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

Division of Global HIV and Tuberculosis

Notice of Funding Opportunity

Application due October 16, 2026

Strengthening Ghana Health Service laboratory services, diagnostic networks, and systems for a more effective, efficient, and sustainable response to HIV, TB, and other priority health threats

Opportunity number: CDC-RFA-JG-26-0178

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 October 16, 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

U.S. Centers for Disease Control and Prevention (CDC)

Global Health Center

Division of Global HIV and Tuberculosis

Making America safer, stronger, and more prosperous by reducing HIV, TB, and other priority disease incidence and mortality in global settings through data-driven activities and strengthened public health systems.

Summary

This NOFO provides operational support through financial and technical resources to the Ghana Health Service (GHS)/Ministry of Health (MoH). The goal is to help them coordinate and improve laboratory capacity so they can deliver high-quality, efficient services for HIV, TB, and other priority health areas. This NOFO seeks to advance HIV testing, treatment, retention, and viral suppression in Ghana by:

- Equipping laboratories with appropriate diagnostic technologies.
- Building staff skills to manage quality laboratory services.
- Strengthening the capacity of the Government of Ghana (GoG) MoH to take full responsibility for managing laboratory services, diagnostic networks, and systems for HIV, TB, and other priority infectious diseases.

Funding details

Funding type: Cooperative agreement

Expected total NOFO funding for Year 1: $500,000.
This is the expected total Year 1 funding for all awards made under this NOFO.

Expected number of awards: 1
The number of awards is subject to available funds and program priorities. Exact amounts for each award under this NOFO will be determined upon award.

Have questions?
See Contacts and Support.

Key facts

Opportunity name: Strengthening Ghana Health Service laboratory services, diagnostic networks, and systems for a more effective, efficient, and sustainable response to HIV, TB, and other priority health threats

Opportunity number: CDC-RFA-JG-26-0178

Announcement type: New

Assistance listing: 93.067 Global AIDS Program

Key dates

Application submission deadline: October 16, 2026

Expected award and start date: September 2027

We will inform you of your application status by the end of August 2027.

We plan to award projects for five 12-month budget periods for a five-year period of performance, subject to available appropriations and program priorities.

Funding strategy

Funding amounts

We encourage you to apply for the expected total NOFO funding for Year 1. To align with the responsiveness criteria, if you request more than the Year 1 funding amount, your application will be deemed 'non-responsive' and will not be considered for award.

Funding amounts for years two through five will be set at continuation. We will continue funding based on:

- Availability of funds.
- Evidence of satisfactory progress, as documented in your required reports.
- The determination that continued funding is in the best interest of the federal government.

Component funding

Overview

We fund all CDC Global HIV and TB cooperative agreements using component funding.

Component funding allows us to provide funding as it becomes available. To do so, we fund sets of activities by quarter and project.

CDC may fund one or more of your components to start the budget period, and then consider other components based on available funding and recipient performance related to meeting milestones. Component activation and sequence may vary based on buy-ins and interagency allocations. CDC will communicate any adjustments in writing.

Setting up components

You must set up your components in your application. While preparing your application:

- Review the expectations for year one activities in the strategies and activities section.
- Group your activities under the following anticipated components. Only include the activities planned for year one.
  - **Component 1:**
    CDC global HIV and TB planning Q1 targets and activities.
  - **Component 2:**
    CDC global HIV and TB planning Q2 targets and activities.
  - **Component 3:**
    CDC global HIV and TB planning Q3 targets and activities.
  - **Component 4:**
    CDC global HIV and TB planning Q4 targets and activities.
  - **Component 5:**
    CDC global HIV and TB planning additional targets and activities.
  - **Component 6:**
    Other global health priorities.

For information on how to incorporate component funding into your application, see the following sections:

- Budget narrative
- Component funding instructions for SF-424A

Global HIV and TB local organization funding preference

This NOFO includes a funding preference for local organizations. Your organization will receive 30 extra points during the selection process if you provide sufficient documentation demonstrating you meet the global HIV and TB local organization definition.

Funding priority for alignment with agency priorities

Before final funding decisions are made, division leadership will review awards for consistency with applicable laws and alignment with agency priorities (see Centers for Disease Control and Prevention (CDC) Priorities). To the extent permitted by law and applicable court orders, award applications which are aligned with agency priorities will receive a funding priority. For example, applications that align with America First Global Health Strategy and CDC priorities will be eligible for a funding priority.

Results Based Funding

CDC may fund this Cooperative Agreement using a results-based funding approach, which would rely on articulated milestones and program indicators. Under this approach, CDC may provide federal funds during a budget period based on measurable results as defined in this NOFO (e.g., articulated milestones and program indicators), in the recipient's approved work plan, and, to the extent allowable by federal law, as may be aligned with country, HHS/CDC, and US government global health priorities. If selected for award, you will receive more detailed information about this funding approach in your NoA or in subsequently issued CDC guidance.

In furtherance of this funding approach, you will have at least 120 days after the start date of this award to collaborate with CDC and submit proposed program indicators and milestones as part of your required Evaluation and Performance Management Plan and component funding structure. Though foundational funding will be provided at the start of the project period, continued funding will be linked to verified progress towards reaching milestones providing clear checkpoints on performance and helping to ensure resources support steady documented progress. These performance results are intended both to help support your progress during the award's period of performance and to help determine funding amounts in subsequent budget periods.

Eligibility

Statutory authority

This NOFO supports U.S. government (USG) HIV and TB activities that are consistent with the America First Global Health Strategy and other applicable guidance. Activities under this NOFO are authorized under applicable statutory authorities. Funding is provided through available appropriations consistent with current law. This program is authorized under:

- The United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003, Public Law 108-25 (22 U.S.C. 7601, et seq.).
- The Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, Public Law 110-293.
- The President's Emergency Plan for AIDS Relief (PEPFAR) Stewardship and Oversight Act of 2013, Public Law 113-56.
- Public Health Service Act (42 U.S.C. 242l).

Eligible applicants

This is a fully competitive NOFO. Eligibility is unrestricted. All types of organizations are eligible and encouraged to apply, including:

- 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.
- Foreign or non-U.S. based entities.

Other required qualifying factors

Delivery location

While any type of organization may apply, you must conduct the project in Ghana.

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 will not consider an application that:

- Is from an organization that doesn't meet eligibility criteria. See requirements in eligibility.
- Is submitted after the deadline.
- Proposes research activities. See the definition of research.
- Requests more funding than the expected total NOFO funding for Year 1, as referenced in the funding amounts sub-section.
- Exceeds the 20-page limit for the project narrative (see the project narrative section for what counts toward the page limit).
- Is not in English.
- Includes a budget or budget narrative that uses a currency other than U.S. dollars.
- Does not respond to and is outside the scope of this NOFO.

See the application checklist to understand your application requirements.

Application limits

We do not limit the number of applications an organization may submit.

Cost sharing and matching funds

This program has no cost-sharing or matching funds requirement. We will not consider cost-sharing fund contributions during your application review. However, if you submit voluntary cost-sharing funds and we fund your project, we will require you to report on these funds.

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 : 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 overview and related work

Ghana has an estimated population of 34 million, and there is a widespread HIV epidemic. In 2024, an estimated 334,721 people were living with HIV, including 18,229 children and 316,492 adults 15 years and older. The overall adult HIV prevalence is estimated at 1.49% with female prevalence about 2.5 times (2.14%) higher than males (0.85%).

Ghana serves as a CDC Regional Office that supports West African programs. The office puts evidence-based interventions into practice to reach, test, treat, and retain people in care in settings with the highest HIV burden. It also works with national agencies to support sustained epidemic control.

Laboratory services and systems are essential for an effective and sustainable response to HIV, TB, and other infectious diseases. Ghana maintains a network of tiered laboratories with different diagnostic capabilities, from district-level facilities to national reference institutions encompassing governmental, quasi-governmental, and private facilities. There are three zonal Public Health Laboratories (PHLs), which have a mandate to conduct surveillance for priority diseases including TB and HIV, among others. The National Public Health Reference Laboratory (NPHRL) provides supervisory oversight to the three PHLs. The GHS has three laboratory tiers:

- Tertiary-level laboratories, consisting of the NPHRL and teaching hospital laboratories.
- Secondary-level laboratories, including regional hospital laboratories and zonal PHLs.
- Primary-level laboratories, located in district hospitals, sub-district facilities, and health centers.

Testing laboratories currently provide diagnostic support to 757 antiretroviral therapy (ART) sites and 7,445 health facilities offering HIV testing services (HTS). Among the HTS sites, 7,180 provide antenatal care and prevention of vertical transmission.

Ghana continues to face challenges in enhancing public health laboratory services and systems in support of HIV services. The current transport system for moving specimens from lower-tier health facilities to designated referral laboratories lacks standardization and relies heavily on donors. There are persistent operational gaps such as ad-hoc transport arrangements, delayed

sample delivery, and compromised specimen integrity. Manual data entry in electronic templates leads to errors at testing laboratories, and manual data entry in the e-Tracker leads to errors at ART clinics. Further, ART clinics cannot obtain immediate laboratory results to inform patients of treatment, but instead they wait weeks, if not months, to receive results.

The National AIDS and Sexually Transmitted Infections Control Programme (NACP) leads Ghana's health sector response to HIV/AIDS by developing and putting policies into practice, coordinating interventions, and providing comprehensive care and support services.

In the last five years, the GoG has improved its laboratory services and systems with support from CDC and other interest holders.

- Molecular testing platforms used for near-point-of-care HIV early infant diagnosis (EID) and viral load (VL) testing are now integrated with the e-Tracker system.
- Barcoding, now available in 15 ART facilities across the three U.S. Government (USG)-supported regions, enables staff to identify samples by scanning. This advancement has significantly reduced the risk of human transcription errors when recording sample information.
- Targeted mentorship has supported three HIV VL laboratories in improving the quality and timeliness of their diagnostic services and results reporting.
- Operational support is helping the NACP maintain the e-Tracker system, particularly in areas related to electronic test requests, results transmission, and instrument interfacing.
- Specialized technical support is helping to develop an indicator dashboard for real-time HIV VL and EID specimen testing performance analysis.

This NOFO aims to strengthen Ghana's laboratory services, diagnostic networks, and systems for HIV, TB, and other priority diseases. These improvements will support a more effective and sustainable response that meets the country's current and changing health needs under the GoG's management.

Purpose

The purpose of this NOFO is to:

- Strengthen laboratory services, diagnostic networks, and systems to better support those HIV testing, treatment, and retention activities that align with national strategies and the 95-95-95 global targets.
- Increase the GoG's capacity to lead and manage an effective and sustained response to HIV, TB, and other diseases of public health concern by supporting diagnostic technologies, skilled staff, and efficient systems.

Activities will cover laboratories and testing centers across Ghana's tiered health sector system, in cooperation with the GHS.

Approach

Program logic model

The following logic model includes the expected strategies under this NOFO.

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

The **asterisked (*)** outcomes are those we expect you to achieve or substantially contribute to during the [five]-year period of performance. You must report on these outcomes.

Not all outcomes apply to all strategies. You will use these outcomes as a guide for developing performance measures.

Table: Strategies and outcomes

Strategies	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 1 : Support development, coordination, and implementation of effective and comprehensive capacity-building strategies for laboratory networks, point of care testing, and data management in support of clinical services.	Improved availability and use of training plans, standard operating procedures, and curricula for laboratory staff.* Improved quality of services through established mentorship and supportive supervision mechanisms.* Increased use of standardized tools for baseline quality assessments.* Improved knowledge and practice of continuous quality improvement (CQI) processes for quality laboratory services, data analysis, and result utilization at all levels of implementation.* Improved timeliness of review and updates to relevant laboratory policy, standards, and coordination mechanisms.*	Increased coverage for HIV diagnostic and VL testing.* Decreased turnaround time (TAT) for HIV diagnosis and VL testing. * Improved implementation of regular internal audits, external quality assessment (EQA) and proficiency testing (PT) participation, and QI projects to address laboratory service delivery gaps.* Improved interoperability of clinical and laboratory data systems.* Improved coordination and governance structures for laboratory systems strengthening.* Improved use of geographic information system (GIS) for the specimen referral system.*	Increased efficiency, accuracy, and reliability of laboratory services and systems across all levels in support of HIV, TB and broader public health programs.* Increased national and sub-national level capacity to implement and manage quality laboratory services and systems. Improved programmatic effectiveness and efficiency of the national HIV program to achieve epidemic control. Increased national capacity for disease diagnostics, surveillance, and response. *
Strategy 2 : Develop and implement an institutionalized national quality assurance (QA)/quality improvement (QI) system to improve service delivery quality across clinical and laboratory services.			
Strategy 3 : Strengthen health systems and key policy requirements to enhance the national coordination of and response to HIV, TB, and other public health threats.			

Strategies and activities

This section elaborates on the strategies described in the logic model. It provides priority activities and details about how we expect you to implement your program.

The following are strategies and the priority activities under this NOFO. You may also propose additional related strategies and activities to achieve the expected outcomes.

Strategy 1: Support development, coordination, and implementation of effective and comprehensive capacity-building strategies for laboratory networks, point of care testing, and data management in support of clinical services.

Priority activities:

- Work with the GHS to develop and operationalize a national quality management strategic plan.
- Support the GHS to strengthen and scale up a country-based HIV rapid test quality assurance program.
- Strengthen GHS capacity to enroll eligible HIV rapid testing sites nationwide in the PT program.
- Support corrective and preventive action plans for each Dried Tube Specimen - Proficiency Testing period.
- Work with the GHS to conduct joint supportive supervision and operational support visits.
- Support the GHS in establishing regional databases to monitor QI systems across all supported sites.
- Strengthen GHS capacity to conduct diagnostic network CQI. This CQI process will provide real-time insight on HIV VL and EID testing capacity, based on the Diagnostic Network Strategic and Implementation Plan.
- Support the GHS in reviewing and revising the national HIV VL and EID scale-up and operational plan.
- Build capacity among GHS staff and non-staff to conduct training on HIV and other priority diseases for testing.
- Support development and use of training plans, standard operating procedures, and curricula for laboratory staff, point of care testers, and

data managers on HIV diagnostics, VL and EID testing, data management, and biosafety.

Strategy 2: Develop and implement an institutionalized QA/QI system to improve service delivery quality across clinical and laboratory services.

Priority activities:

- Build technical capacity for regional and district laboratory points of contact to carry out critical activities that strengthen Laboratory Quality Management Systems and CQI programs.
- Evaluate and make improvements to the existing Laboratory Information Systems (LIS) and integrate with the patient transactional database.
- Build NACP capacity to conduct supportive supervision and operational support visits to all testing sites.
- Strengthen National and Zonal Public Health Reference Laboratories to provide leadership to regional Testing Laboratories to carry out VL CQI activities.
- Provide technical and operational assistance to establish, monitor, and track performance of the national specimen transport system, which moves specimens from collection sites to testing laboratories for sustained epidemic control.
- Strengthen quality management systems and CQI processes in HIV drug resistant testing laboratories.
- Coordinate and provide operational support to conduct bi-monthly mentoring and performance monitoring of all laboratories that participate in national EQA programs.

Strategy 3: Strengthen health systems and key policy requirements to enhance the national coordination of and response to HIV, TB, and other public health threats.

Priority activities:

- Support roll-out of service directories and network maps such as GIS maps to improve coordination and TAT.
- Provide operational support to map out and strengthen the tiered laboratory network for HIV diagnosis and monitoring (from point of care to regional and reference laboratories) including during disease outbreaks.

- Support the GHS in the establishment of a national laboratory accreditation roadmap tied to the HIV program.
- Provide technical capacity for maintenance of functional laboratory dashboards to track performance and coverage.
- Assist NACP in integrating LIS data with national health data platforms (District Health Information System-2 (DHIS2/e-Tracker) for timely reporting and policy review.
- Build sustainable human capacity for next-generation sequencing, in line with the national strategy.
- Support the forecasting, quantification, and procurement planning of HIV test kits and reagents.
- Document and disseminate best practices and lessons learned for national and regional learning.
- Conduct mid-term and annual evaluations of established laboratory systems to support continuous improvement.

You are expected to provide copies of and/or access to all data, software, tools, training materials, guidelines, and systems developed under this NOFO to Ministry of Health and other relevant interest holders, including HHS/CDC, for appropriate use consistent with underlying authorities.

Epidemic control activities

In coordination with the Global Health Security and Diplomacy (GHSD) Bureau at the U.S. Department of State, and as part of the global HIV and TB program, CDC assesses progress toward epidemic control using epidemiologic measures and supports sustainable, country-led systems capable of maintaining gains and advancing broader global health security objectives.

We consider a national HIV epidemic to be under control when the number of:

- HIV-related deaths are declining.
- New infections are less than the number of deaths.

Controlling the epidemic does not mean that HIV will be eliminated. Instead, it means that the number of people with HIV in the population is decreasing. If new infections or death rates increase, this means the epidemic is no longer under control.

During your award we may ask you to conduct additional activities to reach and maintain epidemic control and/or to ensure resilient and country-led

health programs, consistent with the scope of this NOFO and the related policies below. In alignment with the America First Global Health Strategy, which emphasizes efficiency, sustainability, and self-reliance, this may include:

- Improving prevention, testing, and treatment efforts for HIV/AIDS, TB, sexually transmitted infections (STI), related opportunistic infections and other infectious diseases, especially among those most affected as defined in HHS/CDC Global HIV and TB, Department of State, bilateral MOUs, subsequent implementation plans and/or other related USG guidance.
    - Promoting sustainable, country-led approaches to managing HIV/AIDS and TB and empowering national and local interest holders to take the lead in designing and conducting high-quality and cost-effective programs. This could involve forming new cooperative relationships with private, public, local, faith based and multi-sector entities that can complement and expand the reach of existing programs.
    - Enhancing and expanding laboratory, surveillance, and information systems and using the USG supported platform for broader disease surveillance and public health programs in ways that align with CDC Global HIV, TB, and other infectious disease program goals and initiatives. Where aligned with the award scope, these platforms may also be leveraged for cross-cutting surveillance, laboratory, and information-system strengthening across multiple health programs.
    - Enhancing efforts to prevent, detect, respond to, and treat other diseases to keep America safe from infectious threats by supporting surveillance and outbreak response systems.

Related policies

- If awarded, and as applicable to the work and this NOFO and consistent with law, proposed work should align with:
    - The America First Global Health Strategy [PDF] [PDF].
    - CDC priorities statement.
    - CDC's mission to:
        - Protect Americans from infectious and chronic diseases.
        - Strengthen public health systems.
        - Advance innovation in health data and infrastructure.

Additionally, applicants should show how their work:

- Contributes to rapid, science-driven responses to public health threats.
- Promotes global health leadership.
- Adheres to principles of integrity, accountability, and compliance with applicable laws and applicable USG priorities.
- USG global health annual planning guidance and approved implementation plans coordinated through GHSD.
- HHS policies and the approved activities and targets in the global HIV and TB Planning Processes, as appropriate, except as otherwise agreed between GHSD and HHS.
- All proposed work, activities, and budgets should align or be adjusted to align with bilateral USG and host country Memorandums of Understanding (MOUs), subsequent implementation plans and related guidance.
- To the extent consistent with law and applicable regulations, ensure the Child Safeguarding Principles, or substantively similar standards, are incorporated into programming that includes contact with children, to protect children and youth from abuse, exploitation, and neglect to the greatest extent possible in such global HIV and TB-supported programs.
- All statutory and policy requirements for foreign assistance, including related to abortion. HHS must keep full and complete records demonstrating that compliance approaches and systems are proactive, preventive, part of routine program administration, and tailored to local legal and policy contexts. Routine site-level program monitoring is required. For more information, please visit Protecting Life in Foreign Assistance.
- Recipients should keep up with the latest guidelines, guidance, and policies found on USG sites including Whitehouse.gov, HHS.gov, CDC.gov, and Department of State Bureau of Global Health Security. Also, the Notice of Award (NoA) will include important terms and conditions that also apply to this award.

Geographic focus

Geographic prioritization may change over the course of the period of performance. CDC will work with the recipient(s) on any adjustments throughout the period of performance.

Outcomes

We expect you to achieve or substantially contribute to the outcomes **asterisked (*) i**n the logic model by the end of the five-year period of

performance. You will be expected to report on these outcomes as well as milestones achieved in each performance period.

Communities served

Under this NOFO communities served include people living with or at increased risk for HIV/AIDS, TB, or other priority diseases that can negatively affect the goals of keeping Americans safer, stronger, and more prosperous.

Organizational capacity

You must include a heading in your Project Narrative titled Organizational Capacity under which you should include a brief description of your organizational capacity to carry out these strategies and activities.

You must also provide supporting documentation in your attachments. See the attachments section for full instructions.

Coordination

If funded, we will expect you to cooperate with:

- GHS.
- Noguchi Memorial Institute for Medical Research.
- Ghana AIDS Commission.
- Other USG Agencies and Departments.
- National Public Health Reference Laboratory.
- Teaching hospitals.
- Other relevant USG-funded organizations.

Through the global HIV and TB program, CDC works with organizations to help prevent HIV and TB infection, provide life-saving treatment to people living with HIV and/or TB, and reduce HIV-and TB-related deaths. We encourage our recipients to coordinate with local organizations, U.S.-based organizations, and international organizations. The goal of this coordination is to complement efforts to lower costs, make programs more effective, enhance national capacity, sustain the gains, and accelerate progress towards epidemic control including where appropriate, programmatic treatment cascade goals related to diagnosis, treatment, and viral suppression that are intended to contribute to HIV epidemic control and towards ending TB.

Data, monitoring, and evaluation

CDC strategy

CDC collects and reports on indicators to measure progress toward achieving the activities and outcomes funded under this award. CDC will also use results for program planning, improvement, accountability, and reporting. CDC will share the results with key parties. These indicators may include or align with broader USG global health metrics where appropriate, reflecting CDC's integrated approach to HIV, TB, and global health-security outcomes.

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 USG.

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

CDC expectations

CDC expects you to review, clean, and use routine performance data for program management. As a result, you should hold regular review meetings to discuss performance and use data to inform program quality improvement activities.

In your application budget, you should allocate at least 10% of funds for monitoring activities and 5% for evaluation activities. We will discuss these percentages and finalize them at or after award. These are estimates for the total funding over the five-year project.

Required performance measures

Overview

This program includes two types of indicators. These include:

- **USG standard indicators,** which are common to all awards. These standard indicators are based on the scope of the work proposed in the NOFO. You can find additional information regarding indicator reporting in the guidance and resource materials, available at this link.
- **Custom indicators** that either we or you create. These monitor achievement of outcomes not directly measured by the standard

indicators. These include process and outcome measures that directly correlate with the logic model.

The indicators and targets shown below may change before the award or in future years. For example, any gaps or unmet needs not fulfilled in the first year may affect the targets in later years.

Standard indicators

Below, we show some anticipated standard indicators, targets, and reporting frequencies for the first year. You can propose any additional relevant standard indicators as part of your initial Evaluation and Performance Measurement Plan.

- Number of USG-supported testing sites, both laboratory-based testing and point-of care, engaged in CQI and PT activities. [Target: 100; Reporting Frequency: Annually]

Custom indicators

Below are anticipated custom indicators, targets, and reporting frequencies for the first year. You may also propose custom indicators.

- Percentage of laboratory personnel correctly performing sample reception, sample analysis, and laboratory test result transmission to requesting facilities. [Target: 75%; Reporting Frequency: Quarterly]
- Number of panels prepared at regional level and sent to facilities. [Target: 100; Reporting Frequency: Semi-Annually]
- Number of panels returned from facilities. [Target: 100; Reporting Frequency: Semi-Annually]
- Number of corrective action plans put into practice. [Target: 100; Reporting Frequency: Semi-Annually]
- Percentage of laboratories able to perform VL tests for one or more consecutive weeks. [Target: 100%; Reporting Frequency: Quarterly]
- Number of samples transported through the Specimen Transfer system for VL testing. [Target: 10,000; Reporting Frequency: Quarterly]
- Number of specimens received for testing at all USG-supported testing sites, both laboratory-based and point-of-care sites within a given testing category. [Target: 10,000; Reporting Frequency: Quarterly]
- Number of data quality assessments conducted within a 12-month period. [Target: 1; Reporting Frequency: Annually]

Data sources for standard and custom indicators

Data sources may include:

- Registers.
- Tally sheets.
- Electronic and paper patient records.
- Quarterly progress reports.
- Surveillance and survey reports.
- Other program monitoring tools.

Evaluation

Below are examples of evaluation topics that we may expect you to answer through process, outcome, or economic evaluation. In your application, include at least one, but no more than three, potential evaluation questions. We expect you to conduct a mid-term and an end-term evaluation.

- Facilitators and barriers to facility teams using routine data to identify gaps and track improvements: process evaluation.
- Extent to which CQI interventions affected service indicators (e.g., TAT, error rates, client satisfaction): outcome evaluation.
- Extent to which laboratory data is accurate, timely, and integrated with national reporting systems (e.g., DHIS2, LIS): outcome evaluation.

Evaluation data sources

Data sources may include:

- QA/QI assessment reports, dashboards, and registers.
- Standard operating procedures.
- Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) scorecards.
- Audit reports.
- Quality management system tracking database.
- LIS and DHIS2 data.
- Monthly summary forms.
- Data validation reports.
- Interoperability assessments.
- EQA and PT results.
- Laboratory performance dashboards.

- Pre- and post-test assessments.
- Competency evaluation checklists.
- Mentorship logs.
- Data review meeting minutes.
- Registers.
- Tally sheets.
- Electronic and paper patient records.
- Recipient progress reports.
- Focus groups.
- In-depth interviews.
- Surveys.
- Other program monitoring tools.

Dissemination of evaluation results

Dissemination channels could include:

- Local and international conferences and abstract forum presentations, if allowable.
- Conference poster displays, if allowable.
- Manuscripts.
- Bulletins.
- Reports.
- Presentations to technical working groups and interest-holder meetings.
- Other approved products in print and electronic media.

The primary intended users of evaluation results and findings will be the wider program interest holders.

CDC and interest holders will use overall evaluation findings during the five-year project period to share and implement key recommendations to strengthen program implementation and effectiveness, sustainability, and continued program improvement after the award ends.

All evaluation reports will be publicly available on USG resource sites.

Evaluation and performance measurement plan

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

As you develop your evaluation and performance measurement plan, align it with national, global HIV and TB, and agency priorities as detailed in the NOFO. If awarded, we will work with you to finalize the plan and ensure it accounts for agreements made during annual USG global-health planning processes coordinated by GHSD.

Include the following elements in your evaluation and performance measurement plan.

Methods

Describe how you will:

- Collect the performance measures.
- Respond to the evaluation topics.
- Use evaluation findings for continuous program quality improvement.
- Incorporate evaluation and performance measurement into planning, implementing, and reporting of project activities.

Additionally, explain:

- How findings will contribute to reduce barriers to accessing health and related services, as relevant.
- How key program interest holders 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 and populations of interest in a way that meets their needs.
- Other relevant information, such as performance measures you propose.

Evaluation activities

You must carry out specific evaluation activities.

At least one evaluation must be carried out for each cooperative agreement during funding. The evaluation can be:

- **Process evaluation:** Measures how the intervention was delivered, what worked and did not, the differences between the intended population and the population served, and access to the intervention.
- **Outcome evaluation:** Determines the effects of the intervention in the focus population, such as change in knowledge, attitudes, behavior, or capacity.

- **Economic evaluation:** Determines cost, cost drivers, cost effectiveness, efficiency, factors influencing economic behavior and choices, or the economic impact of interventions or activities to justify the investment.

Describe:

- The type of evaluations you will complete (process, outcome, and/or economic).
- Key evaluation questions these evaluations will address.
- Other information, such as measures and data sources.

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.

You must submit an initial draft of your DMP with your application. You must submit a more detailed plan within the first six months of the award. See reporting.

Submit your initial DMP with your application and include:

- The data you will collect or generate and what its sources will be.
- Any reasons why you cannot share data collected or generated under this award with CDC. These could include legal, regulatory, policy, or technical reasons.
- Who can access the data and how you will protect and secure 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 during the project. You will provide updates to the DMP in annual reports.

In addition to the other requirements listed, also include:

- Cybersecurity plans.
- How you will protect personally identifiable information when you collect, store, transfer, and use this data.

- How you will remove information from the data that could reveal participants' identities (de-identify the data) in intermediate and final data sets.

CDC and the global HIV and TB program will inform you of data you need to share with us and how and when it should be shared.

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.

You should provide a detailed work plan for the first year and a high-level work plan for later years. Years two through five: submit a high-level plan subject to annual review and update.

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 logic model.	Responsible position or party	Funding component / completion date
Strategy 1:				
1.				
2.				
3.				
Strategy 2:				
1.				
2.				
3.				

Paperwork Reduction Act

Any activities involving information collection from 10 or more individuals or organizations may require 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.

Funding policies and limitations

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate; racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

Changes in HHS regulations

As of October 1, 2025, HHS 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 policies

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

- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.
- All requests for funds contained in the budget should be stated in U.S. dollars.
- Cost increases for fluctuations in exchange rates are allowable costs subject to the availability of funding. Prior approval of exchange rate fluctuations is required only when the change results in the need for additional Federal funding, or the increased costs result in the need to significantly reduce the scope of the project. Before providing approval, the Federal agency must ensure that adequate funds are available to cover currency fluctuations in order to avoid a violation of the Antideficiency Act. Find out more about exchange rates at 2 CFR 200.400.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Satisfactory progress in meeting your project's objectives.
  - A decision that continued funding is in the government's best interest.
  - If we receive more funding for this program, we will consider 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 Recipients [PDF].
- Needle exchange programs.
- U.S. government policy on Abortion and Involuntary Sterilization:
    - Funds cannot be used:
        - To support purchasing of materials for inducing abortions as a method of family planning.
        - As incentives to motivate or coerce to have an abortion.
        - As payment of staff or other persons to perform abortions.
        - To support any biomedical research, epidemiologic or descriptive research in relation to provision of-, understanding incidence, extent, or consequences of abortions or involuntary sterilizations.

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

Indirect costs

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

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

Method 1 — Approved rate. 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 may be up to 15% of modified total direct costs (MTDC). See 2 CFR 200.1 for the definition of MTDC. You can use this rate indefinitely.

Foreign organizations and foreign public entities

Indirect costs on awards to foreign organizations and foreign public entities performed fully outside of the U.S. and its territories may be paid to support the costs of complying with federal requirements. This rate is fixed at eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000.

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.
- Preference for discretionary awards may be given to institutions with lower indirect cost rates.

Salary rate limitation

As of January 2026, the HHS/CDC salary rate limitation is $228,000. We update this limitation when it changes.

This salary rate limitation does not apply to global HIV and TB funds provided under this award, which are part of an appropriation from the U.S. Department of State. This limitation does apply for any HHS/CDC appropriations that are included as part of this award.

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. If applicable, the disposition of program income must have written prior approval from the Grants Management Officer. Find more about program income at 2 CFR 200.307.

Program-specific limitations

CDC global HIV and TB terms and conditions

If awarded, you may be required to adhere to any specific global HIV and TB terms and conditions. These will be communicated through official channels after the NoA has been issued.

Host country laws and regulations

If funded, you are expected to follow applicable host country laws and regulations related to the strategies under this NOFO; if there are conflicts with this award, contact the Grants Management Officer.

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

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

To register:

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

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

Once you register:

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

Grants.gov

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

Need help? See Contacts and Support.

Find the application package

You can find it online. Go to Grants Search at Grants.gov and search for opportunity number CDC-RFA-JG-26-0178. 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.

The Grants.gov Contact Center is available 24 hours a day, 7 days a week, except U.S. federal holidays. The Contact Center is available by phone at 1-800-518-4726 (U.S.) and 1-606-545-5035 (international) or by email at support@grants.gov.

We will post any changes, updates, or amendments on Grants.gov.

Help applying

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

Step 3:
Build Your Application

In this step

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 summary	Project Abstract Summary form	1 page	No
☐ Project narrative	Project Narrative Attachment form	20 pages	Yes
☐ Budget narrative	Budget Narrative Attachment form	None	Yes

Attachments

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

Attachments	Page limit	Responsiveness factor?
☐ Table of contents	None	No
☐ Experience statement	None	No
☐ Financial capability statement	None	No
☐ Resumes and job descriptions	None	No
☐ Organizational chart	None	No
☐ Statement of prior award	None	No
☐ Indirect cost agreement (if applicable)	None	No
☐ Letters of commitment (if applicable)	None	No
☐ Report on overlap (if applicable)	None	No
☐ Other documentation (optional)	None	No
☐ Global HIV and TB local organization funding preference (required if applying for the funding preference)	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	No
☐ Disclosure of Lobbying Activities (SF-LLL) (if applicable)	Form SF-LLL	No

Application contents and format

Applications include narratives, attachments, and other required forms. This section includes guidance on each. All your application materials must be in English. Express currency in U.S. dollars.

Your organization's authorized official must certify your application.

We will provide instructions on document formats in the following sections. If you don't provide the required documents, your application is incomplete.

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

See responsiveness criteria and initial review to understand how this affects your application.

Required format

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

File format: PDF, Word, or Excel

Size: 12-point font

Footnotes and text in graphics may be 10-point.

Spacing: Single-spaced

Margins: 1-inch

Include page numbers

These formatting requirements do not apply for any scanned or photocopied materials inserted into your application.

See merit review criteria to understand how reviewers will evaluate your application.

Project summary

Page limit: 1

File name: Project abstract 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

Page limit: 20

File name: Project narrative

Although not required, you may include the following four additions to your project narrative file. They do not count toward the 20-page limit:

- Cover or title page.
- Table of contents for the project narrative.
- Nondisclosure statement, if applicable to your organization.
- Acronym or abbreviation list.

All other content included in the Project Narrative file will count toward the 20-page limit. It is your responsibility to double-check for formatting issues that might occur when you submit your application. If a formatting problem causes a 20-page project narrative file to exceed 20-pages, your application will be deemed non-responsive.

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

Background

Describe the problem you plan to address. Be specific to your population, communities served, and geographic area.

See the background overview and related work section of the program description.

Approach

Strategies and activities

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

Outcomes

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

Organizational capacity

Briefly describe your organizational capacity to carry out the strategies and activities. You will provide the required attachments in a separate file.

Coordination

Describe how you will coordinate with programs and organizations, either internal or external to CDC. Explain how you will address the requirements in the coordination section of the program description.

Evaluation and performance measurement plan

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.

Data management plan

You must provide an initial data management plan. This plan describes how you will fulfill the requirements in program description, data management plan.

Work plan

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

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 required forms.

You must state all amounts in U.S. dollars.

HHS now uses the definitions for equipment and supplies in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the

recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

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. We encourage you to develop a budget based on accomplishment of key or critical milestones and clearly link budget amounts for activities to accomplishment of related milestones.

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

Your budget narrative must follow this format:

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

See funding policies and limitations for policies you must follow.

Component funding requirements

In your SF-424A form, you will separate your component budgets using the "grant program, function, or activity" sections.

In a single document, provide a separate budget narrative for each component you propose. Separate them with clear headings.

Attachments

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

Page limit: Provide only the information you need to respond to each requirement. Combined, the attachments may not be more than 90 pages,

except for the global HIV and TB local organization funding preference documentation. We provide this page limit to ensure you have adequate space to meet all requirements; however, we don't expect you to need the full 90 pages. Anything submitted beyond the 90-page limit will not be considered as part of the review process.

Table of contents

Required.

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.

Experience statement

Required.

File name: Experience statement

Provide an experience statement that shows your organization's capacity to address the requirements of the NOFO, specifically in the following areas:

- Show experience working in Ghana or in West Africa's high-burden, limited-resource settings to accelerate VL scale-up and coverage.
- Show experience putting quality management and LIS systems into practice.
- Show experience strengthening CQI programs to make sure VL and EID testing aligns with International Organization for Standardization or ISO 15189 requirements and the SLIPTA and Strengthening Laboratory Management Toward Accreditation models.
- Show experience developing national laboratory policy guidelines and standards for laboratory testing and quality management systems. This includes strengthening coordination structures to support national laboratory capacity for diagnosis, treatment, surveillance, and outbreak response for HIV, TB, and other infectious disease threats.
- Show experience supporting EQA programs.
- Show experience operationalizing and managing molecular testing analyzers/platforms, including dashboards and monitoring key performance indicators.

Financial capability statement

Required.

File name: Financial capability statement

Describe your:

- Systems and procedures used to manage funds
- Procurement procedures
- Previous experience managing budgets greater than $500,000

Resumes and job descriptions

Required.

File name: Resumes and job descriptions

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

Organizational chart

Required.

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.

Statement of prior award

Required.

File name: Statement of prior award

If your organization has received a prior grant award under the federal global HIV and TB program (PEPFAR), include a list of each previous award in this attachment with agreement number and project period dates.

For organizations that have not previously received an award under this program, this attachment should state that no prior awards have been received.

Indirect cost agreement

Required if applicable.

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. If you use the *de minimis* rate, you do not need to submit this attachment.

For discretionary awards, there may be a preference given to institutions with lower indirect cost rates.

Letters of commitment

Required if applicable.

File name: Letters of commitment (if you upload each letter separately, add the organization name)

If including sub-recipients in your application or consortium members who are financially involved in this project, you must include letters of commitment and a complete list of all letters of commitment intended.

The list must include the organization name and its role in the project, such as consortium member or sub-recipient. We will not review letters not included in the list. We will also not review letters of support from organizations that are not financially involved in the project.

Report on overlap

Required if applicable.

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.

Other documentation

Optional.

You may include any additional materials that are important to support your application.

Global HIV and TB local organization funding preference

Required if applying for the funding preference.

Not included in the 90-page limit.

File name: Local organization preference

If you would like to be considered for the global HIV and TB local organization funding preference, include this attachment. It is helpful to upload all components into one combined PDF file, but one combined PDF file is not required. Specific guidelines for what documentation are required can be found under the global HIV and TB local organization funding preference section and is listed by organization type.

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

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

Component funding instructions for SF-424A

When completing your SF-424A, you will enter each component you propose in the "grant program, function, or activity" sections. The form allows for only four components. If you are proposing more than four components, you must submit two SF-424A forms. You can upload the second form under other attachments.

Important: Public information

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

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

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

See instructions and examples [PDF].

Step 4: Learn About Review 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 that exceed the page limit.

Merit review

A panel reviews all applications that pass the initial review for responsiveness criteria. They use the following criteria. Merit reviewers will score each application, and then we will rank them by score.

Table: Criteria and total points

Criterion	Total number of points = 100
1. Approach	40 points
2. Organizational capacity	30 points
3. Data, monitoring, and evaluation	30 points

Criteria

Approach (Maximum points: 40)

Make sure that responses are consistent with the requirements in the program description sections shown in the following table.

Table: Approach criteria

Evaluate the extent to which the applicant provides:	Points
A clear plan to strengthen government-led coordination of laboratory services, diagnostic networks, and systems to improve monitoring, detection, reporting, and response to HIV, TB, and related public health threats.	**15 points**
An innovative workforce capacity-building approach to strengthen competencies in the following areas: Quality Management Systems, CQI, LIS and PT. This approach should include a pathway for the MoH and other government entities to lead and manage these workforce development programs.	**15 points**
A clear and comprehensive approach to improve the quality, reliability, safety, and timeliness of laboratory services at all levels by: • Strengthening laboratory governance and leadership. • Developing a pathway for strengthening quality management. • Enhancing the LIS functionality. • Improving laboratory diagnostic and monitoring systems and services.	**10 points**

Organizational capacity (Maximum points: 30)

Ensure that responses are consistent with the Program Description section Organizational Capacity, and with the requested attachments (experience statement, financial capability statement, resumes and job descriptions, organizational chart).

Table: Organizational capacity criteria

Evaluate the extent to which the applicant provides:	Points
A proven track record in setting up similar laboratory programs in Ghana.	**10 points**
Evidence that proposed staff have the expertise and qualifications to carry out all proposed priority activities.	**10 points**
Strong organizational governance and leadership structures.	**5 points**

Evaluate the extent to which the applicant provides:	Points
Evidence of organizational and financial management capacity, including experience managing USG funds in compliance with federal regulations, systems to track expenditures, and the ability to produce, collect, and analyze financial performance data.	**5 points**

Data, monitoring, and evaluation (Maximum points: 30)

Make sure that responses are consistent with the program description's data, monitoring, and evaluation section.

Table: Data, monitoring, and evaluation criteria

Evaluate the extent to which the applicant provides:	Points
A strong evaluation and monitoring plan to track progress toward achieving program objectives through: • Clear performance and outcome measures/indicators. • Clear evaluation questions. • Strong data collection and tools, methods, and systems to analyze the data. • Strong data management and quality strategies. • Clear interest holder engagement and dissemination strategies.	**15 points**
A description of a good system for reviewing and adjusting program activities based on performance monitoring and evaluation findings.	**10 points**
A clear and strong proposal for use of technology and innovative solutions for data management	**5 points**

Budget (Not scored)

Make sure that responses are consistent with the Budget narrative and Funding policies and limitations.

Table: Budget criteria (not scored)

Evaluate the extent to which:	Points
The budget is itemized, justified, reasonable, and consistent with NOFO objectives, planned program activities, and global HIV and TB program goals in alignment with the America First Global Health Strategy and CDC priorities statement.	**Not scored**
(If applicable) The costs per client are reasonable for both year one and later project years.	**Not scored**

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

Global HIV and TB local organization funding preference

For this NOFO, we will add 30 points to any application that meets the global HIV and TB local organization funding preference. To meet this preference, the prime applicant organization must currently meet one of the definitions of a local partner using the following definitions. We will not award points for partially meeting the definition.

To apply for global HIV and TB local organization funding preference, you must submit an attachment as outlined in the global HIV and TB local organization funding preference section of the other documentation section. This includes:

- A letter on your organization's official letterhead from your organization's authorized representative that describes which of the three local organization definitions your organization currently meets and how your organization meets it. Refer to the documentation you provide (see next bullet).
- Documentation that supports the claims in your letter (see the following instructions by type of local organization). If documentation is not in English, you must describe its contents in the letter.

Global HIV and TB local organization definition

The definitions of local organizations and instructions for applying for each type of local organization are as follows.

Individuals (sole proprietorships)

An individual must be a citizen or lawfully admitted permanent resident of and have their principal place of residence and business in the country or subregion served under this NOFO. A sole proprietorship must be owned by a person who meets this definition.

To apply as an individual, the sole proprietor must sign the letter in the global HIV and TB funding preference attachment. You must also provide evidence of your ownership and principal place of business. This might include a certificate of registration, organization, or incorporation in the country or contact information including physical address.

Entities

An entity is an organization other than a sole proprietorship. This might include a corporation or nonprofit organization. To be eligible, your organization must meet all three of the following criteria:

- **Criterion 1:** Your organization must:
  - Be incorporated or legally organized under the laws of the country or subregion served under this NOFO. Your principal place of business must also be in this country.
- **Criterion 2:** Your organization must meet **either** of the following:
  - When you apply, it is at least 75% beneficially owned by citizens or lawfully admitted permanent residents of the country served under this NOFO. **OR**.
  - When you apply, at least 75% of the entity's senior, mid-level, or support staff are citizens or lawfully admitted permanent residents of the country served under this NOFO.
- **Criterion 3:** If your organization has a board of directors, at least 51% of the members are citizens or lawfully admitted permanent residents of the country served under this NOFO.

To apply as an entity, your organization's authorized official must sign the letter included in the global HIV and TB funding preference attachment.

In your letter, include clear statements and supporting information that your organization meets each of criteria in the entity definition.

You must include the following:

1. Official documentation from a national or subnational government organization providing evidence of the organization's incorporation or legal organization in the country or subregion, and the principal place of business.
2. A list of the individual officers or owners and their:
   a. Titles and roles.
   b. Citizenship or permanent resident status.
3. Calculations of the exact percentages of full-time staff who are citizens or lawfully admitted permanent residents of the country.
4. A list of the members of the board of directors, including each board member's name and citizenship or permanent residency status in the

country. Include a statement that at least 51% of the board members are citizens or lawfully admitted permanent residents.

a. If your organization does not have a board of directors, state this in your letter.

Government ministries and parastatals

These are government ministries like ministries of health, subunits of government ministries, and parastatal organizations in the country served under this NOFO.

Parastatal organizations may be fully or partially government-owned or government-funded. They may have a board of directors, like a private corporation.

To apply as a government ministry or parastatal, you must submit a letter and applicable documentation in the global HIV and TB funding preference attachment. The project director or principal investigator must sign the letter. In the letter, describe how the organization has a working relationship with the government ministry, subunit of a government ministry, or parastatal organization in the country. Describe the government's partial ownership of the entity.

Provide documentation showing the organization's relationship with the government. This might include an organizational chart, legislation, statute, or charter.

Regions and subregion definition

In the local organization definitions, a region is defined as one of the 2020 State Department/ ForeignAssistance.gov subregional groupings, such as Southern Africa, Central Africa, or Central America.

You can find the full global HIV and TB local organization definitions, including subregional groupings, in GHSD Technical Considerations [PDF] (pages 436-438).

Applying this preference

If you want to be considered for this preference, you will include documentation in your attachments.

Following merit review, we will review your attachment to determine whether you meet this preference. If so, we will add 30 points to your merit review score. We will then rank the applications again.

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.
  - We will resolve ties using the following process, in order:
    - Conduct further review of the tied applications.
    - Promote the application with the highest score under Approach.
    - If there is still a tie, promote the application with the highest score under Organizational Capacity.
    - If there is still a tie, promote the application with the highest score under Data, monitoring, and evaluation.
- We reserve the right to fund applications out of rank order:
  - If a grant is awarded based on false or misrepresented information, or if a recipient does not comply with public policy requirements, we may take any necessary and appropriate action with respect to the recipient or the award, up to termination.
  - To accommodate the funding preferences stated in this NOFO.
  - To further the activities and priorities of the global HIV and TB program in alignment with the America First Global Health Strategy.
  - Preference for discretionary awards may be given to institutions with lower indirect cost rates.

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 and the best interests of the US government.

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 SAM.gov Responsibility / Qualification to check this history for all 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 additional 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.

Award notices

If we decide to award you funding, we will email a NoA to your authorized official.

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

You will receive these notifications by the end of August 2027 or as soon as possible.

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.

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

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

Step 5:
Submit Your Application

In this step

Submission requirements and deadlines

See find the application package to make sure you have everything you need.

You must obtain a UEI number associated with your organization's physical location. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location receiving the federal funds.

Make sure you are current with SAM.gov and UEI requirements.
See get registered.

You will have to maintain your registration throughout the life of any award.

Application

Due on October 16, 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.

If you are experiencing technical issues with your submission that may impact submitting your application by the deadline, email the grants management contact at least five calendar days before the application deadline with the following information:

- Your organization name and contact information.
- The opportunity number of this NOFO.

- The Grants.gov case number assigned to your inquiry.
- The problems that prevent you from submitting through Grants.gov, and how you attempted to solve these problems with the help of the Grants.gov Contact Center.

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration

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

Administrative and national policy requirements

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

- All terms and conditions in the NoA, including CDC General Terms and Conditions. The NoA includes the requirements of this NOFO. This also includes adhering to Gold Standard Science.
- 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, which you must also follow, as applicable.
- 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 NoA.
- 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.
- For more information about applicable anti-discrimination laws, please see the General Terms and Conditions for Non-Research Grants and Cooperative Agreements [PDF].
- 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.
- For information about additional requirements that apply to this NOFO's awards and work, please see the CDC's Additional Requirements (AR).

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. • CDC will provide you with a template for the Evaluation and Performance Measurement Plan after the NoA is issued.	Six months into award.
Recipient Data management plan	• 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 and the Evaluation and Performance Measurement 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.
Expenditure Reporting	• Expenditure reporting, as defined by the global HIV and TB Financial Classifications Reference Guide.	Annually, in conjunction with the global HIV and TB Annual Progress Report at the completion of the USG's fiscal year.

Report	Description	When
Human Resources for Health Inventory Reporting	• Identifies gaps and misalignments in the global HIV and TB-supported health workforce.	Annually, in conjunction with the global HIV an TB Annual Progress Report at the completion of the USG's fiscal year.
Federal Financial Report	• 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.
Performance measure reporting	• Reporting on current standardized indicators through Data for Accountability, Transparency, and Impact and Monitoring (DATIM).	• Reporting frequency for standardized indicators is defined per indicator in the DATIM USG Standard Indicator Reference Guides. • Within 30 days of each reporting period.
Final Performance Report	• Includes information like the Annual Performance Report.	120 days after the end of the period of performance.
Final Financial Report	• Includes information in Federal Financial Report.	120 days after the end of the period of performance.
Reporting of Foreign Taxes	• Includes 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.
Audit, Books, and Records	• Accounting records and other information and reports.	When applicable, within 30 days of completion of the audit and no later than nine months after the end of the period under audit.

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

CDC award monitoring

Monitoring activities include:

- Routine and ongoing communication between CDC and recipients.
- Site visits.
- Recipient reporting, including work plans, performance reporting, and financial reporting.
- Routine updates and annual review of the full evaluation and performance measurement plan.

We expect to include the following in post-award monitoring:

- Tracking your progress in achieving outcomes.
- Making sure your systems can hold information and generate data reports.
- Creating an environment that fosters integrity in performance and results.

We may also include the following activities:

- Organizing an orientation meeting with you on expectations, regulations, and key management requirements, as well as report formats and contents.
- Reviewing and approving your evaluation and performance measurement plan, including for compliance with the strategic information guidance established by the GHSD Bureau and/or CDC.
- Meeting regularly with you to assess your quarterly technical and financial progress reports and modify plans, as needed.
- Meeting each year with you to review your annual progress report, and to review and adjust your annual work plans for the next fiscal year based on outcome achievement, evaluation results, changing budgets, and GHSD-approved implementation plans.
- Conducting site visits through an approved monitoring system, in compliance with global HIV and TB program and related requirements.
- We will monitor the ability of clinical and community service delivery sites to provide high-quality HIV/AIDS services in all program areas.
- We will monitor your ability to perform supportive or systemic functions, by assessing and scoring site performance connected to key areas of your program.

- We will work with you on gaps we identify and continuous quality improvement, which might include additional data quality or service quality assessments.
- Providing technical oversight for all activities under this award.
- Making sure you are on track to achieve outcomes on time.
- Monitoring programmatic and financial performance measures to ensure satisfactory performance.
- As outlined in the current GHSD program and planning guidance, we can take corrective or enforcement actions if you underperform in achieving your project's targets in accordance with 2 CFR 200.339 and 200.340, as appropriate. This means:
    - When we are considering a target improvement or corrective action plan, we will assess your level of effort, including the following:
        - Any preventive action taken.
        - Any extenuating circumstances internal or external to the recipient.

Results Based Funding

CDC may fund this Cooperative Agreement using a results-based funding approach, which would rely on articulated milestones and program indicators. Under this approach, CDC may provide federal funds during a budget period based on measurable results as defined in this NOFO (e.g., articulated milestones and program indicators), in the recipient's approved work plan, and, to the extent allowable by federal law, as may be aligned with country, HHS/CDC, and US government global health priorities. If selected for award, you will receive more detailed information about this funding approach in your NoA or in subsequently issued CDC guidance.

In furtherance of this funding approach, you will have at least 120 days after the start date of this award to collaborate with CDC and submit proposed program indicators and milestones as part of your required Evaluation and Performance Management Plan and component funding structure. Though foundational funding will be provided at the start of the project period, continued funding will be linked to verified progress towards reaching milestones providing clear checkpoints on performance and helping to ensure resources support steady documented progress. These performance results are intended both to help support your progress during the award's period of performance and to help determine funding amounts in subsequent budget periods.

CDC's role

Under a cooperative agreement, CDC has substantial involvement in your project. This means that we will do the following:

- Help/assist with your review and selection of key personnel, any post-award sub-contractors, and any sub-recipients that will be involved in the activities performed under this NOFO. This is limited to reviewing and making recommendations on the process you use to select these individuals and organizations.
- Provide technical support and targeted capacity building activities designed to help you:
  - Develop and conduct program activities based on CDC and GHSD Bureau guidance, operational plan approval, and best practices.
  - Manage, analyze, and ensure data quality.
  - Meet USG financial and reporting requirements.
  - Present and possibly publish program results and findings.
  - Manage and track finances.
- Guide you on how to allocate funds for and how to conduct monitoring and evaluation activities, including providing ethical reviews to direct or assist with any needed changes.
- Help ensure your work aligns with the country's national plan to manage and lead their response to HIV in a fair, effective, and long-lasting way.

Contacts and Support

In this step

Agency contacts

Program

DGHT NOFOs
Email: DGHTNOFOS@cdc.gov

Grants management

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

Grants.gov

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

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

SAM.gov

If you need help, you can:

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

Reference websites

- U.S. Department of Health and Human Services (HHS)
- Grants 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.)
- CDC Global HIV and TB
- U.S. Department of State/Bureau of Global Health Security and Diplomacy
- U.S. Department of State/PEPFAR
- FFR Information | HHS PSC FMP Payment Management Services