



Division of Violence Prevention (DVP)

Notice of Funding Opportunity








**Application due Wednesday, July 1, 2026**

# Research Grants for Preventing Interpersonal Violence and Suicide Among Youth and Young Adults (R01)

Opportunity number: RFA-CE-26-020



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# Before you begin

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

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

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

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

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

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

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

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

Applications are due by 11:59 p.m. Eastern Time on Wednesday, July 1, 2026.



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



# Step 1:

# Review the Opportunity

## In this step

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# Basic information

## Centers for Disease Control and Prevention

National Center for Injury Prevention and Control (NCIPC)

Division of Violence Prevention (DVP)

## Evaluating approaches to prevent interpersonal violence and suicide for youth and young adults.

## Summary

The Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC) seeks research proposals, led by investigators, that will help advance understanding of approaches to prevent interpersonal violence and suicide among youth and young adults (ages 10 to 24 years).

This NOFO supports effectiveness research to evaluate innovative, evidence-based programs, practices, or policies to address risk for interpersonal violence and suicide, focusing on youth and young adult populations that are more highly burdened by these issues. This initiative supports proposals that meet at least one of the following objectives:

- **Objective 1:** Effectiveness research to evaluate innovative approaches with the potential for immediate or near-immediate benefits.
- **Objective 2:** Effectiveness research to evaluate implementation factors in evidence-based prevention approaches that are modified to be significantly or substantially different from the original approach.
- **Objective 3:** Research on the prevention of multiple forms of violence by evaluating the efficacy, effectiveness, and cost benefit of primary prevention programs, policies, or practices that prevent more than one form of interpersonal violence, suicide, or both.



Have questions?  
See [Contacts and Support](#).

## Key facts

**Opportunity name:**  
Research Grants for Preventing Interpersonal Violence and Suicide Among Youth and Young Adults (R01)

**Opportunity number:**  
RFA-CE-26-020

**Assistance listing:** 93.136

**NOFO version:** original

## Key dates

**Application submission deadline:** July 1, 2026

**Informational call:**  
June 8, 2026

**Optional letter of intent deadline:**  
June 15, 2026

**Expected scientific review date:**  
July 31, 2026

**Expected secondary review date:**  
August 10, 2026

**Expected award date:**  
August 28, 2026

**Expected start date:**  
September 30, 2026

**Expiration date:**  
August 14, 2026

See [Submit Your Application](#) for other submission requirements and deadlines that may apply to this NOFO.

Research priority topics include:

- Adverse childhood experiences (including child abuse and neglect, other forms of childhood victimization, and household challenges).
- Intimate partner violence (including teen dating violence).
- Sexual violence.
- Suicide.
- Youth violence.
- Cross-cutting prevention.

## Funding details

**Funding type:** Grant

**Expected awards:** 8

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

**Period of performance:** 3 years in 12-month budget periods.

**Application type:** New

**Expected total program funding over the performance period:** \$9,600,000

**Expected total program funding per budget period:** \$3,200,000

**Expected funding per applicant per budget period:** \$400,000

**Maximum award amount per budget period:** \$400,000

**Minimum award amount per budget period:** \$0

# 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.
- Faith-based organizations.
- For-profit organizations other than small businesses.
- Small businesses.
- Bona fide agents applying on behalf of state, territorial, local, and tribal government organizations.

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

## Responsiveness criteria

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

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

- Is from an organization that doesn't meet all eligibility criteria. See requirements in [Eligibility](#).
- Is submitted after the [application deadline](#).

Your proposed research and application must also address the following factors to qualify for funding under this NOFO. Applications that do not meet all criteria will be disqualified.

Your proposed research must:

- Focus on preventing interpersonal violence or suicide involving youth or young adults (ages 10 to 24 years). The Research Strategy section of your [Research Plan](#) must provide evidence of this.
- Evaluate an interpersonal violence or suicide prevention program, policy, or practice. Examples of studies that will NOT be considered include:
  - Etiologic research to examine the prevalence or correlates of behavior.
  - Research to strengthen surveillance.
  - Proposals to conduct development and feasibility testing.
- Evaluate a primary prevention approach. Primary prevention approaches aim to prevent violence before it occurs. Applications proposing to evaluate strategies that respond to interpersonal violence or suicide after it occurs will NOT be considered. Examples of programs that will NOT be considered include:
  - Treatment and rehabilitation approaches (e.g., mental health treatment, physical rehabilitation).
  - Medical care (e.g., treatment of physical injuries).
- NOT evaluate a program, policy, or practice that has already been evaluated through extensive efficacy and effectiveness research. Examples of programs that will NOT be considered include:
  - Alternatives to incarceration and reentry programs.
  - Universal school-based violence prevention curricula.
  - Pre-school enrichment with family engagement (e.g., Early Head Start).
  - Early childhood home visitation (e.g., Nurse Family Partnership).
  - Parenting and family relationship programs (e.g., Incredible Years, SafeCare).
  - Intimate partner violence and sexual violence-related programs that have existing evidence of effectiveness from rigorous evaluations (e.g., Safe Dates, The Fourth R, Shifting Boundaries, GreenDot, RealConsent, Coaching Boys into Men).
  - Programs, policies, or practices that are currently being evaluated under existing CDC-funded initiatives. A list of CDC-funded research

awards focused on violence and suicide prevention can be found on the [CDC website](#).

- NOT evaluate approaches that are solely under the influence or control of the criminal justice system (i.e., policing, arrest, trial, sentencing, incarceration, mandated intervention and treatment approaches).

Your application must also include:

- A SF-424 Biographical Sketch for the project director (PD), principal investigator (PI), or Co-PI that documents their experience and expertise in interpersonal violence or suicide prevention, as described in the [Qualifications for principal investigator or project director section](#).
- A proposed budget for each fiscal year that is less than or equal to the maximum funding amount of \$400,000 for each budget period, as outlined in the [Funding details section](#).

See the [Application checklist](#) to understand which elements of your application are part of the responsiveness criteria.

## Application limits

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

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

## Qualifications for principal investigator or project director

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

The PD/PI or Co-PI must have experience and expertise that aligns with the proposal's research strategy and demonstrates the ability to conduct the research and achieve the proposed objectives. Please see the [Investigators scored criteria](#) to learn more.

PD/PI or Co-PI experience must be documented in your application as described in the [Responsiveness criteria](#). Documentation should include at least one of the following:

- A first-authored, peer-reviewed publication, as defined by the [NIH National Library of Medicine](#), in the relevant area of interpersonal violence or suicide prevention.
- Prior service as a principal investigator on a research grant in violence, suicide, injury, or crime prevention research.

Please note: Publication(s) or research experience must be cited (by **bold** text or highlight) in the SF-424 Biographical Sketch. The experience requirements may be met by the combined experiences of a PI and Co-PI (if applicable).

## 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

Interpersonal violence and suicide are significant public health problems and leading causes of death among young people.<sup>[1]</sup> More than one million people require treatment in emergency departments for violence-related injuries every year.<sup>[2]</sup> Exposure to interpersonal violence or suicide can negatively affect a person's health and development for their entire life.<sup>[3], [4]</sup>

Multiple forms of interpersonal violence, including child abuse and neglect, intimate partner violence, sexual violence, and youth violence, affect youth and young adults. Youth and young adults who experience violence may have a higher risk of suicide.<sup>[5], [6]</sup>

## Interpersonal violence

Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans.<sup>[7], [8]</sup> It can start as soon as people start dating or having intimate relationships, often in adolescence. IPV that happens when individuals are dating in their teen years is often referred to as teen dating violence (TDV).

Sexual violence is another serious public health problem for youth and young adults. It's linked to experiencing other types of violence and harm. For example, children who have been sexually abused are more likely to suffer poor physical and mental health later in life.<sup>[9]</sup> Adolescents who have experienced forced sexual activity in the past year are more likely than those who have not experienced that to report suicidal thoughts, planning, or behavior.<sup>[10]</sup>

Adverse childhood experiences, or ACEs, are a collection of experiences that may be traumatic to children and youth, and include violence, abuse, or neglect, as well as exposure to intimate partner violence in the home, mental illness, separation or divorce, substance abuse, and the incarceration of a parent before age 18.<sup>[11]</sup> These experiences are associated with over 40 adverse health outcomes, including toxic stress; physiological changes of the nervous, endocrine, and immune systems; risky health behaviors; chronic health conditions; infectious diseases; suicidal behavior; access to life opportunities; and early death.<sup>[12], [13], [14], [15]</sup>

Youth and young adults experience a high burden of interpersonal violence in their communities. For youth ages 10 to 24, homicide is the second leading

cause of death.<sup>[16]</sup> Beyond deaths, many more youth and young adults suffer nonfatal injuries due to interpersonal violence. Over 700,000 young people are treated and released in U.S. emergency departments each year for injuries resulting from violence.<sup>[17]</sup>

People hospitalized with violence-related injuries often experience long-term consequences, including physical disabilities and mental health conditions, including symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD).<sup>[18], [19], [20]</sup>

## Suicide

Suicide is a prevalent and preventable cause of death for youth and young adults. Suicide is among the top three leading causes of death for adolescents ages 10 to 14 years and for youth and young adults ages 15 to 24 years.<sup>[21]</sup> It's also connected to experiences of interpersonal violence. Trauma, such as that experienced because of interpersonal violence, can increase the risk for suicide attempts or suicidal behavior.<sup>[22], [23]</sup>

Interpersonal violence and suicide often share risk and protective factors. Despite these links, research often focuses on only one specific form of violence, which can limit our understanding of whether prevention approaches work for different types of violence.

## Related work

For over 30 years, NCIPC has been the nation's leading public health authority on violence, including suicide, and injury prevention. CDC's approach involves three elements:

- A focus on prevention.
- A science-driven approach to identify risks and patterns.
- Multidisciplinary collaboration to address the problem and keep people safe and healthy.

Information on the following can be found on the CDC website:

- [CDC's violence prevention initiatives.](#)
- [CDC's National Violent Death Reporting System.](#)
- [CDC's Mission for violence prevention.](#)

CDC has released a suite of prevention resources to help communities use the best available evidence for the prevention of interpersonal violence and suicide. These resources describe general prevention strategies and provide

examples of specific approaches along with information about the evidence for these approaches. The resources are available [on the CDC website](#).

## Purpose

The Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC) seeks research proposals, led by investigators, that will help advance understanding of approaches to prevent interpersonal violence and suicide among youth and young adults (ages 10 to 24 years).

This NOFO supports research to evaluate innovative primary prevention programs, practices, or policies to address interpersonal violence and suicide, focusing on youth and young adults.

## Research priorities

Research priorities include:

- Adverse childhood experiences (including child abuse and neglect, other forms of childhood victimization, and household challenges).
- Intimate partner violence (including teen dating violence).
- Sexual violence.
- Suicide.
- Youth violence.
- Cross-cutting prevention.

This NOFO aligns with NCIPC's performance goal to conduct a research program to prevent injuries, violence, and suicide and to reduce their consequences. The NCIPC extramural violence prevention research program intends to:

- Build the scientific base for the prevention of interpersonal violence and suicide by advancing our understanding of innovative prevention strategies.
- Encourage professionals from a wide spectrum of disciplines to conduct research that informs interpersonal violence and suicide prevention efforts. Disciplines include epidemiology, behavioral and social sciences, medicine, biostatistics, public health, economics, urban planners, and others.

## Public health impact

Interpersonal violence and suicide are significant public health problems and leading causes of death among young people. Exposure to interpersonal violence and suicide can increase future risk of violence, as well as negative, long-term health and life opportunity consequences, as described in the [Background section](#). NCIPC is committed to preventing interpersonal violence and suicide and addressing the high risk for these issues among young people.

We expect that the results from the research funded under this NOFO will directly benefit communities seeking to implement evidence-based approaches to reduce interpersonal violence and suicide and risks among youth and young adults.

## Approach

### Objectives and outcomes

This section includes the outcomes we expect you to report progress on and achieve within the period of performance if you receive funding. Proposed research should address at least one of the following objectives. You must clearly indicate which objective(s) your research intends to address in your application's Project Summary/Abstract, uploaded within the [SF-424 R&R Other Project Information form](#).

#### Objective 1

Effectiveness research to evaluate innovative approaches with the potential for immediate or near immediate benefits (within 6 months) for reducing interpersonal violence or suicide among [youth and young adult populations experiencing elevated burden](#).

There is an urgent need to identify more prevention strategies that can have proximate benefits for participants and their communities. Some prevention strategies can quickly reduce risk when they're implemented well and reach the intended participants. These can include mentoring programs, hospital-community partnerships, youth employment or apprenticeship or other after-school programs, empowerment-based training, and rapid and remote access to help for suicide prevention.

Other strategies include creating or enhancing protective environments to reduce the risks associated with physical spaces and how they are used.

Innovative approaches are those that have not been rigorously evaluated for effectiveness in reducing interpersonal violence and suicide. You should explain why the proposed approach is innovative. Describe the process and theoretical or empirical support for the potential for immediate or near immediate (within 6 months after implementation) benefits for reducing the risk for interpersonal violence or suicide and risks among populations with higher burden. You are encouraged, but not required, to assess effects on two or more interpersonal violence or suicide outcomes.

## Objective 2

Effectiveness research to evaluate implementation factors in evidence-based prevention approaches that are modified to be significantly or substantially different from the original approach.

- Evaluate key factors that might affect how well the program reduces interpersonal violence or suicide and risks among [youth and young adult populations experiencing elevated burden](#).

There is a need to understand which methods, practices, and essential elements increase effectiveness of programs, policies, and practices in communities. Some areas of study might include:

- Understanding the most effective ways to facilitate community and youth leadership.
- Identifying recruitment approaches, training competencies, and skills that are needed to effectively implement, monitor, improve, or sustain an effective program, policy, or practice.
- Developing innovative ways to build collaborations and partnerships that strengthen the dissemination of findings that de-stigmatize youth and young adults and promote positive narratives.
- Improving the sustainability and expansion of evidence-based approaches.

You should explain why the proposed implementation factors could potentially increase effectiveness and benefits to reduce interpersonal violence or suicide and risks among populations of youth and young adults who experience a high burden of these issues. You are encouraged, but not required, to assess effects on two or more interpersonal violence or suicide outcomes.

In your [Research Strategy](#), you should include evidence of effectiveness of the original approach and theoretical or empirical support for selection of implementation factors to be evaluated.

## Objective 3

Research on the prevention of multiple forms of violence by evaluating the efficacy, effectiveness, and cost benefit of primary prevention programs, policies, or practices that prevent more than one form of interpersonal violence, suicide, or both. Forms of violence can include teen dating violence, intimate partner violence, sexual violence, ACEs including child abuse and neglect, and youth violence. Suicide-related outcomes include suicide, attempted suicide, and suicidal ideation.

Primary prevention programs, policies, and practices that prevent one of these outcomes might also prevent other violence or suicide-related outcomes. So, for this objective, you must examine the impact of the prevention approach on more than one violence- or suicide-related outcome. You're also encouraged to address the conditions that contribute to elevated rates of interpersonal violence, suicide, or both across some population groups.

### For all objectives

For all objectives, we expect you to provide theoretical justification for the prevention programs, policies, or practices you'll evaluate. For example, you may include a conceptual model or theory of change, with proposed mediators, for how the prevention approach will reduce interpersonal violence or suicide and risks among your [selected population](#). The prevention approach you select should also be supported with epidemiological or behavioral research, or both, when possible.

Mediators help explain how the intervention leads to reductions in interpersonal violence or suicide. You're expected to assess intervention processes and mediators as appropriate. Examples of process and mediator data include:

- Intervention or policy implementation fidelity data.
- Intervention exposure data.
- Changes in risk and protective factors specific to the proposed intervention.

Examples of outcome and impact data sources include:

- Vital statistics.
- Police records.
- Child welfare reports.
- School records.

- Injury-related hospital or emergency department data.
- Relevant self-reported behaviors.

In addition, we encourage you to include measures of conditions associated with violence and suicide. Examples these measures include:

- Neighborhood poverty.
- Limited access to high-quality education.
- High rates of unemployment and lack of employment that provides livable wages.
- Weak social connectedness.

The intent of this NOFO is to evaluate approaches to prevent interpersonal violence, suicide, or both. It will not support approaches outside of the objectives stated in the [Responsiveness criteria](#).

## Focus populations

You should focus on interpersonal violence and suicide affecting youth and young adults (ages 10 to 24 years).

When feasible, you should use data (e.g., local, contextual, or program data) to identify adolescents and young adult populations who are at high risk relative to other youth for experiencing interpersonal violence or suicide in your jurisdiction and who will be the focus for the evaluated prevention approach. Identification of focus population(s) must not be discriminatory based on race, color, national origin, or other protected statuses.

## Research design

This NOFO supports rigorous research designs. Rigorous designs must:

- Include a control or comparison group.
- Be defined as one of the following:
  - Experimental (i.e., randomized controlled trials).
  - Quasi-experimental. For example:
    - Designs involving matched comparison groups.
    - Designs using propensity-score matching, instrumental variable methods, regression point displacement, regression discontinuity, pragmatic clinical trial, or time series designs.

Randomized trials are not feasible for some prevention strategies (e.g., policy evaluations). Alternative quasi-experimental designs are appropriate and acceptable. Rigorous designs should include data analytic plans that are

appropriate for that design and the prevention strategy, hypotheses, and data collection measures. Data analytic plans should also anticipate and evaluate the effects of threats to the internal and external validity of the specified research design.

We encourage you to use mixed-method approaches. In addition to quantitative methods, qualitative analyses may complement findings to help explain an approach's impact on outcomes. For example, if you have community partners, you may propose conducting in-depth interviews or focus groups to further explore how the selected approach impacts elevated burden in some populations. You may also engage community members through other participatory research processes that help guide research activities through the life of the study.

Your application should:

- Describe how the selected prevention approach has the potential to reduce interpersonal violence or suicide and risks among the [focus population](#).
- Propose evaluations of approaches that are new or previously implemented but have not been rigorously evaluated for effectiveness in reducing interpersonal violence or suicide.

You are also strongly encouraged to:

- [Engage the community](#) in the research process throughout the project (e.g., developing study methods, collecting data, interpreting results, and disseminating findings).
- Consider using approaches that are trauma-informed (i.e., healing centered, realizing the impact of trauma, integrating knowledge about trauma into practices, and avoiding re-traumatization).
- Test for cross-cutting reductions in multiple forms of violence and suicide impacting youth and young adults.
- Measure any unintended or harmful consequences of the prevention approach and differential effects of the approach on subpopulations, if applicable.
- Include cost measures when possible.

## Data collection, acquisition, and analysis

You must identify and describe appropriate data sources and provide evidence of your ability to acquire or collect sufficient (in both quantity and quality) data to conduct and complete the proposed research within the performance period. You should clearly describe and justify:

- Sampling methods.
- Sample size.
- Power estimates.
- Data collection methods for the primary outcome(s).
- Other proposed secondary measures and subgroup analyses.

You must specify the timeline for data acquisition, including access to previously collected data and primary data collection. Examples of data and data sources include:

- Injury-related hospital or emergency department data.
- Police and law enforcement data.
- Relevant self-reported behaviors.
- Administrative data from relevant agencies.
- Survey data collected prior to or in the context of the evaluation.

Appropriate data sources will vary according to the research approach and outcome measures you propose. We encourage you to:

- Include risk and protective factors (e.g., neighborhood poverty, educational attainment, employment opportunities) for the forms of interpersonal violence or suicide studied.
- Use multiple data sources to improve the validity and reliability of each outcome.

## Collaborations

We expect that for all applications, your organization and PD/PI will provide the necessary scientific and technical leadership to carry out the proposed research for the duration of the project. We expect that the proposed research work plan described in the [Research Strategy section](#) and SF-424 Research and Related budget of your application will reflect your organization's leadership and engagement for the full performance period. Your organization cannot "pass through" the funds to another entity to conduct most of the research or to provide the essential scientific or technical leadership needed to complete the project.

## Community involvement

NCIPC recognizes the importance of understanding the role of community conditions and community-centered research to complete the proposed work. We strongly encourage you to seek and include the meaningful involvement of communities, including state and local health departments, local governmental agencies, businesses, and community-based organizations in all phases of the research, translation, and dissemination of research results. We strongly encourage partnerships with community members who have lived experiences with interpersonal violence or suicide.

## Other partnerships

Partnerships between your institution and outside entities may be necessary or helpful to complete the proposed work. Your application must clearly describe each partner's roles and responsibilities. This includes demonstrating your access to planned data sources and study populations, and all partnerships necessary to complete the proposed project.

You should clearly describe the nature and extent of the proposed partnership for the proposed research in the [Research Strategy section](#) of your application, including:

- Roles and responsibilities of the Principal Investigator(s).
- Roles and responsibilities of the outside entities or partner agencies.
- Existing working relationship between Principal Investigator(s) and outside entities or partner agencies.
- Plans for the proposed research.
- Nature and extent of the involvement of the applicant institution and outside entity.
- How the partnership will ensure implementation and sustainability of the proposed evaluation.

Each partner's roles and responsibilities must be validated with a signed Data Sharing Agreement, Letter of Support (LOS), or Memorandum of Understanding (MOU). These documents must detail the partner's commitment to resources, time, and personnel for the proposed research. Applications that do not include a signed Data Sharing Agreement, LOS, or MOU from each partner may not be recommended for funding. (Refer to the [Scored criteria section](#) to review how collaborations and partnerships will be considered).

## Early-stage investigators

We encourage you to include early-stage investigators as members of the SF-424 Senior/Key Personnel research team to help build experience and expertise in violence or suicide prevention research. Students and other researchers-in-training are encouraged to participate. If you plan to incorporate training or mentorship roles into your research activities, you should describe the plans for the recruitment, training, and supervision of trainees or mentees and the ongoing quality assurance of their scientific products.

## Evaluation and performance measurement

We expect you to provide an evaluation and performance measurement plan with measures of effectiveness. You must clearly show:

- That accomplishing the proposed project objectives is feasible.
- That measures of effectiveness relate to the goals stated in the [Purpose section](#) and measure the intended outputs and outcomes.
- The outcomes you will be evaluating.

If applicable, performance measures should include:

- The number of participants recruited into the study.
- The participation rate.
- Types of samples collected.

## Paperwork Reduction Act

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

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

For more information about CDC's requirements under PRA see [CDC Paperwork Reduction Act Compliance](#).

## Translation plan

Your application should describe how significant findings of this research can be translated and used to promote, enhance, or advance the research into practice or inform public health policy.

You should describe:

- How results will be translated so they can be understood by a variety of partners, including policymakers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users.
- Plans to develop translation products for community partners to use for programmatic decisions, including selection and adaptation of prevention approaches and future funding opportunities.
- How the results of this project could be generalized to or adapted by populations and communities outside the study, as well as lessons learned to support future replication in another research or non-research setting (if relevant).
- Plans for engaging community partners in the interpretation and dissemination of the results.
- Plans to inform impacted communities about the proposed study and describe how research outcomes will support or enhance the prevention practice efforts of communities, practitioners, or both.
- How the results of this project could be used to sustain and/or expand the adoption of the approach within communities.

As a recipient, you may be required to meet in Atlanta with CDC/NCIPC staff during the performance period to review your progress and findings and discuss opportunities for widespread dissemination of your research achievements and lessons learned. Travel costs for attending this meeting must be included in your budget (see [R&R Budget Form](#)).

# 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](#).
- Your budget is arranged in eight categories: salaries and wages, fringe benefits, travel, equipment, supplies, contractual, other (includes consultant costs), and indirect costs.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Satisfactory progress in meeting your project's objectives.
  - A decision that continued funding is in the government's best interest.
- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.
- If we receive more funding for this program, we will consider:
  - Funding more applicants.

- Extending the period of performance.
- Awarding supplemental funding.

## Unallowable costs

You may not use funds for:

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

See [Anti-Lobbying Restrictions for CDC Recipients](#).

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

## Indirect costs

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

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

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

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

**Method 2 — *De minimis* rate.** If you 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.

## Public health data

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

## Human subjects

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

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

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

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

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

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

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

For more information, please consult the [scientific and research contact listed for this NOFO](#).

## Statutory authority

Section 301 (a) [42 U.S.C. 241(a)] of the Public Health Service Act, and Section 391 (a) [42 U.S.C. 280 b (a)] of the Public Health Service Act, as amended.



# Step 2:

# Get Ready to Apply

## In this step

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# Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) or [eRA ASSIST](#) and search for opportunity number RFA-CE-26-020. After opening the opportunity, select the “package” tab to see the forms.

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

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

## Get registered

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

### SAM.gov

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

To register:

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

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

Once you register:

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

## Grants.gov

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

## eRA Commons

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

Register at least four weeks before the application deadline.

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

## Help applying

For help with the application process and tips for preparing your application, see [How to Apply](#) on our website and the [Research Instructions for NIH and Other PHS Agencies \[PDF\]](#).

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

For other questions, see [Contacts and Support](#).

## Join the informational call

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

[Join the meeting via Microsoft Teams](#)

**Meeting ID:** 262 246 647 757 16

**Passcode:** cA2Pv2FZ

**Date:** June 8, 2026

**Time:** 2:00-2:50 p.m. ET

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

**Phone number:** 888-994-4778

**Phone conference ID:** 351 903 909#

Questions and answers from the discussion will be included in an amended NOFO approximately 3 weeks after the call.

The goals of this session are to review the scientific intent of this NOFO and answer questions you may have. 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

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Application contents and format	<u>36</u>

# Application checklist

You must follow the [research instructions \[PDF\]](#) to complete your application.

In this section, we also provide NOFO-specific guidance for some forms.

Make sure that you have everything you need to apply:

Form	Required for
<input type="checkbox"/> PHS 398 Research Plan form	All applications.
<input type="checkbox"/> SF-424 (R&R)	All applications.
<input type="checkbox"/> PHS 398 Cover Page Supplement form	All applications.
<input type="checkbox"/> SF-424 (R&R) Other Project Information	All applications.
<input type="checkbox"/> SF-424 (R&R) Project/Performance Site Locations	All applications.
<input type="checkbox"/> SF-424 (R&R) Senior/Key Person Profile	All applications.
<input type="checkbox"/> R&R Budget form	All applications.
<input type="checkbox"/> R&R Subaward Budget Attachments form	If your application proposes subawards.
<input type="checkbox"/> PHS Human Subjects and Clinical Trials Information	All applications.
<input type="checkbox"/> PHS Assignment Request form	Optional.
<input type="checkbox"/> Other Attachments form	All applications.
<input type="checkbox"/> Report on overlap	If applicable.
<input type="checkbox"/> Bona fide agents documentation	If applicable.
<input type="checkbox"/> Indirect cost agreement	If applicable.

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

### Important: public information

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

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

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

[See instructions and examples.](#)

## Application contents and format

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

See [responsiveness criteria](#) to make sure you meet all requirements.

As you build your application, keep the [review criteria](#) in mind.

### PHS 398 Research Plan form

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

Some parts may not be required for your application. We provide guidance here and in the [Application Guide](#).

Follow all instructions beginning on page 80 of the [research instructions \[PDF\]](#). We note additional instructions in this NOFO.

### Introduction

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

## Research plan section

To complete this section use the instructions beginning on page 82 of the [research instructions \[PDF\]](#). The parts for this section include:

Parts	Required for	Page limit
Specific aims	All applications.	1
Research strategy	All applications.	12

To complete this section use the instructions beginning on page 86 of the [research instructions \[PDF\]](#). The parts for this section include:

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

## Other plans: Data management plan

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

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

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

## Appendix

We allow only limited appendix materials. Follow all the appendix instructions detailed on page 94 of the [research instructions \[PDF\]](#).

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

Supporting materials for the Research Plan narrative included as appendices may not exceed 5 PDF files with a maximum of 25 pages for all appendices. Pages that exceed page limits described will be removed and not forwarded for peer review, potentially affecting an application’s score.

## Budget form

To develop your budget, see [CDC's Budget Preparation Guidelines](#).

Be sure to follow the guidance in [funding policies and limitations](#).

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

## Other Attachments form

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

### Report on overlap

**File name:** Report on overlap

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

#### Programmatic

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

#### Budgetary

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

#### Commitment

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

## Bona fide agent documentation

**File name:** Bona fide agent

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

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

## Indirect cost agreement

**File name:** Indirect cost agreement

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



# Step 4:

## Understand Review, Selection, and Award

### In this step

Application review	<u>42</u>
Award notices	<u>50</u>

# Application review

## Initial review

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

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

## Scientific merit review

We use a two-level merit review process:

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

### First level of merit review

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

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

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

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

## Scored criteria

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

### Significance

- Does the project address an important problem or a critical barrier to progress in the field?
- If the aims of the project are achieved, how will scientific knowledge, technical capability, or public health be improved?
- How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?
- How well will successful completion of the proposed activities significantly advance understanding about what prevents interpersonal violence or suicide impacting youth and young adults (ages 10 to 24)?
- How well will the proposed research address one or more objectives of this NOFO?

### Investigators

- Are the PD/PIs, collaborators, and other researchers well suited to the project?
- Have they demonstrated an ongoing record of accomplishments that have advanced their field?
- If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance, and organizational structure appropriate for the project?
- To what extent does the PI/Co-PI team have sufficient prior experience conducting empirical research in the area of interpersonal violence or suicide prevention proposed in the application?
- How strong is the PI/Co-PI team's experience conducting evaluation research?
- How sufficient is the PI/Co-PI's time to accomplish the goals?

## Innovation

- Does the application challenge and seek to shift current research or clinical practice paradigms by using novel theoretical concepts, approaches or methodologies, instrumentation, or interventions?
- Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense?
- Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?
- How innovative and important for informing future interpersonal violence or suicide prevention are the proposed activities?
- Will the activities reasonably meet the purpose and objectives of this NOFO?

## Approach

- Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project?
- Are potential problems, alternative strategies, and benchmarks for success presented?
- If the research project is in the early stages of development, will the strategy establish feasibility, and will particularly risky aspects be managed?
- If the project involves human subjects or clinical research, are plans in place:
  - For protection of human subjects from research risks, regardless of their sex, race, ethnicity or age?
  - Justified in terms of the scientific goals and research strategy proposed?
- How well are the prevention strategies proposed supported by theory or empirical evidence (e.g., support for risk or protective factors targeted by the approach)?
- Recognizing that randomized designs are not always possible (e.g., when evaluating policies), how well does the applicant propose a rigorous design that includes data analytic plans appropriate to the research design and hypotheses?
- How well does the applicant appropriately anticipate, conceptualize, and measure the intended and potential unintended or harmful outcomes relevant to the study proposed?

- How well does the Research Strategy section of the application clearly describe the roles and responsibilities of each partner involved in data collection and/or the effectiveness evaluation?
- How well does the proposal demonstrate the ability to access the necessary data (e.g., indicators of interpersonal violence or suicide and mediators of prevention effects) within the proposed period of performance?
  - Are these data, and proposed measures, appropriate for documenting the expected changes in the time available?
  - How well does the application propose measures that can show how the approach reduces risks among populations more highly burdened by interpersonal violence or suicide?
- How well do the Letters of Support, Memoranda of Understanding, and Data Sharing Agreements, as they apply to the research plan, demonstrate the necessary collaborations and commitment from research partners?

## Environment

- Will the scientific environment in which the work will be done contribute to the probability of success?
- Are the institutional support, equipment, and other physical resources available to the investigators adequate for the project proposed?
- Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?
- To what extent will findings be disseminated to communities?
- How well are the community and other partnerships necessary for successfully completing the research described in the Research Strategy section of the application?
- How well does the application describe the involvement and scope of work the community organizations, community leaders, people with lived experience, and other partners are willing to commit to ensure the successful implementation and evaluation of the prevention approaches?

## Additional review criteria

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

## Protections of human subjects

If the research involves human subjects but does not involve one of the six categories of research that are exempt under [45 CFR part 46](#), and, as applicable, [21 CFR part 50](#) and [21 CFR part 56](#), the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation using the following five review criteria:

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

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

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

## Including children in research

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

For more information, see [Additional Requirement 28: Inclusion of Persons Under the Age of 21 in Research](#).

## Vertebrate animals

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

- Proposed use of the animals, and species, strains, ages, sex, and numbers to be used.
- Justifications for the use of animals and for the appropriateness of the species and numbers proposed.
- Procedures for limiting discomfort, distress, pain, and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs, or comfortable restraining devices.

- Methods of euthanasia and reason for selection if not consistent with the [AVMA Guidelines on Euthanasia](#).

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

## Biohazards

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

## Improving the Safety and Security of Biological Research

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

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

## Additional review considerations

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

### Budget and period of support

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

### Resource-sharing plan

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

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

## Second level of merit review

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

- Program priorities.
- Program relevance.
- Research portfolio balance.
- Geographic considerations.
- Budgetary considerations.
- Consideration of meritorious applications that contribute to a diverse mix of approaches in proposed research to address interpersonal violence or suicide as evidenced by the Research Strategy section of the application's research plan.
- Consideration for research to better address risks among populations more highly burdened by interpersonal violence or suicide and approaches that address conditions that contribute to elevated risk for interpersonal violence or suicide for some populations, as evidenced by the Research Strategy section of the application's research plan.
- Consideration of research conducted in collaboration/partnership with the community, as evidenced by the Letters of Support section of the application. This may include state and/or local health departments, local governmental agencies and/or businesses, people with lived experience, and community-based organizations.
- Consideration of meritorious applications in which the contact Eligible PD/PI meets NIH Early Stage Investigator (ESI) status, as verified by the NIH Determination of Investigator Status process.

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

## Risk review

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

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

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

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

For more details, see [2 CFR 200.206](#).

## Selection process

When making funding decisions, we consider:

- Scientific merit review results. The results of the first- and second-level reviews are key in making decisions but are not the only factor.
- Availability of funds.
- Relevance of the proposed project to program priorities.
- Geographic balance of proposed projects to broaden the distribution of awards.

We may:

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

Our ability to make awards depends on available appropriations.

# Award notices

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

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

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

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

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



# Step 5:

# Submit Your Application

## In this step

Submission requirements and deadlines [52](#)

# Submission requirements and deadlines

## Optional letter of intent

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

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

Please email the notice to [ncipc-peer-review@cdc.gov](mailto:ncipc-peer-review@cdc.gov).

In your email, include:

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

## Application

Due on Wednesday, July 1, 2026, at 11:59 p.m. ET.

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

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

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

## Submission methods

Your organization's authorized official must certify your application.

To submit your application, you have three choices:

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

See [Contacts and Support](#) if you need help.

## File format for all submissions

You must submit all text attachments to the Adobe application forms as PDFs. All text attachments must use the agency-specific formatting requirements noted in the SF-424 (R&R) Application Guide.

See [How to Apply - Application Guide](#). The Application guides for FORMS-I application packages are also posted here.

## Grants.gov

You must submit your application through Grants.gov. See [get registered](#).

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

See [Contacts and Support](#) if you need help.

## eRA ASSIST

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

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

For instructions, see [Using ASSIST](#) and [Submit the Application](#).



# Step 6:

# Learn What Happens After Award

In this step

Post-award requirements and administration [55](#)

# Post-award requirements and administration

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

## Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NoA), including [CDC General Terms and Conditions](#). The NoA includes the requirements of this NOFO.
- The rules listed in [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, or any superseding regulations, including HHS-specific requirements in [2 CFR 300](#).
- The HHS [Grants Policy Statement](#) (GPS). This document has policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those provisions in the [HHS Administrative and National Policy Requirements](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
- We can take corrective or enforcement actions if your performance is poor, in accordance with [2 CFR 200.339](#) and [2 CFR 200.340](#), as appropriate.

## Reporting

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

Report	Description	When
Annual Performance Report (Research Performance Progress Report)	<ul style="list-style-type: none"> <li>Serves as yearly continuation application.</li> <li>Includes performance measures, successes, and challenges.</li> <li>Updates research plan.</li> <li>Includes how CDC could help overcome challenges.</li> <li>Includes budget for the next 12-month budget period.</li> <li>Complete list of the publications planned or completed to date - including status (e.g., published [include reference], in review, under development).</li> <li>Description of any changes made in the use of human subjects or IRB approval status.</li> <li>Includes how data are collected and used (Data Management Plan).</li> </ul>	120 days prior to the end of the budget period, or the date identified in guidance that CDC distributes.
Annual Federal Financial Report (FFR)	<ul style="list-style-type: none"> <li>Includes funds authorized and disbursed during the budget period.</li> <li>Indicates exact balance of unobligated funds and other financial information.</li> </ul>	90 days after the end of each budget period.
Final Performance Report	<ul style="list-style-type: none"> <li>Includes information similar to the Annual Performance Report.</li> </ul>	120 days after the end of the period of performance.
Final Federal Financial Report (FFR)	<ul style="list-style-type: none"> <li>Includes information in Federal Financial Report.</li> </ul>	120 days after the end of the period of performance.
Response to Technical Review	<ul style="list-style-type: none"> <li>Response to any progress concerns or areas for improvement noted on their annual Technical Review within the time period specific in the annual award continuation notice.</li> </ul>	Annually specified in annual award continuation notice.

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](#).



# Contacts and Support

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Agency contacts	<a href="#">59</a>
Help with systems	<a href="#">59</a>
Reference websites	<a href="#">60</a>

# Agency contacts

## Scientific and research

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## Grants management

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# Help with systems

## Grants.gov

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

You can call 1-800-518-4726 or email [support@grants.gov](mailto:support@grants.gov). Hold on to your ticket number.

## SAM.gov

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

## eRA Commons

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

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

You can email [commons@od.nih.gov](mailto:commons@od.nih.gov).

# Reference websites

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

# Endnotes

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