Notice of Funding Opportunity

Application due Monday, June 15, 2026

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

National Center on Birth Defects and Developmental Disabilities (NCBDDD)
Division of Human Development and Disability

Understanding and Promoting Resources and Opportunities for People with Autism and Fragile X Syndrome (FXS) and their Families Across the Lifespan

Opportunity number: CDC-RFA-DD-26-0025

Contents

Before you begin

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

SAM.gov registration (this can take several weeks)

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

See Step 2: Get ready to apply

Grants.gov registration (this can take several days)

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

See Step 2: Get ready to apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Monday, June 15, 2026.

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

Step 1:
Review the opportunity

In this step

Basic information

Centers for Disease Control and Prevention (CDC)

National Center on Birth Defects and Developmental Disabilities (NCBDDD)

Division of Human Development and Disability

Understanding and promoting resources and opportunities to improve long-term outcomes for people with autism or fragile X syndrome and their families across the lifespan.

Summary

This NOFO aims to better understand the resources and opportunities that people with autism or FXS and their families need, in areas including education, transition into young adulthood, and services and supports. The goal is to reduce morbidity and mortality, as well as improve long-term outcomes including health and wellbeing.

CDC will fund **three components** under this NOFO.

You may apply for one or more components, as long as you meet the eligibility requirements for each.

Gathering data on services and needs

Component A: SPROUT surveillance project

Project

This surveillance project, the Survey to Promote Resources and Opportunities for aUtistic Teens and young adults (SPROUT), will utilize cohorts from the Study to Explore Early Development (SEED) Phases 1-3 (collected from 2007-2020),

- These were case-control studies of autism in children 2-5 years of age.
- SEED 1-3 participants will range from about 10-28 years of age during the data collection period.

Data collected

SPROUT will be comprised of caregiver and self-report surveys.

Have questions? Go to Contacts and Support.

Key facts

Opportunity name: Understanding and Promoting Resources and Opportunities for People with Autism and Fragile X Syndrome (FXS) and their Families Across the Lifespan

Opportunity number: CDC-RFA-DD-26-0025

Assistance listing: 93.073

NOFO version: Original

Key dates

Informational call: May 27, 2026

Optional letter of intent deadline: June 1, 2026

Application submission deadline: June 15, 2026

Expected award date: August 31, 2026

Expected start date: September 30, 2026

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

- These surveys will offer unique information not available in other surveys, claims, or administrative data on:
  - Service and support needs and the impact of co-occurring conditions on autistic people and their families.
  - The educational, transitional, social, and/or vocational needs and experiences of autistic adolescents and young adults.

Goals

The data collected from this surveillance project will help inform ways to:

- Lessen individual, familial, and societal costs associated with autism.
- Reduce morbidity and mortality.
- Improve health and well-being.

Component B: FAST FORWARD surveillance project

Project

The Focus on Advancing Support and Transition with the Fragile X Online Registry With Accessible Research Database (FAST FORWARD) will employ clinic-based enrollment of eligible participants at three sites, with a recruitment goal of at least 200 eligible people with FXS per site.

Data collected

The project will collect data on:

- Timing of and barriers to diagnosis.
- Service and support needs and the impact of co-occurring conditions on people with FXS and their families.
- Educational, transitional, social, and vocational needs and experiences of people with FXS and their families.

Goals

The data collected from this surveillance project will help inform ways to:

- Lessen individual, familial, and societal costs associated with FXS.
- Reduce morbidity and mortality.
- Improve health and well-being.

Component C: Creating resources, support, and strengthening capacity for people with FXS

Purpose

This activity improves access to evidence-based information, support, and services for people with FXS, their families, and their communities. It also strengthens the capacity among healthcare providers to appropriately support patients with FXS on a national level.

Strategies

- Create, disseminate, evaluate, and continually improve tailored communication, education programs, products, and tools.
- Promote use of evidence-based FXS information to people with FXS, their families, their communities, and healthcare providers across the United States.

Funding details

Funding type: Cooperative agreement

Expected awards: Up to 11

- Component A: Up to 7
- Component B: Up to 3
- Component C: 1

Period of performance: 5 years in 12-month budget periods.

Expected total program funding over the performance period: $18,000,000

- Component A: $12,000,000
- Component B: $5,000,000
- Component C: $1,000,000
- The number of awards is subject to available funds and agency and program priorities.

Funding strategy

Funding details for Component A

- Expected total program funding over the performance period: $12,000,000
- Expected total program funding per budget period: $2,400,000
- Expected awards: Up to 7
- Funding range per budget period: $230,000 to $650,000(direct and indirect costs) (Note: funding amount will be based on the number of eligible participants and number of SEED phases per site)
- We plan to award up to seven projects for a five-year period of performance, consisting of five 12-month budget periods.

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

Funding details for Component B

- Expected total program funding over the performance period: $5,000,000
- Expected total program funding per budget period: $1,000,000
- Expected awards: Up to 3
- Expected average award amount per budget period: $333,333

- We plan to award up to three projects for a five-year period of performance, consisting of five 12-month budget periods.

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

Funding details for Component C

- Expected total program funding over the performance period: $1,000,000
- Expected total program funding per budget period: $200,000
- Expected awards: 1
- Expected average award amount per budget period: $200,000
- We plan to award one project for a five-year period of performance, consisting of five 12-month budget periods.

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

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.
- Faith-based organizations.
- Bona fide agents applying on behalf of state, territorial, local, and tribal government organizations.

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

Other required qualifying factors

Component A: SPROUT

To apply for Component A, you must document access to individual contact and eligibility data from participants in the Study to Explore Early Development (SEED) phases 1, 2, and/or 3. This is required to complete the data collection outlined in Component A.

Therefore, you must either:

- Be one of the original SEED entities that collected data from children ages 2-5 and their parents (and therefore can contact these individuals for the Survey to Promote Resources and Opportunities for aUtistic Teens and young adults (SPROUT)), **or**
- Document collaborative agreements to work with one or more of the original entities that collected the contact information from SEED participants (also called former SEED recipients) to reach SEED participants for this project. Applicants that do not provide documentation of a collaborative agreement will be considered non-responsive and will not move forward for review.
- Document access in an attachment labeled "Evidence of access to contact information (Component A)".

Entities that originally collected contact information from SEED participants include:

- JFK Partners and University of Colorado School of Medicine, Anschutz Medical Campus (SEED 1-3)
- Johns Hopkins University and Kennedy Krieger Institute (SEED 1-3)
- Washington University (SEED 3)
- University of North Carolina at Chapel Hill (SEED 1-3)
- The Board of Regents at the University of Wisconsin System (SEED 3)
- Kaiser Permanente Division of Research and the California Department of Health Services (SEED 1-2)
- University of Pennsylvania School of Nursing and The Children's Hospital of Pennsylvania (SEED 1-2)

Component B: FAST FORWARD

To apply for Component B, you must:

- Provide evidence of access to clinic-based samples of children, adolescents, and adults (ages 0-40 years) with FXS full mutation diagnosis.
- Demonstrate ability and capacity to collect data and access clinical records on a minimum of 200 unique people with FXS full mutation diagnosis.

Component C: Creating resources, support, and strengthening capacity for people with FXS

To apply for Component C, you must:

- Demonstrate ability and capacity to identify and reach people with FXS and their families and communities, across the United States.
- Demonstrate ability and capacity to reach healthcare providers, specifically those treating FXS patients.
- Demonstrate ability and capacity to generate new communication materials and continually identify and update resources for healthcare providers treating and people with FXS and their families and communities.
- Demonstrate ability and capacity to quantify metrics of impact (for example, tracking and reporting how many people use the materials or benefit from them).

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.
- **For Component A only**: Does not include documentation of collaborative agreement (if not an original SEED entity).
- **For Component B only:** Does not describe having access to health records.

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:
    - Works to prevent disease and advance emergency response.
    - Detect health threats early, sends response teams, trains health workers, and provides personal protective equipment, vaccines, and medicines.
    - Test disease samples from around the world to prepare for flu and other serious outbreaks.
    - Has strengthened systems to better protect people at home and abroad after the COVID-19 outbreak.

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

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

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

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

Program description

Background

Component A:

Autism is a developmental disability defined by social communication challenges and restricted and repetitive patterns of behaviors (American Psychiatric Association).[1] Autistic traits generally appear in the first few years of life but may not fully manifest until social demands exceed individual capacity[2]. People with autism have a wide range of skills and abilities and most (90%) have at least one co-occurring condition (e.g., anxiety, attention-deficit/hyperactivity disorder [ADHD], speech-language disorder).[3] [4]

In 2022, about 1 in 31 children age 8 had an autism diagnosis or special education classification documented in health or education records.[5]

CDC data on young children with autism to date

Most data collection on autism have focused on young children.

- For instance, CDC conducted the Study to Explore Early Development (SEED) from 2006-2011 (SEED1), 2011-2016 (SEED2), and 2016-2021 (SEED3) to collect data on children ages 2-5 years with and without autism.
- Over 90 SEED papers have now been published, including analyses of differences among children with autism compared to other children; for example, regarding communication[6],[7], gastrointestinal issues[8],[9],[10], safety issues[11],[12],[13], self-injurious behaviors[14] [15], sensory challenges[16] [17] [18], and sleep problems.[19]
- There have also been analyses on issues related to receipt of services and supports for young children with autism and other developmental disabilities.[20],[21],[22],[23],[24]

The federal government identified a need to improve efforts to better understand lifespan issues among people with autism in a 2017 Report to Congress[25] and the Autism CARES Act of 2024[26]. However, according to the most recent portfolio analysis from the Interagency Autism Coordinating Committee (IACC)[27], lifespan issues continue to receive the least amount of funding among federal agencies (i.e., 4.3%).

For these reasons, CDC implemented two follow up surveys of caregivers and/or participants previously enrolled in one of three phases of SEED: SEED Teen pilot (2018-2021) and SEED Follow-Up (ongoing until June 2026).

CDC data on older children and adolescents with autism to date

SEED Teen (2018-2021)

- SEED Teen was a pilot study that surveyed families of more than 800 children who previously participated in SEED 1; the children were 12-16 years old at the time of SEED Teen data collection.
- Goals:
  - Assess the health and healthcare needs of children with autism as they transition into adolescence.
  - Understand early childhood factors related to adolescent health outcomes in children with autism.

Findings

Analyses of SEED Teen pilot data revealed areas of unmet healthcare and social needs for autistic adolescents.

- Autistic adolescents were more likely than population controls to have mental health problems, physical difficulties, and sleep problems.[28]
- They were also more likely to have an unmet medical or mental health service need.[28]
- In both groups, a small percentage of adolescents (autism, 7.5%; population comparison, 14.1%) received recommended health care transition (transition) guidance.[28]
- Autistic adolescents were less likely than their peers to participate in sports, vocational activities, volunteer activities, or other organized activities, or receive a social invitation from friends in the last 12 months.[29]
- The largest absolute differences in activity engagement were with social invitations.[29]
  - This highlights the considerable social isolation experienced by autistic adolescents, and the need for social supports.

Analyses of SEED Teen pilot data also identify potential treatment targets for co-occurring conditions that could improve the lives of autistic adolescents.

- For instance, DD, sensory integration disorder, and speech-language disorder occurred in over 20% of autistic children in both preschool and adolescence.[30]
- Anxiety disorders, ADHD, intellectual disability, and learning disability also occurred in over 20% of autistic adolescents with ASD.[30]
- Significantly more autistic children vs. those with another DD in preschool gained diagnoses of ADHD, DD, sensory integration disorder, and speech-language disorder by adolescence.[30]
- Early childhood language abilities and symptoms like anxiety were significant predictors of adolescent communication difficulties.[31]

SEED Follow-Up (2021-2026)

SEED Follow-Up was launched in 2021, and data are being collected until June 2026. These data will allow investigators to expand upon findings from SEED Teen and explore topics not included in that survey, like:

- Barriers to community or social participation.
- Changes in learning skills from preschool to adolescence.
- Self-reported suicidal thoughts and behaviors.

Both SEED Teen and SEED Follow-Up helped identify healthcare needs and experiences among adolescents with autism, yet gaps remain in how to best support adolescents and young adults with autism and their families.

- For instance, although SEED Teen and SEED Follow-Up survey data identify problems with service access (e.g., problems getting an appointment and issues related to cost) they did not probe how systemic interventions could help lessen these problems.
- Both surveys were over one hour long, and while these surveys collected information on a wealth of exposures and outcomes, participants recommend shortening future surveys.
    - Shorter, more targeted surveys can still address areas identified by the autistic community as important.
- A dedicated focus to publish results faster allows data to more rapidly inform public health action.

Components B and C:

Fragile X syndrome (FXS) is a genetic disorder caused by changes in a gene called fragile X messenger ribonucleoprotein 1 (FMR1).

- FMR1 usually makes a protein called Fragile X Messenger Ribonucleoprotein (FMRP) that is needed for brain development.
- People with FXS make little or no FMRP.
- FXS is the most prevalent known cause of inherited intellectual disability and the most common monogenic cause of autism.[32]
- Physical features of FXS include a narrow face with prominent jaw and forehead and large ears.
- Medical features can include dental crowning, otitis media, sinus infections, sleep disorder, and strabismus.
- Developmental features can include:
  - Intellectual disability.
  - Motor delays.
  - Poor eye contact.
  - Repetitive behaviors.
  - Seizure disorder.
  - Speech-language disorder.
  - Symptoms of ADHD.[32],[33]
- FXS is typically diagnosed in early childhood when physical, medical, and developmental features are more recognized.[32]
- It is estimated that 1 in 7,000 males and 1 in 11,000 females have FXS.[34]

CDC FXS data to date

CDC is working to learn more about FXS so that better approaches to intervention can be developed.

As part of this effort, CDC has funded four FXS data collection efforts:

- **2008-2011**: The first project piloted an infrastructure to conduct data collection from people with FXS across multiple sites.
- **2011-2020:** The second (2011-2015) and third (2015-2020) projects, Fragile X Online Registry With Accessible Research Database (FORWARD), developed and piloted the infrastructure for a registry and for longitudinal data collection.

- **2021-2026**: The fourth project, FORWARD-MARCH (Multiple Assessments for Research CHaracterization), built on the foundation of the first two projects and continued data collection to better characterize the natural history of FXS.

National public health priorities and strategies

Healthy People 2030

This NOFO supports various Healthy People 2030 objectives:

- Adolescent Health (AH)
  - AH-01: Increase the proportion of adolescents who had a preventative health care visit in the past year
  - AH-02: Increase the proportion of adolescents who speak privately with a provider at a preventative medical visit
- Disability & Health (DH)
  - DH-01: Reduce the proportion of adults with disabilities who delay preventative care because of cost
  - DH-03: Reduce the proportion of people with intellectual and developmental disabilities who live in institutional settings with 7 or more people
- Maternal, Infant, and Child Health (MICH)
  - MICH-19: Increase the proportion of children and adolescents who receive care in a medical home
  - MICH-20: Increase the proportion of children and adolescents with special healthcare needs who have a system of care
- Mental Health & Mental Disorders (MHMD)
  - MHMD-02: Reduce suicide attempts by adolescents
  - MHMD-08: Increase the proportion of primary care visits where adolescents and adults are screened for depression
- Sleep Health (SH)
  - SH-03 and SH-04: Increase the proportion of adults (SH-03) and high school students (SH-04) who get enough sleep

This NOFO also supports the following Healthy People 2030 objectives that are in development or have baseline only data:

- DH-D01: Reduce anxiety and depression in family caregivers of people with disabilities,

- DH-02: Reduce the proportion of adults with disabilities who experience serious psychological distress,
- Early and Middle Child Workgroup – Development, EMC-D04: Increase the proportion of children and adolescents who get appropriate treatment for anxiety and depression, and
- Hearing and Other Sensory or Communication Disorders Workgroup, HOSCD-05: Increase the proportion of children and adolescents with communication disorders who have seen a specialist in the last year.

Other federal reports and priorities supported by this NOFO are:

- Autism Cares Act of 2024: PUBL180.PS
- IACC draft 2024 strategic plan: Draft Chapters of the 2024 IACC Strategic Plan Update
- US HHS 2017 Report to Congress: Young adults and transitioning youth with autism spectrum disorder

Purpose

Component A: SPROUT

- SPROUT will enroll caregivers and their adolescent or young adult children who previously completed SEED 1, 2, or 3. Prior participation in SEED Teen or the SEED Follow-up is not required.
- Data will be collected through two caregiver surveys and two self-report surveys over the 5-year funding period.
- Information will be collected on demographics, co-occurring conditions, and service, support, and other needs and experiences of autistic people and their families.
- Much of the information collected on SPROUT surveys is intended to be unique; e.g., not available from other sources, such as claims or administrative data.
- Data will guide policies and practices to increase access to services and supports, and improve health and other outcomes of autistic people and their families.

Component B: FAST FORWARD

- FAST FORWARD will enroll people aged 40 years or younger with full mutation FXS through one of the three participating U.S. clinics.
- Each clinic will recruit at least 200 eligible participants. Previous participation in FORWARD or FORWARD-MARCH is not required.
- Data will be collected through caregiver surveys (some surveys may be completed online) and from existing clinical records.
- Information will be collected on demographics, symptoms, co-occurring conditions, and service, support, and other needs and experiences of people with FXS and their families.
- Data will guide practices to increase access to services and supports, and improve health and other outcomes of people with FXS and their families.

Component C: Creating resources, support, and strengthening capacity for people with FXS

- This project will improve access to evidence-based information, support, and services for people with FXS, their families, and their communities.
- It will strengthen the capacity of healthcare providers across the United States to appropriately support patients with FXS.

Activities will include dissemination of knowledge gained from previously funded data collections, such FORWARD-MARCH.

Approach

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.

The **asterisked (*)** outcomes are those we expect you to achieve during the 5-year period of performance. You are required to report on these outcomes.

Not all outcomes apply to all strategies. The table shows how they apply. You will use these outcomes as a guide for developing performance measures.

Table: Component A Strategies and Outcomes

<table>
<tr><th>Component A Strategies</th><th>Short-Term Outcomes</th><th>Intermediate Outcomes</th><th>Long-Term Outcomes</th></tr>
<tr><td>Strategy 1.
Collect and manage timely, unique data on people who participated in SEED 1-3.</td><td>All-site data set created that can be used for cross-sectional and/or longitudinal analyses.</td><td>Finalized all-site data set actively used for cross-sectional and/or longitudinal analyses.*</td><td rowspan="3">Improved capacity to support people with autism and their families:
• Lessened individual, familial, and societal costs associated with autism.
• Reduced morbidity and mortality for people with autism.
• Improved health and well-being for people with autism.</td></tr>
<tr><td>Strategy 2.
Translate data into high quality public health products.</td><td>Resource needs and opportunities for people with autism and their families identified.*</td><td>Knowledge of these resource needs and opportunities shared with organizations, professionals, and other stakeholders.</td></tr>
<tr><td>Strategy 3.
Disseminate public health information.</td><td>Partnerships strengthened with organizations that support people with autism and their families.*</td><td>CDC autism data actively used to inform public health action.</td></tr>
</table>

Table: Component B Strategies and Outcomes

Component B Strategies	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 1: Collect and manage timely, unique data on people age 0-40 years with full mutation FXS.	All-site data set created that can be used for analyses.	Finalized all-site data set actively used for analyses.*	Improved capacity to support people with FXS and their families: • Lessened individual, familial, and societal costs associated with FXS. • Reduced morbidity and mortality for people with FXS. • Improved health and well-being for people with FXS.
Strategy 2: Translate data into high quality public health products.	Resource needs and opportunities for people with FXS and their families identified.*	Knowledge of these resource needs and opportunities for people with FXS shared with organizations, professionals, and other stakeholders.	

Table: Component C Strategies and Outcomes

Component C Strategies	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 3. Disseminate information to specific audiences.	Partnerships strengthened with organizations (i.e., groups providing disability, medical, and/or educational resources) that support people with FXS and their families. Resource needs and opportunities identified for people with FXS, their families and their healthcare providers.*	FXS data actively used to guide public health action. Knowledge of these resource needs and opportunities for people with FXS shared with organizations, professionals, and other stakeholders.	Improved capacity to support people with FXS and their families: • Lessened individual, familial, and societal costs associated with FXS. • Reduced morbidity and mortality for people with FXS. • Improved health and well-being for people with FXS.

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.

Component A

Strategy 1. Collect and manage timely, unique data on people who participated in SEED 1-3.

- Activity 1: Recruit and enroll eligible SPROUT participants.
    - Identify the eligible recruitment pool from SEED 1-3 participants.
    - Find and verify contact information for eligible SEED 1-3 participants and send survey invitations. Conduct contact tracing as needed.
    - Conduct enrollment calls for participants who have received an invitation within a specified timeframe.
- Activity 2: Collect survey data.
    - Conduct two waves of survey data collection with eligible SEED 1-3 caregivers and their adolescent/young adult child. For each wave, use standardized methods to administer one caregiver survey and one adolescent/young adult survey, yielding up to four surveys in total. Each survey should take no more than 20-30 minutes to complete.
    - Complete all data collection in the timeframe specified by CDC.
    - Issue and track participant incentives upon completion of surveys. The use of incentives is consistent with applicable grant regulations and guidance.
- Activity 3: Manage collected data.
    - Implement REDCap data collection system, designed by CDC to ensure uniform data collection across site, including providing IT infrastructure and maintaining and updating local REDCap systems.
    - Ensure effective user operation of REDCap data collection system, including:
        - Training and supporting users.
        - Managing user access and permissions.
        - Utilizing local expertise for trouble shooting.
    - Host and use R software for data management, provide R training for staff members if needed, and ensure local expertise for troubleshooting.

- Provide staff training on:
  - Confidentiality.
  - Data collection and management procedures.
  - Data quality assurance/control.
- Implement data access control as appropriate.
- Restrict data access to only investigators affiliated with SPROUT.
- Update Data Management Plan as needed and submit to CDC for annual review.

- Activity 4: Clean and share de-identified data.
  - Clean survey data in R using CDC-developed data programs and ensure that all personally identifiable information is removed.
  - Collaborate with CDC to test and facilitate data upload/exchange.
  - Submit de-identified data to CDC via secure file transfer protocol (SFTP).

Strategy 2. Translate data into high quality public health products.

- Activity 1: Collaborate on two CDC-led all-site data briefs that will be published and available publicly (i.e., pooled dataset with data from all sites).
  - Data from the pooled dataset will be used to develop two all-site data briefs. Awardees will work with CDC and other participating sites to identify content for each data brief. Data briefs will be completed within one year of all-site survey data availability for each wave (Year 3 and Year 5).
- Activity 2: Develop two site-specific data briefs to be shared with local site participants and community.
  - Awardees will work with CDC to develop data briefs focused on data from their site. Data briefs will be delivered within one year of survey data completion for each wave (Year 3 and Year 5).
- Activity 3: Develop two additional and timely public health products.
  - Each site should work with CDC to identify and develop at least two additional public health products (using all-site or single site data) within the funding period, which can include but are not limited to:
    - Easy-to-read summaries.
    - Infographics.
    - Publicly accessible peer reviewed publications.

        - Professional trainings using SPROUT data.
        - Site-specific websites.
    - Consistent with the Public Access to CDC Funded Publication Policy, all peer-reviewed publications funded by CDC must be made available to the public for free and full use with no embargo period regardless of number of CDC-affiliated authors.

Strategy 3. Disseminate public health information.

- Activity 1: Disseminate all-site and site-specific data briefs.
    - Identify community partners who will help to disseminate data briefs publicly. For example:
        - Adolescents.
        - Young adults.
        - Parents.
        - Providers.
        - Professionals.
    - Specify methods for dissemination. For example:
        - Health fairs.
        - Partner newsletters.
        - Provider clinics.
        - Public webinars.
        - Social media.
    - Work with community partners to disseminate information and assess whether information is reaching the intended audience. For example:
        - Number of people reached and demographics of audience.
        - Clicks, downloads, shares.
        - Media attention.

Component B

Strategy 1. Collect and manage timely, unique data on people age 0-40 years with full mutation FXS.

- Activity 1: Recruit a minimum of 200 unique clinic-based participants aged 0-40 years with FXS full mutation diagnosis.
  - Assemble and maintain appropriately trained study staff to conduct data collection, management, and tracking.
  - Establish access to data sources including:
    - Contact information.
    - Clinical information.
    - Genetic information.
  - Confirm contact information and eligibility of individuals with FXS for recruitment.
  - Provide survey to recruited individuals with FXS or their caregivers.
  - Conduct enrollment telephone calls for eligible participants who have not responded to survey invitations within a specified timeframe.
  - Meet with other site recipients and CDC's coordinating staff regularly to discuss study progress and troubleshoot any problems with study implementation.
- Activity 2: Collect data.
  - Use standardized methods to collect data from caregivers and existing clinical data.
  - Perform medical record abstraction with clinician review.
  - Ensure active participation and confirm or clarify missing data to increase data collection completion rates with the goal of about 50 participants per year with complete data collected.
  - Monitor completion of data collection.
  - Ensure data entry completeness into the secure REDCap system within timeframe specified by CDC.
  - Issue participant incentives upon completion of surveys. The use of incentives is consistent with applicable grant regulations and guidance.
- Activity 3: Manage data collected.
  - Implement REDCap data collection system including providing IT infrastructure and maintaining and updating local REDCap systems.

- Ensure effective user operation of REDCap data collection system, including:
  - Training and supporting users.
  - Managing user access and permissions.
  - Utilizing local expertise for trouble shooting.
- Host and use R software for data management, provide R training for staff members if needed, and ensure local expertise for troubleshooting.
- Provide staff training on:
  - Confidentiality.
  - Data collection and management procedures.
  - Data quality assurance/control.
- Implement data access control as appropriate.
- Restrict data access to only investigators affiliated with study.
- Update Data Management Plan as needed and submit to CDC for annual review.

- Activity 4. Clean and share de-identified data.
  - Clean survey data in R using CDC-developed data programs and ensure that all personally identifiable information is removed.
    - Collaborate with CDC to test and facilitate data upload/exchange.
    - Submit de-identified data to CDC via secure file transfer protocol (SFTP).

Strategy 2. Translate data into high quality public health products.

- Activity 1: Develop timely public health products.
  - Work with CDC to identify and develop at least one public health product (all-site or single site), which can include but are not limited to:
    - Easy-to-read summaries.
    - Infographics.
    - Publicly accessible peer reviewed publications.
    - Professional trainings using FORWARD and FORWARD-MARCH data.
  - Consistent with the [Public Access to CDC Funded Publication Policy](), all peer-reviewed publications funded by CDC must be made

available to the public for free and full use with no embargo period regardless of CDC-affiliated authors.

Component C

Strategy 3. Disseminate information to specific audiences.

You must share developed materials back with CDC and incorporate current evidence for successful communication and dissemination in all activities proposed.

- Activity 1: For people with FXS and their families and communities, create, disseminate, evaluate, and continuously improve tailored FXS communication and programs, products, tools, and supports that fill a demonstrated need related to FXS.
    - Identify FXS priorities, information gaps, and education, communication, and support needs.
    - Seek and incorporate direct input from those with FXS and family members.
    - Develop a dissemination plan that includes evidence-based communication channels and engagement strategies.
    - Evaluate and continuously improve programs, products, and tools, including communication channels used for dissemination.
    - Ensure all programs, products, and tools are responsive to demonstrated needs related to FXS.
        - Adapt tools when needed.
        - Provide evaluation plan and metrics annually.
- Activity 2: For healthcare providers, create, disseminate, evaluate, and continuously improve tailored FXS communication and programs, products, and tools that fill a demonstrated need related to FXS.
    - Identify FXS priorities, information gaps, and education and communication needs for healthcare providers.
    - Develop or adapt existing FXS training and education programs, products, and tools, and disseminate for healthcare providers.
    - Develop a dissemination plan that:
        - Is evidence-based.
        - Is innovative.
        - Addresses identified needs and priorities for healthcare providers.
        - Provides continuing education credits when possible.

  - Evaluate and continuously improve all FXS programs, products, and tools and dissemination plan.
  - Ensure all programs, products, and tools are responsive to diverse provider-types and communication needs.
    - Adapt programs, products, and tools when needed.
    - Provide evaluation plan and metrics annually.

Outcomes

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

We will measure your progress toward the following outcomes from the logic model:

Component A

- Finalized all-site dataset(s) (i.e., pooled datasets) will be provided to all participating sites for further analysis on special topics of interest. A subset of data provided may be made available for public use consistent with applicable law, and, for shared with CDC, CDC's policies related to data privacy, confidentiality, and security. It is expected that any recipients of this funding opportunity will be able to comply with these terms and conditions.
- Identified resource needs and opportunities for people with autism and their families.
- Strengthened partnerships with organizations that support people with autism and their families.

Component B

- Finalized all-site data set (i.e., pooled datasets) will be provided to all participating sites for further analysis on special topics of interest. A subset of data provided may be made available for public use consistent with applicable law, and, for data shared with CDC, CDC's policies related to data privacy, confidentiality, and security. It is expected that any recipients of this funding opportunity will be able to comply with these terms and conditions.
- Identified resource needs and opportunities for people with FXS and their families.

Component C

- Strengthened partnerships with organizations that support people with FXS and their families.

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 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 the 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.

Please refer to Appendices A, B, and C for a table of the required performance measures for Components A, B, and C respectively.

Component A: Strategy 1. Collect and manage timely, unique data on people who participated in SEED 1-3

Strategy 1 Activities	Performance Measures (See Appendix A for detailed reporting timeline)
Activity 1: Recruit and enroll eligible SPROUT participants.	Year 1, Quarter 1: • Report criteria used to determine participant eligibility and total number of eligible SEED 1-3 participants. • Report steps taken to contact eligible SEED 1-3 participants. Monthly, Starting Year 1 Quarter 3: • Report number of eligible participants successfully contacted and invited to participate in each survey (at least 90% expected). • Report number of eligible participants who enrolled in each survey (at least 60% expected).
Activity 2: Collect survey data.	Monthly, Starting Year 1 Quarter 3: • Report number of eligible participants who completed each survey (at least 50% of caregivers and 40% of adolescents/young adults expected). • Report challenges and barriers to collecting survey data and proposed actions to overcome barriers to CDC.
Activity 3: Manage data collected.	Year 1, Quarter 2: • Provide statements of completion of confidentiality training for local investigators to CDC (and update annually). Monthly, Starting Year 1, Quarter 1: • Ensure that at least one site representative is present on all SPROUT project coordinator and data manager (if applicable) calls.
Activity 4: Clean and share data.	Monthly, Starting Year 1, Quarter 3: • Upload/transfer de-identified data files via SFTP to CDC. Year 3, Quarter 1 & Year 5, Quarter 1: • Complete data cleaning procedures and submit final de-identified data files to CDC for inclusion in the pooled all-site dataset within the timeframe specified by CDC.

Component A: Strategy 2. Translate data into high quality public health products

Strategy 2 Activities	Performance Measures (See Appendix A for detailed reporting timeline)
Activity 1: Collaborate on two all-site data briefs.	Monthly, Starting Year 1, Quarter 1: • Ensure that at least one site representative is present on all SPROUT all-site calls (project coordinator/principal investigator, data sharing, outreach, others as needed).
Activity 2: Collaborate on two site-specific data briefs.	Monthly, Starting Year 1, Quarter 1: • Participate in site-specific calls with CDC team as needed.
Activity 3: Develop two additional and timely public health products.	Years 1-5: • Submit letters of intent (LOIs) to produce at least two other public health products that do not overlap with other SPROUT activities. • Submit final data briefs and two additional public health products (within 18 months of LOI approval) to CDC.

Component A: Strategy 3. Disseminate public health information

Strategy 3 Activities	Performance Measures (See Appendix A for detailed measures and reporting timeline)

Activity 1:
Disseminate all-site and site-specific data briefs.
	Year 1, Quarter 4:
	• Provide evidence of collaboration with at least two community partners to release data briefs (e.g., letters of support).
	
	Years 2 and 4, Quarter 1:
	• Report the number and type of dissemination methods identified by the site and community partners (e.g., webinars, newsletters, social media).
	• Report the reach potential for each dissemination method identified (e.g., the estimated audience size per method).
	
	Years 3 and 5, Quarter 4:
	• Provide CDC with a report with the following elements:
	  ◦ Number of dissemination events or activities conducted with community partners.
	  ◦ Any barriers or challenges encountered with dissemination efforts.
	  ◦ Reach metrics for each dissemination event or activity (e.g., number of people reached, demographics of audience).
	• Provide CDC with a report detailing efforts and attempts to strengthen partnerships including number of partners reached and number of data briefs disseminated.

Component B: Strategy 1. Collect and manage timely, unique data on people age 0-40 years with full mutation FXS

Strategy 1 Activities	Performance Measures (See Appendix B for detailed measures and reporting timeline)
Activity 1: Recruit a minimum of 200 unique clinic-based participants aged 0-40 years with FXS full mutation diagnosis.	Year 1, Quarter 1: • Report criteria used to determine participant eligibility and the total number of eligible FXS participants. Annually, Starting Year 1: • Provide clinic demographics to aid in refining projection for recruitment and enrollment estimated target rates . Monthly, Starting Year 1, Quarter 3: • Report number of eligible participants and other metrics in consultation with CDC.
Activity 2: Collect data.	Monthly, Starting Year 1, Quarter 3: • Report on key participation and completion milestones in consultation with CDC. • Report on challenges and barriers to collecting survey data and proposed actions to overcome barriers to CDC.
Activity 3: Manage data collected.	Year 1, Quarter 2: • Provide statements of completion of confidentiality training for local investigators to CDC (and update annually). Monthly, Starting Year 1, Quarter 1: • Ensure that at least one site representative is present on all FXS calls. • Participate in principal investigator calls as needed
Activity 4: Clean and share data.	Monthly, Starting Year 1, Quarter 3: • Upload/transfer de-identified data files via SFTP to CDC. Year 5, Quarter 3: • Complete data cleaning procedures and submit final de-identified data files to CDC for inclusion in the pooled all-site dataset within the timeframe specified by CDC.

Component B: Strategy 2. Translate data into high quality public health products

Strategy 2 Activities	Performance Measures (See Appendix B for detailed measures and reporting timeline)
Activity 1: Develop timely public health products.	Years 1-5: • Identify and develop at least one public health product, which can include but are not limited to easy-to-read summaries, infographics, publicly accessible peer reviewed publications, or professional trainings using FXS data. • Report types of resource needs and opportunities

Component C: Strategy 3. Disseminate information to specific audiences

Strategy 3 Activities	Performance Measures (See Appendix C for detailed reporting timeline)
Activity 1: **For people with FXS and their families and communities**, create, disseminate, evaluate, and continuously improve tailored FXS communication and programs, products, tools, and supports that fill a demonstrated need related to FXS.	**Year 1-5:** Provide CDC a report of the following annually: • Describe the needs identified and the target audience addressed. • Itemize and describe products created to meet identified needs. • Provide statistics and qualitative feedback (if available) on reach and outcomes: # of trainings, # of people trained, # of materials distributed, # of web visits, key dates, etc. • Provide information on barriers and facilitators to progress towards goal/aims/objectives. • Provide status of activities (in-progress, completed, discontinued, paused).
Activity 2: **For healthcare providers**, create, disseminate, evaluate, and continuously improve tailored FXS communication and programs/products/tools that fill a demonstrated need related to FXS.	**Year 1-5:** Provide CDC a report of the following annually: • Describe the needs identified and the target audience addressed. • Itemize and describe products created to meet identified needs. • Provide statistics and qualitative feedback (if available) on reach and outcomes: # of trainings, # of people trained, # of materials distributed, # of web visits, key dates, etc. • Provide information on barriers and facilitators to progress towards goal/aims/objectives. • Provide status of activities (in-progress, completed, discontinued, paused).

Evaluation and performance measurement plan

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

Include the following elements.

Methods

Describe how you will:

- Collect the performance measures.
- Pose and respond to 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 with your application and include:

- The data you will collect or generate, and what its sources will be.
- Who can access data and how you will protect it.
- Data standards that explain what documentation the released data will have. That documentation should describe collection methods, what the data represent, and data limitations.
- Archival and long-term data preservation plans.
- Any reasons you cannot share data collected or generated under this award with CDC. These could include legal, regulatory, policy, or technical concerns.

- How you will update the DMP as new information becomes available over the life of the project. You will provide updates to the DMP in annual reports.

Evaluation activities

You 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.

Component A – Strategy 1

- Evaluate strategies to creatively engage SEED 1-3 adolescents and young adults to complete the self-report survey, recognizing they are potentially harder to reach than caregivers. Include the following:
  - Number and types of recruitment strategies used.
  - Number and types of retention strategies used.
  - Recommendations for enhancing retention of adolescent and young adult participants.
- Evaluate and provide recommendations to increase participation.
- Document recruitment challenges and/or barriers to participation.

Component A – Strategy 2 and 3

- Create reports to inform community partners. Evaluation must include the following:
  - Description of reports shared with community partners.
  - Number of community partners receiving reports.
- Conduct community education and outreach. Evaluation must include the following:
  - Number of presentations and outreach events.
  - Approximate number of people reached through presentations and outreach events.
  - Number of new partnerships or collaborations established.

Component B – Strategy 1

- Document recruitment challenges and/or barriers to participation.
- Evaluate and provide recommendations to increase participation.

Component B – Strategy 2

- Evaluation must describe public health products identified and developed.

Component C – Strategy 3

- Create reports to inform community partners.
- Evaluation must describe public health products shared with community partners.
- Number of presentations and outreach events.
- Approximate number of people reached through presentations and outreach events.

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

Component A

You must describe your organizational capacity to develop, implement, and execute the strategies and activities outlined under Component A.

You must also describe your plan to effectively monitor and evaluate performance.

You must address these key capacity considerations:

- Describe experience related to autism and developmental disabilities data collection.
- Describe your ability to produce high-quality public health products.
- Provide evidence of ability to access individual contact information of eligible participants from SEED 1, 2, and/or 3 (see Other required qualifying factors).
- Describe your current operational capacity to conduct two waves of survey data collection with eligible caregivers and adolescent/young adult children from SEED 1-3.
- Demonstrate that you have adequate technical and facility resources to meet the project's goals, including:
    - Information technology (IT) infrastructure to utilize and maintain a Research Electronic Data Capture (REDCap) database.
    - R Statistical Environment for basic programming.
- You should also show an ability to:
    - Use standardized methods for online survey administration and data collection.
    - Manage raw data from respondents, including de-identifying and formatting data into CDC-specified formats for upload/transfer to CDC.
    - Configure CDC-provided R programs to run locally (such as configuring local network locations or editing credentials to access data via Application Programming Interface (API)).
- Address:
    - Infrastructure (the applicant organization's physical space, equipment, and capacity to work remotely).
    - Partnership development.

- Evaluation and performance monitoring.
- Financial reporting.
- Budget management and administration.
- Personnel management (including developing staffing plans and developing and training the workforce).
- Expertise and experience related to all Component A strategies and activities.

- Provide CVs/resumes as attachments for proposed NOFO-funded personnel, and an overall organizational chart for your organization and other relevant organizations involved in the project.
  - You must name the attachments “CVs/Resumes” and “Organizational Charts” and upload them as PDF files under “Other Attachment Forms” at Grants.gov.
- Describe the staffing plan for this project.
  - The basic project staff required for this project include an actively involved principal investigator(s), a project coordinator or project manager (at least 50% effort on project), and additional staffing for epidemiologic and data management support is anticipated. The exact personnel and percentage of time allotted may vary by site.
  - Clearly define all staff roles (e.g., data collection/management, evaluation/performance monitoring, dissemination and community outreach).
  - Note any vacant positions.
    - For vacant positions, applicants should provide position descriptions and describe the hiring plan to fill these positions.
  - Demonstrate redundancy and employee retention planning.
    - Include contingency management plans in the event of staff turnover.

Component B

You must describe your organizational capacity to develop, implement, and execute the strategies and activities outlined under Component B of this NOFO and describe your plan to effectively monitor and evaluate your performance. You must address these key capacity considerations:

- Describe experience related to FXS data collection and ability to produce high-quality public health products. If the applicant is not a primary FXS specialty clinic, provide letter(s) of support from affiliated FXS clinic(s).

- Provide baseline information on FXS clinical population served, including:
  - Demographics of FXS patients seen at the clinic.
  - Monthly clinic capacity for FXS patients.
- Demonstrate that you have adequate technical and facility resources to meet the project's goals, including:
  - Informational technology (IT) infrastructure to utilize and maintain a Research Electronic Data Capture (REDCap) database.
  - Support R for basic programming.
- You should also show the ability to:
  - Use standardized methods for online survey administration and data collection.
  - Manage raw data including formatting data into CDC-specified formats for submission
    to CDC.
  - Configure CDC-provided R programs to run locally (such as configuring local network locations or editing credentials to access data via Application Programming Interface (API)).
- Address:
  - Infrastructure (your organization's physical space, equipment, and capacity to work remotely).
  - Partnership development.
  - Evaluation and performance monitoring.
  - Financial reporting.
  - Budget management and administration.
  - Personnel management (including developing staffing plans and developing and training the workforce).
  - Expertise and experience related to all Component B strategies and activities.
- Provide CVs/resumes as attachments for proposed NOFO-funded personnel, and an overall organizational chart for your organization and other relevant organizations involved in the project.
  - You must name the attachments "CVs/Resumes" and "Organizational Charts" and upload them as PDF files under "Other Attachment Forms "at [Grants.gov](https://www.grants.gov).
- Describe the staffing plan for this project.

    - The basic project staff required for this project include an actively involved principal investigator(s), a project coordinator or project manager (at least 50% effort on project), qualified clinician to review abstracted medical records, and additional staffing for epidemiologic and data management support is anticipated. The exact personnel and percentage of time allotted may vary by site.
    - Clearly define all staff roles (e.g., data collection/management, evaluation/performance monitoring).
    - Note any vacant positions.
        - For vacant positions, you should provide position descriptions and describe the hiring plan to fill these positions.
    - Demonstrate redundancy and employee retention planning.
        - Include contingency management plans in the event of staff turnover.

Component C

You should have the organizational capacity to develop, implement, and manage programs that promote the health and well-being of people living with FXS by providing evidence-based information, resources to individuals, families, communities, healthcare providers, and educators.

Specifically, you should:

- Demonstrate ability to implement programs to specific audiences across the US:
    - People with FXS, their families, and communities.
    - Healthcare providers.
- Demonstrate history of:
    - Outreach.
    - Working with and understanding the population's needs, including knowledge and understanding of effective methods to reach and engage specific audiences.
- Address:
    - Infrastructure (your organization's physical space, equipment, and capacity to work remotely).
    - Partnership development.
    - Evaluation and performance monitoring.
    - Financial reporting.

    - Budget management and administration.
    - Personnel management (including developing staffing plans and developing and training the workforce).
    - Expertise and experience related to all Component C strategies and activities.
- Provide CVs/Resumes of proposed staff and an overall organizational chart for your organization and other relevant organizations involved in this project.
    - You should name these files CVs/Resumes and Organizational Charts and upload them to Grants.gov.
- Describe the staffing plan for this project.
    - Clearly define all staff roles.
    - Note any vacant positions.
        - For vacant positions, you should provide position descriptions and describe the hiring plan to fill these positions.
    - Demonstrate redundancy and employee retention planning.
        - Include contingency management plans in the event of staff turnover.

Collaborations

Components A, B and C:

With other CDC projects and CDC-funded organizations:

- If awarded, you are expected to collaborate with CDC and other recipients in identifying and sharing common work practices, lessons learned, and strategies to accomplish the objectives of the NOFO.
- You are also expected to:
    - Participate in meetings of groups interested in the main audiences, as needed.
    - Provide consultation to CDC and programs as requested.

With organizations not funded by CDC:

If awarded, you are expected to:

- Form and strengthen strategic partnerships and collaborations with organizations that have a role in achieving the NOFO outcomes and activities.
- Ensure the highest quality, evidence-based information and resources have the greatest reach possible.

Funding policies and limitations

Changes in HHS regulations

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

General 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.

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.
- For guidance on some types of costs that we restrict or do not allow, see 2 CFR Part 200 Subpart E - General Provisions for Selected Items of Cost.

Indirect costs

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

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

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

Enclose a copy of the current approved rate agreement in your attachments.

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

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.

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

Autism (Component A): This program is authorized under Sections 301(a) [42 U.S.C 241(a)] and 317C of the Public Health Service Act [42 U.S.C. 247b-4)], as amended. Further authorization for autism is provided under Public Law No. 106-310 (Children's Health Act of 2000), Public Health Service Act; Public Law No. 109-416 (Combating Autism Act of 2006); and Public Law No.118–180 (Autism CARES Act of 2024) as amended.

Fragile X syndrome (Components B and C): This program is authorized under Sections 301(a) [42 U.S.C 241(a)] and 317C of the Public Health Service Act [42 U.S.C. 247b-4)], 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 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-DD-26-0025. 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 our informational call via Microsoft Teams.

- Date: May 27, 2026
- Time: 11 a.m. to 1 p.m. ET
  - 11 a.m. to 12 p.m. - Component A
  - 12 p.m. to 1 p.m. - Components B and C
- Phone number: (888) 994-4478, Code: 120 924 352#
- Meeting ID: 275 593 971 594 37
- Passcode: 5ji7zM6y

We will record the webinar. If you are not able to join live, you can replay it.

The goals of this session are to provide potential applicants with a clear understanding of the requirements of the funding opportunity and the application process, describe how the applications will be evaluated and scored, and address any questions.

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 per component	Yes
☐ Budget narrative	Budget Narrative Attachment form	None	Yes

Attachments

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

Attachments	Page limit	Responsiveness factor?
☐ 1. Table of contents	None	Yes
☐ 2. Indirect cost agreement	None	Yes
☐ 3. Resumes and job descriptions	None	Yes
☐ 4. Organizational chart	None	Yes
☐ 5. Letters of support	None	Yes
☐ 6. Evidence of access to contact information (Component A)	None	Yes
☐ 7. Report on overlap (if applicable)	None	No
☐ 8. Bona fide agent (if applicable)	None	No

Other required forms

Other forms	Grants.gov form	Responsiveness factor?
☐ Application for Federal Assistance (SF-424)	Form SF-424	No
☐ Budget Information for Non-Construction Programs (SF-424A)	Form SF-424A	Yes (You must use a separate column for each component.)
☐ Disclosure of Lobbying Activities (SF-LLL) (if applicable)	Form SF-LLL	No

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

See responsiveness criteria to understand how they affect your application.

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

Font: Calibri

File format: PDF

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

Ink color: Black

Spacing: Single-spaced

Margins: 1-inch

Include page numbers.

Application contents and format

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

Project summary (0 points)

Page limit: 1

File name: Project summary

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

Project narrative (100 points)

Page limit: 20

File name: Project narrative

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

Evaluation criterion	Scoring
Background and approach	**45 points section total**
Background	5 points
Strategies and activities	20 points
Outcomes	5 points
Work plan	15 points
Evaluation and performance measurement plan	**20 points section total**
Organizational capacity	**35 points section total**

Background and approach (45 points)

Background (5 points)

Describe the 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.	5 points

Strategies and activities (20 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 that are achievable and consistent with the CDC logic model.	10 points
Components A and B only: Strategies and activities that demonstrate the ability and intent to adhere to standardized methods, including data collection, data transfer, making data publicly available in a manner consistent with CDC guidance, and making manuscripts publicly available immediately upon publication.	10 points
Component C only: Strategies and activities that are achievable and appropriate to achieve the project outcomes.	10 points

Outcomes (5 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 CDC logic model.	5 points

Work plan (15 points)

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

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
A work plan that aligns with the strategies, activities, outcomes, and performance measures in the program description and is consistent with the content and format we recommend.	10 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.	5 points

Evaluation and performance measurement plan (20 points)

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

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Ability to collect the data needed for evaluation and performance measurement.	5 points
Clear monitoring and evaluation procedures, and how your organization will incorporate evaluation and performance measurement into planning, implementing, and reporting project activities.	5 points
How your organization will report and use performance measurement and evaluation findings to demonstrate outcomes and for continuous program quality improvement.	5 points
Components A and B only: A data management plan that includes capacity to implement and manage appropriate software (e.g., REDCap, R software, Filezilla), access and confidentiality standards, and archival and long-term preservation plans, and data limitations. This includes how your organization will update the plan throughout the project period. Recipients should describe their ability to comply with CDC data privacy, confidentiality, and security guidelines, and release a public use dataset.	5 points
Component C only: The type of evaluations your organization will use, such as process, outcome, or both. This includes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.	5 points

Organizational capacity (35 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
A staffing plan, including roles and responsibilities and an organization chart, that is sufficient to achieve the project outcomes.	10 points
Relevant experience among project staff and the capacity to implement the strategies and activities and achieve the project outcomes. Experience includes management, administrative, and technical experience.	10 points
Collaborations that support the applicant’s capacity or add value to the project (including access to contact information and/or health records).	10 points
Experience or capacity to implement the evaluation plan.	5 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.

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.

The budget narrative must include:

- The names of the people who will serve in the key roles described in the organizational capacity section.
- Whether their work is funded or in-kind.
- The percentage of time they will devote to the project.
- A description of the specific activities they will be responsible for.

Provide a detailed budget and line-item justification of all operating expenses that are consistent with the planned activities of the project. Please include the following:

Component A:

- Salary and wages for staff, including a principal investigator, project coordinator, recruiters/interviewers, data management, outreach, and evaluation.
- Contact tracing costs.
- Number of eligible participants per SEED phase.
- Recruitment support costs (e.g., community outreach, printing study materials, mailing invitation packets, photocopying, etc.).
- Participant incentives – SPROUT participants and caregivers will receive a $30 gift card for each survey completed.
- Travel support: proposed budget to include funds for at least one person to attend an annual SEED network in-person meeting in Atlanta.
- Equipment: laptops/encrypted thumb drives/software and related IT needs.
- Facility costs (rent, electricity, etc.).

Component B:

- Salary and wages for staff, including a principal investigator, project coordinator, recruiters/interviewers, data management, outreach, and evaluation.
- Recruitment support costs (e.g., community outreach, printing study materials, mailing invitation packets, photocopying, etc.).
- Participant incentives – FAST FORWARD participants will receive a $60 gift card upon completion of the survey.
- Equipment: laptops/encrypted thumb drives/software and related IT needs.
- Facility costs (rent, electricity, etc.).

Component C:

- Salary and wages for staff, including a principal investigator, project coordinator, outreach, and evaluation (NOTE: All staff listed may not be applicable to Component C).
- Equipment: laptops/encrypted thumb drives/software and related IT needs.
- Facility costs (rent, electricity, etc.).

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 up to three letters from relevant organizations supporting your organization's successful work.

- For Component A, this should include any collaborative agreement(s) from an original SEED entity.

- For Component B, this must include collaborative agreement(s) with FXS clinic(s) if the applicant is not a primary FXS specialty clinic.

Evidence of access to contact information (Component A)

File name: Evidence of access to contact information (Component A)

You must either:

- Be one of the original SEED entities that collected data from children ages 2-5 and their parents (and therefore can contact these individuals for the Survey to Promote Resources and Opportunities for aUtistic Teens and young adults (SPROUT)), **or**
- Document collaborative agreements to work with one or more of the original entities that collected the contact information from SEED participants (also called former SEED recipients) to reach SEED participants for this project.

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

File name: Bona fide agent

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. You must use a separate column for each component. It is crucial that you label the “Grant Program Function or Activities” on the SF-424A with the component titles you are applying for. The spelling, capitalization, and punctuation should match the component names specified in the NOFO.
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.

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 out of the merit review order. Applications may be funded out of rank order in order to ensure demographic and geographic representativeness.
- Component A applicants may be funded out of rank order based on their ability to access contact information.

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

Optional letter of intent

Due on June 1, 2026, 5:00 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 Seema Gupta at cvk9@cdc.gov.

In your email, include:

- The funding opportunity number and title.
- Your organization's name and address.
- A contact name, phone number, and email address.
- The component(s) for which you plan to apply.

Application

Due on Monday, June 15, 2026, at 11:59 p.m. ET.

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

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

Keep in mind:

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

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

See Contacts and Support if you need help.

Intergovernmental review

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

Step 6:
Learn What Happens After Award

In this step

Post-award requirements and administration

Administrative and national policy requirements

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

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

Reporting

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

Table: Financial and performance reports

Report	Description	When
Recipient Evaluation and Performance Measurement Plan	• Builds on the plan in the application. • Includes measures and targets. • Shows how data are collected and used (data management plan).	Six months into award.
Annual Performance Report	• Serves as yearly continuation application. • Includes performance measures, successes, and challenges. • Updates work plan. • Includes how CDC could help overcome challenges. • Includes budget for the next 12-month budget period.	No later than 120 days before the end of each budget period.
Annual Federal Financial Report (FFR)	• Includes funds authorized and disbursed during the budget period. • Indicates exact balance of unobligated funds and other financial information.	90 days after the end of each budget period.
Data on Performance Measures	Includes information similar to the Annual Performance Report.	CDC will only require this report if the award needs more frequent reporting than in the Annual Performance Report.
Final Performance Report	Includes information similar to the Annual Performance Report.	120 days after the end of the period of performance.
Final Federal Financial Report (FFR)	Includes information similar to the Federal Financial Report.	120 days after the end of the period of performance.
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's role in this cooperative agreement will be to work collaboratively with the awardees, as well as to provide technical assistance and coordinate all meetings with awardees throughout the project period. CDC will also compile the final dataset from data collected by each Component A and B awardee.

Contacts and Support

In this step

Agency contacts

Program

For programmatic technical assistance, contact:

Seema Gupta
(770) 488-6527
cvk9@cdc.gov

Grants management

For financial, awards management, or budget assistance, contact

Robyn Bryant
(404) 498-2698
ppa4@cdc.gov

Help with systems

Grants.gov

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

- Phone: 1-800-518-4726
- Email: support@grants.gov

SAM.gov

If you need help, you can:

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

Helpful websites

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

Appendix A

Required performance measures for Component A (SPROUT)

	Year 1				Year 2				Year 3				Year 4				Year 5			
Measure for Strategy (S#)	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
S1 . Report criteria used to determine participant eligibility and the total number of eligible SEED 1-3 participants	X																			
S1. Report steps taken to contact SEED 1-3 participants	X																			
S1. Provide confidentiality training statements for local investigators to CDC (and update annually)		X				X				X				X				X		
S3. Provide evidence of collaboration with at least 2 community partners to release data briefs (e.g., letter of support)				X																
S3. Report the number and type of dissemination methods identified by the site and community partners (e.g., webinars, newsletters, social media)					X								X							

	Year 1				Year 2				Year 3				Year 4				Year 5			
S3. Report the reach potential for each dissemination method identified (e.g., the estimated audience size per method)					X								X							
S3. Provide CDC a report with the following elements: • Number of dissemination events or activities conducted with community partners • Any barriers or challenges encountered with dissemination efforts • Reach metrics for each dissemination event or activity (e.g., number of people reached, demographics of audience)												X								X
Monthly Starting "X" and Ending "Y"																				
S2. Ensure that at least one site representative is present on all SPROUT all-site calls (project coordinator/principal investigator, data sharing, outreach, others as needed)	X																			Y
S1. Participate in site-specific calls with CDC team	X																			Y
S1. Report number of eligible participants invited to participate, with the expectation that at least 90% of those eligible will be invited to participate in each survey			X											Y						
S1. Report number of successful contacts with potential participants, with the expectation that at			X											Y						

	Year 1				Year 2				Year 3				Year 4				Year 5			
least 70% of those invited will be successfully contacted																				
S1. Report number of participants enrolled, with the expectation that at least 50% of those invited will enroll in each survey			X											Y						
S1. Report number of first follow-up surveys completed, with the expectation that 65% of caregivers and 50% of adolescents/young adults will complete the survey			X											Y						
S1. Report number of second follow-up surveys completed, with the expectation that 50% of caregivers and 50% of adolescents/young adults who enroll will complete the survey											X								Y	
S1. Report challenges and barriers to collecting survey data and proposed actions to overcome barriers to CDC			X											Y						
S1. Upload/transfer data files via SFTP to CDC			X											Y						
S1. Complete data cleaning procedures and submit final data files to CDC for inclusion in the pooled dataset within the timeframe specified by CDC.									X								X			
Anytime During the Funding Period																				

	Year 1	Year 2	Year 3	Year 4	Year 5
S2. Submit letters of intent (LOI) to produce at least two public health products other than data briefs that do not overlap with other SPROUT activities			X		
*Note that CDC may adjust timeline elements as needed. Notice will be provided in advance and adjusted timeline will be distributed to all sites in a timely manner.					

Appendix B

Required performance measures for Component B (FAST FORWARD)

	Year 1				Year 2				Year 3				Year 4				Year 5			
Measure for Strategy (S#)	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
S1 . Report criteria used to determine participant eligibility and the total number of eligible FXS participants	X																			
S1. Provide clinic demographics to aid in refining projection for recruitment and enrollment estimated target rates	X				X				X				X							
S1. Provide confidentiality training statements for local investigators to CDC (and update annually).		X				X				X				X				X		
Monthly Starting "X" and Ending "Y"																				
S1. Ensure that at least one site representative is present on all FXS calls.	X																			Y
S1. Participate in principal investigator calls	X																			Y

S1. Report number of eligible participants and other metrics on invitation in consultation with CDC.			X																Y	
S1. Report on key participation and completion milestones in consultation with CDC.			X																Y	
S1. Report that details challenges and barriers to collecting survey data and proposed actions to overcome barriers to CDC.			X																Y	
S1. Upload/transfer data files via SFTP to CDC			X																Y	
Anytime During the Funding Period																				
S2. Demonstrate working with CDC to identify and develop public health products, which can include but are not limited to easy-to-read summaries, infographics, publicly accessible peer reviewed publications, or professional trainings using FXS data																				
*Note that CDC may adjust timeline elements as needed. Notice will be provided in advance and adjusted timeline will be distributed to all sites in a timely manner.																				

Appendix C

Required performance measures for Component C (Creating resources, support, and strengthening capacity for people with FXS)

	Year 1				Year 2				Year 3				Year 4				Year 5			
Measure for Strategy (S#)	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Activity 1. For people with FXS and their families and communities																				
S3 . Describe the needs identified and the target audience addressed.				X				X				X				X				X
S3. Itemize and describe products created to meet identified needs.				X				X				X				X				X
S3. Provide statistics on reach and outcomes: # of trainings, # of people trained, # of materials distributed, # of web visits, key dates, etc.				X				X				X				X				X
S3. Provide information on barriers and facilitators to progress towards goal/aims/objectives.				X				X				X				X				X
S3. Provide status of activities (in-progress, completed, discontinued, paused).				X				X				X				X				X
Activity 2. For healthcare providers																				

S3 . Describe the needs identified and the target audience addressed.				X				X				X				X				X
S3. Itemize and describe products created to meet identified needs.				X				X				X				X				X
S3. Provide statistics on reach and outcomes: # of trainings, # of people trained, # of materials distributed, # of web visits, key dates, etc.				X				X				X				X				X
S3. Provide information on barriers and facilitators to progress towards goal/aims/objectives.				X				X				X				X				X
S3. Provide status of activities (in-progress, completed, discontinued, paused).				X				X				X				X				X
*Note that CDC may adjust timeline elements as needed. Notice will be provided in advance and adjusted timeline will be distributed to all sites in a timely manner.																				

Endnotes

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