

Frequently Asked Questions

Notice of Funding Opportunity: CDC-RFA-CK-26-0107

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

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

Application Deadline: Wednesday, July 1, 2026, by 11:59 p.m. ET

Overview & Eligibility

Q: What is the purpose of this funding opportunity?

A: This NOFO (CDC-RFA-CK-26-0107) strengthens the United States's capacity to prevent, detect, and respond to infectious disease threats. It supports infrastructure, workforce development, risk and health messaging, and emergency response capabilities — with a focus on expanding IPC and antimicrobial resistance (AR) training, engaging frontline healthcare and public health workers, improving healthcare facility resilience, and improving coordination and surge staffing during public health responses.

Q: Who is eligible to apply?

A: A wide range of organizations may apply, including: state, county, city/township, and special district governments; independent school districts; public and private institutions of higher education; federally recognized Native American tribal governments and tribal organizations; public housing authorities; nonprofits (with or without 501(c)(3) status); for-profit organizations other than small businesses; faith-based organizations; small businesses; Community Health Centers; and bona fide agents applying on behalf of eligible state, territorial, local, or tribal government organizations.

Q: Are professional membership organizations eligible to apply?

A: Eligible applicants can be found on Page 8 of the NOFO. 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.

Q: Can my organization submit more than one application?

A: No. Each organization may submit only one application under its UEI (Unique Entity Identifier).

Q: Is cost sharing or matching required?

A: No. This program has no cost-sharing requirement. If you voluntarily include cost-sharing funds, it will not be considered during review, but it will be included in the award and must be reported on.

Q: Is this now considered a current funding opportunity?

A: Yes. This NOFO is currently open and accepting applications. Applicants should refer to the NOFO and Grants.gov for the most current information regarding eligibility, application requirements, and submission deadlines.

Components & Funding

Q: What are the four components of this NOFO?

A: Component 1 (**Required**) Programmatic Infrastructure and Capacity: Supports foundational infrastructure, key personnel, and core capabilities.

Component 2 (Optional) Emerging and Re-emerging Pathogens: Strengthens domestic public health infrastructure to prevent and control infectious disease threats to population health.

Component 3 (Optional) Antimicrobial Resistance and Healthcare-Associated Infections (AR/HAI): Advances evidence-based guidance, practices, and messaging related to preventing and controlling AR/HAI and supports Project Firstline activities.

Component 4 (Optional) Outbreak and Emergency Response: Strengthens response to public health threats, prioritizing surge capacity and response effectiveness.

Q: Which components are required?

A: Component 1 is required. You must apply for Component 1 **and at least one other component** (Components 2, 3, or 4).

Q: How much funding is available per component per year?

A: Expected funding per applicant per 12-month budget period is: Component 1 — \$20,000; Component 2 — \$100,000; Component 3 — \$100,000; Component 4 — TBD as needed. The approximate award amount over the 5-year period of performance is \$1,000,000 per recipient. Total expected program funding over the performance period is \$150,000,000.

Q: How many awards are expected?

A: CDC expects to make approximately 30 total awards: 30 for Component 1, 15 for Component 2, 15 for Component 3, and a number to be determined for Component 4. The number of awards is subject to available funds and program priorities.

Q: What is the period of performance?

A: Five years, structured in 12-month budget periods. The expected start date is September 30, 2026.

Q: What is the status of Component 4 funding?

A: Component 4 may be approved but unfunded at the time of award. It will only be funded if CDC identifies a public health need related to an infectious disease threat. Selection for Component 4 funding will be based on factors including geographic location of the emergency, potential for rapid or widespread threat, your organization's capabilities, national public health priorities, and other situational considerations.

Q: Can a recipient receive funding for both Component 2 and Component 3?

A: Yes. Components 2 and 3 are separate scopes of work, and each recipient may receive funding to carry out both. Funding amounts may vary based on program needs and available funds.

Q: For the Component 3 activity related to antibiotic stewardship directed toward cancer patients and immunotherapy, is CDC looking for applicants to address these issues at a national level, or at a regional or smaller jurisdictional level?

A: While an organization may be considered an eligible entity, applicants should carefully assess their ability to implement national programming. It's also important for them to ensure there is no overlap in budget or programming with any current funding the organization may already have.

Q: For Component 4, because this scope is necessarily unclear and threats and needs are not understood, how should bidders approach providing a budget for this component?

A: Per pg. 7 of the NOFO, applicants who apply to Component 4 must submit a work plan and budget and may initially be placed in an approved but unfunded status, depending on emerging and anticipated public health emergency response needs. These applicants may then be activated and leveraged to support specific public health priorities as they arise.

Q: For Component 4, should we include a specific budget?

A: Yes, applicants should submit a budget and work plan for Component 4. You may be unapproved but unfunded, but you may not. Again, the point of Component 4 is to have a roster of eligible applicants that can be utilized in an emergency response.

Q: On the Grants.gov page, the funding range was listed as \$200,000 to \$30,000,000, but the NOFO indicates approximately \$1,000,000. Is it correct that our budget should aim for approximately \$1,000,000 total over five years (\$200,000 per year)? Can we go above this?

A: The funding levels mentioned in the NOFO are just estimates. There is no funding ceiling or floor.

Application Requirements

Q: What are the key application deadlines?

A: Application submission deadline: Wednesday, July 1, 2026, by 11:59 p.m. Eastern Time.

Informational call: Friday, June 12, 2026, at 11:00 a.m. ET (via Microsoft Teams).

Expected award date: August 31, 2026.

Expected start date: September 30, 2026.

Q: Will the June 12th informational webinar be recorded?

A: The CDC-RFA-CK-26-0107 Informational Webinar recording and PowerPoint slides will be made available by the end of the week. We will also send the recording and slides to persons who submitted their email address to the Program Mailbox at [idpartnerships@cdc.gov](mailto:partnerships@cdc.gov)

Q: Is there any consideration for extending the application deadline?

A: There will not be an extension for the deadline. Applications are due on Wednesday, July 1, 2026, by 11:59 p.m. ET.

Q: What documents must be included in my application?

A: Narratives: Project Summary (1 page), Project Narrative (up to 20 pages), and Budget Narrative (no page limit).

Attachments (in a single Other Attachments form): Table of contents, indirect cost agreement, resumes and job descriptions, organizational chart, list of implementing partners, administrative requirement capability letter, data management plan, report on overlap (if applicable), and bona fide agent documentation (if applicable).

Other Required Forms: SF-424, SF-424A, and SF-LLL (if applicable).

Q: Regarding attachments, can you please confirm if applicants are to combine the Table of Contents, Indirect Cost Agreement, Resumes, Organizational Chart, etc., into one (1) PDF and title it “Other Attachments” for submission?

A: Yes, all the attachments should be added into one single other attachments form, and that will include documents such as, the table of contents, indirect cost agreement, resumes and job descriptions, organizational chart, implementing partner list, administrative requirement capability letter, data management plan, report of overlap (if applicable), and then your bona fide agent documentation, if applicable. The SF424, 424A, and SF-LLL are also required forms, but are separate from those mentioned above.

Q: What format is required for the narratives?

A: Font: Calibri or Times New Roman, 12-point (footnotes and graphics may use 10-point). File format: PDF and Excel. Ink color: Black. Spacing: Single-spaced. Margins: 1 inch. Page numbers must be included.

Q: Do I need to submit a separate work plan and budget for each component?

A: Yes. A separate work plan and budget must be submitted for each component you apply for.

Q: What are the responsiveness criteria — i.e., what could disqualify my application?

A: Your application will not be considered if it is from an ineligible organization; is submitted after the deadline; does not include Component 1 and at least one more component; proposes research activities; or does not include a project summary, project narrative with all required sections, and budget narrative.

Q: Where do I submit my application?

A: All applications must be submitted through Grants.gov. Search for opportunity number CK26-0107 to find the application package. You must have active registrations in both SAM.gov (including UEI) and Grants.gov before submitting. Please be sure your SAM.gov account does not expire after an application is submitted.

Q: What is the administrative requirement capability letter?

A: A letter signed by your organization's President or CEO on official letterhead, attesting to your existing capacity and capability for rapid procurement, hiring, and contracting, as well as the organization's fiscal stewardship of past federal awards. As a recipient, you must be able to submit an amended budget within 14 days of award notice, procure equipment and services, hire or contract for temporary staffing, and execute a contract within 30 days.

Q: Is a university signing official the appropriate person to sign the administrative requirement capability letter?

A: For the administrative capability letter, if you don't have a president or CEO, because that is not the structure or title of your organization, an individual who is at a high enough level of leadership in your respective organization that can attest to the existing capacity and capability for rapid procurement, hiring, and contracting. Whoever that is within your organization, whatever title that is, would be the appropriate person if there isn't a president or CEO in your specific role.

Q: Would the purchase of equipment or technology intended to support infection prevention and control, workforce readiness, emergency response capacity, or care coordination be responsive to this NOFO?

A: CDC cannot determine in advance whether a specific proposed activity or purchase will be responsive to the NOFO or funded. Applicants should carefully review the NOFO and ensure that proposed activities align with the stated purpose, strategies, outcomes, and recipient activities. While this NOFO supports infection prevention and control (IPC)-related activities, its primary focus is on strengthening partnerships, capacity, and activities that support clinicians, healthcare organizations, and other frontline public health partners as described in the NOFO. Applications will be evaluated based on their alignment with the NOFO requirements and review criteria.

Q. What is the expected / average frequency to posting FAQs on grants.gov?

A. There is not a specified or required frequency for updating FAQs. Please continue to visit Grants.gov for FAQ updates.

Project Narrative & Scoring

Q: How is the project narrative scored?

A: The project narrative is worth 100 points total, divided as follows:

- Background and Approach (50 points):
 - Background (10 pts), Strategies and Activities (10 pts), Outcomes (10 pts), Work Plan (20 pts).
- Evaluation and Performance Measurement Plan (25 points).
- Organizational Capacity (25 points).

Q: What should the work plan include?

A: The work plan must connect performance outcomes, strategies and activities, and measures. Use the sample format provided in the NOFO, which includes columns for: Activities you will implement; Progress or process measures; Relevant period of performance outcomes; Responsible position or party; and Completion date. A separate work plan is required for each component.

Q: What strategies apply to each component?

A: Component 1: Strategy 1 (Implement and Monitor).

Component 2 & Component 3: Strategies 2 (Disseminate and Adopt), 3 (Inform and Adapt), 4 (Educate and Train), and 5 (Ready and Prepare).

Component 3 only: Strategy 6 (Build and Strengthen).

Component 4: Strategy 7 (Accelerate and Respond).

Q: What must the evaluation and performance measurement plan include?

A: The plan must describe how you will: collect performance measures; respond to evaluation questions; incorporate evaluation into planning and reporting; use findings for continuous quality improvement; engage key partners in the evaluation process; assess feasibility of data collection; share findings with communities; and manage data (data management plan). An initial draft must be submitted with the application; a more detailed plan is due within the first six months of the award.

Q: The Evaluation and Performance Measurement Plan (EPMP) says that it must include all components of the data, monitoring, and evaluation section in one document (p. 45), which includes the Data Measurement Plan (DMP). The NOFO lists the EPMP as a project narrative component, but then it also says to submit the DMP as a separate attachment (p. 27, p. 49). So, does the EPMP go in the narrative, and the DMP is separate, or is the EPMP part of the DMP attachment?

A: 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. Pg 27 of NOFO.

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". Pg.27

Post-Award Requirements

Q: What reports are required after award?

A: Recipients must submit: Recipient Evaluation and Performance Measurement Plan (within 6 months of award); Annual Performance Report (no later than 120 days before the end of each budget period); Annual Federal Financial Report/FFR (90 days after the end of each budget period); Data on Performance Measures (as part of annual performance reporting); Final Performance Report (120 days after the end of the period of performance); Final Federal Financial Report (120 days after end of performance period); and Foreign Tax Report (annually by November 16 and quarterly).

Q: How will CDC monitor recipients?

A: CDC's Division of Healthcare Quality and Promotion (DHQP) project officers and subject matter experts will be substantially involved beyond routine grant monitoring. CDC will provide ongoing guidance, programmatic support, training, and technical assistance; conduct conference calls and site visits; facilitate communication among recipients; and coordinate planning with other federal partners as needed.

Q: What percentage of funds should be dedicated to monitoring and evaluation?

A: You should dedicate approximately 5 to 10% of your project's funding to monitoring, reporting, and evaluation activities. The final funding amount for these activities will be agreed upon with CDC.

Q: What are the unallowable uses of funds?

A: Funds may NOT be used for: research; clinical care (except as allowed by law); pre-award costs (unless CDC provides prior written approval); lobbying or activities designed to influence legislation; publicity or propaganda; DEI initiatives based on group identity; housing-first strategies or harm-reduction/safe consumption sites; medical interventions for minors seeking gender transition; or any activities inconsistent with CDC's stated agency priorities.

Selection & Award

Q: How are funding decisions made?

A: CDC will consider merit review results, but these are not the only factor. CDC may fund applications out of merit review rank order to address program priorities, geographic need, disease burden, emergency nature, and/or populations disproportionately impacted by public health emergencies. Division leadership will also review awards for alignment with CDC agency priorities before final decisions are made.

Q: What specific criteria or triggers will CDC use to determine when Component 4 recipients will receive activation funding?

A: 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.
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Q: Is there an Approved But Unfunded (ABU) list?

A: Yes. This funding opportunity will result in a list of approved but unfunded organizations. Any funding tied to this NOFO will only be made available once CDC has determined a public health threat exists. Additional funding is contingent upon the availability of appropriations and is at CDC's sole discretion.

Q: Who do I contact for questions about this NOFO?

A: Program contact: Trisia Shannon-Newsom, xki5@cdc.gov, 404-639-0063.

Grants Management contact: Lakita Reid, wtl9@cdc.gov, 770-488-2742.

For Grants.gov technical help: 1-800-518-4726 or support@grants.gov (24/7 support).

For SAM.gov help: 866-606-8220.

Note: This FAQ document is derived solely from the CDC-RFA-CK-26-0107 NOFO. For the most current and authoritative information, refer to the official NOFO document. For questions, contact the program or grants management contacts listed above.