

Notice of Funding Opportunity  
Application due Friday, July 17, 2026










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

Division of Parasitic Diseases and Malaria  
Parasitic Diseases Branch

# Reducing the burden of parasitic infections in the United States through evidence-based prevention and control activities

Opportunity number: CDC-RFA-CK-26-0221

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# Before you begin

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

## **SAM.gov registration (this can take several weeks)**

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

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

## **Grants.gov registration (this can take several days)**

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

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

## **Apply by the application due date**

Applications are due by 11:59 p.m. Eastern Time on Friday, July 17, 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

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# Basic information

Centers for Disease Control and Prevention (CDC)

Division of Parasitic Diseases and Malaria

Parasitic Diseases Branch

## Reducing the burden of parasitic infections in the United States.

### Summary

The purpose of this Notice of Funding Opportunity (NOFO) is to decrease the impact of specific parasitic infections in the U.S. with public health practices and disease control strategies. The NOFO focuses on three parasitic infection areas:

- Chagas disease.
- Soil-transmitted helminths.
- Other parasitic diseases of domestic concern in the U.S.

This NOFO will continue CDC's Parasitic Disease Branch work to help healthcare providers (HCPs) better understand, detect, treat, and prevent parasitic infections. Improved understanding and management of parasitic diseases in the U.S. will help make Americans stronger, safer, and more prosperous.

There are three components of this NOFO. You may apply for only one:

- **Component A** will improve HCPs' knowledge and practices. Increase testing and management of people with or at risk of Chagas disease. Expand the use of best practices, training tools, and materials.
- **Component B** will strengthen public health efforts to monitor and control soil-transmitted helminth infections (like hookworm). It focuses on areas in the Southeastern U.S. (as defined by the U.S. Census Bureau) that are historically affected.
- **Component C** will target the prevention, control, health education, and, where applicable, elimination of other parasitic diseases in the U.S. Diseases include cyclosporiasis, cysticercosis, echinococcosis, leishmaniasis, lymphatic filariasis, and toxoplasmosis.



Have questions?

Go to [Contacts and Support](#).

### Key facts

**Opportunity name:**

Reducing the burden of parasitic infections in the United States through evidence-based prevention and control activities

**Opportunity number:**

CDC-RFA-CK-26-0221

**NOFO version:**

Original

**Assistance listing:**

93.084

### Key dates

**Application submission deadline:**

July 17, 2026

**Optional letter of intent deadline:**

July 3, 2026

**Expected award date:**

September 29, 2026

**Expected start date:**

September 30, 2026

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

We will not accept proposals focused on malaria, amoebiasis, cryptosporidiosis, giardiasis, or any international activities. Your strategies should aim for significant public health benefits and reach a large portion of at-risk populations.

## Funding details

**Funding type:** Cooperative agreement

**Expected awards:** Up to 11

- **Component A:** Up to 3 awards.
- **Component B:** Up to 3 awards.
- **Component C:** Up to 5 awards.

**Period of performance:** We plan to award projects for five years in 12-month budget periods.

**Expected total program funding over the performance period:** \$23,750,000.

- **Component A:** \$3,750,000.
- **Component B:** \$7,500,000.
- **Component C:** \$12,500,000.

**Estimated average award per applicant over the period of performance:**

- **Component A:** \$1,250,000.
- **Component B:** \$2,500,000.
- **Component C:** \$2,500,000.

**Expected funding per applicant per 12-month budget period:** \$1,250,000.00.

- **Component A:** \$250,000.
- **Component B:** \$500,000.
- **Component C:** \$500,000.

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

## Funding strategy

Applicants can apply for only one of the components in this NOFO. Annual funding is subject to the availability of funds.

# Eligibility

## Eligible applicants

Only these types of organizations may apply.

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

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

## Responsiveness criteria

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

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

- Is from an organization that doesn't meet all [eligibility criteria](#). See requirements in [eligibility](#).
- Is submitted after the [deadline](#).
- Proposes research activities. See the [definition of research](#).
- Asks for more funding than the budget limit for a specific component.
- Applies for more than one component. You can only apply to one (A or B or C).

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 Unique Entity Identifier (UEI).

## Cost sharing and matching funds

This program has no cost-sharing requirement, meaning you do not need to contribute to the costs of this project.

If you choose to include cost-sharing funds, we won't consider it during review. If you receive an award, we will include your voluntary commitment in the award, and you must report on the funds.

### Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

# Agency priorities

## Required alignment with CDC priorities

The recipient of this award must implement any funds awarded under this NOFO to effectuate program goals or agency priorities in accordance with the [Centers for Disease Control and Prevention \(CDC\) Priorities](#) when authorized (for a full description of the CDC Priorities, please follow the provided hyperlink).

Funded activities must:

- Align with CDC's core priorities by demonstrating a commitment to gold-standard science, transparency, and evidence-based practices.
- Support CDC's mission to protect Americans from infectious and chronic diseases, strengthen public health systems, and advance innovation in health data and infrastructure.
- Contribute to rapid, science-driven responses to health threats, promote global health leadership, and adhere to principles of integrity, accountability, and compliance with applicable laws and federal priorities.

Consistent with CDC's values, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles where consistent with the authority and scope of the award and its activities:

- **A commitment to gold-standard science and ensuring trust, transparency, and credibility:** To build trust and improve CDC's ability to lead during health crises, CDC will increase transparency, be more accountable, and follow strict, gold-standard scientific practices that are open, unbiased, and based on clear evidence.
- **A commitment to global leadership:** With staff in 63 countries and supporting 20 more, CDC's Global Health Center:
  - Work to prevent disease and advance emergency response
  - Detect health threats early, send response teams, train health workers, and provide personal protective equipment, vaccines, and medicines.
  - Test disease samples from around the world to prepare for flu and other serious outbreaks.
  - Has strengthened systems to better protect people at home and abroad after the COVID-19 outbreak.

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

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

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

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

# Program description

## Background

Parasitic infections, including Chagas disease, soil-transmitted helminthiasis (STH), toxoplasmosis, and other parasitic diseases of domestic concern, affect millions of people in the United States, particularly among underserved and at-risk populations. These infections remain underrecognized, and gaps persist in surveillance, healthcare provider awareness, and access to timely diagnosis, treatment, and prevention.

This NOFO supports CDC's commitment to gold-standard science and aligns with national strategic priorities to strengthen public health infrastructure, improve infectious disease surveillance, and prevent adverse health outcomes. Funded activities will enhance surveillance capacity, increase healthcare provider awareness and diagnostic readiness, promote evidence-based prevention, and reduce the risk of congenital transmission.

These efforts support CDC's mission to protect Americans from infectious diseases and strengthen national capacity to prevent, detect, and respond to parasitic diseases of domestic concern.

## Chagas disease

Over 300,000 people in the U.S. are infected with *Trypanosoma cruzi*, the parasite that causes Chagas disease. The infection often goes undiagnosed because it usually doesn't cause severe symptoms at first. But later, it can lead to heart disease or gastrointestinal problems. In the United States, the annual lost productivity due to Chagas-disease-related mortality is estimated to be almost a billion dollars.

Those at risk for Chagas disease include people who have previously lived in rural areas of Mexico, Central America, or South America, as well as children born to infected mothers, who may become infected congenitally. Few locally-acquired vector-borne infections have been documented in U.S. Southern states, where there are triatomines and animals infected with the parasite. This NOFO aims to help prevent the long-term consequences of infections with *Trypanosoma cruzi* (Chagas disease) through increased provider awareness and understanding of diagnosis and treatment.

## Soil-transmitted helminths

Soil-transmitted helminths (STH) infections are spread through contact with contaminated soil. These infections are common in warm, humid climates, including temperate zones during warmer months, with poor sanitation and hygiene.

In the early 1900s, STH infections were widespread across the Southeastern U.S. Eradication campaigns were launched. However, environmental and socioeconomic conditions that support these infections still exist in many of the same areas. Recent data on STH prevalence in the United States are lacking.

## Other parasitic infections

Parasitic infections in the United States can be acquired abroad or within the country. They're often caused by parasites that can infect both animals and humans. Many healthcare providers and public health professionals are unfamiliar with how to recognize, prevent, or control these diseases. For example, leishmaniasis is a parasitic disease found in many parts of the world and in some areas of the U.S. Still, it's poorly understood in terms of diagnosis, treatment, and control. Other targeted parasitic infections of interest are cyclosporiasis, cysticercosis, echinococcosis, lymphatic filariasis, and toxoplasmosis.

Strategies to manage and eliminate parasitic diseases exist globally, but they're not commonly used in the U.S.

## Related work

This NOFO builds on the cooperative agreement [GH20-2083](#): Reducing the burden of parasitic infections in the United States through evidence-based prevention and control activities.

This NOFO expands CDC's work on parasitic infections that are prioritized for public health action, based on how many people are infected, the severity of illnesses, and the ability to prevent and treat them. It builds on past successes to further expand healthcare knowledge and awareness about Chagas disease. Previous CDC efforts include:

- Educational presentations for HCPs in over 10 states where people at risk for Chagas disease reside.
- An online training for HCPs about congenital Chagas disease.
- Articles published in professional journals.

- Screening programs for pregnant mothers.
- Networks to connect providers and public health professionals across states.

This NOFO continues CDC's work with state partners to investigate STH in the Southeast. Earlier efforts focused on Alabama and Mississippi. This NOFO now includes additional states across the South region (as defined by the U.S. Census Bureau). It excludes areas in Alabama and Mississippi which have already been completed.

CDC also offers technical support for surveillance and response to state and local health departments to help them respond to cases and outbreaks of other parasitic diseases. These diseases include cyclosporiasis, echinococcosis, and toxoplasmosis. This NOFO will provide funding to increase awareness and knowledge about them, helping health departments and providers recognize, prevent, and control when cases or outbreaks occur. More information, including fact sheets and links to open access publications, can be found on the [CDC website](#), regarding [parasites](#) and [soil-transmitted helminths](#).

## National public health priorities and strategies

Activities supported under this NOFO will address key priority areas, including:

- **Environmental health:** Reducing risk factors associated with parasitic disease transmission, including sanitation, water quality, and environmental exposures.
- **Infectious disease prevention:** Improving provider awareness, surveillance, diagnosis, and prevention of Chagas disease, soil-transmitted helminths, toxoplasmosis, and other parasitic diseases of public health importance.
- **Maternal, infant, and child health:** Preventing congenital parasitic infections through increased awareness, early diagnosis, and improved prevention and treatment.

These efforts support national public health priorities and contribute to reducing the burden of parasitic diseases in the United States through strengthened surveillance, improved prevention, and evidence-based public health action.

## Purpose

The purpose of this NOFO is to reduce complications from Chagas disease, detect and address soil-transmitted helminth infections, and increase awareness of parasitic diseases in the United States.

## Approach

### Overview

This NOFO has three components. You may apply for one component. Each component has its own outcomes and approach as follows.

### Component A: Chagas disease

This NOFO aims to:

- Educate public health partners to recognize and diagnose Chagas disease.
- Support the Division of Parasitic Disease and Malaria (DPDM) strategic goal of reducing deaths, illnesses, and disabilities caused by parasitic diseases in the United States.

The approach for this component includes:

- Create and share educational materials, prevention strategies, and community-level recommendations to lower illness and death from Chagas disease, in the U.S.

### Component B: Soil-transmitted helminths

This NOFO aims to:

- Confirm whether STH infections are still present in historically endemic areas.
- Identify risk factors for STH infection.
- Develop and implement prevention and control measures to stop STH infections.

Expected outcomes include:

- Updated data on STH prevalence.
- Increased awareness of these infections in communities and among HCPs.
- Stronger local capacity in health departments and healthcare centers to detect, prevent, and manage STH infections.

The approach for this component includes:

- Identify areas at risk for STH infections in the Southeastern U.S. (this includes states in the South region, as defined by the U.S. Census Bureau, except for areas of Alabama and Mississippi where work was previously completed). Determine whether these infections are still prevalent and implement control strategies.

## Component C: Other parasitic diseases of domestic concern

This NOFO aims to improve the ability of health departments and healthcare providers to identify, treat, control, and prevent parasitic diseases of domestic concern in their areas.

The approach for this component includes:

- Develop and disseminate educational materials, community-level prevention and control recommendations, and strategies to reduce morbidity and mortality due to other parasitic diseases of domestic concern in the United States.

## Program logic model

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

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

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.

### Component A: Chagas Disease

Inputs	Activities	Outputs (Performance Measures)	Short-Term Outcomes	Intermediate Outcomes	Long-Term Impact
CDC scientific expertise	<b>Activity A1.1:</b> Develop and disseminate evidence-informed educational resources for healthcare providers	Number of educational materials developed for healthcare providers	Increased healthcare provider knowledge of Chagas disease diagnosis and management	Increased screening and testing for Chagas disease among at-risk populations	Earlier detection and treatment of Chagas disease

Inputs	Activities	Outputs (Performance Measures)	Short-Term Outcomes	Intermediate Outcomes	Long-Term Impact
Cooperative agreement funding	Conduct trainings and webinars for healthcare providers	Number of healthcare providers trained	Improved awareness of diagnostic and treatment protocols	Improved clinical management of individuals diagnosed with Chagas disease	Improved health outcomes among affected populations
Partnerships with healthcare systems	<b>Activity A1.2:</b> Develop and disseminate culturally appropriate educational resources for patients and at-risk communities	Number of community education materials developed and disseminated	Increased awareness of Chagas disease prevention and risk factors among affected populations	Increased healthcare-seeking behavior among individuals at risk	Reduced morbidity associated with Chagas disease
Partnerships with maternal and child health programs	<b>Activity A1.3:</b> Support implementation of congenital Chagas disease screening programs	Number of healthcare facilities implementing screening protocols	Improved availability of congenital screening services	Increased detection of congenital Chagas disease cases	Improved maternal and child health outcomes
Public health workforce and clinical partners	<b>Activity A1.4:</b> Strengthen clinical capacity for Chagas disease diagnosis and management	Number of healthcare providers trained on screening and referral protocols	Improved provider confidence in diagnosing and managing Chagas disease	Increased appropriate referral and treatment	Reduced complications associated with delayed diagnosis

## Component B: Soil-Transmitted Helminths (STH)

Inputs	Activities	Outputs (Performance Measures)	Short-Term Outcomes	Intermediate Outcomes	Long-Term Impact
CDC epidemiologic expertise	<b>Activity B1.1:</b> Conduct epidemiologic surveillance to assess current STH transmission	Number of geographic areas evaluated for STH transmission	Increased availability of surveillance data describing STH transmission patterns	Improved identification of areas with ongoing or re-emerging STH transmission	Strengthened national surveillance for parasitic diseases
Surveillance systems and data tools	Conduct field surveys in historically endemic areas	Number of individuals tested for STH infection	Increased understanding of infection prevalence	Improved targeting of prevention and control strategies	Reduced transmission of STH infections
Environmental health expertise	<b>Activity B1.2:</b> Conduct environmental assessments to identify transmission risk	Number of environmental samples tested for STH contamination	Improved understanding of environmental risk factors	Evidence-based targeting of interventions	Reduced environmental transmission risk
Laboratory diagnostic capacity	<b>Activity B1.3:</b> Strengthen laboratory diagnostic capacity for STH detection	Number of laboratories supported for diagnostic testing	Improved diagnostic capacity for STH detection	Faster identification of ongoing transmission	Improved public health response
Public health partnerships	<b>Activity B1.4:</b> Disseminate surveillance findings and program evaluation results	Number of surveillance reports disseminated	Increased awareness among public health partners	Increased use of surveillance data for program planning	More effective STH prevention and control strategies

## Component C: Parasitic Diseases of Domestic Concern

Inputs	Activities	Outputs (Performance Measures)	Short-Term Outcomes	Intermediate Outcomes	Long-Term Impact
CDC scientific expertise	<b>Activity C1.1:</b> Assess healthcare provider knowledge and training needs	Number of healthcare providers completing knowledge assessments	Improved understanding of training needs	Development of targeted training programs	Increased provider capacity to diagnose and manage parasitic diseases
Public health partnerships	<b>Activity C1.2:</b> Develop and disseminate educational resources for healthcare providers and communities	Number of informational materials developed and disseminated	Increased awareness among healthcare providers and communities	Increased use of prevention strategies	Reduced burden of parasitic diseases
Surveillance data systems	<b>Activity C1.3:</b> Develop or strengthen surveillance methodologies for parasitic diseases	Number of jurisdictions implementing surveillance activities	Improved surveillance data availability	Increased use of surveillance data for decision-making	Strengthened national monitoring systems
Data analysis capacity	<b>Activity C1.4:</b> Disseminate surveillance findings and program evaluation results	Number of reports, presentations, or manuscripts disseminated	Increased awareness among public health partners	Increased use of evidence to guide prevention and control programs	Improved public health response to parasitic diseases

## Program implementation roadmap

The following roadmap outlines the expected progression of activities across the project period. Recipients should implement activities aligned with their proposed approach and may adjust sequencing as appropriate for their program context.

Project Phase	Program Focus	Key Activities	Expected Outputs	Expected Outcomes
<b>Year 1: Program Planning and Capacity Development</b>	Establish program infrastructure and partnerships	Conduct healthcare provider knowledge assessments; establish partnerships with healthcare systems and laboratories; develop educational resources; establish surveillance methodologies; develop data collection and reporting systems	Educational materials developed; partnerships established; surveillance plans finalized; training curricula developed	Improved understanding of training and surveillance needs; increased readiness to implement program activities
<b>Year 2: Program Implementation and Initial Data Collection</b>	Implement education, surveillance, and prevention activities	Conduct healthcare provider trainings; implement community outreach; initiate surveillance activities; support screening programs; begin laboratory testing and data collection	Healthcare providers trained; outreach activities conducted; surveillance surveys initiated; screening programs operational	Increased awareness among healthcare providers and communities; improved availability of surveillance data
<b>Year 3: Program Expansion and Program Monitoring</b>	Expand program activities and strengthen implementation	Expand surveillance activities to additional areas; strengthen laboratory diagnostic capacity; increase provider training and outreach efforts; monitor program performance using collected data	Expanded surveillance coverage; increased number of trained providers; additional communities reached	Increased detection of parasitic infections; improved surveillance data quality

Project Phase	Program Focus	Key Activities	Expected Outputs	Expected Outcomes
<b>Year 4: Program Evaluation and Optimization</b>	Evaluate program performance and refine strategies	Conduct program evaluations; analyze surveillance and program data; adjust program strategies based on evaluation findings; continue education and surveillance activities	Evaluation reports produced; updated program strategies; continued training and outreach	Increased use of surveillance data and evaluation findings to guide program improvement
<b>Year 5: Sustainability and Dissemination of Findings</b>	Strengthen sustainability and share program findings	Disseminate program findings through reports, presentations, and publications; strengthen partnerships with public health stakeholders; support integration of successful approaches into routine public health practice	Reports and manuscripts disseminated; stakeholder briefings conducted; sustainable program practices documented	Strengthened national capacity to prevent, detect, and respond to parasitic diseases

## 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. The following activities are distinct from the strategies. They represent actionable steps to carry out each strategy.

### Component A: Chagas disease

#### Strategy

**1.1** Creating and sharing information about diagnosis, treatment, and care management with healthcare providers (HCPs).

**1.2** Surveying HCPs to understand what they know about the disease, what information they need, and their preferred training formats.

**1.3** Assessing patient knowledge, attitudes, and behaviors to help design a patient education program in collaboration with HCPs.

1.4 Evaluate possibility of setting up a congenital transmission screening program.

### Activities

- **Activity A:** Develop standardized, evidence-based educational materials for healthcare providers (HCPs) on Chagas disease diagnosis, treatment protocols, referral pathways, and long-term care management, aligned with CDC guidance.
- **Activity B:** Conduct structured surveys and/or interviews with HCPs to assess baseline knowledge, clinical practices, information gaps, and preferred training modalities (e.g., webinars, job aids, clinical decision tools).
- **Activity C:** Analyze HCP assessment findings to tailor training curricula and dissemination strategies for different provider audiences (e.g., primary care, obstetrics, infectious disease specialists).
- **Activity D:** Conduct patient knowledge, attitudes, and behaviors (KAB) assessments in collaboration with HCPs and community partners to identify barriers to care, treatment adherence challenges, and education needs.
- **Activity E:** Co-develop culturally and linguistically appropriate patient education materials informed by KAB findings and provider input.
- **Activity F:** Conduct a feasibility assessment for congenital Chagas disease screening, including review of existing screening infrastructure, laboratory capacity, clinical workflows, and jurisdictional policies.
- **Activity G:** Produce a feasibility report summarizing findings, recommendations, and potential implementation pathways for congenital screening.

## Component B: Soil-transmitted helminths

### Strategy

2.1 Gathering information about current knowledge, attitudes and practices, design, and pre-test communication modalities.

2.2 Designing, testing, implementing, and monitoring prevention and control programs in areas with ongoing STH transmission.

2.3 Checking areas with a history of STH transmission to see if the infections are still spreading.

2.4 Identifying new at-risk areas for STH infections.

**2.5** Assessing HCPs to understand what they know about the disease, what information they need and their preferred training formats.

**2.6** Creating and sharing information about diagnosis, treatment, and clinical management information with HCPs.

**2.7** Sharing the findings of investigations, surveillance methodologies, impact assessments and trends with communities, HCPs, public health organizations, governments, and other stakeholders.

### Activities

- **Activity A:** Conduct community-level knowledge, attitudes, and practices (KAP) assessments related to STH transmission, prevention behaviors, and treatment-seeking.
- **Activity B:** Design, pre-test, and refine health communication materials and modalities (e.g., print, digital, community outreach) based on KAP findings.
- **Activity C:** Design and implement STH prevention and control programs in areas with ongoing transmission, including environmental, behavioral, and clinical interventions as appropriate.
- **Activity D:** Establish routine monitoring protocols to assess program implementation fidelity, reach, and effectiveness.
- **Activity E:** Conduct reassessments in areas with historical STH transmission to determine whether transmission is ongoing or re-emerging.
- **Activity F:** Identify and prioritize new geographic areas or populations at risk for STH infection using surveillance data, environmental indicators, and partner input.
- **Activity G:** Conduct HCP knowledge and needs assessments related to STH diagnosis, treatment, and reporting.
- **Activity H:** Develop and disseminate clinical guidance and training materials for HCPs on STH diagnosis, treatment, and management.
- **Activity I:** Analyze and synthesize findings from surveillance, investigations, and program evaluations.
- **Activity J:** Disseminate findings and recommendations to communities, HCPs, public health agencies, governments, and other stakeholders through reports, briefings, and data products.

## Component C: Parasitic diseases of domestic concern

### Strategy

- 3.1 Surveying HCPs to understand what they know about the disease, what information they need, and their preferred training formats.
- 3.2 Developing and sharing information about diagnosing, treating, and managing parasitic diseases with HCPs.
- 3.3 Creating and implementing surveillance methods to understand the spread and impact of the targeted parasitic diseases.
- 3.4 Sharing findings from investigations, surveillance, and assessments with communities, HCPs, public health organizations, governments, other stakeholders.
- 3.5 Identifying and monitoring areas at risk for parasitic infections of concern.
- 3.6 If applicable, designing, testing, implementing, and monitoring prevention and control programs in areas with ongoing disease transmission.
- 3.7 For toxoplasmosis specifically: Evaluating feasibility of setting up a congenital transmission screening program.

### Activities

- **Activity A:** Conduct surveys and/or interviews with HCPs to assess knowledge, diagnostic practices, information gaps, and preferred training formats for parasitic diseases of concern.
- **Activity B:** Develop and disseminate evidence-based guidance on diagnosis, treatment, and clinical management tailored to identified provider needs.
- **Activity C:** Design and implement surveillance methodologies to monitor disease burden, transmission patterns, and population impact for targeted parasitic diseases.
- **Activity D:** Identify and monitor geographic areas and populations at increased risk using surveillance data and partner reports.
- **Activity E:** Conduct investigations and assessments to better understand disease transmission dynamics and risk factors.
- **Activity F:** Share surveillance findings, investigation results, and assessment outcomes with communities, HCPs, public health organizations, governmental partners, and other stakeholders to inform decision-making.

- **Activity G:** When applicable, design, test, implement, and monitor prevention and control programs in areas with ongoing transmission.
- **Activity H:** For toxoplasmosis specifically, conduct a feasibility assessment for congenital transmission screening, including evaluation of clinical workflows, laboratory capacity, and public health infrastructure.
- **Activity I:** Document and disseminate feasibility findings and recommendations to inform future program planning.

## Work plan

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

**Table: Sample format**

Activities you will implement	Progress or process measures From the <a href="#">data, monitoring, and evaluation</a> section.	Relevant period of performance outcomes From the <a href="#">outcomes</a> section.	Responsible position or party	Completion date
<b>Strategy 1:</b>				
1.				
2.				
3.				
<b>Strategy 2:</b>				
1.				
2.				
3.				

# Data, monitoring, and evaluation

## CDC strategy

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

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

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

## Required performance measures

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

Evaluation and performance measurements show how well the project goals are being met, strengthen the evidence base for specific interventions, and help determine how these interventions work in different communities, places, and situations. Evaluation and performance measurements also support ongoing improvements and assess whether strategies and activities can be expanded upon and effectively reach the target populations. This information helps CDC ensure recipients are on track, show the NOFO's success in achieving outcomes, and identify ways to improve the program throughout the agreement period.

Throughout the 5-year agreement, CDC will work with funding recipients to track strategy implementation and assess progress in achieving NOFO outcomes. Process measures will inform CDC to what extent the recipient has implemented the activities as intended. Outcome measures would inform CDC if the recipient achieved the period of performance outcomes.

Recipients will report progress toward program outcomes once a year. CDC will help develop performance measurements that align with the project's purpose and goals, including timelines for tracking progress. Some measures

may be required in the first year, while others may cover several years. CDC and the recipient will have regular calls to review performance, discuss progress, and address any challenges. The schedule for these calls will be determined after the cooperative agreement is awarded.

The performance measures directly align with the strategies, activities, and outcomes outlined in the logic model. Both qualitative and quantitative assessments may be used for evaluation. At least once a year, recipients will submit reports summarizing the progress and short-term outcomes for each project. These performance outcome measures may include:

## Component A: Chagas disease

### Strategy 1: Improve healthcare provider and patient knowledge of Chagas disease prevention, diagnosis, treatment, and clinical management.

Recipients should implement activities that strengthen awareness and clinical capacity related to Chagas disease among healthcare providers and affected communities.

- **Activity 1.1:**

Develop and disseminate educational resources for healthcare providers on the diagnosis, treatment, and clinical management of Chagas disease. Example process measures:

- Number of educational materials developed for healthcare providers.
- Number of educational materials disseminated to healthcare providers.
- Number of trainings, webinars, or workshops conducted for healthcare providers.
- Number of healthcare providers participating in training activities.
- Percentage of trained providers reporting increased knowledge following training.

- **Activity 1.2:**

Develop and disseminate culturally appropriate educational materials for patients and at-risk communities.

Example process measures:

- Number of informational materials developed for at-risk communities.
- Number of informational materials disseminated to at-risk communities.

- Number of community outreach events or awareness campaigns conducted.
- Number of community members reached through educational activities.

- **Activity 1.3:**

Support implementation of congenital Chagas disease screening programs within maternal and child health settings.

Example process measures:

- Number of healthcare facilities supported to implement congenital Chagas screening protocols.
- Number of laboratories engaged to conduct maternal or infant diagnostic testing.
- Number and percentage of eligible pregnant individuals screened for Chagas disease.
- Number and percentage of infants born to Chagas-positive mothers who complete diagnostic testing.
- Average time from specimen collection to diagnostic result reporting.

- **Activity 1.4:**

Train healthcare providers on screening, referral, and management of congenital Chagas disease.

Example process measures:

- Number of healthcare providers trained on congenital screening and referral procedures.
- Percentage of providers demonstrating improved knowledge or practices following training.
- Number of clinical protocols, workflows, or SOPs developed or adopted to support screening programs.

- **Expected outcomes:**

Recipients implementing these activities are expected to achieve improvements in the following areas:

- Increased healthcare provider knowledge of Chagas disease diagnosis, treatment, and management.
- Improved provider awareness of appropriate actions when parasitic infections are suspected.

- Increased availability of educational resources for providers, patients, and communities.
- Expanded screening and early identification of congenital Chagas disease.
- **Example outcome measures:**
  - Change in provider knowledge scores from pre- to post-training assessments.
  - Number of healthcare facilities implementing Chagas disease screening protocols.
  - Number of jurisdictions tracking Chagas disease cases.
  - Percentage increase in providers reporting confidence in diagnosing or managing Chagas disease.

## Component B: Soil-transmitted helminths

### Process measures

- **Activity:** Gathering information about current knowledge, attitudes and practices, design, and pre-test communication modalities.
  - **Measure:** Numbers of completed evaluations of any implemented prevention and control program in areas with evidence of ongoing STH transmission.
  - **Measure:** Numbers of proposed new strategies for prevention and control activities in affected areas, based on the results of evaluations.
- **Activity:** Designing, testing, implementing, and monitoring prevention and control programs in areas with ongoing STH transmission.
  - **Measure:** Numbers of areas with historical transmission of STH evaluated and monitored for current or ongoing transmission.
  - **Measure:** Conduct active epidemiologic surveillance in areas with historical STH transmission to assess current prevalence and intensity of infection in human populations, using appropriate sampling methodologies.
  - **Measure:** Implement targeted community- or school-based screening activities to identify current STH infections among at-risk populations in historically endemic areas.
  - **Measure:** Collect and analyze environmental samples (e.g., soil sampling), where appropriate, to assess the presence and distribution of STH contamination and support interpretation of human surveillance findings.

- **Measure:** Strengthen or support laboratory diagnostic capacity for STH detection, including specimen collection, processing, and quality assurance, to ensure accurate identification of ongoing transmission.
- **Measure:** Analyze surveillance and environmental data to identify transmission hotspots, trends, or re-emergence of STH, and to inform targeted public health response or control strategies.
- **Measure:** Disseminate findings to relevant stakeholders (e.g., local health authorities, program implementers, and partners) to support evidence-based decision-making, monitoring, and program planning for STH control or elimination.
- **Measure:** Number of areas with historical transmission of STH evaluated and monitored for current or ongoing transmission.
- **Activity:** Checking areas with a history of STH transmission to see if the infections are still spreading.
  - **Measure:** Numbers of new at-risk areas for STH infection evaluated and numbers identified as positive for STH.
  - **Measure:** Number of new geographic areas assessed for STH transmission risk and number identified as having evidence of STH infection or ongoing transmission.
  - **Measure:** Number of targeted surveys or field assessments conducted in suspected at-risk areas and number of individuals tested for STH infection.
  - **Measure:** Number of environmental assessments conducted (e.g., soil sampling) and number or percentage of samples testing positive for STH contamination, where applicable.
  - **Measure:** Number of laboratories or diagnostic platforms utilized or supported to confirm STH infection in newly identified at-risk areas.
  - **Measure:** Number of newly identified at-risk areas prioritized for further surveillance, prevention, or control interventions based on assessment findings.
  - **Measure:** Number of reports, maps, or data products developed to stakeholders summarizing findings on newly identified at-risk areas for STH infection.
  - **Measure:** Number of reports, maps, or data products disseminated to stakeholders summarizing findings on newly identified at-risk areas for STH infection.
- **Activity:** Identifying new at-risk areas for STH infections.

- **Measure:** Description of outreach activities supported by this award designed to reach the indicated short-term outcomes.
- **Measure:** Numbers of informational items developed or disseminated to healthcare providers for the diagnosis, treatment, and clinical management of STH infections.
- **Measure:** Numbers of educational materials developed or disseminated to healthcare providers.
- **Measure:** Other quantitative measures of work to deliver educational information to improve STH infection knowledge and diagnostic and management skills.
- **Activity:** Assessing HCPs to understand what they know about the disease, what information they need, and their preferred training formats.
  - **Measure:** Number and percentage of targeted healthcare providers (HCPs) who complete a knowledge and training needs assessment.
  - **Measure:** Number of health facilities, jurisdictions, or clinical settings represented in completed HCP assessments.
  - **Measure:** Number of assessment tools developed or adapted (e.g., surveys, interview guides, focus group protocols) to evaluate HCP knowledge, gaps, and training preferences.
  - **Measure:** Percentage of completed assessments that include data on preferred training modalities (e.g., in-person, virtual, self-paced, hybrid).
- **Activity:** Creating and sharing information about diagnosis, treatment, & clinical management information with HCPs.
- **Activity:** Sharing the findings of investigations, surveillance methodologies, impact assessments and trends with communities, HCPs, public health organizations, governments, and other stakeholders.

### Outcome measures

- **Outcome:** Improved HCP and community awareness of STH through the evaluation of prevention and control programs.
  - **Measure:** HCPs participating in a pre- and post-knowledge survey showing increased knowledge about STH.
- **Outcome:** Improved HCP and community awareness of STH in new communities through dissemination of epidemiologic investigations, surveillance methodologies, impact and trend analyses.

- **Measure:** Local health partners participate in a pre- and post-knowledge assessment documenting enhanced knowledge about parasitic diseases.

## Component C: Parasitic diseases of domestic concern

Process measures will depend somewhat on the parasitic disease you select. A few are listed.

### Process measures

- **Activity:** Surveying HCPs to understand what they know about the disease, what information they need, and their preferred training formats.
  - **Measure:** Numbers of trainings hosted or attended directly involving the development of associated parasitic disease prevention and control activities.
  - **Measure:** Numbers of informational items developed or disseminated to healthcare providers for the diagnosis, treatment, and clinical management of the parasitic disease.
  - **Measure:** Numbers of educational materials developed or disseminated to healthcare providers.
  - **Measure:** Numbers of informational items developed or disseminated to at-risk communities or populations for the prevention and control of the parasitic disease.
  - **Measure:** Numbers of educational materials developed or disseminated to at-risk communities or populations for prevention and control of the parasitic disease.
  - **Measure:** Other quantitative measures of work to deliver educational information to improve parasitic disease knowledge and diagnostic and management skills.

- **Activity:** Developing and sharing information about diagnosing, treating, and managing parasitic diseases with HCPs.
  - **Measure:** Surveillance plan for communities affected by or at risk of the targeted parasitic disease.
  - **Measure:** Results of surveillance for the parasitic disease of interest.
  - **Measure:** Number of surveillance methodologies developed, piloted, or refined, including new or adapted sampling strategies, case definitions, diagnostic algorithms, or data collection tools.
  - **Measure:** Documentation of a finalized surveillance plan for communities affected by or at risk of the parasitic disease of concern, including evidence of field testing, stakeholder review, or operational use.
  - **Measure:** Number of communities or geographic areas where the surveillance methodology was implemented or piloted to assess feasibility, acceptability, and performance.
  - **Measure:** Number and type of data elements successfully collected using the developed surveillance methodology (e.g., demographic, clinical, laboratory, environmental data).
  - **Measure:** Availability of surveillance results generated using the developed methodology, including summary analyses describing disease prevalence, distribution, or transmission patterns.
  - **Measure:** Evidence of methodology uptake or integration, such as use of surveillance results to inform program decisions, refine surveillance approaches, or guide future prevention and control activities.
- **Activity:** Sharing findings from investigations, surveillance, and assessments with communities, HCPs, public health organizations, governments, other stakeholders.
  - **Measure:** Developed prevention and control programs for communities with laboratory-diagnosed parasitic infection.
  - **Measure:** Results of evaluations of any implemented prevention and control program in areas with evidence of ongoing disease transmission.
  - **Measure:** Progress to develop new strategies for prevention and control activities in affected areas, based on the results of evaluations.

- **Activity:** Identifying and monitoring areas at risk for parasitic infections of concern.
  - **Measure:** Published manuscripts, articles, presentations, or other methods of dissemination to HCPs, health department personnel, the affected community, or other pertinent parties are acceptable.
- **Activity:** If applicable, designing, testing, implementing, and monitoring prevention and control programs in areas with ongoing disease transmission.
  - **Measure:** Number of prevention and control program models designed, piloted, or adapted for implementation in areas with ongoing disease transmission.
  - **Measure:** Percentage of implemented prevention and control programs with an established monitoring plan (including defined indicators, data sources, and reporting frequency).

For toxoplasmosis specifically:

- **Activity:** Evaluating feasibility of setting up a congenital transmission screening program.
  - **Measure:** Develop and conduct a feasibility study to assess implementation of congenital transmission screening program(s).

### Outcome measures

- **Outcome:** Shared results of epidemiologic investigations, surveillance methodologies, impact and trend analyses with clinicians, public health officials, and the public.
  - **Measure:** documentation of dissemination of results to public health partners (e.g., meetings, conferences, etc.)
- **Outcome:** Develop and disseminate a standardized process and implementation timeline for delivering prevention and control programs to communities with laboratory-confirmed cases of infection.
  - **Measure:** Pre- and post-knowledge assessment showing partners' knowledge of process to receive prevention and control programs.
  - **Measure:** Plan and timeline for prevention and control program(s) are shared with CDC.
  - **Measure:** Documentation of that plan and timeline for prevention and control program(s) has been shared with affected communities and incorporated in their feedback.

- **Outcome:** Enhanced local capacity in health departments and healthcare centers to identify, control, and prevent parasitic diseases.
  - **Measure:** Local health partners participate in a pre- and post-knowledge assessment documenting enhanced knowledge about parasitic diseases.

For toxoplasmosis specifically:

- **Activity:** Evaluate the feasibility of implementing a congenital transmission screening program.
  - **Measure:** Results of feasibility study are shared with CDC and local health partners.

## 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.
- Respond to the evaluation questions using routinely collected performance data, surveillance findings, monitoring indicators, and qualitative and quantitative analyses to assess progress, effectiveness, and implementation fidelity of program activities.
- Incorporate evaluation and performance measurement into planning, implementing, and reporting project activities.
- Use evaluation findings for continuous program quality improvement.

Additionally, explain:

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

## Data management plan

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

Submit your DMP with your application using the “Data Management Plan” attachment field in Grants.gov under the Other Attachment Forms section. Your DMP must be submitted as a separate document and clearly labeled “Data Management Plan” 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 represents, and data limitations.
- Archival and long-term data preservation plans.
- Any reasons you cannot share data collected or generated under this award with CDC. These could include legal, regulatory, policy, or technical concerns.
- How you will update the DMP as new information becomes available over the life of the project. You will provide updates to the DMP in [annual reports](#).

## Evaluation activities

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

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

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

## Paperwork Reduction Act

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

This section describes the organizational experience, skills, systems, and infrastructure you must demonstrate to successfully implement the strategies, activities, and evaluation requirements outlined in this NOFO. Requirements align with the organizational capacity merit review criteria and are designed to distinguish highly qualified applicants and include diverse organizations with demonstrated readiness.

You must address the requirements for **all applicable component(s)** for which you are applying.

## Requirements for all components

You must demonstrate the following organizational capacity:

### Programmatic and technical capacity

You must describe your ability to plan, manage, and implement public health programs consistent with the NOFO objectives, including:

- Experience implementing multi-activity public health programs involving surveillance, education, prevention, and/or control activities.
- Demonstrated capacity for program planning, coordination, and execution across multiple stakeholders.
- Ability to support healthcare provider engagement, including outreach, training, and dissemination of clinical or public health guidance.
- Capacity to implement monitoring and evaluation (M&E) activities, including performance measurement and reporting.

You must describe:

- How your organization has implemented similar public health activities.
- How you will carry out the logic model strategies and activities.
- How you will implement the monitoring and evaluation plan.

### **Staffing plan and project management structure**

You must submit a staffing plan and project management structure sufficient to achieve project outcomes.

The staffing plan must:

- Identify a project director/principal investigator with authority to lead and oversee the award.
- Clearly define staff roles and responsibilities, including programmatic, evaluation, and fiscal functions.
- Identify any vacant positions and include:
  - Position descriptions.
  - Anticipated hiring timelines.
  - Interim coverage plans, if applicable.

The project management structure must:

- Describe where the project sits within the organization.
- Identify who is responsible for strategic oversight, day-to-day management, and fiscal accountability.
- Describe internal coordination mechanisms across program, evaluation, and finance teams.

### **Monitoring, evaluation, and performance management capacity**

You must demonstrate capacity to:

- Collect, analyze, and report performance measure data aligned with NOFO requirements.
- Use data for **continuous quality improvement**.
- Meet CDC reporting timelines and data quality standards.

You must describe:

- Data systems and tools used for performance monitoring.
- Staff roles responsible for evaluation and reporting.
- Experience producing reports for federal funders.

## Partnerships and external collaboration

You must demonstrate your ability to engage and collaborate with relevant partners, such as:

- Healthcare providers and healthcare systems.
- Public health agencies.
- Community-based organizations.
- Laboratories or surveillance partners.

You must provide:

- At least two (2) letters of support from partner organizations describing collaboration relevant to the NOFO activities.
- A description of how partners will support implementation, dissemination, surveillance, or evaluation activities.

## Procurement and contract management capacity

You must demonstrate capacity to manage procurement activities in compliance with applicable federal regulations, including:

- Writing, awarding, and monitoring contracts or subawards.
- Ensuring compliance with [2 CFR part 200](#) procurement standards.

You must describe:

- Procurement policies and procedures.
- Staff responsible for procurement oversight.
- Experience managing contracts or subawards that support program implementation.

## Financial management and administrative capacity

You must demonstrate that your financial management system:

- Can separately track funds by program.
- Meets the requirements of [2 CFR 200.302](#).
- Supports accurate, timely financial reporting.
- Allows funds to be traced to the level of expenditure.

You must describe:

- Financial systems and internal controls.
- Staff responsible for fiscal oversight.
- Experience managing federal awards.

## Component-specific requirements

### Component A: Chagas disease

If you're applying for Component A, you must demonstrate capacity to:

- Engage healthcare providers involved in diagnosis, treatment, obstetrics, or infectious disease care.
- Conduct provider and patient knowledge, attitudes, and practices (KAP/KAB) assessments.
- Develop and disseminate clinical and patient education materials.
- Conduct feasibility assessments related to congenital transmission screening.

You must demonstrate the ability to:

- Reach and engage healthcare providers across at least one jurisdiction.
- Coordinate with clinical, laboratory, or public health partners relevant to congenital screening assessments.

### Component B: Soil-transmitted helminths (STH)

If you're applying for Component B, you must demonstrate capacity to:

- Conduct community-based assessments and surveillance activities.
- Design, implement, and monitor prevention and control programs.
- Analyze surveillance and investigation data.
- Disseminate findings to multiple stakeholder audiences.

You must demonstrate the ability to:

- Engage communities or jurisdictions with current or historical STH transmission.
- Reach multiple stakeholder groups, including providers, public health agencies, and community partners.

### Component C: Parasitic diseases of domestic concern

If you're applying for Component C, you must demonstrate capacity to:

- Implement surveillance methods for parasitic diseases of concern.
- Engage healthcare providers for training and dissemination.
- Identify and monitor at-risk populations or geographic areas.
- Design and implement prevention or control activities, when applicable.

For toxoplasmosis-related activities, you must demonstrate capacity to:

- Conduct feasibility assessments related to congenital transmission screening.
- Coordinate with clinical, laboratory, and public health stakeholders.

### Required documentation

You must submit the following to demonstrate organizational capacity:

- Organizational chart.
- Staffing plan (including vacant positions, if applicable).
- CVs/resumes for key personnel.
- **At least two (2) letters of support.**

See [Attachments in Step 3: Build Your Application](#).

## Collaborations

To achieve the strategies, activities, and outcomes of this NOFO, you'll need to collaborate effectively with internal CDC programs and external partners.

You're expected to establish and maintain partnerships that support surveillance, provider engagement, program implementation, evaluation, and dissemination of findings. Collaboration activities must be clearly defined, purposeful, and aligned with NOFO objectives.

You must describe how you'll collaborate with both internal and external partners.

### Internal CDC collaboration

You'll be expected to collaborate with relevant CDC programs, centers, and offices to align with CDC priorities, avoid duplication of effort, and maximize public health impact.

If receive funding through this NOFO, you'll need to describe how you'll:

- Coordinate with CDC subject matter experts to align surveillance methodologies, investigation approaches, and data use with CDC standards.
- Participate in CDC-led meetings, workgroups, or technical assistance activities, as requested.
- Share progress, challenges, and findings with CDC to inform program oversight and continuous quality improvement.
- Align recipient-led activities with CDC guidance, policies, and data systems, as applicable.

Examples of internal collaboration activities may include:

- Regular coordination calls with CDC project officers,
- Participation in CDC technical review or learning forums,
- Joint review of surveillance tools, educational materials, or evaluation findings.

## External collaboration

If you receive funding through this NOFO, you'll need to collaborate with external partners that are essential to implementing program strategies and achieving intended outcomes. Collaborations should support provider engagement, surveillance, prevention and control activities, and dissemination of findings.

You must describe how you'll collaborate with relevant external partners, which may include:

- Healthcare providers and healthcare systems (e.g., primary care, obstetrics, infectious disease specialists).
- State, territorial, tribal, or local public health agencies.
- Laboratories or surveillance partners.
- Community-based organizations and advocacy groups.
- Academic or research partners, as appropriate.

As a recipient, you must clearly describe:

- The role each partner will play in program implementation.
- How partners will contribute to specific strategies or activities.
- How collaboration will support sustainability and public health impact.

## Collaboration requirements by component

### Component A: Chagas disease

If you implement Component A, you'll be expected to collaborate with:

- Healthcare providers and health systems involved in diagnosis, treatment, and maternal health.
- Public health agencies or laboratories relevant to congenital Chagas disease screening assessments.

Collaboration activities may include:

- Co-developing provider training and patient education materials.

- Supporting provider participation in surveys or assessments.
- Coordinating feasibility assessments related to congenital transmission screening.

### **Component B: Soil-transmitted helminths (STH)**

If you implement Component B, you'll be expected to collaborate with:

- Public health agencies and community organizations in areas with current or historical STH transmission.
- Healthcare providers involved in diagnosis and treatment.
- Partners supporting environmental, behavioral, or prevention interventions.

Collaboration activities may include:

- Joint planning and implementation of prevention and control programs.
- Data sharing and coordination for surveillance and reassessment activities.
- Dissemination of findings and recommendations to communities and stakeholders.

### **Component C: Parasitic Diseases of Domestic Concern**

If you implement Component C, you'll be expected to collaborate with:

- Healthcare providers and professional networks relevant to targeted parasitic diseases.
- Public health agencies and surveillance partners.
- Community or clinical partners involved in prevention and response activities.

For toxoplasmosis-related activities, collaboration may include:

- Coordination with maternal health providers and laboratories.
- Engagement with partners to assess feasibility of congenital transmission screening.

## **Coordination and communication mechanisms**

As a recipient, you'll need to describe how you'll manage and sustain collaboration, including:

- Communication methods (e.g., routine meetings, data sharing agreements, reporting mechanisms).

- Roles and responsibilities for partner coordination.
- Processes for resolving challenges and ensuring alignment across partners.

## 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.
- If needed, and where consistent with the scope of the NOFO:
  - You may use funds to meet national standards or seek health department accreditation or reaccreditation through the [Public Health Accreditation Board](#) (PHAB). This allowability applies only to state, tribal, local, and territorial government agencies within the U.S.

and its territories. Include the proposed activities and describe the connection to national standards or accreditation achievement in the [budget narrative](#).

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

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

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

Your budget is arranged in eight categories: salaries and wages, fringe benefits, travel, equipment, supplies, contractual, other (including consultant costs), and indirect costs.

- You may use funds only for reasonable purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. If you have questions about this determination, ask the grants management specialist.
- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.

See also [program-specific limitations](#).

## Unallowable costs

You may not use funds for:

- [Research](#).
  - Clinical care, except as allowed by law.
  - Pre-award costs, unless we give you prior written approval.
  - Other than for normal and recognized executive-legislative relationships:

- Publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body.
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body.
  - See [Anti-Lobbying Restrictions for CDC Grantees \[PDF\]](#).
- For guidance on some types of costs that we restrict or do not allow, see [2 CFR Part 200 Subpart E - General Provisions for Selected Items of Cost](#).

## Indirect costs

Indirect costs are those shared across multiple projects and not easily separated. Learn more at [CDC Budget Preparation Guidelines \[PDF\]](#).

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

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

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

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

This is a DOMESTIC NOFO.

## 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

You need to explain your ability to complete the strategies and activities in the component (A, B, or C) you're applying for, during the program period.

**For all components, you must have program management capacity for:**

- Planning and execution.
- Performance management and monitoring.
- Communication management.
- Partnership development.
- Reporting.
- Workforce management.

**For all components, you must have financial planning capacity for:**

- Budget management and tracking.
- Budget administration.
- Financial reporting.

**For component A - Chagas disease, you must have expertise in:**

- Working with Chagas disease and other parasitic infections.
- Developing tools, materials, educational information, guidelines, or health strategies relevant to the populations targeted (language, cultural appropriateness, etc.).
- Creating visual or written information tailored to communicate to each targeted audience.
- Identifying and addressing challenges in at-risk communities to create and share health education materials, guidelines, strategies, tools, and other information.
- Partnering and working with relevant populations or communities.

**For component B - Soil-transmitted helminths, you must have expertise in:**

- The epidemiology of STH or infectious diseases.
- The control and prevention of STH or infectious diseases.

- Conducting public health assessments or investigations of disadvantaged communities or populations in rural areas.
- Developing tools, materials, educational information, guidelines, or health strategies relevant to target populations (language, cultural appropriateness, etc.).
- Creating visual or written information tailored to communicate to each targeted audience.
- Identifying and addressing challenges in at-risk communities to create and share health education materials, guidelines, strategies, tools, and other resources.
- Partnering with community organizations and populations to provide health education and treatment.
- Collecting samples as part of public health practice to identify STH infections or other similar kinds of infections or conditions that require laboratory testing.

**For component C – Parasitic diseases of domestic concern, you must have expertise in:**

- Working with the selected parasitic disease, and other parasitic infections.
- Developing tools, materials, educational information, guidelines, or health strategies relevant to the target populations (language, cultural appropriateness, etc.).
- Creating visual or written information tailored to communicate to each targeted audience.
- Working with at-risk communities to understand and overcome challenges when addressing risk factors by developing and disseminating health education materials, guidelines, strategies, tools, and other information.
- Partnering with relevant community organizations and populations to provide health education and treatment.
- Collecting samples as part of public health practice to identify the selected parasitic infection or other similar kinds of infections or conditions requiring laboratory testing.
- Designing and implementing surveillance methodologies to evaluate disease epidemiology.
- Partnering with and working with relevant populations or communities.

## 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

42 USC 241(a) [PHS Act 301(a)] and 42 USC 247b(k)(2) [PHS Act 317(k)(2)]



# Step 2:

## Get Ready to Apply

### In this step

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# Get registered

## SAM.gov

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

To register:

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

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

Once you register:

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

## Grants.gov

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

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

# Find the application package

You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number CDC-RFA-CK-26-0221. After opening the opportunity, select the “package” tab to see the forms.

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

If you can't use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, [contact Grants.gov](#) for assistance.

## Help applying

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



# Step 3:

# Build Your Application

## In this step

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# Application checklist

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

## Narratives

Item	Grants.gov form	Page limit	Responsiveness factor?
<input type="checkbox"/> <a href="#">Project abstract</a>	Project Abstract Summary form	1 page	Yes
<input type="checkbox"/> <a href="#">Project narrative</a>	Project Narrative Attachment form	20 pages	Yes
<input type="checkbox"/> <a href="#">Budget narrative</a>	Budget Narrative Attachment form	None	Yes

## Attachments

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

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

## Other required forms

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

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

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

# Application contents and format

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

## Required format

**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.

## 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	40 points section total
Background	10 points
Strategies and activities	10 points
Outcomes	10 points
Work plan	10 points
Evaluation and performance measurement plan	30 points section total
Organizational capacity	30 points section total

### Background and approach (40 points)

#### Background (10 points)

Describe the problem you plan to address. Be specific about your population and geographic area.

See the [background](#) section of the program description.

**Table: Scoring criteria**

Reviewers will evaluate the extent to which the applicant provides:	Point value
Background information shows a clear problem your organization will address.	10 points

## Strategies and activities (10 points)

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

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

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

**Table: Merit review criteria**

Reviewers will evaluate the extent to which the applicant provides:	Point value
Strategies and activities are consistent with the program's logic model.	10 points

## Outcomes (10 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 are consistent with the outcomes in the program's logic model.	10 points

## Work plan (10 points)

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

**Table: Scoring criteria**

Reviewers will evaluate the extent to which the applicant provides:	Point value
The work plan aligns with the strategies, activities, outcomes, and performance measures in the program description and is consistent with the content and format we recommend.	5 points
The proposed use of funds aligns with the work plan and is an efficient and effective way to carry out the strategies and activities and achieve the outcomes.	5 points

## Evaluation and performance measurement plan (30 points)

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

**Table: Scoring criteria**

Reviewers will evaluate the extent to which the applicant provides:	Point value
Their ability to collect the data needed for evaluation and performance measurement.	4 points
Clear monitoring and evaluation procedures, and how your organization will incorporate evaluation and performance measurement into planning, implementing, and reporting project activities.	4 points
How your organization will report and use performance measurement and evaluation findings to demonstrate outcomes and for continuous program quality improvement.	4 points
Appropriate participation in the evaluation and performance measurement planning process by key partners.	4 points
Your organization's available data sources and the feasibility of collecting appropriate evaluation and performance data.	3 points
How your organization will share evaluation findings with communities.	3 points
A data management plan that includes data, collection methods, access, standards, archival and long-term preservation plans, and data limitations. This includes how your organization will update the plan throughout an award.	4 points
The type of evaluations your organization will use, such as process, outcome, or both, as well as the key evaluation questions, measures, and data sources. This includes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.	4 points

## Organizational capacity (30 points)

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

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

You must provide these attachments to support this section:

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

**Table: Scoring criteria**

Reviewers will evaluate the extent to which the applicant provides:	Point value
Relevant experience and capacity to implement the activities and achieve the project outcomes. Experience includes management, administrative, and technical experience.	6 points
Experience or capacity to implement the evaluation plan.	6 points
A staffing plan, including roles, that is sufficient to achieve the project outcomes and clearly defines staff roles.	6 points
An organizational chart that supports the structure.	6 points
Collaborations that support the applicant's capacity or add value to the project.	6 points

# Budget narrative

**Page limit:** None

**File name:** Budget narrative

The budget narrative supports the information you provide in Budget Information for Non-Construction Programs (Standard Form 424-A).

See [other forms](#).

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

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

Your budget narrative must follow this format:

- Salaries and wages.
- Fringe benefits.
- Consultant costs.
- Equipment.
- Supplies.
- Travel.
- Other categories.
- Contractual costs.
- Total direct costs (total of all items).
- Total indirect costs.

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

## Attachments

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

### Table of contents

**File name:** Table of contents

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

### Indirect cost agreement

**File name:** Indirect cost agreement

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

### Resumes and job descriptions

**File name:** Resumes and job descriptions

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

### Organizational chart

**File name:** Organizational chart

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

### Letters of support

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

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

## Report on overlap

**File name:** Report on overlap

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

### Programmatic

They are substantially the same project.

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

### Budgetary

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

### Commitment

Given all current and potential funding sources, an individual's time commitment exceeds 100%, which is not allowed.

We will discuss the overlap with you and resolve the issue before award.

## Bona fide agent documentation

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

## Other required forms

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

**Table: Required standard forms**

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

### Important: Public information

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

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

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

[See instructions and examples \[PDF\]](#).



# Step 4:

## Understand Review, Selection, and Award

### In this step

Application review	<u>66</u>
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# Application review

## Initial review

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

**We will not review any pages over the page limit.**

## Scoring process

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

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

## Risk review

Before making an award, we review the risk that you will not manage federal funds prudently. We need to make sure you've handled any past federal awards well and demonstrated sound business practices.

We use the SAM.gov [Responsibility / Qualification](#) to check this history for awards. We also check Exclusions. You can comment on your organization's information in SAM.gov. We'll consider your comments before deciding about your level of risk.

We may ask for more information before award based on the results of the risk review.

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

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

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.
- Awards will be given if funds are available.
- This NOFO addresses Chagas Disease (Component A), Soil-Transmitted Helminths (Component B) and other parasitic threats (Component C).

Applicants must select only one topic area and clearly indicate their selection. To ensure that all topics are addressed, CDC may fund out of rank order.

To ensure programmatic balance and address priority public health needs, CDC may fund applications out of rank order based on factors such as geographic distribution, disease focus, population impact, and alignment with national strategic priorities.

Examples include, but are not limited to:

- Funding applications that address priority diseases (e.g., Chagas disease, soil-transmitted helminths, or toxoplasmosis) that may be underrepresented among higher-ranked applications.
- Supporting geographic areas or populations with higher disease burden or limited public health capacity.
- Strengthening critical surveillance, laboratory, or prevention infrastructure where gaps exist.
- Ensuring activities align with CDC priorities, Healthy People 2030 goals, and national public health preparedness efforts.
- Funding decisions will consider scientific merit, programmatic relevance, and the overall balance of the funded portfolio to maximize public health impact.
- STH applications will not be considered for funding if they do not expand the ongoing public health surveillance and disease control activities currently receiving congressional funding to investigate and address infections with soil-transmitted helminths (including strongyloidiasis) across the Southeast United States.

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.

## 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.
- Awards will be given if funds are available.
- This NOFO addresses Chagas Disease (Component A), Soil-Transmitted Helminths (Component B) and other parasitic threats (Component C).
- Applicants must select only one topic area and clearly indicate their selection. To ensure that all topics are addressed, CDC may fund out of rank order.

To ensure programmatic balance and address priority public health needs, CDC may fund applications out of rank order based on factors such as geographic distribution, disease focus, population impact, and alignment with national strategic priorities.

Examples include, but are not limited to:

- Funding applications that address priority diseases (e.g., Chagas disease, soil-transmitted helminths, or toxoplasmosis) that may be underrepresented among higher-ranked applications.
- Supporting geographic areas or populations with higher disease burden or limited public health capacity.
- Strengthening critical surveillance, laboratory, or prevention infrastructure where gaps exist.
- Ensuring activities align with CDC priorities, Healthy People 2030 goals, and national public health preparedness efforts.
- Funding decisions will consider scientific merit, programmatic relevance, and the overall balance of the funded portfolio to maximize public health impact.
- STH applications will not be considered for funding if they do not expand the ongoing public health surveillance and disease control activities currently receiving congressional funding to investigate and address infections with soil-transmitted helminths (including strongyloidiasis) across the Southeast United States.

We may:

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

Our ability to make awards depends on available appropriations.

## Funding preference for alignment with agency priorities

Before final funding decisions are made, CDC leadership will review awards for consistency with applicable laws and alignment with agency priorities (see [Centers for Disease Control and Prevention \(CDC\) Priorities](#)). To the extent permitted by law and applicable court orders, award applications which are aligned with agency priorities will receive a funding preference.

## Award notices

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

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

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

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

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



# Step 5:

# Submit Your Application

## In this step

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# Submission requirements and deadlines

## Optional letter of intent

Due by July 3, 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 [iog2@cdc.gov](mailto:iog2@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 Friday, July 17, 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.

However, if your state has a process for obtaining, reviewing, and commenting on applications such as this one, you will need to submit application information for intergovernmental review under [Executive Order 12372, Intergovernmental Review of Federal Programs](#).

Under this Executive Order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others don't.

To find out your state's approach, see the [list of state single points of contact \[PDF\]](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you don't need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.



# Step 6:

## Learn What Happens After Award

### In this step

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# Post-award requirements and administration

## Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NoA), including [CDC General Terms and Conditions](#). The NoA includes the requirements of this NOFO.
- The rules listed in [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements, effective October 1, 2025. These replace those in 45 CFR 75, with some exceptions in [2 CFR 300](#).
- The HHS [Grants Policy Statement \(GPS\)](#). This document includes policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those highlighted in the [HHS Grants Policy Statement](#), Appendix D: HHS Administrative and National Policy Requirements.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, recipients certify compliance with all federal 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:

**Table: Financial and performance reports**

Report	Description	When
Recipient Evaluation and Performance Measurement Plan	<ul style="list-style-type: none"> <li>Builds on the plan in the application.</li> <li>Includes measures and targets.</li> <li>Shows how data are collected and used (data management plan).</li> </ul>	Six months into award.
Annual Performance Report	<ul style="list-style-type: none"> <li>Serves as yearly continuation application.</li> <li>Includes performance measures, successes, and challenges.</li> <li>Updates work plan.</li> <li>Includes how CDC could help overcome challenges.</li> <li>Includes budget for the next 12-month budget period.</li> </ul>	No later than 120 days before the end of each budget period.
Annual Federal Financial Report (FFR)	<ul style="list-style-type: none"> <li>Includes funds authorized and disbursed during the budget period.</li> <li>Indicates exact balance of unobligated funds and other financial information.</li> </ul>	90 days after the end of each budget period.
Data on Performance Measures	<ul style="list-style-type: none"> <li>Includes information similar to the Annual Performance Report.</li> </ul>	CDC will only require this report if the award needs more frequent reporting than in the Annual Performance Report.
Final Performance Report	<ul style="list-style-type: none"> <li>Includes information similar to the Annual Performance Report.</li> </ul>	120 days after the end of the period of performance.

Report	Description	When
Final Federal Financial Report (FFR)	<ul style="list-style-type: none"> <li>Includes information similar to the Federal Financial Report.</li> </ul>	120 days after the end of the period of performance.
Foreign Tax Report	<ul style="list-style-type: none"> <li>Includes the amount of foreign taxes assessed, reimbursed, and unreimbursed by each foreign government.</li> <li>Also applies to subawards.</li> </ul>	<p>Annually by November 16.</p> <p>Quarterly by January 15, April 15, July 15, and October 15 each year.</p>

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

CDC's program supporting this NOFO will be substantially involved in the activities, and beyond routine grant monitoring.

CDC will provide the following support:

- Technical assistance
  - Collaborate with the recipient to establish priorities for the program through regular meetings and communication.
  - Collaborate with the recipient to establish goals, objectives, and effective, evidence-based, and innovative strategies and methodologies.
  - Provide guidance in the development of educational tools and materials that are most useful for targeted and at-risk populations.
  - Provide consultation, guidance and technical assistance especially in areas of epidemiology and parasitic infections.
  - Assist in evaluating plans and the overall effectiveness of the planned materials and strategies through joint program review and analysis.
  - Review and approve the recipient's annual work plan and detailed budget.

- Discuss progress on a quarterly basis with the recipient to assess quarterly technical and financial reports and modify plans as necessary.
- Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the recipient. All such data collection - where CDC staff will be or are approving, directing, conducting, managing, or owning data - must undergo OMB project determinations by CDC and may require OMB **Paperwork Reduction Act (PRA)** clearance prior to the start of the project.
- Information sharing between recipients:
  - Assist the recipient in disseminating results, materials, tools, or products.
  - Review and approve results, materials, tools, or products created by the recipient.
  - Assist in the selection of key personnel and/or post-award subcontractors and/or sub-recipients to be involved in the activities performed under this agreement.
  - Assist in communicating and sharing practices and lessons learned.
  - Participate in meetings, webinar and work groups as appropriate.

You are expected to collaborate with CDC's Parasitic Diseases Branch to ensure that the activities and materials are consistent with CDC recommendations and concur with the published recommendations and disease-specific information.



# Contacts and Support

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# Agency contacts

## Program

Jamal Choice

[qhi2@cdc.gov](mailto:qhi2@cdc.gov)

404-818-8228

## Grants management

Lakita Reid

[wtl9@cdc.gov](mailto:wtl9@cdc.gov)

770-488-2742

# Help with systems

## Grants.gov

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

[support@grants.gov](mailto:support@grants.gov)

1-800-518-4726

## 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 \(USC\)](#)