Notice of Funding Opportunity

Application due Monday, August 31, 2026

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

Division of Foodborne, Waterborne and Environmental Diseases (DFWED)
Mycotic Diseases Branch (MDB)

Advancing Global Capacity to Detect and Respond to Fungal Diseases

Opportunity number: CDC-RFA-CK-26-0230

Contents

Before you begin

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

SAM.gov registration (this can take several weeks)

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

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

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

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Monday, August 31, 2026.

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

Step 1: Review the Opportunity

In this step

Basic information

Centers for Disease Control and Prevention (CDC)

Division of Foodborne, Waterborne and Environmental Diseases (DFWED)

Mycotic Diseases Branch (MDB)

Detecting and responding to fungal disease threats around the globe more quickly and effectively.

Summary

This funding opportunity will help strengthen sustainable systems that countries use to identify and control fungal disease threats. Activities supported may include:

- Strengthening laboratory and diagnostic capacity.
- Enhancing surveillance systems.
- Supporting workforce development.
- Improving data collection, analysis, and use to guide public health action.

Projects are expected to:

- Build on existing national and regional public health structures.
- Promote practical approaches that countries can sustain and integrate into broader communicable disease and public health programs.

Ideally, this work will strengthen national and regional capacity to detect, characterize, and respond to fungal diseases and improve coordination across sectors and borders.

Strengthened systems will help countries better understand fungal disease patterns, identify emerging threats earlier, and carry out public health interventions quickly and effectively.

Over time, these efforts are intended to:

- Improve how quickly countries detect and respond to fungal threats.
- Reduce the global burden of fungal diseases.
- Strengthen global health security.
- Reduce the risk of spreading diseases internationally, including to the United States.

Have questions? Go to Contacts and Support.

Key facts

Opportunity name: Advancing Global Capacity to Detect and Respond to Fungal Diseases

Opportunity number: CDC-FRA-CK-26-0230

Assistance listing: 93.318

NOFO version: Original

Key dates

Application submission deadline: August 31, 2026

Informational call: August 4, 2026

Expected award date: September 2026

Expected start date: September 30, 2026

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

Funding details

Funding type: Cooperative agreement

Expected awards: 10

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

Expected total program funding over the performance period:
$15,000,000

Estimated average award per applicant over the period of performance:
$1,250,000

Expected funding per applicant per 12-month budget period:
$100,000 to $1,000,000

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

Funding strategy

This NOFO is a cooperative agreement with two components. This funding strategy is designed to allow you to carry out your program and rapidly respond to new public health needs, if and when they emerge.

Funding will be provided for an initial 12-month budget period. Continued funding in future budget periods will depend on the availability of funds, your performance, and program priorities.

This NOFO includes two components:

Component 1 – Core Capacity Strengthening (required)

You must apply for Component 1.

Component 1 will support activities that strengthen sustainable systems for fungal disease detection, diagnosis, surveillance, and response. These activities are expected to improve surveillance, laboratory capacity, workforce development, and data use. Over time, the goal is to build national and regional capacity to identify fungal disease threats sooner and respond effectively.

We anticipate making multiple awards under this component.

Component 2 – Emerging Public Health Needs and Rapid Response (optional)

Component 2 is optional. It supports urgent public health actions, such as investigating outbreaks, conducting targeted surveillance for emerging fungal pathogens, and responding to antifungal-resistant threats.

You may include Component 2 in your application if you anticipate conducting activities related to emerging or evolving fungal disease threats.

If your application meets technical and programmatic requirements for this component, it may be approved but unfunded (ABU). (CDC expects to only fund Component 1 activities at the time of the initial award.) CDC may fund Component 2 activities if additional funding becomes available or if emerging fungal disease threats require a rapid public health response, during the period of performance.

Alternatively, you may submit proposals for Component 2 during the project period if new public health needs arise and additional funds become available.

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.
- Ministries of health.
- 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.
- Does not include Component 1 (Core Capacity Strengthening). If you only request funding for Component 2, your application will be considered non-responsive.
- Combines activities or budgets for both components within a single work plan or budget. You must include a separate work plan and budget for each component.
- Is submitted without all the requirements in the application checklist.
- Exceeds page limits or formatting requirements specified in the NOFO.

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

Application limits

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

Under this NOFO, you may submit only one application under your organization's UEI.

Cost sharing and matching funds

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

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

Post-award requirements

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

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

Agency priorities

Required alignment with CDC priorities

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

Funded activities must:

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

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

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

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

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

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

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

Program description

Background

Fungal diseases are an important and often underrecognized global public health threat. Many infections go undetected or are misdiagnosed. This contributes to preventable illness, death, disease transmission, and the emergence of antifungal resistance. Limited data and surveillance systems also limit understanding of the true burden of fungal diseases.

In recent years, transmissible and antifungal-resistant pathogens, such as *Candida (Candidozyma) auris* and *Trichophyton indotineae*, have emerged and spread across multiple regions of the world, including the United States. Outbreaks of invasive mold infections and zoonotic infections, such as sporotrichosis, have affected both immunocompromised and immunocompetent populations globally.

Gaps in laboratory capacity, surveillance systems, public health workforce, and data use prevent countries from being able to quickly detect and respond to diseases. These gaps allow fungal pathogens to spread, increase the risk of antifungal resistance, and contribute to cross-border transmission.

Related work

National center for emerging and zoonotic infectious diseases

The National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) works domestically and internationally to prevent illness, disability, and death caused by infectious diseases. By partnering globally, NCEZID supports countries with work that strengthens surveillance systems, laboratory capacity, and public health workforce capability to detect and respond to emerging infectious disease threats. These efforts contribute to global health security and improve early detection of pathogens that could affect the United States.

Division of foodborne, waterborne, and environmental diseases

Within NCEZID, the Division of Foodborne, Waterborne, and Environmental Diseases (DFWED) and its Mycotic Diseases Branch (MDB) lead CDC's work to prevent and control fungal diseases. MDB collaborates with ministries of

health, public health institutes, academic institutions, and international partners across regions including the Americas, Africa, and Asia. Together, we work to strengthen fungal disease surveillance, improve diagnostic capacity, and support public health response to emerging fungal threats. MDB also provides specialized laboratory reference services, technical assistance, and outbreak response support to public health laboratories and health authorities in the United States and globally.

CDC's global fungal work focuses on improving the detection and management of serious fungal infections that are frequently underdiagnosed or misdiagnosed. Fungal diseases contribute to substantial illness and death worldwide, particularly among people with weakened immune systems. Improving surveillance, diagnostic testing, and clinical awareness is critical to reducing the burden of fungal diseases and improving patient outcomes.

Global fungal disease surveillance and capacity

Through the Global Fungal Disease Surveillance and Capacity cooperative agreement, CDC and partners have worked to strengthen the foundational public health systems that detect and respond to fungal diseases globally. Activities supported through this cooperative agreement have included:

- Expanding fungal disease surveillance.
- Strengthening laboratory diagnostic capacity.
- Providing training and technical assistance to healthcare providers, laboratorians, and public health professionals.

These efforts have improved countries' abilities to detect fungal infections, characterize disease burden, and respond to emerging fungal threats.

The cooperative agreement has also supported efforts to improve the detection and management of fungal diseases such as cryptococcal meningitis and histoplasmosis. In particular, among people living with HIV and other immunocompromising conditions who are at increased risk of severe disease and death. In addition, partners have helped strengthen laboratory detection and public health response to emerging fungal pathogens, including *Candida [Candidozyma] auris.* This fungus is resistant to many drugs, has rapidly spread worldwide, and poses an increasing public health threat.

Together, these efforts have helped strengthen global capacity to detect and respond to fungal diseases and improve understanding of fungal disease epidemiology. Ultimately, they make sure we're ready to address emerging fungal threats that may pose risks to global and U.S. public health.

Purpose

This NOFO supports activities to strengthen sustainable systems to detect and respond to fungal diseases globally. You'll work to improve surveillance, laboratory capacity, workforce development, and data use to:

- Enhance early detection of fungal threats.
- Improve public health responses.
- Reduce preventable illness and death from fungal diseases that can impact public health nationally and globally.

Approach

Overview

This NOFO seeks to strengthen countries' abilities to detect, characterize, and respond to fungal disease threats more quickly and effectively. In many regions, gaps in laboratory capacity, surveillance systems, public health workforce, and effective data use delay disease detection and response. This allows fungal pathogens to spread and increases the risk of antifungal resistance and cross-border transmission.

Approach

To address these gaps, this NOFO will support activities that strengthen sustainable systems for fungal disease detection, diagnosis, surveillance, and response. The approach focuses on:

- Strengthening laboratory and surveillance capacity.
- Supporting workforce development.
- Improving the use of data to inform public health action.

Components

This NOFO includes two components.

Component 1 — Core Capacity Strengthening (required)

This component will support activities that strengthen surveillance systems, laboratory and diagnostic capacity, workforce development, and data use for fungal disease detection and response.

Component 2 — Emerging Public Health Needs and Rapid Response (optional)

This component will address emerging fungal disease threats, such as outbreaks, unexpected increases in cases, or the emergence of antifungal-resistant pathogens.

Program logic model

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

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

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.

Table: Strategies and outcomes

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Strategy 1: **Strengthen fungal disease surveillance systems** • Establish or expand surveillance systems. • Assess surveillance systems and available data to identify gaps and inform future assessments of fungal disease burden. • Strengthen surveillance reporting and data systems.	• Increased recognition of fungal diseases as a public health priority. • Improved epidemiologic capacity to monitor fungal diseases. • Improved understanding of surveillance system gaps and data availability.	• Functional surveillance systems for fungal diseases. • Improved detection of emerging fungal threats and antifungal resistance. • Improved ability to characterize fungal disease patterns and trends.	• Sustainable national and regional surveillance systems capable of detecting fungal disease trends and emerging threats.

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Strategy 2: **Strengthen laboratory and diagnostic capacity** • Expand access to fungal diagnostics. • Improve laboratory identification and characterization of fungal pathogens. • Strengthen laboratory networks and antifungal resistance detection.	• Improved laboratory capacity to detect and identify fungal pathogens. • Increased laboratory workforce skills and training.	• Improved diagnostic practices and laboratory systems. • Enhanced detection of antifungal resistance and emerging fungal pathogens.	• Sustainable laboratory systems supporting fungal disease detection, surveillance, and resistance monitoring.
Strategy 3: **Strengthen workforce capacity and partnerships** • Provide training and technical assistance to laboratorians and clinicians. • Develop tools, guidance, and training resources. • Strengthen national and regional partnerships.	• Increased awareness of fungal diseases among clinicians and public health professionals. • Improved workforce knowledge and technical skills.	• Improved clinical and public health practices for fungal disease detection and management. • Strengthened regional partnerships supporting fungal disease activities.	• Sustainable workforce and regional capacity to prevent, detect, and respond to fungal diseases.
Strategy 4: **Strengthen data use and outbreak**	• Improved capacity to analyze and	• Increased use of surveillance and laboratory data to	• Reduced illness and death associated with fungal diseases

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
detection and response • Strengthen data analysis and interpretation capacity. • Promote coordination across surveillance, laboratory and clinical partners. • Support detection and response to fungal disease outbreaks.	interpret fungal disease data. • Increased collaboration across surveillance laboratory, and clinical sectors.	guide public health action. • Improved timeliness of outbreak detection and response.	and improved clinical outcomes.
Strategy 5: **Strengthen monitoring, learning, and program improvement.** • Track implementation of strategies and activities to inform program adjustments. • Use data and findings to guide decision-making and improve program activities. • Strengthen systems to support ongoing learning and program improvement.	• Improved ability to monitor program activities and use data for decision-making. • Increased availability of program performance data.	• Improved program effectiveness through data-informed adjustments.	• Sustainable use of data to guide program improvement and strengthened fungal disease prevention, detection, and response efforts.

Component 2 is designed to address emerging fungal disease threats that may not be known before this NOFO is released. Because activities may vary based on need, timing, and scope, this component allows a more flexible logic model approach. Applicants must still ensure that activities align with and support the overall outcomes in this NOFO logic model.

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 activities listed with each strategy are examples that contribute to the outcomes in the logic model. You may include activities that are different from or beyond these. But the activities you propose must align with:

- At least one strategy described in the logic model.
- Your organizational capacity, country context, existing public health infrastructure, public health priorities or needs, and opportunities for collaboration with national and regional partners.

You're not expected to implement all strategies and activities at the same time. As your capacity develops over the five-year period of performance, you're expected to strengthen and expand activities across strategies to support progress toward the outcomes.

Strategy 1: Strengthen fungal disease surveillance systems

If you propose activities under this strategy, describe how they'll strengthen surveillance systems and improve the availability and use of fungal disease data for public health action.

Activities may include those in the logic model:

- Establish or expand surveillance systems for fungal diseases.
- Assess existing surveillance systems, laboratory capacity, and available data to identify gaps and inform future assessments of fungal disease burden.
- Strengthen surveillance data collection, reporting systems, and data quality.

You may also opt to:

- Support integration of fungal disease surveillance into existing surveillance platforms or public health information systems.
- Facilitate collaboration among ministries of health, public health institutes, healthcare facilities, laboratories, and other partners involved in fungal disease surveillance.

Strategy 2: Strengthen laboratory and diagnostic capacity

If you propose activities under this strategy, describe how they'll strengthen laboratory systems and improve the detection and characterization of fungal pathogens.

Activities may include those in the logic model:

- Expand access to fungal diagnostics.
- Improve laboratory identification and characterization of fungal pathogens.
- Support laboratory networks and antifungal resistance detection.

You may also opt to:

- Collaborate with national reference laboratories, clinical laboratories, and public health laboratories to strengthen diagnostic and laboratory capacity.
- Provide technical assistance related to laboratory diagnostics or fungal pathogen identification.

Strategy 3: Strengthen workforce capacity and partnerships

If you propose activities under this strategy, describe how they'll strengthen workforce capacity and support collaboration among organizations involved in fungal disease prevention, detection, and response.

Activities may include those in the logic model:

- Provide training and technical assistance to laboratorians and clinicians.
- Develop tools, guidance, and training resources.
- Strengthen national and regional partnerships.

You may also opt to:

- Provide training or educational opportunities for healthcare providers, laboratory professionals, and public health personnel.
- Support the development of regional expertise or centers of excellence related to fungal diseases.

Strategy 4: Strengthen data use and outbreak detection and response

If you propose activities under this strategy, describe how they'll strengthen the use of data for public health decision-making and support timely detection and response to fungal disease threats.

Activities may include those in the logic model:

- Strengthen data analysis and interpretation capacity.
- Promote coordination across surveillance, laboratory, and clinical partners to detect and respond to fungal disease outbreaks.

You may also opt to:

- Support systems that enable timely data-sharing among public health partners.
- Support outbreak detection, investigation, or response activities related to fungal diseases.
- Support public health interventions that reduce transmission or mitigate fungal disease threats.

Strategy 5: Monitoring, learning, and program improvement

If you propose activities under this strategy, describe how they'll track implementation, identify what is working, and adjust activities to improve program.

Activities may include those in the logic model:

- Track implementation of strategies and activities to inform program adjustments.
- Use data and findings to guide decision-making and improve activities.
- Strengthen systems that support ongoing learning and program improvement.

You may also opt to:

- Use findings to adapt activities during the project period.
- Identify effective approaches and apply them to strengthen implementation.
- Document lessons learned to support sustainability and future planning.

Outcomes

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

The extent to which you contribute to these outcomes will depend on the strategies and activities you propose and carry out, as well as country context and existing public health infrastructure.

Short-term outcomes

Strategy 1: Strengthen fungal disease surveillance systems

- **Increased recognition of fungal diseases as a public health priority.** You're expected to reach public health authorities, clinicians, laboratory professionals, and other relevant stakeholders. This may include increased awareness of fungal diseases, and greater prioritization of detection, diagnosis, surveillance, and prevention activities within national or regional public health programs.
- **Improved epidemiologic capacity to monitor fungal diseases.** This may include improved ability of public health institutions and partners to assess surveillance systems, identify gaps, and collect, manage, analyze, and interpret surveillance data related to fungal infections and outbreaks.

- **Improved understanding of surveillance systems gaps and data availability.**
  This includes assessing existing surveillance systems, identifying gaps, and understanding available data to inform improvements in fungal disease detection and reporting.

Strategy 2: Strengthen laboratory and diagnostic capacity

- **Improved laboratory capacity to detect and identify fungal pathogens.**
  This may include strengthening diagnostic capabilities, increasing access to laboratory testing, and improving laboratory systems that support fungal disease detection and characterization.
- **Increased laboratory workforce skills and training.**
  The workforce includes laboratory personnel involved in fungal disease detection and identification. The outcome may include improved competencies related to laboratory diagnostics, fungal pathogen identification, and antifungal resistance detection.

Strategy 3: Strengthen workforce capacity and partnerships

- **Increased awareness of fungal diseases among clinicians and public health professionals.**
  This may include improved understanding of fungal disease risk factors, diagnosis, treatment, and prevention.
- **Improved workforce knowledge and technical skills.**
  This includes strengthened ability of healthcare, laboratory, and public health professionals to apply training, technical guidance, and knowledge in practice.

Strategy 4: Strengthen data use and outbreak detection and response

- **Improved capacity to analyze and interpret fungal disease data.**
  This includes the capacity of public health partners to analyze and interpret fungal disease data from surveillance, laboratory, and other information systems to inform public health decision-making.
- **Increased collaboration across surveillance, laboratory, and clinical sectors.**
  This includes improved coordination and collaboration among surveillance programs, laboratories, healthcare providers, and other partners involved in fungal disease detection and response.

Strategy 5: Monitoring, learning, and program improvement

- **Improved ability to monitor program implementation and use data for decision-making.**
  This includes strengthening how programs track activities and use information to understand what is working and where improvements are needed.
- **Increased availability and use of program data to guide improvement.**
  This includes improving how information is collected, organized, and used to adjust activities, strengthen implementation, and support program improvement over time.

Intermediate outcomes

Strategy 1: Strengthen fungal disease surveillance systems

- **Functional surveillance systems for fungal diseases.**
  This includes helping to establish or strengthen functional surveillance systems that can monitor fungal disease trends, identify surveillance gaps, and detect potential public health threats.
- **Improved detection of emerging fungal threats and antifungal resistance.**
  This includes contributing to improvements in diagnostic practices and laboratory systems to detect fungal pathogens more accurately and quickly.
- **Improved ability to characterize fungal disease patterns and trends.**

Strategy 2: Strengthen laboratory and diagnostic capacity

- **Improved diagnostic practices and laboratory systems.**
- **Enhanced detection of antifungal resistance and emerging fungal pathogens.**

Strategy 3: Strengthen workforce capacity and partnerships

- **Improved clinical and public health practices for fungal disease detection and management.**
  This includes contributing to improvements in clinical and public health practices to detect, diagnose, treat, and prevent fungal diseases.
- **Strengthened regional partnerships supporting fungal disease activities.**

Strategy 4: Strengthen data use and outbreak detection and response

- **Increased use of surveillance and laboratory data to guide public health action.**
  This includes contributing to increased use of surveillance and laboratory data to inform public health decision-making, including prevention strategies, outbreak detection, and response activities.
- **Improved timeliness of outbreak detection and response.**

Strategy 5: Monitoring, learning and program improvement

- **Improved program effectiveness through data-informed adjustments.**
  This includes using monitoring and learning findings to improve activities, strengthen implementation, and guide program decisions over time.

Long-term outcomes

Strategy 1: Strengthen fungal disease surveillance systems

- **Sustainable national and regional surveillance systems capable of detecting fungal disease trends and emerging threats.**
  This includes helping to strengthen, over time sustainable surveillance systems that support ongoing monitoring of fungal diseases and enable early detection of emerging threats.

Strategy 2: Strengthen laboratory and diagnostic capacity

- **Sustainable laboratory systems supporting fungal disease detection, surveillance, and resistance monitoring.**
  This includes helping to strengthen laboratory systems that can reliably detect fungal pathogens, support surveillance activities, and identify antifungal resistance.

Strategy 3: Strengthen workforce capacity and partnerships

- **Sustainable workforce and regional capacity to detect, prevent, and respond to fungal diseases.**
  This includes helping to strengthen the capacity of the public health workforce and partner organizations to coordinate and sustain their work to detect, prevent, and respond to fungal diseases.

Strategy 4: Strengthen data use and outbreak detection and response

- **Reduced illness and death associated with fungal diseases and improved clinical outcomes.**
  This includes earlier detection of outbreaks, faster public health response, and improved use of data to guide actions that reduce illness and death.

Strategy 5: Monitoring, learning and program improvement

- **Sustainable use of data to improve program implementation and outcomes.**
  This includes ongoing use of data to adjust activities, improve how programs are carried out, and strengthen fungal disease prevention, detection, and response over time.

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.

Include a separate work plan for each component you're applying for.

Table: Sample format

Activities you will implement	Progress or process measures From the data, monitoring, and evaluation section.	Relevant period of performance outcomes From the outcomes section.	Responsible position or party	Completion date
Strategy 1:				
1.				
2.				
3.				
Strategy 2:				
1.				
2.				
3.				

Data, monitoring, and evaluation

CDC strategy

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

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

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

CDC will collaborate with recipients to:

- Monitor how activities supported through this cooperative agreement are carried out.
- Assess progress toward achieving the expected outcomes described in the program logic model.

Within six months of award, CDC and recipients will finalize performance measures, reporting expectations, and monitoring approaches aligned with the strategies and outcomes described in this NOFO.

CDC may use multiple approaches to monitor program implementation and evaluate outcomes, including:

- Review of recipient progress reports and program documentation.
- Technical consultations with recipients.
- Analysis of programmatic, surveillance, or laboratory data related to fungal disease activities.
- Monitoring implementation and evaluating outcomes through routine program oversight, including site visits (virtual or in-person), as appropriate.
- Periodic program reviews and evaluation activities conducted in collaboration with recipients.

CDC and recipients will use monitoring and evaluation findings to support continuous program improvement throughout the period of performance. This may include identifying implementation challenges, adapting strategies and activities as needed, and sharing lessons learned with recipients and partners.

CDC may also conduct or support additional evaluation activities in collaboration with recipients to assess the effectiveness of strategies used to strengthen fungal disease detection, surveillance, and response capacity. These evaluation activities may examine factors that facilitate or hinder implementation of fungal disease detection and response activities and identify approaches that support sustainable public health capacity.

Potential data sources for evaluation activities may include program reports, surveillance data, laboratory data, training records, or consultations with public health stakeholders.

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.

If you're funded under this NOFO, you'll be required to collect and report information that allows CDC to monitor implementation of activities and assess progress toward program outcomes.

Performance measures will include both **process measures** (to monitor implementation of strategies and activities) and **outcome measures** (to assess progress toward achieving the outcomes identified in the logic model).

Examples of **process measures** may include:

- Implementation of surveillance-strengthening activities.
- Expansion or improvement of laboratory diagnostic capacity for fungal pathogens.
- Workforce training or technical assistance activities conducted.
- Development or dissemination of public health guidance, tools, or resources.
- Partnerships or collaborations established or strengthened to support fungal disease detection and response.

Examples of **outcome measures** may include:

- Improvements in fungal disease surveillance systems.
- Strengthened laboratory capacity for detection and characterization of fungal pathogens.
- Increased knowledge and technical capacity among healthcare, laboratory, and public health professionals.
- Increased use of surveillance or laboratory data to inform public health action.
- Strengthened national or regional capacity to detect and respond to fungal disease threats.

If funded, you'll be expected to submit periodic performance and progress reports describing implementation of activities and progress toward program outcomes.

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.
- 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 as part of your application using a narrative or checklist format. You may also use your organization's format or adapt a publicly available template, such as the CDC Data Management Plan template.

Your DMO should include the following elements:

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

Evaluation activities

You must take on specific evaluation activities. Describe:

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

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

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

You must demonstrate the organizational capacity, technical expertise, partnerships, and administrative systems necessary to carry out the strategies and activities described in this NOFO and achieve the expected outcomes.

Describe your organizational capacity in the Project narrative. Address the following:

Experience, skills, and abilities

Describe your experience and capacity to:

- Carry out public health activities related to fungal disease detection, surveillance, laboratory strengthening, workforce development, or outbreak response.
- Collaborate with ministries of health, public health institutes, laboratories, healthcare systems, academic institutions, or regional networks.
- Carry out monitoring and evaluation activities that align with the expected outcomes.
- Conduct program planning, implementation, and performance monitoring.
- Analyze and use data to inform public health decision-making.
- Conduct health communication, dissemination, or workforce development activities.
- Manage procurement, contracts, or subawards as needed to carry out proposed activities.

If your organization doesn't yet have fully established systems for fungal disease activities, demonstrate that you have a clear and feasible plan to strengthen capacity during the period of performance.

Program management and staffing

Describe:

- A staffing plan. Identify the key personnel responsible for leadership, technical implementation, monitoring and evaluation, and administrative management.
- The project management structure and organizational placement of the project.

- Roles and responsibilities for key personnel.
- Plans to fill vacant positions, if any.

You must be responsible for managing, overseeing, and carrying out the activities supported by this NOFO. Program management and strategic oversight cannot be delegated to subcontractors or external partners.

Administrative and financial capacity

Describe your administrative and financial capacity to manage federal funds in accordance with 2 CFR part 200, including financial management requirements (2 CFR § 200.302) and related administrative, procurement, and performance requirements.

You should describe your capacity in the following areas:

- Financial management systems.
- Procurement and contracting capacity.
- Performance monitoring systems.
- Data management and reporting capacity.

You must also describe your awareness of existing national, regional, and international initiatives. Explain how the activities you propose will complement existing efforts and avoid duplication.

Collaborations

Successfully carrying out this NOFO will require you to coordinate with national, regional, and international partners involved in fungal disease detection, surveillance, laboratory strengthening, and response activities.

Requirements

Describe existing or planned collaborations that support carrying out the proposed strategies and activities. Include:

- The role of each partner organization.
- How the collaboration supports carrying out proposed strategies and activities.
- Previous experience collaborating with partner organizations, if applicable.
- How collaboration will contribute to achieving the expected outcomes.

Describe both existing partnerships and planned partnerships that will be established during the period of performance.

Expected collaborations

You're expected to collaborate with partners involved in fungal disease prevention, detection, surveillance, and response, including:

- National public health authorities.
- Healthcare and laboratory networks.
- Academic and research institutions.
- Regional and international public health networks.
- Other CDC-funded recipients or cooperative agreement partners, where appropriate.

You may also be expected to collaborate with other recipients to:

- Share information.
- Coordinate activities.
- Participate in technical meetings or knowledge exchange.

Required documentation of collaborations

You must submit letters of support from partner organizations that demonstrate collaboration relevant to the proposed work.

Letters of support must:

- Describe the partner organization's role.
- Describe how the collaboration supports proposed activities.
- Confirm commitment to collaboration.

Funding policies and limitations

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.

Changes in HHS regulations

As of October 1, 2025, HHS has adopted 2 CFR 300, 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 we receive more funding for this program, we will consider:

- Funding more applicants.
- Awarding supplemental funding.

See also program-specific limitations.

Unallowable costs

You may not use funds for:

- Research.
- Clinical care, except as allowed by law.
- Pre-award costs, unless we give you prior written approval.
- Other than for normal and recognized executive-legislative relationships:
  - Publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body.
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body.
  - See Anti-Lobbying Restrictions for CDC Grantees [PDF].

The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

- 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.

Recipients may charge indirect costs on awards to foreign organizations and foreign public entities performed fully outside of the U.S. and its territories to support the costs of complying with federal requirements. This rate is fixed at 8% of MTDC, excluding tuition and related fees, direct expenditures for equipment, and subawards over $25,000.

Negotiated indirect costs may be paid to the American University and Beirut.

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.

Recipients must request for Grants Management Officer (GMO) approval before using Program Income.

Expanded authority

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

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

Statutory authority

This program is authorized under Sections 301(a) (42 U.S.C. §241), 305 (42 U.S.C. §242c), 307 (42 U.S.C. §242l), and 319E (42 U.S.C. §247d-5) of the Public Health Service Act, as amended.

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

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

To register:

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

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

Once you register:

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

Grants.gov

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

Need help? See Contacts and Support.

Find the application package

You can find it online. Go to Grants Search at Grants.gov and search for opportunity number CDC-RFA-CK-26-0230. After opening the opportunity, select the “package” tab to see the forms.

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

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

Help applying

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

Join the informational call

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

Join: Microsoft Teams Meeting

- **Date:** August 4,2026
- **Time:** 9 to 10 a.m. EDT
- **Meeting ID:** 223 975 497 295 328
- **Passcode:** eX6Az64J

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

- +1 404-718-3800,,152307145# United States, Atlanta
- (888) 994-4478,,152307145# United States (Toll-free)
- Find a local number
- Phone conference ID: 152 307 145#

We will record the webinar. If you are not able to join live, please email mdbcoag@cdc.gov.

The goals of this session are to provide an overview of the NOFO, including purpose, priorities, eligibility, and application requirements. It will clarify expectations related to components, allowable activities, timelines, and submission requirements. The call will also provide an opportunity for you to ask clarifying questions to support equitable access to information and promote responsive applications. Joining and participating is voluntary and does not affect eligibility, application scoring, or award selection. You can attend anonymously.

Step 3: Build Your Application

In this step

Application checklist

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

Narratives

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

Attachments

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

Attachments	Page limit
☐ 1. Table of contents	None
☐ 2. Indirect cost agreement	None
☐ 3. Resumes and job descriptions	None
☐ 4. Organizational chart	None
☐ 5. Letters of support	None
☐ 6. Report on overlap	None
☐ 7. Bona fide agent documentation	None

Other required forms

Other forms	Grants.gov form
☐ Application for Federal Assistance (SF-424)	Form SF-424
☐ Budget Information for Non-Construction Programs (SF-424A)	Form SF-424A
☐ Disclosure of Lobbying Activities (SF-LLL) (if applicable)	Form SF-LLL

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

See responsiveness criteria to understand how they affect your application.

Required format

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

Font: Calibri

File format: PDF

Size: 12-point font
Footnotes and text in graphics may be 10-point.

Ink color: Black

Spacing: Single-spaced

Margins: 1-inch

Include page numbers.

Application contents and format

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

Project summary (0 points)

Page limit: 1

File name: Project summary

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

Project narrative (93 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	**23 total points**
Background	2 points
Strategies and activities	7 points
Outcomes	8 points
Work plan	6 points
Evaluation and performance measurement plan	**40 total points**
Organizational capacity	**30 total points**

Background and approach (23 points)

Background (2 points)

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

See the background section of the program description.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Background information that shows a clear problem your organization will address.	2 points

Strategies and activities (7 points)

Describe the strategies and activities you propose to implement. Include how they align with your organizational capacity, geographic focus, and identified public health needs.

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

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

See the strategies and activities section of the program description.

Table: Merit review criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Strategies and activities consistent with the program's logic model.	7 points

Outcomes (8 points)

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

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Outcomes consistent with the outcomes in the program's logic model.	8 points

Work plan (6 points)

Include a work plan using the requirements in the work plan section of the program description.

Submit a separate work plan for each component you're applying to.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
A work plan that aligns with the strategies, activities, outcomes, and performance measures in the program description and is consistent with the content and format we recommend.	4 points
A proposed use of funds that aligns with the work plan and is an efficient and effective way to carry out the strategies and activities and achieve the outcomes.	2 points

Evaluation and performance measurement plan (40 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 measures into planning, implementing, and reporting project activities.	6 points
How your organization will report and use performance measurement and evaluation findings to demonstrate outcomes and for continuous program quality improvement.	6 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.	5 points
How your organization will share evaluation findings with communities.	4 points

Reviewers will evaluate the extent to which the applicant provides:	Point value
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 the award.	5 points
The type of evaluations your organization will use, such as process, outcome, or both, as well as the key evaluation questions, measures, and data sources. This includes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.	6 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.	7 points
Experience or capacity to implement the evaluation plan.	4 points
A staffing plan, including roles, which is sufficient to achieve the project outcomes and clearly defines staff roles.	7 points
An organizational chart that supports the structure.	4 points
Collaborations that support the applicant's capacity or add value to the project.	8 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].

Include a separate budget narrative for each component you're applying to.

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.

1. 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.

2. 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.

3. 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.

4. 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.

5. 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 **3** letters from relevant organizations supporting your organization's successful work.

6. 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.

7. 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

Initial review

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

We will not review any pages over the page limit.

Scoring process

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

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

Risk review

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

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

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

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

You can see more details about risk review at 2 CFR 200.206.

Selection process

We will fund applications in order by the rank that the review panel determines.

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.

We may:

- Fund applications 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.

Award notices

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

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

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

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

Learn more about NoA contents at Understanding Your Notice of Award at CDC's website.

Step 5: Submit Your Application

In this step

Submission requirements and deadlines

Application

Due on August 31, 2026 at 11:59 p.m. ET.

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

For instructions on how to submit in Grants.gov, see the Quick Start Guide for Applicants.

Keep in mind:

- Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.
- Your organization's authorized official must certify your application.
- Do not encrypt, zip, or password-protect any files.
- Make sure your application passes the Grants.gov validation checks, or we may not get it.

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

See Contacts and Support if you need help.

Intergovernmental review

Executive Order 12372, Intergovernmental Review of Federal Programs does not apply to this NOFO. You do not need to take any action.

Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NoA), including CDC General Terms and Conditions. The NoA includes the requirements of this NOFO.
- The rules listed in 2 CFR part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements, effective October 1, 2025. These replace those in 45 CFR part 75, with some exceptions in 2 CFR part 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 anti-discrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
- We can take corrective or enforcement actions if your performance is poor, in accordance with 2 CFR 200.339 and 2 CFR 200.340, as appropriate. This means:

Reporting

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

Table: Financial and performance reports

Report	Description	When
Recipient Evaluation and Performance Measurement Plan	• Builds on the plan in the application. • Includes measures and targets. • Shows how data are collected and used (data management plan).	Six months into award.
Annual Performance Report	• Serves as yearly continuation application. • Includes performance measures, successes, and challenges. • Updates work plan. • Includes how CDC could help overcome challenges. • Includes budget for the next 12-month budget period.	No later than 120 days before the end of each budget period.
Interim Performance Report	• Includes performance measures, successes, and challenges for the complete budget period (12 months or 4 quarters).	Annually by December 31
Annual Federal Financial Report (FFR)	• Includes funds authorized and disbursed during the budget period. • Indicates exact balance of unobligated funds and other financial information.	90 days after the end of each budget period.

Report	Description	When
Data on Performance Measures	• Includes information similar to the Annual Performance Report.	CDC will only require this report if the award needs more frequent reporting than in the Annual Performance Report.
Final Performance Report	• Includes information similar to the Annual Performance Report.	120 days after the end of the period of performance.
Final Federal Financial Report (FFR)	• Includes information similar to the Federal Financial Report.	120 days after the end of the period of performance.
Foreign Tax Report	• Includes the amount of foreign taxes assessed, reimbursed, and unreimbursed by each foreign government. • Also applies to subawards.	Annually by November 16. Quarterly by January 15, April 15, July 15, and October 15 each year.

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

CDC award monitoring

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

CDC's role

CDC monitoring and accountability approach

If funded, CDC will monitor your activities to ensure that they're carried out as intended and contribute to the expected outcomes described in the program logic model.

This will include routine, ongoing communication between you and CDC, site visits, and your reporting, including work plans, performance reporting, and financial reporting.

Consistent with applicable grants regulations and CDC policies, post-award monitoring will include:

- Tracking your progress toward achieving the expected outcomes.
- Assessing how adequate and reliable the systems that you use to collect, manage, and report program data are.
- Reviewing whether activities are being carried out according to the approved work plan, budget, and award requirements.
- Monitoring programmatic and financial performance to help ensure that federal funds are well managed.
- Supporting an environment that promotes accountability, integrity, and quality in program performance and results.

Monitoring may also include activities necessary to support award oversight and continuous program improvement such as:

- Reviewing how feasible work plans are in relation to the approved budget.
- Assessing whether activities are being carried out within the expected timeframes.
- Working with you to adjust activities as needed based on progress, evaluation findings, or changing public health needs.

Monitoring and reporting activities may also help grants management staff identify, notify, and manage high-risk recipients.

CDC program support for recipients

In this cooperative agreement, CDC program staff will be substantially involved in post-award program activities beyond routine grant monitoring. CDC's National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Foodborne, Waterborne, and Environmental Diseases (DFWED), Mycotic Diseases Branch (MDB) project officers and subject matter experts will collaborate with recipients to support implementation of activities funded under this NOFO.

To assist recipients in achieving the purpose of this award, CDC may:

- Provide technical guidance, programmatic support, training, and technical assistance related to activities described in this NOFO.
- Review and approve recipient work plans, detailed budgets, and proposed performance measures.
- Conduct conference calls, site visits, and other communications, as appropriate, to monitor implementation and provide technical input.
- Facilitate communication and coordination among recipients to support the sharing of expertise, lessons learned, and best practices.
- Coordinate, as needed, with other CDC programs, federal partners, and relevant organizations involved in fungal disease prevention, detection, surveillance, and response.

CDC may also use information from applications, work plans, and recipient reports to identify strengths, gaps, and opportunities for technical assistance and to prioritize monitoring activities.

Performance oversight

Recipient performance will be monitored throughout the period of performance by routine reporting and programmatic oversight. If recipient performance does not meet expectations or award requirements, CDC may work with recipients to identify corrective actions, provide targeted technical assistance, or require adjustments to implementation approaches consistent with the terms and conditions of the award.

Contacts and Support

In this step

Agency contacts

Program

Daniela Aguirre
mdbcoag@cdc.gov

Grants management

Randolph Williams
Grants Management Officer
Email: gur2@cdc.gov

Help with systems

Grants.gov

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

- Telephone: 1-800-518-4726
- Email: support@Grants.gov

SAM.gov

If you need help, you can:

- Call 866-606-8220.
- Live chat with the Federal Service Desk.

Helpful websites

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