible for the normal scientific and programmatic stewardship of the award. We will name them in the award notice.
- CDC staff will provide consultation to the recipient on proposed projects and activities listed in the Approach session.
- CDC will regularly evaluate Registry information and data that describe the status of the Registry population.
- CDC will regularly evaluate the Registry to determine its relevance to the improvement of health for the cohort and measures of impact.

Joint responsibilities

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

- CDC and the recipient have joint roles to make sure all the projects and activities proposed and conducted by the recipient are relevant to the WTC Health Program.
- When the recipient collaborates with the WTC Health Program and an agreement such as a business associate agreement is needed, CDC templates of these agreements will be used when such templates are available. Otherwise, CDC and the recipient have joint roles to develop any other agreements. CDC and the recipient also have joint roles to approve the agreement.

Contacts and Support

In this step

Agency contacts

Scientific and research

Eduardo O'Neill, PhD, MS, MPH
404-718-8844
fzt4@cdc.gov

Scientific merit review

Michael Goldcamp, PhD
304-285-5951
ehg8@cdc.gov

Grants management

Brownie Anderson-Rana
770-488-2771
fli2@cdc.gov

Help with systems

Grants.gov

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

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

SAM.gov

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

eRA Commons

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

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

You can email commons@od.nih.gov.

Reference websites

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