



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

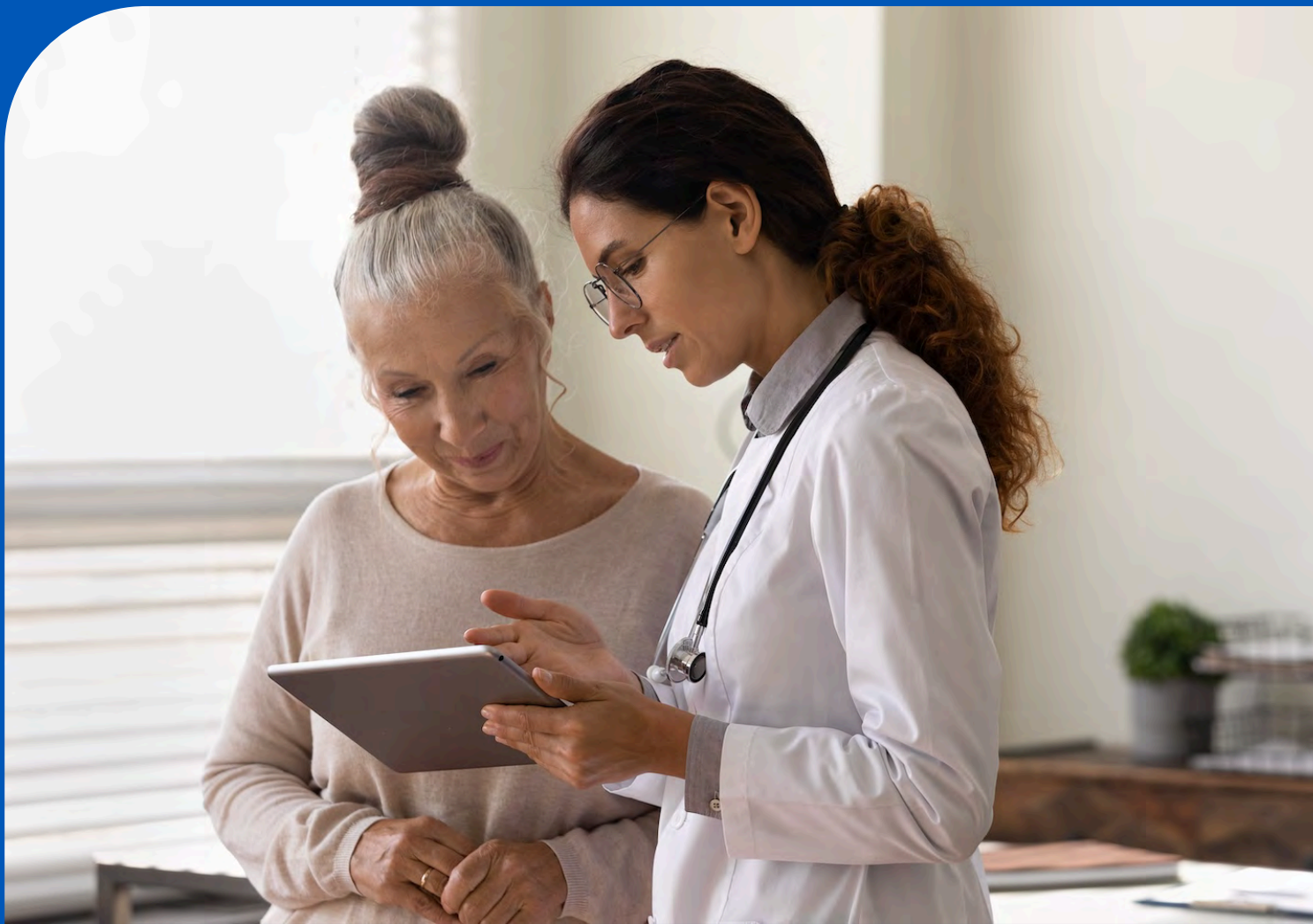
Rickettsial Zoonoses Branch (RZB)

Notice of Funding Opportunity








Application due Friday, June 19, 2026

Increasing awareness and knowledge of Alpha-gal Syndrome in the United States

Opportunity number: CK-26-0193



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Before you begin

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

SAM.gov registration (this can take several weeks)

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

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

Grants.gov registration (this can take several days)

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

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

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Friday, June 19, 2026.



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



Step 1:

Review the Opportunity

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Basic information

Centers for Disease Control and Prevention (CDC)

Division of Vector-Borne Diseases (DVBD)

Rickettsial Zoonoses Branch (RZB)

Improving awareness and knowledge of alpha-gal syndrome (AGS) in the United States.

Summary

This NOFO's aim is to improve awareness and knowledge of alpha-gal syndrome (AGS) in the United States. AGS is an emerging condition and is not nationally notifiable. This will happen through:

- The creation of a professional network of AGS researchers and public health professionals.
- Improved surveillance.
- Improved communications materials.

This NOFO seeks to improve:

- AGS surveillance.
- Patient care.
- Awareness and understanding.

The NOFO's **three main strategies** are to:

- **Share:** Disseminate the latest knowledge about AGS among stakeholders to improve patient care for AGS and the public health response.
 - This includes public health agencies, academic researchers, and advocacy groups.
- **Track:** Conduct active or enhanced surveillance for AGS.
 - This strategy could involve patient populations or geographic locations with limited access to specialized healthcare provider care.
- **Educate:** Create AGS communications targeted at the general public, AGS patients, and/or people at higher risk for tick encounters (outdoor enthusiasts, dog owners, etc.).



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

Key facts

Opportunity name:
Increasing awareness and knowledge of Alpha-gal Syndrome in the United States

Opportunity number:
CK26-0193

Assistance listing:
93.084

NOFO version: Original

Key dates

Application submission deadline:
Friday, June 19, 2026

Optional letter of intent deadline:
June 7, 2026

Expected award date:
August 31, 2026

Expected start date:
September 30, 2026

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

- Communications targeted at healthcare providers, healthcare provider educational resources, and training would also fall under this strategy.

Funding details

Funding type: Cooperative agreement

Expected awards: 1-5

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

Expected total program funding over the performance period: \$25,000,000
(up to 5 recipients at a maximum of \$1,000,000 per year x 5 years)

Minimum and maximum award amounts over the period of performance:
\$25,000-1,000,000

Expected funding per applicant per 12-month budget period:
\$25,000-1,000,000

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

Funding strategy

This NOFO intends to fund recipients that are uniquely suited to make substantial contributions to the progress of the strategies and outcomes in the logic model.

Uniquely suited means having the necessary:

- Technical expertise.
- Infrastructure.
- Partnerships.
- Management capabilities.

You should focus your application on the strategies you are best suited to implement.

Funding cycles and levels

The activities presented in this NOFO are intended to be funded on an annual basis.

Year one and future years' funding levels are dependent on funding availability.

For planning purposes (including submitted budgets), you should estimate an average annual funding level for each award of \$400,000 per year. Funding levels are subject to change and are dependent on the availability of funds.

Approved but unfunded (ABU)

The funding strategy is also designed to collect proposals from approved applicants and designate them as “approved but unfunded” (ABU). Funding in some years may result in more recipients funded and depend on the CDC identifying a public health need to address AGS or other vector-borne disease needs or threats.

Depending on the nature of the need, specific applicants and specific components of their applications may be selected for funding. These funding decisions will consider various relevant factors, such as:

- Geographic location of the emergency.
- Expectations of spread.
- Applicant’s capabilities.
- National priorities.

Recipients will be provided with an opportunity to develop a customized project plan that builds off their initial project plan, once needs are identified.

Recipients may be funded out of rank order, depending on:

- The proposed activities.
- Response to CDC priorities outlined in this NOFO.
- Regional area covered.

CDC may fund all or some of the proposed strategies.

Eligibility

Eligible applicants

Only these types of organizations may apply.

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

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

Responsiveness criteria

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

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

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

- Is submitted after the [deadline](#).
- Proposes research activities. See the [definition of research](#).

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

Application limits

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

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

Cost sharing and matching funds

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

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

Post-award requirements

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

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

Agency priorities

Required alignment with CDC priorities

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

Funded activities must:

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

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

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

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

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

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

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

Program description

Background

Alpha-gal syndrome (AGS) is a serious, potentially life-threatening tick-borne disease defined as an emerging allergy to mammalian meat and its byproducts. As many as 450,000 Americans are estimated to have been affected by AGS in the United States (U.S.) since 2010.

The national burden of disease is largely unknown since AGS is not nationally notifiable and surveillance data are limited. There is currently minimal active surveillance to understand risk factors for exposure and the development of the disease.

Gaps in awareness

Healthcare providers also aren't generally aware of the disease. In a 2022 survey, healthcare provider knowledge of AGS was reportedly low, with 42% of U.S. healthcare providers unaware of the disease.

Access to care issue

Because a diagnosis of AGS often requires repeated visits to a healthcare provider as well as an allergist or other specialists, access to care is a major issue affecting AGS patients.

- AGS patients have been reported as more likely to be non-Hispanic white, have a higher income, and have higher levels of educational attainment than a local control population.
- [A recent CDC study](#) found that while time to diagnosis of AGS had shortened in recent years, patients with higher educational attainment (graduate degrees vs high school diplomas) still received an AGS diagnosis multiple years sooner.
- The NOFO could fund targeted active and enhanced surveillance activities.

Facilitating collaboration and disseminating information

The formation of a professional network for AGS researchers and public health professionals will improve outcomes related to AGS. Meetings of the professional network will facilitate collaboration and improvements in AGS understanding, research, surveillance, and practice.

- The NOFO could support the formation of a professional network for AGS researchers and public health professionals.
- It could also fund the development of educational materials and trainings.

These combined efforts will move AGS research and practice forward and minimize health burden among patients.

Related work

Rickettsial Zoonoses Branch publications on alpha-gal syndrome:

- [Health Care Provider Knowledge Regarding Alpha-gal Syndrome — United States, March–May 2022 | MMWR \(cdc.gov\)](#)
- [Geographic Distribution of Suspected Alpha-gal Syndrome Cases — United States, January 2017–December 2022 | MMWR \(cdc.gov\)](#)
- [Tick bite as a risk factor for alpha-gal-specific immunoglobulin E antibodies and development of alpha-gal syndrome - ScienceDirect](#)
- [Intrinsic risk factors for alpha-gal syndrome in a case-control study, 2019 to 2020 - ScienceDirect](#)
- [Time From Onset to Diagnosis of Alpha-Gal Syndrome - JAMA Network](#)

Additional helpful related research:

- [Diagnosis & management of alpha-gal syndrome: lessons from 2,500 patients - PubMed \(nih.gov\)](#)
- [Diagnosis of Life-Threatening Alpha-Gal Food Allergy Appears to Be Patient Driven - PubMed \(nih.gov\)](#)

National public health priorities and strategies

- [A National Public Health Framework for the Prevention and Control of Vector-Borne Diseases in Humans](#)
- [National Public Health Strategy to Prevent and Control Vector-borne Diseases in People](#)

Purpose

To support networks of professionals researching, diagnosing, treating, and preventing AGS.

This NOFO may support activities that promote and support networks of professionals, including AGS researchers and public health professionals who are researching, diagnosing, treating, and preventing AGS. Activities may include hosting a meeting of these professionals to facilitate networking, information sharing, and documentation of priorities among professionals working on AGS. This will foster partnerships that will increase our collective knowledge of AGS.

Improved surveillance

The NOFO may fund active or enhanced AGS surveillance to improve patient outcomes.

- This surveillance could be conducted with patient populations experiencing higher burden of AGS.
- Improved surveillance will contribute to the body of AGS knowledge.

Communications materials

The NOFO may also fund the creation of AGS communications targeted high-risk groups, AGS patients, and healthcare providers, along with the general public. The goal is to increase public awareness of AGS nationally. Examples of groups include:

- Outdoor enthusiasts.
- Hunters.
- Gardeners.
- Hikers.
- People working outdoors.
- Pet owners.

The communications materials will aim to increase healthcare provider awareness of AGS, as well as how to diagnose and manage the disease. Time to diagnosis can vary and has been previously reported to be upwards of 7 years. Delaying diagnosis can lead to negative outcomes, including life-threatening symptoms like anaphylaxis. This is in addition to the mental health impact of having repeated reactions and not knowing why or how to manage the disease.

Approach

Overview

The Alpha-Gal Syndrome Subcommittee Report to the Tick-Borne Disease Working Group* identified four priorities:

- **Priority 1:** Surveillance, Epidemiology, and the Role of Tick Bites in Alpha-gal Syndrome
- **Priority 2:** Diagnosis and Management of Alpha-gal Syndrome
- **Priority 3:** Education, Awareness, and Support from Patients' Perspectives
- **Priority 4:** Tick Bite Prevention and Tick Control

This NOFO addresses these priority areas.

*(See [TBDWG Reports | Health.gov](#))

Program logic model

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

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

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

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

Table: Strategies and outcomes

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
<p>Strategy 1. Share</p> <p>Disseminate latest knowledge of AGS among stakeholders</p>	<p>Convene AGS professionals by hosting a first-annual meeting and subsequent annual meetings.*</p>	<p>AGS professionals disseminate latest findings and build partnerships.</p>	<ul style="list-style-type: none"> Establishing a network of AGS professionals allows for stronger collaboration and furthers AGS research and practice. Ongoing annual meetings facilitate sharing of best practices among AGS professionals.
<p>Strategy 2. Educate</p> <p>Create AGS communications materials targeted at the general public, AGS patients (or higher-risk groups), and/or healthcare providers</p>	<p>Increased availability of tailored resources about AGS.*</p>	<p>Improved AGS literacy in target populations (could be general public, healthcare providers, higher-risk groups).</p>	<p>Improved knowledge of AGS prevention and improved health outcomes for persons with AGS.</p>
<p>Strategy 3. Track</p> <p>Conduct active or enhanced surveillance for AGS</p>	<p>Improved completeness, timeliness, and quality of AGS active or enhanced surveillance data.*</p>	<p>Increased ability to describe the geographic distribution, risk factors, and lifestyle influences related to AGS.</p>	<p>Increased use of active or enhanced surveillance and epidemiological data to guide prevention and care efforts among specific at-risk groups and other focal populations.</p>

*Indicates outcomes you are required to report on routinely.

Strategies and activities

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

Applicants may choose to apply for activities in Strategies 1, 2, and/or 3.

Strategy 1: Share

Disseminate latest knowledge of AGS among stakeholders.

Activities may include:

- Forming and convening a network of AGS professionals. Professionals include:
 - Epidemiologists.
 - Public health officials.
 - Allergists.
 - Academic researchers.
 - Entomologists.
 - AGS healthcare providers.
- Hosting a meeting or conference for the network to collaborate and share AGS knowledge. Knowledge includes:
 - Surveillance data.
 - Newly published research.

Strategy 2: Educate

Create AGS communications materials.

Activities may include:

- Developing public-facing communications materials focused on improving knowledge of AGS, including knowledge on:
 - Causality (tick bite).
 - Prevention.
 - Symptoms.
 - Sources of alpha-gal exposure.
- Conducting in-person healthcare provider training.
- Conducting healthcare provider training on public health reporting.
- Developing educational materials:

- For healthcare providers focused on identifying, diagnosing, and managing AGS.
- For healthcare providers focused on local risk of AGS.
- For the general public focused on local risk of AGS.
- Targeting AGS education at groups at higher risk for tick encounters (outdoor enthusiasts, dog owners, etc.).
- Adding alpha-gal syndrome to existing public-facing tick bite prevention education.

Strategy 3: Track

Conduct active or enhanced public health surveillance for AGS.

Activities may include:

- Conducting active or enhanced public health surveillance in populations:
 - In geographic locations with limited access to specialized provider healthcare.
 - Areas at higher risk for tick encounters (outdoor enthusiasts, dog owners, etc.)
- Use active or enhanced surveillance to evaluate health impacts of AGS.

Outcomes

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

Not all outcomes may be relevant depending on to which Strategies applicants apply.

Outcomes for Strategy 1: Share

- Network of AGS professionals, including public health professionals and healthcare providers, is formed to foster collaboration.
- Host an annual meeting of the AGS professionals.
- AGS professionals disseminate latest findings to their professional network.

Outcomes for Strategy 2: Educate

- Increased availability of tailored resources about AGS.
- Improved knowledge of AGS prevention among the public.
- Improved healthcare provider literacy of AGS.
- Clinicians can identify, diagnose, and manage AGS using best practices.
- Clinicians understand the local distribution of AGS in their area.

Outcomes for Strategy 3: Track

- Improved completeness, timeliness, and quality of AGS data among specific at-risk groups and other focal populations.
- Increased ability to describe the geographic distribution, risk factors, and lifestyle influences related to AGS in specific populations.

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.

Table: Sample format

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

Data, monitoring, and evaluation

CDC strategy

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

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

You should dedicate some 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.

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO.

Evaluation questions could include the following:

- How can a newly formed network of diverse professionals advance and accelerate knowledge about AGS in a way that:
 - Improves prevention?
 - Improves patient care?
 - Shortens time to diagnosis?
- How can targeted communication efforts reach and influence different populations?
- How can improved surveillance data increase our understanding of exposures and patient experiences of AGS?

Required performance measures

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

- Updates on planning and implementing an annual AGS Professional Conference:
 - Progress on draft and final agendas.
 - Outreach plan to participants.
 - Number of participants.
 - Conference evaluation.
 - Conference summary.
- Updates on establishing an AGS network:
 - Number of members.
 - Affiliations and expertise of members.
- Evidence of increased health communication messages to reach both the general population, populations experiencing higher burden of AGS, and healthcare providers:
 - Number of public-facing communications materials focused on:
 - Improving knowledge of AGS, including causality (tick bite).
 - Prevention.
 - Symptoms.
 - Sources of alpha-gal exposure.
 - Number of in-person healthcare provider trainings.
 - Number of healthcare provider educational materials:
 - Focused on identifying, diagnosing, and managing AGS.
 - Focused on local risk of AGS.
 - Number of public-facing educational materials focused on local risk of AGS.
 - Number of educational outreach products targeted to groups at higher risk for tick encounters (outdoor enthusiasts, dog owners, etc.).
- Improved completeness and quality of AGS surveillance data through active or enhanced surveillance.

- Increased capacity to collect, analyze, and disseminate AGS data:
 - Number and description of projects that increase ability to describe:
 - The geographic distribution of AGS.
 - The risk factors associated with AGS.
 - Lifestyle influence associated with AGS.
 - The health burden related to AGS in specific populations.
 - Conduct active or enhanced public health surveillance:
 - In populations or geographic locations with limited access to specialized provider healthcare.
 - In populations at higher risk for tick encounters (outdoor enthusiasts, dog owners, etc.).
 - Target active or enhanced surveillance to evaluate health burden impacts of AGS.

Reporting of performance measures may be required up to, but not to exceed, quarterly reporting.

Evaluation and performance measurement plan

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

Include the following elements.

Methods

Describe how you will:

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

Additionally, explain:

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

Data management plan

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

Submit your DMP with your application and include:

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

Evaluation activities

You may choose to take on specific evaluation activities. Describe:

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

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

Paperwork Reduction Act

Any activities involving information collection from 10 or more individuals or organizations may require the Paperwork Reduction Act (PRA) approval. The PRA requires review and approval of the information collection by the White House Office of Management and Budget. To determine if a proposed activity requires PRA approval, contact your [program contact](#).

Collections include items like surveys and questionnaires. If you have collections requiring PRA approval, CDC is responsible for working with OMB to gain the approval.

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

Organizational capacity

Describe how you will address the requirements in the organizational capacity section of the program description.

You must provide attachments that support this section, including:

- Resumes and job descriptions.
- Organizational chart.

Collaborations

- You must describe how you will collaborate with programs and organizations, either internal or external to CDC.
- You must address the Collaboration requirements as described in the CDC [Project Description](#).
- Collaborations could include:
 - Other CDC-funded institutions (e.g., the Centers of Excellence for Vector-Borne Diseases or the Training and Evaluations Centers).
 - State and local public health agencies.
 - Community-based organizations serving the population of focus.

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS will adopt [2 CFR 200](#), with some exceptions included in 2 CFR 300. These regulations replace those in 45 CFR 75. You can find details in HHS Summary of Regulatory Changes, which is posted in the Grants.gov Related Documents tab for this opportunity.

General guidance

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

- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. If you have questions about these purposes, [ask the grants management specialist](#).
- 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 needed, and where consistent with the scope of the NOFO.
 - You may use funds to meet national standards or seek health department accreditation or reaccreditation through the [Public Health Accreditation Board](#) (PHAB).
 - This allowability applies only to state, tribal, local, and territorial government agencies within the U.S. and its territories.

- Include the proposed activities and describe the connection to national standards or accreditation achievement in the [budget narrative](#).
- You may use funds to support your jurisdiction's vital records office (VRO) to do any of the following:
 - Build its capacity through partnerships.
 - Provide technical or financial assistance to improve vital records timeliness, quality, or access.
 - Support vital records improvement efforts.
- You may use funds to make sure that state, tribal, local, and territorial employees funded by CDC grant or cooperative agreement awards are adequately trained and prepared to effectively participate in jurisdictional emergency response activities.
- If we receive more funding for this program, we will consider options such as:
 - Funding more applicants.
 - Extending the period of performance.
 - Awarding supplemental funding.

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

Unallowable costs

You may not use funds for:

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

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

Indirect costs

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

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

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

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

Method 2 — *De minimis* rate. If you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate (see [2 CFR 200.414\(f\)](#)). This rate is 15% of modified total direct costs (MTDC). See the definition of MTDC ([2 CFR 200.1](#)). You can use this rate indefinitely.

Other indirect cost policies

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

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

Salary rate limitation

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

Program income

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

Program-specific limitations

Not applicable.

Expanded authority

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

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

Statutory authority

This program is authorized under Public Health Service Act section 301(a) [42 U.S.C. section 241(a)] and Public Health Service Act section 317(k)(2) [42 U.S.C. section 247b(k)(2)]. Additional authority may also stem from an applicable emergency supplemental appropriation; such appropriation and any requirements and/or limitation associated with that emergency supplemental will be added to the notice of award.



Step 2:

Get Ready to Apply

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

Get registered

SAM.gov

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

To register:

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

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

Once you register:

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

Grants.gov

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

Find the application package

You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number CK-26-0193. After opening the opportunity, select the “package” tab to see the forms.

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

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

Help applying

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



Step 3:

Build Your Application

In this step

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Application checklist

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

Narratives

Item	Grants.gov form	Page limit	Responsiveness factor?
<input type="checkbox"/> Project summary	Project Abstract Summary form	1 page	No
<input type="checkbox"/> Project narrative	Project Narrative Attachment form	20 pages	Yes
<input type="checkbox"/> Budget narrative	Budget Narrative Attachment form	None	Yes

Attachments

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

Attachments	Page limit	Responsiveness factor?
<input type="checkbox"/> 1. Table of contents	None	No
<input type="checkbox"/> 2. Indirect cost agreement	None	No
<input type="checkbox"/> 3. Resumes and job descriptions	None	No
<input type="checkbox"/> 4. Organizational chart	None	Yes
<input type="checkbox"/> 5. Letters of support	None	No
<input type="checkbox"/> 6. Report on overlap	None	No

Other required forms

Other forms	Grants.gov form	Responsiveness factor?
<input type="checkbox"/> Application for Federal Assistance (SF-424)	Form SF-424	No
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	Form SF-424A	No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL) (if applicable)	Form SF-LLL	No

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

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

Application contents and format

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

Required format

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

Font: Aptos or Times New Roman

File format: PDF

Size: 12-point font

Footnotes and text in graphics may be 10-point.

Ink color: Black

Spacing: Single-spaced

Margins: 1-inch

Include page numbers.

Project summary (0 points)

Page limit: 1

File name: Project summary

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

Project narrative (100 points)

Page limit: 20

File name: Project narrative

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

Evaluation criterion	Scoring
Background and approach	60 point section total
Background	5 points
Strategies and activities	20 points
Outcomes	10 points
Work plan	25 points
Evaluation and performance measurement plan	20 points section total
Organizational capacity	20 points section total

Background (5 points)

Describe the problem you plan to address. Be specific about your population and geographic area.

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

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
A background that supports a clear understanding of AGS.	5 points

Strategies and activities (20 points)

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

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

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

Table: Merit review criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Approach to the Share component, including strategies and activities consistent with establishing a network of professionals working on AGS. This includes hosting an annual meeting as well as the approach to the optional Educate and Track components if included.	20 points

Outcomes (10 points)

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

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Outcomes consistent with the outcomes in the program's logic model.	10 points

Work plan (25 points)

Include a work plan using the requirements in the [work plan](#) section of the program description.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
A work plan that aligns with the strategies, activities, outcomes, and performance measures in the program description and is consistent with the content and format we recommend.	15 points
A proposed use of funds that aligns with the work plan and is an efficient and effective way to carry out the strategies and activities and achieve the outcomes.	10 points

Evaluation and performance measurement plan (20 points)

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

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Each targeted program strategy, and how well do the planned activities (short-term, intermediate, or long-term) align with successfully addressing the problem or gap.	5 points
Clear monitoring and evaluation procedures, and how your organization will incorporate evaluation and performance measurement into planning, implementing, and reporting project activities.	5 points
How your organization will report and use performance measurement and evaluation findings to demonstrate outcomes and for continuous program quality improvement.	5 points
A data management plan that includes data, collection methods, access, standards, archival and long-term preservation plans, and data limitations. This includes how your organization will update the plan throughout an award period.	5 points

Organizational capacity (20 points)

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

Describe how you will collaborate with programs and organizations, either internal or external to CDC. Explain how you will address the requirements in the [collaborations](#) section of the program description.

You must provide these attachments to support this section:

- [Resumes and job descriptions](#)
- [Organizational chart](#)

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Detail on the type(s) of professional groups or occupational categories they can reach, the extent of their reach, and how the organization relates to the prevention and control of AGS in the U.S.	5 points
Demonstrates existing organizational capacity to host an AGS-focused scientific meeting and establish a network of professionals working on AGS.	5 points
Demonstrates existing organizational capacity to develop AGS communications.	5 points
Demonstrates existing organizational capacity to conduct active or enhanced AGS surveillance.	5 points

Budget narrative

Page limit: None

File name: Budget narrative

The budget narrative supports the information you provide in Budget Information for Non-Construction Programs (Standard Form 424-A). See [other forms](#).

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

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

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.

Attachments

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

Table of contents

File name: Table of contents

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

Indirect cost agreement

File name: Indirect cost agreement

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

Resumes and job descriptions

File name: Resumes and job descriptions

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

Organizational chart

File name: Organizational chart

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

Letters of support

File name: Letter of support (if you upload each letter separately, add the name of the supporting organization to each letter)

Attach **no more than 5** letters from relevant organizations supporting your organization's successful work.

Report on overlap

File name: Report on overlap

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

Programmatic

They are substantially the same project.

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

Budgetary

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

Commitment

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

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

Bona fide agent documentation

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

Other required forms

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

Table: Required standard forms

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

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 [USA Spending](#). 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.](#)



Step 4: Understand Review, Selection, and Award

In this step

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Application review

Initial review

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

We will not review any pages over the page limit.

Scoring process

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

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

Risk review

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

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

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

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

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

Selection process

When making funding decisions, we consider:

- Merit review results.
 - These are key in making decisions but are not the only factor.
 - We may fund applications out of the merit review order.

- All applications are subject to CDC's standard internal objective review process using the criteria described within.
- To successfully implement the strategies in this NOFO and achieve the outcomes defined in the logic model, the following factors may affect the funding decision and CDC's decision not to fund in order by score and rank:
 - Addressing geographic needs and achieving geographic variety.
 - Extent of the impact of AGS in the applicant's location or population of interest.
 - Populations impacted by AGS (e.g., rural communities, outdoor workers).
 - Ensure coverage of activities across all NOFO objectives and strategies to achieve desired outcomes.
 - Avoid funding duplicate or very similar lines of activities across strategies and components.
 - Respond to an unforeseen public health emergency.
 - Align with U.S Government, HHS, and CDC priorities and the priorities of the appropriation(s) used to fund this NOFO.
- CDC may fund out of rank order and will provide justification for any decision to fund out of rank order.
- This funding opportunity will establish a roster of organizations that are pre-identified and pre-approved for funding (an approved but unfunded (ABU) list of recipients).
 - The ABU list may be used to provide additional funding during the period of performance (if available) to respond to emerging vector-borne disease needs or public health emergencies.
- There may be limited funding available at the time of this announcement.
 - Additional funding will be contingent upon the availability of appropriations and is at CDC's sole discretion.
 - CDC will provide additional information to recipients as needs arise.

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.

Award notices

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

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

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

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

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



Step 5: Submit Your Application

In this step

Submission requirements and deadlines [51](#)

Submission requirements and deadlines

Optional letter of intent

Due on June 7, 2026.

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

Please email the notice to jborchert@cdc.gov

In your email, include:

- The funding opportunity number and title.
- Your organization's name and address.
- A contact name, phone number, and email address.

Application

Due by Friday, June 19, 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.

Intergovernmental review

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



Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration [54](#)

Post-award requirements and administration

Administrative and national policy requirements

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

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

Reporting

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

Table: Financial and performance reports

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

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

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

CDC award monitoring

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

CDC's role

CDC's monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to ensure satisfactory performance levels.

- Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

CDC staff will be involved in the program activities beyond routine cooperative agreement monitoring. CDC National Center for Emerging and Zoonotic Infectious Diseases, Division of Vector-Borne Diseases (DVBD) subject matter experts will serve in technical monitoring roles for specific activities, segments, or aspects of a recipient's work plan. To assist recipients in achieving the outcomes of this NOFO, DVBD will conduct the following activities:

- Provide ongoing guidance, programmatic support, training, and technical assistance as related to activities outlined in this funding announcement.
- Reviewing manuscripts resulting from the award. The recipient must provide manuscripts related to this funding and intended for publication to CDC DVBD prior to journal submission. The awardee will not submit manuscripts presenting results or findings from this project without prior clearance from CDC.
- Facilitate communication among recipients to advance the sharing of expertise on program activities.
- Coordinate planning and implementation activities with other organizational and/or federal partners as needed.



Contacts and Support

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Agency contacts

Program

Jeff Borchert

gqx1@cdc.gov

(970) 221-6494

Grants management

Rhonda (Lisa) Debouse

wzn5@cdc.gov

(770) 488-3198

Help with systems

Grants.gov

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

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

SAM.gov

If you need help, you can:

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

Helpful websites

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