

Notice of Funding Opportunity
Application due Wednesday, July 1, 2026










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

Division of Healthcare Quality and Promotion
Antimicrobial Resistance Strategy and Coordination Unit

Building National Partnerships for the Prevention of Emerging and Reemerging Infectious Diseases

Opportunity number: CDC-RFA-CK-26-0107

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Before you begin

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

SAM.gov registration (this can take several weeks)

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

[See Step 2: Get ready to apply](#)

Grants.gov registration (this can take several days)

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

[See Step 2: Get ready to apply](#)

Apply by the application due date

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



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



Step 1:

Review the Opportunity

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Basic information

Centers for Disease Control and Prevention (CDC)

Division of Healthcare Quality and Promotion

Antimicrobial Resistance Strategy and Coordination Unit

Enhancing the U.S.'s ability to prevent, detect, and respond to infectious disease threats.

Summary

This notice of funding opportunity (NOFO) strengthens the United States's capacity to prevent, detect, and respond to infectious disease threats. It improves infrastructure, workforce development, risk and health messaging, and emergency response capabilities. It will help:

- Expand training for infection prevention and control (IPC) and combating antimicrobial resistance (AR).
- Enhance engagement of frontline healthcare and public health workers.
- Improve healthcare facility resilience.
- Improve coordination and surge staffing during public health responses.

This NOFO includes four components:

- **Component 1 (Required): Programmatic Infrastructure and Capacity**
 - Supports foundational infrastructure, including essential management functions and cross-cutting needs such as key personnel, core capabilities, and network access.
- **Component 2 (Optional): Emerging and Re-emerging Pathogens**
 - Strengthens domestic public health infrastructures that prevent and control infectious diseases that threaten population health.
- **Component 3 (Optional): Antimicrobial Resistance and Healthcare-Associated Infections**
 - Advances evidence-based guidance, practices, and messaging related to preventing and controlling antimicrobial resistance and health-associated infections (AR/HAI).
 - Supports Project Firstline projects.



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

Key facts

Opportunity name:
Building National Partnerships for the Prevention of Emerging and Reemerging Infectious Diseases

Opportunity number:
CDC-RFA-CK-26-0107

Assistance listing:
93.084

NOFO version: Original

Key dates

Application submission deadline:
Wednesday, July 1, 2026

Informational call:
June 12, 2026

Expected award date:
August 31, 2026

Expected start date:
September 30, 2026

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

- **Component 4: Outbreak and Emergency Response**
 - Strengthens the response to public health threats.
 - Prioritizes surge capacity and improving response effectiveness, speed or coordination.

You must apply for Component 1 and at least one other component. If you apply for Component 4, it may be approved but unfunded. Component 4 is for coordinated emergency response, if needed.

Funding details

Funding type: Cooperative agreement

Total expected awards: 30

Expected awards for:

- **Component 1:** 30
- **Component 2:** 15
- **Component 3:** 15
- **Component 4:** To be determined, as needed

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

Expected total program funding over the performance period:
\$150,000,000

Approximate award amount over the period of performance: \$1,000,000

Expected funding per applicant per 12-month budget period for:

- **Component 1:** \$20,000
- **Component 2:** \$100,000
- **Component 3:** \$100,000
- **Component 4:** TBD as needed

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

Funding strategy

This NOFO funds four components:

- **Component 1 (Required):** Programmatic Infrastructure and Capacity
- **Component 2:** Emerging and Re-emerging Pathogens
- **Component 3:** Antimicrobial Resistance/Healthcare-Associated Infections
- **Component 4:** Outbreak and Emergency Response

Please note these requirements and conditions:

- Component 1 is required. You must apply for this and at least one other component.
- Components 2 and 3 are separate scopes of work. Each recipient may receive funding to carry out both components. Funding amounts may vary based on program needs and available funds.
- If you apply for Component 4, it may be approved but unfunded. It will be funded if we identify a public health need related to an infectious disease threat.
- You must submit a separate work plan and budget for each component.
- All awards and funding decisions are subject to the availability of funds.
- Selection for Component 2 and Component 4 funding will be based on multiple factors, including:
 - Geographic location of the emergency.
 - Potential for rapid or widespread threat.
 - Your organization's capabilities and capacity.
 - National public health priorities.
 - Other relevant situational considerations.

Because of these factors, we may make awards out of rank order. If you're selected, you'll develop a project plan that builds on your initial application and aligns with the identified infectious disease threat.

Eligibility

Eligible applicants

Only these types of organizations may apply:

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

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

Responsiveness criteria

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

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

- Is from an organization that doesn't meet all [eligibility criteria](#). See requirements in [eligibility](#).

- Is submitted after the [deadline](#).
- Doesn't include Component 1 and at least one more component (Components 2-4).
- Proposes research activities. See the definition of research.
- Doesn't include a project summary, project narrative with each section specified in the NOFO, and budget narrative.

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

Application limits

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

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

Cost sharing and matching funds

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

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

Maintenance of effort

Maintenance of effort is not required for this program.

Post-award requirements

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

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

Agency priorities

Required alignment with CDC priorities

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

Funded activities must:

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

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

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

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

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

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

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

Program description

Background

The Centers for Disease Control and Prevention (CDC) works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. This NOFO seeks to strengthen our capacity to prevent, detect, and respond to infectious disease threats by reaching frontline professionals who work to prevent and control the spread of emerging and re-emerging infectious disease threats.

To effectively respond to, manage, and address public health threats, CDC partners with national and regional organizations. This NOFO will establish a roster of organizations that are preapproved for rapid funding to respond to public health threats as they emerge.

Related work

- CK20-2003 : [Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats](#)
- CK22-2203 : [Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States](#)

Purpose

This NOFO aims to strengthen the United States's capacity to prevent, detect, and respond to infectious disease threats. It will establish and strengthen a resilient public health infrastructure. Through national partnerships, the program aims to:

- Establish and maintain the infrastructure needed to effectively implement and sustain long-term public health programs.
- Strengthen the national capacity to prevent, detect, and respond to emerging and re-emerging pathogens, in healthcare and public health settings.
- Strengthen healthcare facilities' resilience to keep patients and healthcare workers safe during times of system stress.
- Expand and enhance infection prevention and control training, education, and systems support for frontline healthcare workers.

- Advance effective messaging, outreach, and stakeholder engagement to provide accurate and actionable information to combat antimicrobial resistance.
- Strengthen readiness and coordination for public health emergencies through surge capability, partner engagement, and emergency response activities.

Approach

Overview

This NOFO will strengthen the national capacity to prevent, detect, and respond to infectious disease threats with an integrated systems approach.

The approach builds on established strategies that strengthen infectious disease prevention and response. These strategies include strong infrastructure, coordinated systems, high-quality training, and effective messaging. For areas with developing practices, this NOFO prioritizes monitoring and adjustment to optimize implementation.

Components

This NOFO has 4 components:

- **Component 1 - Programmatic Infrastructure and Capacity:** Establishes the foundational systems and personnel needed for effective program implementation.
- **Component 2 - Emerging and Re-emerging Pathogens:** Strengthens national disease prevention, detection, and response capabilities.
- **Component 3 - Antimicrobial Resistance/Healthcare-Associated Infections:** Expands messaging, education, and implementation of activities to prevent and control antimicrobial resistance and healthcare-associated infections, including the application of human factors-informed strategies that strengthen adherence and improve effectiveness.
- **Component 4 - Outbreak and Emergency Response:** Improves response to infectious disease outbreaks and other public health emergencies.

Program logic model

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

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

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

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

Please note these definitions for abbreviations in the logic model:

- PH = public health
- HC = healthcare
- AR = antimicrobial resistance
- IPC = infection prevention and control
- CHCs = community health centers

Table: Strategies and outcomes

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Strategy 1. Implement and monitor	Increased organizational capacity to implement and monitor PH programming.*	More effective PH programming. Increased capacity for response to outbreaks and emergencies.	Reduced HC and/or community-associated infections caused by AR and/or emerging and re-emerging pathogens.
Strategy 2. Disseminate and adopt	Increased distribution and reach of guidance/best practices to prevent and control: <ul style="list-style-type: none"> Emerging and re-emerging infectious diseases. AR/HAls in the target audience, including CHCs.* 	Increased adoption of guidance and best practices by workers and workplace leaders to prevent the spread of infectious diseases. Improved IPC knowledge, skills and practices across the US PH system.*	Fewer HC and/or community-associated infections caused by AR and/or emerging and re-emerging pathogens.
Strategy 3. Inform and adapt	New/existing guidance and approaches are informed and adapted by those engaged to prevent emerging and re-emerging infectious diseases and AR/HAls.*	Increased adoption of guidance and best practices by workers and workplace leaders to prevent the spread of infectious diseases.	Fewer HC and/or community-associated infections caused by AR and/or emerging and re-emerging pathogens.
Strategy 4. Educate and train	Increased number of HC and PH workers who receive education and/or training on best practices to prevent and control infectious diseases.*	Improved IPC knowledge, skills and practices across the US PH system.*	Fewer HC and/or community-associated infections caused by AR and/or emerging and re-emerging pathogens.

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
<p>Strategy 5.</p> <p>Ready and prepare</p>	<p>Increased planning to manage outbreaks and PH emergencies.*</p> <p>More PH system resources are developed and/or implemented for IPC during outbreaks and emergencies.*</p>	<p>Increased readiness and preparedness for emergency response to outbreaks and PH emergencies.*</p>	<p>Enhanced response readiness and resilience across the PH system.</p> <p>Fewer HC and/or community-associated infections caused by AR and/or emerging and re-emerging pathogens.</p>
<p>Strategy 6.</p> <p>Build and strengthen</p>	<p>Demonstration of the relationship between structural factors and the resilience of the PH system.*</p>	<p>Improved IPC policies, procedures, and implementation across the US PH system.</p> <p>Improved IPC knowledge, skills and practices across the US PH system.*</p>	<p>Fewer HC and/or community-associated infections caused by AR and/or emerging and re-emerging pathogens.</p> <p>Enhanced response readiness and resilience across the PH system.</p>
<p>Strategy 7.</p> <p>Accelerate and respond</p>	<p>More PH system resources are developed and/or implemented for IPC during outbreaks and emergencies.*</p>	<p>Increase capacity for response to outbreaks and emergencies.</p> <p>Improved IPC knowledge, competencies, skills and practices across the US PH system.*</p>	<p>Fewer HC and/or community-associated infections caused by AR and/or emerging and re-emerging pathogens.</p> <p>Enhanced response readiness and resilience across the PH system.</p>

Strategies and activities

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

You must propose activities that support at least one of the six strategies for each component you're applying for.

Not every strategy applies to every component. Each component is linked to specific strategies. You should focus only on the strategies for the component(s) you're applying for and design activities that clearly support those strategies.

Component 1

Strategy 1: Implement and monitor

Activities

- Invest in and maintain the people who are critical and necessary to implement and fiscally manage activities to prevent the spread of infectious diseases.

Components 2 & 3

Strategy 2: Disseminate and adopt

Activities

- Support CDC in disseminating and adopting guidance, clinical guidelines, best practices, and messaging related to:
 - Disease prevention and control of emerging/re-emerging pathogens (**Component 2**).
 - Antimicrobial resistance and healthcare-associated infections (**Component 3**).

Strategy 3: Inform and adapt

Activities

- Inform and support CDC in developing and adapting guidance, tools, best practices and messaging. This includes collecting and communicating individual expert opinions that consider the needs and perspectives of specific patient populations, clinical specialties, and industry sectors.

Strategy 4: Educate and train

Activities

- Engage frontline workers across the public health system to increase knowledge and implementation of CDC best practices to support:
 - Disease prevention and control of emerging/re-emerging pathogens (**Component 2**).
 - Antimicrobial resistance and healthcare-associated infections (**Component 3**).
 - For Component 3, this strategy supports Project Firstline activities.

Strategy 5: Ready and prepare

Activities

- Improve the public health system's ability to plan for and be ready to respond to outbreaks and/or public health emergencies caused by:
 - Emerging/re-emerging pathogens (**Component 2**).
 - Antimicrobial resistance/healthcare-associated infections (**Component 3**).

Component 3

Strategy 6: Build and strengthen

Activities

- Build healthcare resiliency and strengthen healthcare systems by identifying and improving the system-level factors that support or undermine the consistent delivery of safe care, with the goal of reducing healthcare and community-associated infections caused by antimicrobial resistant pathogens.

Component 4

Strategy 7: Accelerate and respond

Activities

- Enhance the response to outbreaks and public health emergencies. This may include:
 - Increasing or accelerating programming -to support the public health system to respond to an outbreak or public health emergency.
 - Increasing public health infrastructure or staff.

Outcomes

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

Component 1

Strategy 1: Implement and monitor

Short-term

- Increased organizational capacity to implement and monitor public health programming (**only applicable to Component 1**).

Components 2 & 3

Strategy 2: Disseminate and adopt

Short-term

- Increased distribution and reach of guidance and best practices to prevent and control:
 - Emerging and re-emerging infectious diseases.
 - Antimicrobial resistance/HAIs in your target audience, including community health centers.

Intermediate

- Improved IPC knowledge, skills and practices across the US PH system.*

Strategy 3: Inform and adapt

Short-term

- New/existing guidance and approaches are informed and adapted by those engaged to prevent:
 - Emerging and re-emerging infectious diseases.
 - AR/HAIs.

Strategy 4: Educate and train

Short-term

- Increased number of healthcare and public health workers who receive education and/or training on best practices for the prevention and control of infectious diseases.

Intermediate

- Improved IPC knowledge, skills and practices across the US PH system.

Strategy 5. Ready and prepare

Short-term

- Increased planning to manage outbreaks and PH emergencies.*
- More PH system resources are developed and/or implemented for IPC during outbreaks and emergencies.*

Intermediate

- Increased readiness and preparedness for emergency responses to outbreaks and PH emergencies.

Component 3

Strategy 6. Build and strengthen

Short-term

- Demonstration of the relationship between structural factors and the resilience of the PH system.

Intermediate

- Improved IPC knowledge, skills and practices across the US PH system.

Component 4

Strategy 7. Accelerate and respond

Short-term

- More PH system resources are developed and/or implemented for IPC during outbreaks and emergencies.

Intermediate

- Improved IPC knowledge, competencies, skills and practices across the US PH system.*

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 must provide a work plan for each component you're applying for. Include all of the activities you'll implement.

Table: Sample format

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

Data, monitoring, and evaluation

CDC strategy

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

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

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

CDC will use multiple data sources to monitor implementation and assess progress toward program objectives. Data sources include your performance reports, surveillance data (where applicable), and other relevant information systems. Monitoring and evaluation activities will emphasize data quality, consistency, and appropriate use of findings. CDC may provide guidance, tools, or technical assistance to support data collection, analysis, and reporting efforts. Findings will be reviewed on an ongoing basis to inform timely decision-making, identify emerging trends, support programmatic adjustments, and contribute to broader public health knowledge.

Required performance measures

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

Component 1

Strategy 1: Implement and monitor

Process measure

- Number and proportion of key project positions filled and maintained over the reporting period.

Outcome measure

- Identification and mitigation of structural, organizational, or staffing factors that affect infection prevention and control performance.

Component 2 & 3

Process measures

Strategy 2: Disseminate and adopt

- Number of CDC guidance documents, tools, or messages disseminated to target audiences.

Strategy 3: Inform and adapt

- Number of guidance and education products adapted to address the needs of specific populations, clinical specialties, or sectors.

Strategy 4: Educate and train

- Number and type of healthcare and public health workers reached through training or educational activities.

Strategy 5: Ready and prepare

- Number of outbreak response plans reviewed and updated during the reporting period.

Outcome measures

Strategy 2: Disseminate and adopt

- Percentage or number of organizations or workers reporting adoption or implementation of recommended infection prevention and control practices.

Strategy 3: Inform and adapt

- Percentage of facilities or workplaces implementing recommended IPC best practices aligned with current guidance.

Strategy 4: Educate and train

- Percentage of training participants demonstrating increased IPC knowledge or competency from pre- to post-assessment.

Strategy 5: Ready and prepare

- Percentage of jurisdictions/facilities implementing standardized IPC tools, guidance, or protocols for outbreak response.

Component 4

Strategy 7: Accelerate and respond

Process measure

- Number and percentage of PH staff completing outbreak-specific IPC training.

Outcome measure

- Number or proportion of healthcare facilities or public health entities implementing tools, materials, or resources that support routine infection prevention and control and can be scaled during emergencies.

These measures will allow CDC to track implementation progress, assess achievement of period-of-performance outcomes, and inform continuous program improvement. CDC and recipients will work together to finalize performance measures, data sources, targets, and reporting frequencies following award.

Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan. Use the measures required under the [CDC strategy](#).

Where you choose to, or are expected to, develop specific evaluation studies, you need to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the [Reporting section](#). The CDC program will provide a template.

Given the wide range of potential recipients and their target audiences, evaluation plans will be tailored if partners are funded by CDC programs. However, each evaluation plan will include some elements that are consistent across recipients (as outlined in the [logic model](#)).

Include the following elements.

Methods

Describe how you will:

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

Additionally, explain:

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

Data management plan

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

Submit your Data Management Plan (DMP) as a separate PDF attachment in Grants.gov under the “Other Attachments” section. Clearly label the file as “Data Management Plan”. Include:

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

Evaluation activities

You must take on specific evaluation activities. Describe:

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

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

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](#).

Organizational capacity

You must possess the organizational capacity and skills needed to implement the strategies and activities of this NOFO. This includes the abilities to:

- Reach a national or regional network of an occupational category(ies) that are essential to prevent and control emerging or re-emerging infectious disease.
- Implement a functional response to a public health threat. This includes distributing public health guidance, recommendations, and tools and providing support to implement these resources.
- Inform, educate, and empower staff that work to prevent and control infectious diseases.
- Gather and provide expert opinions from individuals in occupational groups on opportunities to adapt existing public health guidance, recommendations, and tools so they are easier to use, better aligned with real-world settings, consistently applied and lead to improved practice and outcomes.

In support of these capabilities, you must document your capacity to implement the required activities. In your application:

- Demonstrate organizational capacity for:
 - Program and staffing management.
 - Performance measurement and evaluation systems.
 - Financial reporting systems.
 - Communication, technological, and data systems required to implement the activities in an effective and expedited manner.
 - Physical infrastructure and equipment.
 - Workforce capacity to successfully execute all proposed strategies and activities based on the planning scenario.
- Demonstrate organizational capacity to manage partnerships with other organizations to ensure a coordinated response to a public health threat.

To support this, attach the following in your application:

- Organizational charts for your organization and relevant public health programs within your structure.
- Letter signed by your organization's President or CEO on organization letterhead, attesting to the existing capacity and capability for rapid procurement, hiring, and contracting.

As a recipient, you must be able to:

- Submit an amended budget within 14 days of award notice.
- Procure equipment, services, etc.
- Hire or contract for temporary staffing.
- Execute a contract within 30 days.

Collaborations

You'll be expected to collaborate with:

- Other CDC programs and CDC-funded organizations. This includes
 - Other CDC programs that have content area expertise in the infectious disease of interest.
 - Other funded recipients to amplify the goals of the program, as described in this NOFO.
- Organizations not funded by CDC.
 - This funding opportunity may support multiple organizations to address a public health threat from an emerging or re-emerging infectious disease.

Funding policies and limitations

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 guidance

- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. If you have questions about these purposes, [ask the grants management specialist](#).
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting your project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we will consider options such as:
 - Funding more applicants.
 - Extending the period of performance.
 - Awarding supplemental funding.

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

Unallowable costs

You may not use funds for:

- Research.
- Clinical care, except as allowed by law.
- Pre-award costs, unless we give you prior written approval.
- Other than for normal and recognized executive-legislative relationships:
 - Publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body.

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

Indirect costs

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

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

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

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

Method 2 — *De minimis* rate. If you have never received a 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 the definition of MTDC ([2 CFR 200.1](#)). You can use this rate indefinitely.

Other indirect cost policies

As described in [2 CFR 200.403\(d\)](#), you must consistently charge items as either indirect or direct costs and may not double charge.

Indirect costs may include the cost of collecting, managing, sharing, and preserving data.

Salary rate limitation

The [salary rate limitation](#) in the current appropriations act applies to this program. As of January 2026, the salary rate limitation is \$228,000. We update this limitation when it changes.

Program income

If you earn any money from your award-supported project activities (known as program income), you must use it for the purposes and under the conditions of the award. Find out more about program income at [2 CFR 200.307](#).

Expanded authority

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

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

Statutory authority

Public Health Service Act, Section 301(a), [42 USC 241(a)]

Public Health Service Act, Section 317(k)(2), [42 USC 247b(k)(2)]

Public Health Service Act, Section 319E, [42 USC 247d-5: Combating antimicrobial resistance](#).

Additional authority may also stem from an applicable emergency supplemental appropriation; such appropriation and any requirements and/or limitation associated with that emergency supplemental will be added to the notice of award.



Step 2:

Get ready to apply

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Get registered

SAM.gov

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

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) 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 CK26-0107. After opening the opportunity, select the “package” tab to see the forms.

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

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

Help applying

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

Join the informational call

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

[Join on Microsoft Teams.](#)

- **Date:** Friday, June 12, 2026
- **Time:** 11 a.m. ET

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

- [1-404-718-3800,,124114116#](#) United States, Atlanta
- [\(888\) 994-4478,,124114116#](#) United States (Toll-free)
- [Find a local number](#)
- **Phone conference ID:** 124 114 116#
- **Passcode:** 63vw79KQ

The goals of this session are to provide an overview of the NOFO. Joining and participating is voluntary and does not affect eligibility, application scoring, or award selection. You can attend anonymously.



Step 3:

Build Your Application

In this step

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Application checklist

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

Narratives

Item	Grants.gov form	Page limit	Responsiveness factor?
<input type="checkbox"/> Project summary	Project Abstract Summary form	1 page	Yes
<input type="checkbox"/> Project narrative	Project Narrative Attachment form	20 pages	Yes
<input type="checkbox"/> 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?
<input type="checkbox"/> 1. Table of contents	None	Yes
<input type="checkbox"/> 2. Indirect cost agreement	None	Yes
<input type="checkbox"/> 3. Resumes and job descriptions	None	Yes
<input type="checkbox"/> 4. Organizational chart	None	Yes
<input type="checkbox"/> 5. List of implementing partners	None	Yes
<input type="checkbox"/> 6. Administrative requirement capability letter	None	No
<input type="checkbox"/> 7. Data management plan	None	No
<input type="checkbox"/> 8. Report on overlap	None	No
<input type="checkbox"/> 9. Bona fide agent documentation (if applicable)	None	No

Other required forms

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

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

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

Application contents and format

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

Required format

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

Font: Calibri or Times New Roman

File format: PDF and Excel

Size: 12-point font

Footnotes and text in graphics may be 10-point.

Ink color: Black

Spacing: Single-spaced

Margins: 1-inch

Include page numbers.

Project summary (0 points)

Page limit: 1

File name: Project summary

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

Project narrative (100 points)

Page limit: 15

File name: Project narrative

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

Evaluation criterion	Scoring
Background and approach	50 point section total
Background	10 points
Strategies and activities	10 points
Outcomes	10 points
Work plan	20 points
Evaluation and performance measurement plan	25 points section total
Organizational capacity	25 points section total

Background and approach (50 points)

Background (10 points)

Describe the problem you plan to address. Be specific about your population and geographic area. A background must be submitted by component to understand the problem your organization will address.

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

Table: Scoring criteria

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

Strategies and activities (10 points)

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

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

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

Table: Merit review criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
<p>Proposed strategies and activities support the program's logic model to the extent that:</p> <p>Reviewers should assess the extent to which the applicant proposes strategies and activities that are consistent with and support the program's logic model.</p> <ul style="list-style-type: none"> • Proposed strategies and activities clearly map to the strategies and outcomes described in the program's logic model. • Proposed activities logically contribute to achieving the short-term, intermediate, and long-term outcomes identified in the logic model. • The proposed strategies and activities are well organized and demonstrate a clear approach to implementing the program's logic model. • The applicant demonstrates sufficient organizational capacity, staffing, resources, and infrastructure to implement the proposed strategies and activities. • The applicant identifies relevant partnerships or collaborations that support implementation of the strategies and activities described in the logic model. • The proposed strategies and activities are realistic and achievable within the project scope, timeline, and available resources. 	10 points

Outcomes (10 points)

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

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
<p>Outcomes linked with the required outcomes in the program's logic model.</p> <p>Reviewers should assess the extent to which the applicant demonstrates that proposed outcomes are clear, measurable, and aligned with the program's logic model.</p> <ul style="list-style-type: none"> • Outcomes are clearly linked and consistent with the required outcomes identified in the program's logic model. • Outcomes are clearly defined, specific, and measurable. • Outcomes identify the target population and clearly describe the expected changes or impacts. • The application explains how each proposed activity contributes to the expected outcomes. • The applicant proposes indicators that reflect integration of evaluation and performance measures aligned with the program's logic model. • The applicant proposes appropriate metrics and evaluation methods to measure outcomes defined in the logic model. • Data collection and analysis methods, and reporting plans are clearly described. • Outcomes are realistic and achievable given the project scope, timeline, available resources, and organizational capacity. 	10 points

Work plan (20 points)

Include a work plan using the requirements in the [work plan](#) section of the program description. A work plan and budget must be submitted for each component.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
A work plan that aligns with the strategies, activities, outcomes, and performance measures in the program description and is consistent with the content and format we recommend.	10 points
A proposed use of funds that aligns with the work plan and is an efficient and effective way to carry out the strategies and activities and achieve the outcomes.	10 points

Evaluation and performance measurement plan (25 points)

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

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Their ability to collect the data needed for evaluation and performance measurement.	2 points
Clear monitoring and evaluation procedures, and how your organization will incorporate evaluation and performance measurement into planning, implementing, and reporting project activities.	5 points
How your organization will report and use performance measurement and evaluation findings to demonstrate outcomes and for continuous program quality improvement.	2 points
Appropriate participation in the evaluation and performance measurement planning process by key partners.	2 points
Your organization's available data sources and the feasibility of collecting appropriate evaluation and performance data.	2 points
How your organization will share evaluation findings with communities.	5 points
A data management plan that includes data, collection methods, access, standards, archival and long-term preservation plans, and data limitations. This includes how your organization will update the plan throughout an award.	2 points
The type of evaluations your organization will use, such as process, outcome, or both, as well as the key evaluation questions, measures, and data sources. This includes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.	5 points

Organizational capacity (25 points)

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

Describe how you will collaborate with programs and organizations, either internal or external to CDC. Explain how you will address the requirements in the [collaborations](#) section of the program description. Include all components but highlight key personnel for Component 1.

You must provide these attachments to support this section:

- [Organizational chart](#)
- [List of implementing partners](#)
- [Administrative requirement capability letter](#)

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Relevant experience and capacity to implement the activities and achieve the project outcomes. Experience includes management, administrative, and technical experience.	10 points
Experience or capacity to implement the evaluation plan.	2 points
A staffing plan, including roles, that is sufficient to achieve the project outcomes and clearly defines staff roles.	5 points
An organizational chart that supports the structure.	3 points
Collaborations that support the applicant's capacity or add value to the project.	5 points

Budget narrative

Page limit: None

File name: Budget narrative

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

See [other forms](#).

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

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

Submit a budget narrative for every component you are applying for. When naming your document, use the following naming conventions here:

- Component #_ Strategy #_Your Name_Document (e.g., Budget Narrative)

This should be consistent with the SF-424A: Budget Information for Non-Construction Programs.

Your budget narratives must follow this format:

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

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

Attachments

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

Table of contents

File name: Table of contents

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

Indirect cost agreement

File name: Indirect cost agreement

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

Resumes and job descriptions

File name: Resumes and job descriptions

For key personnel under Component 1, attach resumes for positions that are filled. If a position isn't filled, attach the job description with qualifications and plans to hire.

Organizational chart

File name: Organizational chart

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

List of implementing partners

File name: List of implementing partners

Provide a list that describes your partner health programs. Include any relevant information to help us understand how parts of the structure apply to your proposed project.

Administrative requirement capability letter

File name: Administrative requirement capability letter

Provide a letter signed by your organization's President or CEO on organization letterhead, attesting to the existing capacity and capability for rapid procurement, hiring, and contracting. The letter must also address the organization's fiscal stewardship of past federal awards.

Data Management Plan

File Name: Data management plan

Provide a data management plan that describes your plan to deposit data in a repository to preserve and make accessible.

Report on overlap

File name: Report on overlap

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

Programmatic

They are substantially the same project.

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

Budgetary

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

Commitment

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

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

Bona fide agent documentation

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

Other required forms

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

Table: Required standard forms

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

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.](#)

Component funding instructions for SF-424A

When filing out the SF-424A, label the "Grant Program Function or Activities" as the component names of the components you are applying for. The naming convention should be:

- Component #_ Strategy #_Your Name_Document (e.g., Budget Narrative)



Step 4:

Understand Review, Selection, and Award

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Application review

Initial review

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

We will not review any pages over the page limit.

Scoring process

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

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

Risk review

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

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

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

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

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

Selection process

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- We may fund applications out of the merit review order to address the program priorities and funding preferences listed below. We will provide justification for any decision to fund out of ranked order of scores.

- CDC recognizes the need to fund out of rank order based on the nature of the emergency, geographic need, disease burden, and/or populations disproportionately impacted by public health emergencies.
- This funding opportunity will result in a list of approved but unfunded (ABU) organizations.
- Any funding tied to this NOFO will only be made available once CDC has determined a public health threat exists. Thus, there is limited funding available at the time of this announcement. Additional funding will be contingent upon the availability of appropriations and is at CDC's sole discretion.

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.

CDC Funding preferences 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 [CDC Priorities](#)).

To the extent permitted by law and applicable court orders, award applications which are aligned with agency priorities will receive a funding preference.

Award notices

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

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

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

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

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



Step 5: Submit Your Application

In this step

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Submission requirements and deadlines

Application

Due on Friday, Wednesday, July 1, 2026 by 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 electronic or mail service.

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

Intergovernmental review

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



Step 6: Learn What Happens After Award

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Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NoA), including [CDC General Terms and Conditions](#). The NoA includes the requirements of this NOFO.
- The rules listed in [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements, effective October 1, 2025. These replace those in 45 CFR 75, with some exceptions in 2 CFR 300.
- The HHS [Grants Policy Statement \(GPS\)](#). This document includes policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those highlighted in the [HHS Grants Policy Statement](#), Appendix D: HHS Administrative and National Policy Requirements.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
- We can take corrective or enforcement actions if your performance is poor, in accordance with [2 CFR 200.339](#) and [2 CFR 200.340](#), as appropriate. This means:
 - Temporarily withhold payments
 - Disallow costs for all or part of the activity associated with the noncompliance
 - Suspend or terminate the Federal award in part or in its entirety.

Reporting

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

Table: Financial and performance reports

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

Report	Description	When
Foreign Tax Report	<ul style="list-style-type: none">• Includes the amount of foreign taxes assessed, reimbursed, and unreimbursed by each foreign government.• Also applies to subawards.	<ul style="list-style-type: none">• Annually by November 16.• Quarterly by January 15, April 15, July 15, and October 15 each year.

To learn more about these reporting requirements, see [Reporting](#) on the CDC website.

CDC award monitoring

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

CDC's role

In this cooperative agreement, CDC staff will be substantially involved in the program activities beyond routine grant monitoring. CDC's National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality and Promotion (DHQP) project officers and subject matter experts will work with other Division and CIO subject matter experts that may serve in a technical monitoring role for specific activities, segments, or aspects of a specific public health threat.

DHQP will coordinate the review of applications to ensure activities are in scope and do not duplicate those funded by other CDC cooperative agreements. CDC will use application submission information to identify strengths and weaknesses, coordinate with the applicant to update work plans, and to establish priorities for site visits and technical assistance.

To assist recipients in achieving the purpose of this award, CDC will conduct the following activities:

- Provide ongoing guidance, programmatic support, training, and technical assistance as related to activities outlined in this funding announcement.
- Conduct conference calls, site visits, and other communications as applicable with recipients.
- Facilitate communication among recipients to advance the sharing of expertise on response activities.
- Coordinate planning and implementation activities with other organizational and/or federal partners as needed, based on the specific public health threat.



Contacts and Support

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Agency contacts

Program

Trisia Shannon-Newsom

xki5@cdc.gov

404-639-0063

Grants Management

Lakita Reid

wtl9@cdc.gov

770-488-2742

Help with systems

Grants.gov

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

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

SAM.gov

If you need help, you can:

- Call 866-606-8220
- Live chat with the [Federal Service Desk](#)

Helpful websites

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