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 Monday, August 31, 2026

Improving regional capacity to respond to HIV, TB, and other global health priorities in Central America

Opportunity number: CDC-RFA-JG-26-0130

Contents

Before you begin

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

SAM.gov registration (this can take several weeks)

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

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

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

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Monday, August 31, 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

You will advance progress towards achieving the 95-95-95 targets and continue to transition site-level support to local governments in Central America (CA) for:

- El Salvador.
- Guatemala.
- Honduras.
- Nicaragua.
- Panama.

To achieve the goals of this NOFO, you will address gaps in:

- HIV prevention.
- Diagnosis.
- Life-saving treatment.

Proposed activities should facilitate country ownership while improving local capacity to:

- Make sure HIV prevention is available for populations most at risk, through the Sentinel Surveillance of STI and HIV Strategy (VICITS).

Provide testing that leads to active linkage to HIV treatment and prevention services.

Improve early HIV diagnosis through active case-finding strategies, including:

- Testing as outreach for populations most at risk for HIV.

Have questions? See Contacts and Support.

Key facts

Opportunity name: Improving regional capacity to respond to HIV, TB, and other global health priorities in Central America

Opportunity number: CDC-RFA-JG-26-0130

Announcement type: New

Assistance listing: 93.067 Global AIDS Program

Key dates

Application submission deadline: August 31, 2026

Expected award and start date: September 30, 2026

We will inform you of your application status by the end of September 2026.

- Index, provider-initiated, and community testing.
- Social network strategy.
- Self-testing.

Support the integration of comprehensive care and treatment services, including for HIV, TB, and other opportunistic infections.

Build capacity of healthcare workers to provide high-quality health services led by the country, and through continuous quality improvement (CQI) initiatives.

Make sure adequate data systems are used to monitor progress toward 95-95-95 targets and other global health priorities.

Support sustainable health systems that improve:

- Efficiency.
- Country ownership of the program.
- Global health security to fight priority infectious diseases and other public health threats.

Funding details

Funding Type: Cooperative agreement

Expected total NOFO funding for Year 1: $20,000,000

This is the expected total Year 1 funding for all awards made under this NOFO.

Expected number of awards: 2

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.

We plan to award projects for five 12-month budget periods for a five-year period of performance, subject to available funds 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, TB, and global health security Q1 targets and activities.
  - **Component 2:** CDC global HIV, TB, and global health security Q2 targets and activities.
  - **Component 3:** CDC global HIV, TB, and global health security Q3 targets and activities.
  - **Component 4:** CDC global HIV, TB, and global health security Q4 targets and activities.

- **Component 5:** CDC global HIV, TB, and global health security 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.

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 Central America.

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 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:
  - Fights HIV, tuberculosis, vaccine-preventable diseases, and emergency and refugee health.
  - Detects health threats early, sends response teams, trains health workers, and provides 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 deprioritize 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 deprioritize 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 deprioritize 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

History of the program

CDC supports program activities in the five previously identified countries in CA. These countries have committed to achieving the 95-95-95 goals by 2030.

Together, these nations have:

- 46 million people with an estimated 139,000 living with HIV, including 4,500 new HIV infections in 2022.
- A regional average of 42% of people receiving a late HIV diagnosis and Advanced HIV Disease (AHD).
- A concentrated HIV epidemic with a:
- Low prevalence (<1%) among the general population.
- Higher prevalence (>5%) among populations at most risk.

The previous award (GH002261) worked with CDC and the respective CA Ministry of Health (MoHs) to:

- Increase HIV prevention services among populations at most risk.
- Increase HIV testing and effective linkage through:
- Targeted outreach.
- Index testing.
- Provider-initiated testing.
- Targeted community testing.
- Improve clinical outcomes among people living with HIV by:
- Starting treatment early.
- Optimizing treatment regimens.
- Managing AHD.
- Providing intensified adherence counseling.
- Using differentiated service delivery (DSD) models.
- Strengthen availability of viral load tests to increase VL suppression (VLS).
- Respond to other global health priorities.

Lessons learned to date

Lessons learned show that versatility, clear communication, and maintaining relationships with key regional interest holders have been vital for sustaining and carrying out the HIV response in CA.

Past work at each site shows that countries need to adapt guidelines and standards to fit their local context. This helps them make the best use of their available resources, especially when working with populations at greater risk for HIV.

Targeted strategies

Targeted HIV strategies include the VICITS, also known as the Clinicas Amigables (CLAM) strategy.

This is a prevention initiative for populations at most risk that offers:

- Pre-exposure prophylaxis (PrEP).
- Post-exposure prophylaxis (PEP).
- STI diagnosis and treatment.

It also uses the MoH's information system to monitor data trends in STI and HIV prevention and diagnosis, as well as indicators related to HIV risk.

Policy and programmatic barriers

While the region has made advances in closing the gap in the first 95, policy and programmatic barriers to widespread testing vary by country, leading to high levels of late diagnosis.

These include:

- Noncompliance with testing guidance.
- Lack of self-testing availability.
- Suboptimal levels of index testing.
- Gaps in outreach to populations most at risk for HIV.
- Lack of active case-finding plans.
- Running out of test kits.
- Age restrictions for testing.
- Legal restrictions for HIV testing by certified non-clinical and peer providers.

- "Certified non-clinical" means a person who is trained and approved to do certain health tasks but is not a doctor, nurse, or other medical clinician.
- Complicated counseling requirements and testing forms.

Gaps in linkage to treatment

For the second 95, all countries have major gaps between diagnosed people living with HIV and those on treatment. This means there are gaps in linkage to treatment after diagnosis, and in continuity of treatment, for people living with HIV.

These gaps grow because of:

- Geographical availability of services.
- People living with HIV in rural areas must travel long distances to get treatment.
- Limited growth and use of DSD models.
- Lack of services designed for people who are hard to reach, including:
- People in remote and hard-to-reach areas.
- Indigenous communities.

The third 95 has shown a steady increase in the percentage of people living with HIV who are virally suppressed over the past ten years. It is relatively high across the region, ranging from 90% - 93%, except for Nicaragua. However, gaps in diagnosis, linkage, continuity of treatment, and VL coverage (VLC) show that all countries need significant progress to reach epidemic control.

Next steps

Through this NOFO, you are expected to support respective MoHs in CA, as well as other key interest holders, to address identified gaps by:

- Introducing and scaling up lifesaving interventions.
- Facilitating the adoption of these interventions into government-led response strategies.
- Advancing sustainable health systems to combat HIV, TB, and other infectious diseases and global health threats.
- Supporting sustainable, country-led, data-driven efforts.
- Using evidence-based program implementation to prevent and contain infectious disease outbreaks before they reach the U.S.

- Using data to inform coordinated efforts with the private sector and faith-based organizations.
- Using data to determine site and above-site level interventions, including if additional interventions may be adapted or added based on:
- Evolving epidemiological contexts.
- Updates in global health guidance and standard international recommendations.
- National priorities.

Purpose

The purpose of this NOFO is to support MoHs and other key interest holders in CA to close remaining gaps in HIV prevention, testing, care, and life-saving treatment.

It is also intended to help strengthen national systems to monitor potential outbreaks and global health security threats.

This should be achieved by:

- Introducing and scaling up effective standard guidelines and new site-level and above-site interventions.
- Accelerating achievement of the 95-95-95 targets.
- Advancing the integration and sustainability of government health systems.

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: Strengthen HIV prevention and testing services for populations at most risk through targeted, evidence-based, and country-owned initiatives. **Strategy 2**: Support effective linkage strategies to appropriate services for all populations that receive HIV testing through country-owned initiatives. **Strategy 3**: Support provision of lifesaving care and treatment services for people living with HIV through country-owned initiatives. **Strategy 4**: Strengthen national data systems to build sustainable, resilient health services capable of responding to global health priorities. **Strategy 5:** Coordinate with respective MoHs to	Increased availability of comprehensive HIV services for all populations.* Improved effective linkage to appropriate HIV services for all populations.* Increased early treatment initiation among people living with HIV.* Increased progress towards 95 targets across CA.* Enhanced national capacity to use strengthened health systems to manage priority infectious disease threats.* Increased adoption of USG-supported strategies within national guidelines and manuals.*	Increased use of comprehensive HIV services by all populations.* Sustained effectiveness of prevention services for populations at most risk of HIV.* Reduced late HIV diagnosis among people living with HIV who are newly diagnosed.* Increased achievement of 95 targets across CA.* Improved health outcomes for people living with HIV.* Increased VLC among people living with HIV.* Increased adherence to appropriate HIV services for all populations.* Improved management of priority diseases using an integrated health system.* Increased sustainability of USG-	Increased country ownership of HIV and TB programs. Reduced HIV incidence. Reduced HIV morbidity and mortality.* Sustained VLS among people living with HIV.* Sustained resilient health systems that safeguard global health security and reduce the burden of HIV, TB, and other public health threats.

Strategies	Short-term outcomes	Intermediate outcomes	Long-term outcomes
advance adoption and scale-up of U.S. government (USG)-supported global health initiatives.		supported strategies at the national level.*	

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 and optional activities under this NOFO. You may also propose additional related strategies and activities to achieve the expected outcomes.

Strategy 1: Strengthen HIV prevention and testing services for populations at most risk through targeted, evidence-based, and country-owned initiatives.

Priority activities:

- Support MoH and community-based organizations in the implementation of the VICITS or CLAM strategy. The packages include:
  - Tailored counseling.
  - Providing PrEP.
  - Improving STI diagnosis and treatment.
  - Targeted HIV testing.
  - Linking to treatment.
  - Supporting the national health information system.
- Expand availability to HIV testing among undiagnosed people living with HIV by supporting evidence-based active case finding strategies, including:
  - Testing as part of outreach for populations at most risk of HIV.
  - Index testing services.
  - Provider-initiated testing.
  - Community testing.

- Identify and address hotspots of vertical transmission of HIV, as well as of pediatric cases.
- Strengthen MoH's capacity to monitor and address late HIV diagnosis.
- Develop and strengthen relationships with faith-based organizations.
- Collect detailed data at each site and use epidemiological methods to monitor and analyze trends in HIV testing interventions by modality, location, and other factors.
- Use this information to guide targeted responses and improve program implementation.

Strategy 2: Support effective and innovative linkage strategies to appropriate services for all populations that receive HIV testing through country-owned initiatives.

Priority activities:

- Support MoH to develop or scale-up solutions to track linkage of people who test negative for HIV and are at substantial risk of infection to prevention services. This includes PrEP and PEP, and people who test positive to treatment services.
- Support implementation of these solutions, including training of healthcare workers and monitoring, and integration into broader MoH healthcare and information systems.
- Ensure linkage to care for new HIV cases within seven days of HIV diagnosis.

Strategy 3: Support provision of lifesaving care and treatment services for people living with HIV through country-owned initiatives.

Priority activities:

- Strengthen MoH capacity to deliver comprehensive, integrated HIV services.
    - This includes Rapid ART initiation and AHD management.
- Diagnose and treat opportunistic Infections, provide TB/HIV coinfection care, and achieve VLS.
- Enhance the implementation of the AHD package of care.

    - This means ensuring routine CD4 testing for populations at higher risk.
    - The focus is on people initiating ART, returning to care, or failing ART.
- Address critical gaps in TB screening, diagnosis, preventive therapy, treatment initiation or completion, to reduce morbidity and preventable mortality among people with HIV.
- Expand differentiated and client-centered HIV services.
    - This includes six-month appointment spacing and six-month multi-month dispensing.
- Reduce HIV-related mortality from preventable causes.
- Use detailed data at each site and use epidemiological analysis to identify gaps, guide targeted improvements, and optimize program performance.

Strategy 4: Strengthen national data systems to build sustainable, resilient health services capable of responding to global health priorities.

Priority activities:

- Implement CQI Initiatives to improve service quality.
- Support country-led workforce development through targeted operational systems support.
- Update national guidelines in coordination with other organizations.
- Strengthen national health information systems.

Monitor potential outbreaks and broader health outcomes.

- Upgrade and equip laboratories with diagnostic and data management tools.
- Strengthen national surveillance systems, including digital reporting and data integration.

Strategy 5: Coordinate with respective MoHs to advance adoption and scale-up of USG-supported global health initiatives.

Priority activities:

- Train healthcare and laboratory staff in disease detection, case reporting, and biosafety.
- Develop and disseminate standard operating procedures for outbreak investigation and response.

- Support coordination mechanisms among national infectious disease and emergency response programs.
- Strengthen supply chain systems for diagnostics, medicines, and infection prevention supplies.
- Support implementation of quality assurance programs for diagnostics and clinical care.
- Strengthen community engagement and improve risk communication to support sustained prevention and response efforts.

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] .
  - 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 (*) in 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 coordinate with:

- The CDC CA office.
- Other CDC-funded implementing organizations working across the HIV continuum of care, on above-site support, and global health security initiatives.

You will also be expected to coordinate with:

- National Public Health Institutes.
- MoH, including National HIV Programs and National Epidemiology Centers.
- Other non-CDC, USG-funded implementing organizations.
- International agencies.
- HIV Country and Regional Coordination Mechanisms.
- Civil society groups and faith- and community-based organizations.
- Other organizations that coordinate to respond to HIV, as well as the detection, prevention, and containment of outbreaks and other health priorities.

We encourage you to work with local, U.S.-based, and international organizations to complement efforts that:

- Lower costs.
- Improve program effectiveness.
- Strengthen country leadership.
- Sustain programmatic gains.

Such coordination should also accelerate progress toward the 95-95-95 targets and other objectives of the America First Global Health Strategy.

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 5% 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 MER Indicator Reference Guides.
- **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 individuals who were newly enrolled on pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period.
  - Target: 5,531
  - Reporting Frequency: Quarterly
- Number of individuals who received HIV Testing Services (HTS) and received their test results.
  - Target: 72,624
  - Reporting Frequency: Quarterly
- Number of individual HIV self-test kits distributed.
  - Target: 26,707
  - Reporting Frequency: Quarterly
- Number of individuals who were identified and tested using Index testing services and received their results.
  - Target: 9,058
  - Reporting Frequency: Quarterly

- Number of adults and children currently receiving antiretroviral therapy (ART).
  - Target: 32,994
  - Reporting Frequency: Quarterly
- Number of adults and children newly enrolled on antiretroviral therapy (ART).
  - Target: 2,969
  - Reporting Frequency: Quarterly
- Number of ART patients (who were on ART at the beginning of the quarterly reporting period or initiated treatment during the reporting period) and then had no clinical contact since their last expected contact.
  - Target: Not Assigned
  - Reporting Frequency: Quarterly
- Number of ART patients who experienced an IIT during any previous reporting period, who successfully restarted ARVs within the reporting period and remained on treatment until the end of the reporting period.
  - Target: Not Assigned
  - Reporting Frequency: Quarterly
- Percentage of ART patients with a suppressed viral load (VL) result (<1000 copies/ml) documented in the medical or laboratory records/laboratory information systems (LIS) within the past 12 months.
  - Target: 95%
  - Reporting Frequency: Quarterly
- Number of women living with HIV on ART screened for cervical cancer.
  - Target: 1,971
  - Reporting Frequency: Semi-Annual
- Percentage of cervical cancer screen-positive women who are living with HIV and on ART eligible for cryotherapy, thermocoagulation or LEEP who received cryotherapy, thermocoagulation, or LEEP.
  - Target: >90%
  - Reporting Frequency: Semi-Annual
- Proportion of ART patients who started on a standard course of TB Preventive Treatment (TPT) in the previous reporting period who completed therapy.

    - Target: >95%
    - Reporting Frequency: Semi-Annual
- Proportion of ART patients screened for TB in the reporting period.
    - Target: >95%
    - Reporting Frequency: Semi-Annual
- Proportion of ART patients diagnosed with TB who start TB treatment in the reporting period.
    - Target: >95%
    - Reporting Frequency: Semi-Annual

Custom indicators

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

- Number of USG-supported health workers providing HIV direct service delivery, as well as total spending on these workers.
    - Target: 257
    - Reporting Frequency: Annual
- Percentage of CDC-supported sites that monitor index testing cascade.
    - Target: 95%
    - Reporting Frequency: Quarterly
- Percentage of newly diagnosed individuals linked to HIV care and start treatment within 7 days.
    - Target: >95%
    - Reporting Frequency: Quarterly
- Number of adverse events occurring to people living with HIV that are on treatment following notification (disaggregated by type of event).
    - Target: <2
    - Reporting Frequency: Quarterly
- Percentage of people who received oral PrEP who have discontinued or interrupted PrEP due to a serious ARV-associated toxicity in the last 12 months.
    - Target: <5%
    - Reporting Frequency: Quarterly

- Percentage of people living with HIV who were lost to follow-up and then who were re-engaged into treatment that are still active TX_CURR at 6 months.
  - Target: >90%
  - Reporting Frequency: Semi-annual

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.
- **Site Improvement Through Monitoring Systems (SIMS) indicators.** As part of programmatic implementation, you can find more information on the Core Essential Elements in the SIMS Implementation Guide.
- **CDC CA region specific tools to monitor site-level performance.** Site-level implementing organizations are provided CA-specific tools for routine monitoring of USG standard and custom indicators.
- Global Health Security reporting requirements.
- Other program monitoring tools.

Evaluation

Below, we include 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 evaluation.

- Extent that the program's prevention, testing, and treatment strategies, including index testing, self-testing, and PrEP, have been implemented as intended: Process Evaluation
- Extent to which the program reached key expected intermediate-term outcomes, as described in the logic model: Outcome Evaluation

Evaluation data sources

Data sources may include:

- 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 forum abstract 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

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. Per 2 CFR 200.414(f), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs. 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-26-0130. 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.

Questions

Step 3: Build Your Application

In this step

Application checklist

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

Item	Grants.gov form	Page limit	Responsiveness factor?
☐ Project abstract	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 abstract

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 demonstrates your organization's capacity to address the requirements of the NOFO, specifically in the following areas:

- Your organization's experience in managing USG funds.
- Your organization's technical experience implementing strategies such as:
  - HIV prevention, testing and treatment strategies at the site level.
  - Working with Ministries of Health, community-based organizations of populations most at risk for HIV and people living with HIV.
  - Managing a regional health program with presence in more than one country.
  - Collecting, reporting, and analyzing USG standard indicators.
  - Capacity to efficiently develop and implement innovative strategies and perform the expected outcomes.
  - Description of an appropriate technical and administrative structure to implement effectively across all intervention countries, including capacity to hire local staff in each country as needed.
  - Evidence of understanding of the specific gaps in comprehensive HIV, TB, co-morbidities, and global health security services.

Financial capability statement

Required.

File name: Financial capability statement

- Systems and procedures used to manage funds.
- Procurement procedures.
- Previous experience managing budgets greater than $ 7,000,000 .

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
• Evidence-based, feasible, and innovative plans for implementing site-level HIV prevention and testing strategies in all five countries. Examples include digital strategies, DSD, and integrated models. These will find cases and link them to comprehensive HIV and TB care continuum services.	**15 points**
• Evidence-based, feasible, and innovative plans for implementing HIV care and treatment interventions leading to improved treatment outcomes. This includes durable VLS among people living with HIV in all five countries. Examples include digital strategies, DSD, and integrated models.	**15 points**

Evaluate the extent to which the applicant provides:	Points
• An innovative and sustainable plan for transitioning supported HIV and TB services to local leadership and systems, while sustaining progress in eliminating HIV and TB as public health threats. Strengthening the prevention, detection and response to other infectious disease threats in CA is also a focus.	**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
• Evidence of experience and capacity to efficiently develop and implement innovative strategies and perform the expected outcomes of the NOFO. This includes demonstrated coordination with MoH and other organizations in CA, qualified staff (as shown in organizational chart and resumes), management of regional health programs operating in multiple countries. It also includes the collection, reporting, and analysis of USG standard indicators.	**15 points**
• A description of an appropriate technical and administrative structure to implement effectively across all intervention countries, including capacity to hire local staff in each country as needed.	**10 points**
• Evidence of understanding of the specific gaps in comprehensive HIV, TB, co-morbidities, and global health security services. This includes particular attention to the national policies, landscape of services, and country-led systems in CA.	**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 comprehensive monitoring and evaluation plan that systematically tracks progress toward achieving program objectives. This is done through clearly defined performance and outcome indicators, evaluation questions, and rigorous data collection and analysis methodologies, and emphasizes the use of country-led systems.	**15 points**
• A detailed description of plans to work with the MoH and community-based organizations to collect, analyze, and apply programmatic data to inform the review and adjustment of program activities based on performance findings. Country-led data systems should be prioritized.	**10 points**
• A comprehensive transition plan to ensure the sustainability and handover of any data collection tools or systems developed under the project to the MoH or other local interest holders.	**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 per GHSD Technical Considerations [PDF]. 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.
- Consistency with applicable laws.
- Alignment to agency priorities (see Centers for Disease Control and Prevention (CDC) Priorities), to the extent permitted by law and applicable court orders.
    - 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 2026 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 Monday, August 31, 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.

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

DGHT NOFOs
DGHTNOFOs@cdc.gov

Program

DGHT NOFOs
Email: DGHTNOFOs@cdc.gov

Grants management

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

Help with Systems

Grants.gov

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

- Telephone: 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.

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