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

Division of Global Health Protection

Notice of Funding Opportunity

Application due Friday, October 2, 2026

Expanding global health security through local partnerships in Nigeria

Opportunity number: CDC-RFA-JG-26-0043



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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, October 2, 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.

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Step 1: Review the Opportunity

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Basic information

Centers for Disease Control and Prevention (CDC)

Global Health Center

Division of Global Health Protection

Making America safer, stronger, and more prosperous by strengthening global health security through surveillance, prevention, and response with a focus on strengthening National and Sub-national International Health Regulations capacities in Nigeria.

Summary

This Notice of Funding Opportunity (NOFO) aims to strengthen Nigerian organizations capacity to prevent, detect, and respond to public health threats. Organizations include:

- The Nigeria Centre for Disease Control and Prevention (NCDC).
- Other Government of Nigeria (GoN) ministries, departments, and agencies (MDAs).
- Sub-national public health institutions, such as State Ministries of Health and local government authorities.

Nigeria completed its second Joint External Evaluation (JEE) in 2023, which is a multi-sectorial assessment of a country's capacity to achieve with Global Health Security Agenda (GHSA) goals. The results improved significantly from their first JEE, increasing from 39% in 2017 to 54% in 2023. However, several gaps remain. Stronger health systems and a larger workforce will better enable the NCDC and other Nigerian agencies to work together to meet CDC's global health priorities. Stronger sub-national capacities will improve detection and response to health threats at the local level where they occur.

Have questions? See Contacts and Support.

Key facts

Opportunity name: Expanding global health security through local partnerships in Nigeria

Opportunity number: CDC-RFA-JG-26-0043

Assistance listing: 93.318: Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity, and Security

NOFO version: Original

Key dates

Application submission deadline: Friday, October 2, 2026

Expected award and start date: October 30, 2026

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

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Funding details

Funding Type: Cooperative agreement

Expected total NOFO funding for Year 1: $15,000,000
This is the expected total Year 1 funding for all awards made under this NOFO.

Expected awards: 2-3
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.

Funding strategy

Funding amounts

We encourage you to submit an application that includes a budget and work plan for each required component, consistent with the applicable component ceilings. For Year 1, applicants must submit separate budgets and work plans for all three components, not exceeding each component ceiling, although only Components 1, 2, and/or 3 core activities are expected to be funded initially and Components 2 and 3 may be approved but unfunded pending future availability of funds.

Funding amounts for Years 2 through 5 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 Global Health Security (GHS) cooperative agreements using component funding. You must apply for all components and include a budget and work plan for each. Note: For the purposes of this NOFO, **components 1, 2, and 3** are considered the core components, meaning they support baseline

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GHS activities that are not dependent on emergency funding. This does not change the requirement that applicants apply for **all** components.

Component funding allows us to provide funding as it becomes available. To do so, we fund sets of activities by project (such as emergency or routine), when necessary.

CDC may fund one or more of your components to start the budget period, and then consider other components based on available funding later. If we can't yet fund your other components, we will designate the remaining components as "approved but unfunded." This allows us to award more funding later. We include approved but unfunded components for public health emergencies in all awards. These components are funded when a disease outbreak or other public health emergency requires additional funding.

Components 1, 2, and 3 are for activities related to core global health security priorities. When funding is available, this NOFO will support activities for a moderate (component 4) or a substantial (component 5) response to a disease outbreak or other public health emergency.

The emergency components follow the same logic model, with identical overarching strategies and activities.

Setting up components

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

- Review the expectations for Year 1 activities in the strategies and activities section.
- Group your activities under the anticipated components. Only include the activities planned for Year 1.
    - **Component 1:** Improve and strengthen the Nigerian National Public Health Institute's management capacity and public health functions
        - **Component 1 Ceiling:** $1,000,000
    - **Component 2:** Strengthen subnational capacities to implement the Global Health Security Agenda (GHSA) in Nigeria
        - **Component 2 Ceiling:** $2,000,000
    - **Component 3:** Strengthen national level capacities to implement the GHSA in Nigeria
        - **Component 3 Ceiling:** $2,000,000

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- **Component 4:** Rapid small-scale response to infectious disease outbreaks or other public health emergencies
  - **Component 4 Ceiling:** $5,000,000
- **Component 5:** Rapid large-scale response to infectious disease outbreaks or other public health emergencies
  - **Component 5 Ceiling:** $10,000,000

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

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

Local partner funding preference

This NOFO includes a funding preference for local partners. Your organization will receive 15 extra points during the selection process if you both:

- Meet the local partner definition.
- Document your status as a local partner.

Eligibility

Statutory authority

This program is authorized under:

- Section 307 of the Public Health Service Act [42 USC 242].
- Section 301(a) [42 USC 241(a)] of the Public Health Service Act.

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.

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- 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

You must conduct the project in Nigeria.

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.
- Requests funding that exceeds the applicable Year 1 component ceilings described in the Funding Strategy section.
- Exceeds the 30-page limit for the project narrative (see the Project narrative section for what counts toward the page limit).
- Does not include all components.
- Is not in English.
- Includes a budget or budget narrative that uses a currency other than U.S. dollars.
- Does not respond to or is outside the scope of this NOFO.

See the Application checklist to understand which elements of your application are part of the responsiveness criteria.

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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 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.

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.

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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.

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- **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.

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- **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.

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Program description

Background, overview, and related work

Nigeria faces infectious disease outbreaks each year, including cholera, meningitis, Lassa fever, and yellow fever, alongside emerging threats like diphtheria and mpox. Several factors combine to worsen these problems:

- Low healthcare funding.
- A growing population.
- Climate change.
- Loss of trained healthcare workers.
- Weak health infrastructure.

Nigeria established the NCDC in 2011 to better prepare for and respond to epidemics by preventing, detecting, and controlling infectious diseases. Theses NOFO activities aim to strengthen Nigeria's 7-1-7 capacity. 7-1-7 is a target and accountability metric for detecting, reporting, and responding to disease outbreaks. It proposes to:

- Detect a suspected disease outbreak within **7** days of its emergence.
- Notify public health authorities and begin an investigation within **1** day of detection.
- Put an effective response in place within **7** days of notification.

As of 2024, Nigeria allocated only 4.83% of its total annual budget to healthcare, well below the 15% target set in the Abuja Declaration in 2001. This funding level severely limits how well the Ministry of Health (MoH), NCDC, other relevant ministries, departments, and agencies (MDAs), and subnational health authorities can operate. As a result, Nigeria is less able to respond to public health threats.

Nigeria is the most populous country in Africa and sixth most populous in the world with an estimated population of over 232 million. Its crowded cities, busy international travel and trade, and frequent cross-border movement make it easy for infectious diseases to spread rapidly.

Since 2014, CDC support for the GHSA in Nigeria has strengthened the country's capacity to prevent, detect, and respond to public health threats. In June 2017, Nigeria scored 39% on its first JEE exercise, and received a "not ready" rating. Following that result, Nigeria created the 2018-2023 National

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Action Plan for Health Security, and by August 2023, its second JEE score had improved to 54%.

This NOFO aims to partner with experienced organizations to strengthen Nigeria's health systems and capacity at the national and local levels. The goal is to improve the country's public health capacities in tandem with CDC's global health priorities. These NOFO activities align with gaps identified in the recent JEE and will advance health capacity at all levels of government.

This NOFO builds on CDC-RFA-GH20-2098 and CDC-RFA-GH20-2126, which supported the development of health systems, processes, and policies. Those efforts helped improve Nigeria's global public health capacities and its 2023 JEE score. This NOFO will continue to provide funding, staff, and technical assistance to address any gaps identified in the 2023 JEE.

Public health priorities and strategies

Your funded activities must also align with CDC's global health priorities. These priorities guide how we build, carry out, and evaluate our global health work. We use it to measure progress and impact and make informed decisions about global health activities across CDC. The goals include:

- Stop health threats at their source before they spread to the United States and other countries.
- Contain disruptive outbreaks of disease across the globe.
- Use global data to prevent and mitigate disease in the United States and other countries.
- Save lives and improve health globally.

To make progress on these goals, we encourage you to:

- Strengthen national public health bulletins, health alert notices, CDC's Morbidity and Mortality Weekly Report and Health Alert Network, and other emergency risk communication strategies.
- Share timely, credible, useful public health information with healthcare and public health professionals locally and nationally within our partner countries.
- Develop civil registration, vital statistics systems, and mortality surveillance systems so our partner countries know what is causing deaths in their population and whether interventions to reduce them are working.

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- Additionally, the effectiveness of your work should be demonstrated in results from timeliness analyses (like the 7-1-7 framework) for early detection and response. For example, the 7-1-7 target provides a standardized benchmark for evaluating the effectiveness of outbreak detection and response systems globally. The framework outlines a timeline to aim for in response to a suspected outbreak:
  - Within 7 days of emergency: Detect the outbreak.
  - Within 1 day of detection: Notify public health authorities and start the investigation.
  - Within 7 days of notification: Begin responding effectively to the emergency.
- We also recommend using these supporting strategies and frameworks:
  - CDC's strategy for improving GHS, based on three core parts of the agency's mission to protect public health worldwide:
    - Prevent.
    - Detect.
    - Respond.
  - Global Health Security Agenda (GHSA) framework.
  - The Department of State America First Global Health Strategy.
  - United States Global Health Security Strategy

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Purpose

The purpose of this NOFO is to build upon previous CDC investments that strengthen global public health capacities at national and subnational levels. This includes program implementation, technical assistance, and mentorship in the following areas:

- Laboratory systems.
- Workforce development.
- Surveillance and epidemiology.
- Emergency response and preparedness.
- Antimicrobial resistance.
- Biosafety and biosecurity.
- Zoonotic diseases.
- Infection prevention and control.
- Water sanitation and health.
- Public health evaluations.
- Points of entry.
- Humanitarian response.
- Risk communication.
- Others.

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. The table shows how they apply. You will use these outcomes as a guide for developing performance measures.

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Table: Strategies and outcomes

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Strategy 1: Provide technical assistance to build, strengthen, and guide the National Public Health Institute (NPHI), other relevant national MDAs, sub-national health authorities, health facilities and systems, and public health programs in preparation for and in response to public health emergencies in Nigeria.	Developed capacity in epidemiology, disease surveillance, laboratory systems, and across all relevant GHSA technical areas for timely detection and response to health threats in Nigeria.* A dedicated and functional program management unit is available at the NPHI.*	Prompt and accurate identification of priority diseases, enabling timely intervention and response, per 7-1-7 metrics, in Nigeria.* Improved administrative and business processes for efficient management of donor funds and enhanced stakeholder confidence.*	Integrated and harmonized epidemiology and laboratory data systems with improved data quality, use, and interoperability for complete, accurate, and timely surveillance data to guide preparedness and response activities in Nigeria. Reduced morbidity and mortality attributed to disease outbreaks or other public health threats in Nigeria. Increased speed of outbreak detection and response for diseases that threaten global health security.
Strategy 2: Train the public health and multisectoral workforce from relevant animal, human, and environmental sectors in Nigeria to build strategic skills, enhance collaboration, and improve health security through a coordinated One Health approach.	Skilled multisectoral public health workforce in place for efficient mobilization and deployment and effective emergency response efforts in Nigeria.*	Institutionalized trainings and capacity building initiatives across relevant sectors for strengthened health systems and to lead public health emergency response efforts in Nigeria.*	
Strategy 3: Strengthen public health systems to prepare for and respond to public	Standardized tools and systems are available for enhanced preparedness, timely	Prompt and accurate identification of priority diseases, enabling timely intervention and	

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Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
health emergencies and emerging disease threats.	detection and response to public health emergencies and threats in Nigeria.*	response, per 7-1-7 metrics, in Nigeria.* Standard processes, resources, and information are in place to ensure coordination, characterization, and reporting of disease threats early in Nigeria.*	
Strategy 4: Collaborate across countries, geographical regions, and multilateral organizations to establish networks and resources that support public health emergency response coordination and response support at all levels of the health system during times of public health emergencies.	Improved effective communication and coordinated responses to public health threats through operational information-sharing platforms. Heightened surveillance and health security at Nigerian borders to mitigate importation/ exportation of public health threats.*	Increased effective communication and coordinated response to public health threats.* Reduced spread of infectious diseases across national and international borders.*	Increased collaboration among regional and global network for effective response to public health threats of international concern.
Strategy 5: Conduct assessments, implementation science, or both, to monitor, evaluate, and improve health systems, national institutes, and public health programs.	Enhanced understanding of best practices and quality improvement initiatives by public health professionals, healthcare providers, policymakers, community leaders, and researchers, for public health programming.*	Improved policy decisions contributing to a stronger evidence base for decision-making.* Increased demand for service delivery programs in community settings.*	Reduction in health disparities and promotion of health equity in healthcare and community settings.

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Strategies and activities

This section elaborates on the strategies described in the logic model by providing expected activities for Year 1 and details about how we expect you to implement your program.

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

Strategy 1

Provide technical assistance to build, strengthen, and guide the NPHI, other relevant national MDAs, sub-national health authorities, health facilities and systems, and public health programs in preparation for and in response to public health emergencies in Nigeria.

- Provide technical assistance to the NCDC to address gaps and weaknesses identified in the 2023 JEE and in Nigeria's most current National Action Plan for Public Health Security (NAPHS).
- Provide technical assistance to develop NCDC's competencies relevant to the following technical areas to further build workforce capacity to respond to current and future infectious disease threats:
- Laboratory systems.
- Human resource and workforce development - Field Epidemiology Training Program (FETP).
- Human resources/workforce development - non-FETP.
- Surveillance.
- Emergency response operations/preparedness.
- Risk communication.
- Water, sanitation, and hygiene (WASH) (including combatting cholera).
- Infection prevention and control.
- Zoonotic diseases.
- Strengthen administrative and business processes at NCDC and improve efficiency to ensure operational effectiveness.
- Support sub-national emergency preparedness and response (EPR) committees by: running sub-national JEE evaluations; applying 7-1-7 metrics to monitor and track outbreak management performance; developing after-action reviews (AARs) and the costed state action plan for health security (SAPHS); promoting advocacy; and mobilizing resources.

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- Strengthen the operational capacity of the NCDC's sub-national support department in alignment with relevant health security strategies and recommendations of the JEE.

Strategy 2

Train the public health and multisectoral workforce from relevant animal, human, and environmental sectors in Nigeria to build strategic skills, enhance collaboration, and improve health security through a coordinated One Health approach.

Train the public health workforce at national and sub-national levels in the following technical areas to further build workforce capacity to respond to current and future infectious disease threats:

- Epidemiology and surveillance.
- Laboratory systems.
- Emergency response operations/preparedness.
- Emergency management.
- Risk communication.
- Infection prevention and control.
- Zoonotic diseases.
- Data analysis.
- Data management.
- Biosafety and biosecurity.

Strategy 3

Strengthen public health systems to prepare for and respond to public health emergencies and emerging disease threats.

- Implement activities to strengthen health systems capacities in affected regions at both national and sub-national levels.
- Work closely with the NCDC, other relevant MDAs, and sub-national health authorities to:
    - Strengthen surveillance to ensure rapid identification of priority infectious disease threats of human and zoonotic origin.
    - Ensure that capacity-building efforts are a permanent part of the organization to promote sustainability.
    - Support and connect information management platforms (e.g., SORMAS, DHIS2, AVADAR, etc.) to allow for better data sharing in the

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One
Health sector.

- Conduct multi-disciplinary, multi-hazard risk assessments to target community interventions.

- Work closely with relevant national and subnational authorities to strengthen surveillance systems at Points of Entry (POEs) to:
  - Improve data analysis, interpretation, and dissemination capacity, and make them standard at priority POEs to support real-time decision making.
  - Roll out electronic disease surveillance information systems, such as SORMAS, and digitize reporting at POEs.
- In collaboration with NCDC, other MDAs, sub-national health authorities, PEPFAR, Global Fund, and other partners, strengthen laboratory systems to enhance disease detection by:
  - Creating a leveled network of public health laboratories, including laboratory infrastructure upgrades and more staff hires.
  - Putting in place integrated disease testing and surveillance (IDTS) that focuses on next generation sequencing of priority pathogens of public health importance.
  - Establishing an integrated sample referral system to improve access to laboratory diagnostic services and reduce test result turn-around-time of priority diseases.
  - Implementing a laboratory quality management system.
  - Developing laboratory biosafety and biosecurity systems, including standards and policies to implement bio-risk management following international best practices.
  - Enhancing the laboratory commodities logistics management system for early disease detection, outbreak preparedness, and response.
  - Integrating laboratory information management systems with national surveillance data management systems, such as SORMAS, for enhanced integrated disease testing and laboratory-based disease surveillance.
  - Building public health laboratory leadership and management capacity to develop enough laboratory experts with the necessary managerial and leadership skills essential for a changing public health laboratories network.

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- Enhancing laboratory capacity for accurate and timely diagnostics of pathogens of zoonotic origin and facilitating collaboration between laboratories to share best practices and resources.

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- Applying innovative approaches to strengthen key public health laboratory systems, including but not limited to the following in the implementation of the systems interventions noted previously:
  - Partnership with NCDC, Federal Ministry of Health (FMOH), State Ministry of Health (SMOH), bilateral and multilateral donors, laboratory regulatory bodies, laboratory professional associations, and host communities, including the private sector.
  - Resource coordination across U.S. Government (USG)-funded programs, including the CDC, as well as previous and ongoing investment by GoN and key donors and programs for laboratory systems strengthening, including the private sector.
  - Host government and communities' ownership and leadership of public health laboratories systems strengthening.
- Strengthen and put in place emergency response/preparedness operations and emergency management.
- Strengthen risk communication, social mobilization, and community engagement to enhance awareness and gather community support, acceptance, and participation in containment measures and risk reduction.
- Improve national- and facility-level infection prevention and control programs, guidelines, policies, and protocols including developing and implementing strategies for surveillance and healthcare-associated infection (HAI) prevention.
- Establish a reliable, accurate, and effective laboratory surveillance network for antimicrobial resistance (AMR) in Nigerian public health facilities.
- Build national and subnational capacity to prepare for and respond to humanitarian emergencies, including coordination, data collection, and early warning surveillance in following the humanitarian frameworks, guidelines, and policies.
- Develop emergency logistics and supply chain management systems for response and non-response periods that include procurement and storage at national and subnational levels for activation during a public health emergency.

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Strategy 4

Collaborate across countries, geographical regions, and multilateral organizations to establish networks and resources that support public health emergency response coordination and response support at all levels of the health system during times of public health emergencies.

- Strengthen government and stakeholder networks that promote disease coordination across West Africa, including academia and civil societies.
- Identify approaches to streamline build on and deploy stakeholder resources to enhance coordination efforts through public health emergency preparedness and response. This should also include staffing, regional rapid response teams (RRT) /SURGE, data sharing, capacity transfer among countries, and a plan for standardizing Public Health Intelligence (PHI) for epidemic management at national public health emergency operation centers (PHEOCs).
- Build on the Regional Integrated Surveillance and Laboratory Network (RISLNET) to improve disease detection and response in the West African region, including continuous surveillance for priority pathogens.

Strategy 5

Conduct assessments, implementation science, or both to monitor, evaluate, and improve health systems, national institutes, and public health programs.

- Execute NCDC's implementation science and research strategic agenda.
- Strengthen communication and scientific writing capacity of the NCDC staff.
- Conduct special investigations and public health evaluations.
- Improve monitoring and evaluation (M&E) processes and methods to show impact and effectiveness, including the rollout of an NCDC M&E framework to align with the organizational blueprint/roadmap.
- Conduct laboratory-based public health operational research, product development and evaluation, and continuous laboratory program management quality improvement.

We expect you to provide copies of and/or access to all data, software, tools, training materials, guidelines, and systems you develop under this NOFO to the Ministry of Health, CDC, and other relevant stakeholders for appropriate use consistent with underlying authorities.

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Related guidance

Your activities under this project should follow CDC's global health priorities.

You might also be asked to follow other strategies, guidance, or planning documents that are released later.

Geographic focus

If the program or GHS priorities change during the period of performance, you may be asked to change the geographic area of your activities.

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.

Organizational capacity

You must include a heading in your project narrative titled "Organizational capacity." In this section, briefly describe 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.

Collaborations

If funded, we will expect you to collaborate with other CDC implementing partners, including non-governmental organizations, universities, the MoH and other host governmental bodies, and multi-lateral organizations that receive CDC funds. Make sure your proposed activities do not duplicate work that the CDC is already funding through other organizations.

You will work primarily and directly with partner governments, specifically with the MoH and other government entities. In addition, you will work with other in-country stakeholders and global partners, including other government entities, non-governmental organizations, universities, civil society, the private sector, and other USG agencies.

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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 this award to ensure that all activities and expected outcomes align with your strategies and goals, and those of the U.S. government.

Your strategies and goals will be monitored and evaluated. You should dedicate some of the NOFO's 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.

Required performance measures

While completing your work plan, identify indicators within the partner-level indicator list that best align with your proposed activities for each component. You can find the separate list within the application package on Grants.gov.

These indicators are your performance measures. You will also include these indicators in your initial evaluation and performance measurement plan (EPMP). If awarded, we will work with you to finalize the partner-level indicators that will best measure your funded strategies and activities. We will provide a more detailed description of the indicators when you are awarded. You will report on your performance measures in the annual progress report.

While you will be responsible for reporting on your partner-level indicators, you can use additional indicators to assess your program. You're encouraged to propose additional relevant indicators that you will monitor over the course of the project.

Evaluation and performance measurement plan

You must submit an initial draft of your EPMP plan with your application. In your EPMP, you will identify which of the partner-level indicators you plan to report on in your annual performance report). These indicators will be finalized with CDC.

You must submit a more detailed plan within the first six months of the award. See Reporting.

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Be sure to align your evaluation and performance measurement plan with host country, agency, and program requirements and priorities.

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 project activities.

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 and stakeholders.
- 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.

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

Submit your DMP with your application and include:

- The data you will collect or generate, and what its sources will be.
- Who can access the data and how you will protect and secure it.
- Data standards that explain what documentation the released data will have. Documentation should describe collection methods, what the data represents, and data limitations.
- Archival and long-term data preservation plans.

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- Any reasons why you cannot share data collected or generated under this award with CDC. These could include legal, regulatory, policy, or technical reasons.
- 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.

In addition to the other requirements listed, also include:

- Cybersecurity plans.
- How you will protect personally identifiable information (PII) 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 will inform you of data you need to share with us and how and when it should be shared.

Evaluation activities

You must carry out at least one evaluation for each cooperative agreement during your funding. The evaluation can be one of these:

- A **process evaluation**, which measures:
  - How you delivered the services.
  - What worked and what did not.
  - The differences between who you intended to serve and who you actually served.
  - Who could access your services.
- An **outcome evaluation**, which measures how the intervention affected changes in knowledge, attitudes, or behavior.
- An **economic evaluation**, which measures:
  - How much the intervention cost.
  - What caused these costs.
  - Cost effectiveness.
  - Efficiency.
  - The economic impact of the intervention.

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Describe:

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

Work plan

You must provide a work plan for each component for your project. For each component, provide a detailed work plan for the first year and a high-level work plan for later years. The work plan connects your performance outcomes, strategies and activities, and measures. It provides more detail on how you will measure outcomes and processes. A sample work plan is provided below.

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.				

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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 (OMB). For further information to determine if a proposed activity requires PRA approval, contact your project officer.

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.

Dissemination of evaluation results

By the end of the period of performance, your evaluation and performance measures will yield findings to demonstrate the value of your projects. You will disseminate these findings through the Annual Performance Report (APR). You are expected to pursue additional dissemination in public domains and through informal channels. Dissemination channels could include:

- Local and international conferences and forum abstract presentations.
- Conference poster displays.
- Public health and global health journals.
- Manuscripts.
- Bulletins.
- Reports.
- Presentations to technical working groups and stakeholder meetings.
- Other approved products in print and electronic media, including websites and newsletters.

Program interest holders will be the primary intended users of your evaluation results and findings.

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

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Funding policies and limitations

Changes in HHS regulations

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

General guidance

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.

- Your budget is arranged in eight categories: salaries and wages, fringe benefits, travel, equipment, supplies, contractual, other (includes consultant costs), and indirect costs.
- 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 this determination, ask the grants management officer.
- 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 due to changes in exchange rates are allowed if enough funding is available. If an increase in the exchange rate would reduce the scope of the project or cause you to need more federal funding, you must get prior approval for exchange rate fluctuations.

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- 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:
  - 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].
- 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.

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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. 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 do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate (see 2 CFR 200.414(f)). If you choose this method, costs included in the indirect cost pool must not be charged as direct costs. 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.

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 8% of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000.

Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

See 2 CFR § 300.414.

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 will update this limitation in future years.

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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

Human and animal subjects restriction

CDC requires you to use protocols for technical review and for review of your institutional plans to protect human or animal subjects if you plan to create public reports based on:

- Collecting data from people, animals, or personal records.
- Collecting and testing laboratory specimens.

We will not provide funds to implement these activities until you have obtained all necessary approvals of your institutional protocols. We may provide funds for preparatory activities (such as protocol development, training, equipment, reagents, and site preparation) before protocol approval. To make sure you have funds available, your budget and narrative should indicate which activities are preparatory.

You must submit data collection protocols required for the release of these funding restrictions to the CDC Global Health Center, Division of Global Health Protection (DGHP) Science Office within six months of being notified of these restrictions. You must submit these protocols by the end of the first budget year at the latest. You can submit requests for exceptions to these deadlines in writing to the project officer.

You should obtain all protocol approvals by the end of the next budget period after the award or continuation has been made, unless you have received an exception.

Host country laws and regulations

If funded, we expect you 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.

Program income prior approval

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.

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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.

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Step 2:
Get Ready to Apply

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Need help? See Contacts and Support.

Get registered

You must be registered in both SAM.gov and GrantSolutions to apply. You can review the requirements and get started on developing your application before your registrations are complete.

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 [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.

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Find the application package

You can find it online. Go to Grants Search at Grants.gov and search for opportunity number CDC-RFA-JG-26-0043. 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.

Questions

If you have questions, you must submit them by email to dghpnofos@cdc.gov no later than 5 calendar days after the NOFO is published to Grants.gov. We will not respond to questions received later.

We will post answers to questions in a Q&A document in the Grants.gov application package.

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Step 3: Build Your Application

In this step

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Application checklist

This checklist includes every item, attachment, and form you will need to submit a complete application:

Narratives

☐ Item	Grants.gov form	Page limit	Responsiveness factor?
☐ Project summary	Project Abstract Summary form	1 page	No
☐ Project narrative	Project Narrative Attachment form	Up to 30 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
☐ Indirect cost agreement (if applicable)	None	No
☐ Report on overlap	None	No
☐ Other documentation (optional)	None	No
☐ Local partner funding preference (required if applying for the funding preference)	None	No

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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

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

See responsiveness criteria to understand how they affect your application.

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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 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

Size: 12-point font
Footnotes and text in graphics, tables, and charts may be 10-point.

Ink color: Black

Spacing: Single-spaced

Margins: 1-inch

Include page numbers.

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

Project summary

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.

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Project narrative

Page limit: 30

File name: Project narrative

Your project narrative must use the exact headings, subheadings, and order that follow.

Evaluation criterion	Scoring
Background and approach	**40 points section total**
Evaluation and performance measurement plan	**25 points section total**
Organizational capacity	**35 points section total**

Due to multiple components, the project narrative will allow a maximum of 30 pages, single spaced, 12-point font, 1-inch margins, and should have all pages numbered. The appendices will not be counted toward the project narrative page limit. The total amount of appendices must not exceed 50 pages. Any pages after page 50 of the appendix will not be considered for review.

You may include the following items in your project narrative file, but they are not required and do not count toward the 30-page limit:

- Cover or title page.
- Table of contents. (Note that a table of contents is required in your attachments.)
- Nondisclosure statement, if applicable to your organization.
- Acronym list.

Everything else you include in the project narrative file will count toward the 30-page limit.

If a formatting problem makes your file longer than 30 pages, we will consider your application nonresponsive. It is your responsibility to check for formatting issues.

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Background and approach (40 points)

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

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

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
A clear and concise understanding of the current public health problem and the conditions related to the targeted programmatic areas.	15 points
Evidence-based, realistic, achievable, measurable, and culturally appropriate activities that meet this NOFO's objectives in the different operating environments and challenges of the Nigerian health system.	15 points
A proposal to build on and support the current national program response.	10 points

Evaluation and performance measurement plan (25 points)

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

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Performance measures (indicators) for each program activity and each outcome over the period of performance.	15 points
An evaluation and performance measurement plan (EPMP) which addresses performance indicators, reporting frequency, effects on target populations, how evaluation findings show NOFO's value, and how results will be shared.	10 points

Data management plan

You must provide an initial data management plan describing how you will fulfill the requirements in the data management plan section of the program description.

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Organizational capacity (35 points)

Briefly describe how you will address the requirements in the organizational capacity section of the program description. You will provide the required attachments in a separate file.

Collaborations

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:

- Experience statement.
- Financial capability statement.
- Resumes and job descriptions.
- Organizational chart.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Local experience, qualified staff, appropriate technical expertise, and institutional capacity in carrying out public health activities in Nigeria.	10 points
Experience and ability to coordinate with and build capacity of MoH, NCDC, and other host government agencies.	10 points
A description of their ability to work with the host government to carry out program activities.	5 points
An efficient business system in place to manage USG funds.	10 points

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Budget narrative

Page limit: None

File name: Budget narrative

The budget narrative supports the information you provide in Standard Form 424-A. See other required forms. You must state all amounts in U.S. dollars.

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. Explain how you calculate costs.

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.

Table: Budget criteria (not scored)

Reviewers will evaluate the extent to which the applicant provides:	Point value
The budget is itemized, justified, reasonable, and consistent with NOFO objectives, planned program activities, and GHS goals.	Not scored

Component funding requirements

In your SF-424A form, you will separate your component budget 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.

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See also the component funding instructions for form SF-424A.

Local partner funding preference

For this NOFO, we will add **15** points to applications that meet the local partner funding preference. To meet this preference, the prime applicant organization must currently meet one of the definitions of a local partner in the country, region, or subregion served by this NOFO. You will not get points for partially meeting the definition.

Local partner definition

The definitions of local partners are as follows.

Individuals (sole proprietorships)

An individual must be a citizen or lawfully admitted permanent resident of the country or subregion. Their primary residence and business must be in the country or subregion.

A sole proprietorship must be owned by a person who meets this definition.

Entities

An entity is an organization other than a sole proprietorship. This might be a corporation or nonprofit organization. Your organization must meet all three of these criteria:

- **Criterion 1:** Your organization must be **either** of the following:
  - Incorporated or legally organized under the laws of the country, and have its principal place of business in this country.
  - Located in the subregion served under this NOFO.
- **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.
  - 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.
- **Criterion 3:** If your organization has a board of directors, at least 51% of the members must be citizens or lawfully admitted permanent residents of the country.

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Government ministries and parastatals

These are government ministries like ministries of health, subunits of government ministries, and parastatal organizations.

Parastatal organizations may be fully or partially owned or funded by the government. They may have a board of directors.

Regions and subregion definition

A region is one of the 2020 State Department/ForeignAssistance.gov groupings, such as Southern Africa, Central Africa, or Central America.

Applying this preference

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

After the merit review, we will review this attachment to determine whether you meet this preference. If so, we will add 15 points.

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Attachments

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

Page limit: Provide only the information you need to respond to each requirement. Combined, the attachments may not be more than 50 pages. 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 50 pages.

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.

Financial capability statement

Required.

File name: Financial capability statement

Describe your:

- Systems and procedures in place to manage donor and organizational funds.
- Procurement processes and systems.
- Previous experience and capacity to manage budgets greater than $500,000.

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:

- The GHSA.
- Emergency operations and coordination.

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- Experience in surveillance information systems and laboratory systems strengthening.
- Experience working with NPHIs and other MDAs in the One Health sector in Nigeria.
- Experience working with subnational health authorities.
- Experience working with the USG.

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. Key personnel must include the principal investigator, business official, project director, and other key technical experts.

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.

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.

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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.

Local partner funding preference

Required if applying for the funding preference.

Not included in the 50-page limit.

File name: Local partner preference

If you would like to be considered for the local partner funding preference, include this attachment. We recommend putting all information in one PDF file, but this is not required. Include:

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

Instructions by type of local partner

Individuals (sole proprietors)

The sole proprietor must sign the letter. Provide evidence that you own the business, and where the business is located. This evidence could be a certificate of registration, organization, or incorporation in the country, or contact information including physical address.

Entities

Your organization's authorized official must sign the letter. Clearly explain how your organization meets the entity definition, and provide evidence.

You must include:

- Official documentation from a government organization showing that the organization is incorporated or legally organized in the country or subregion, and the principal place of business.
- A list of the officers or owners and:
  - Their titles and roles.
  - Their statuses as citizens or permanent residents.
  - The percentage of full-time staff who are citizens or permanent residents of the country.
  - A list of the members of the board of directors, including each member's name and whether they are a citizen or permanent resident in the country. If your organization does not have a board of directors, state this in your letter.
  - A statement that at least 51% of the board members are citizens or permanent residents.

Government ministries and parastatals

The project director or principal investigator must sign the letter.

Show the organization's relationship with the government. This could be through an organizational chart, legislation, statute, or charter.

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Describe how the organization is a partner government ministry, subunit of a government ministry, or parastatal organization in the country (an organization partly or fully owned by the government). Describe the government's ownership of the organization.

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 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.

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 form.

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].

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Step 4: Understand Review, Selection, and Award

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Application Review

Initial review

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

We will not review any pages over the page limit.

Scoring process

A panel will review your application that passes the initial review. They use the criteria outlined in Step 3: Build Your Application.

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
Background and approach	40 points
Evaluation and performance measurement plan	25 points
Organizational capacity	35 points

Risk review

Before making an award, we review the risk that you will not prudently manage federal funds. 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 likely to be over $250,000. We also check Exclusions. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

We may ask for additional information prior to 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.

For more details, see 2 CFR 200.206.

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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.
- If multiple applications have the same score, we will:
  - Re-review the tied applications.
  - Move up the application with the highest score for its background and approach.
  - Move up the application with the highest score for its evaluation and performance measurement plan.
  - Move up the application with the highest score for its organizational capacity.
- We reserve the right to fund applications out of rank order to:
  - Avoid duplicating activities with other CDC programs.
  - Accommodate the funding preferences stated in this NOFO.
  - Accommodate an unforeseen public health emergency.
  - Align with available funds at the time of award.
  - Ensure that GHS activities cover as many areas as possible.
  - Promote the activities and priorities of the awarding program.
- If we award a grant based on false or misrepresented information, or if a recipient does not comply with the terms and conditions of the award, we may take any necessary and appropriate action with the respect of the recipient or the award, up to termination.

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.

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Funding priorities for alignment with agency priorities

Before we make final funding decisions, CDC leadership will review all potential awards. They will check for:

- Adherence to applicable laws.
- Alignment to agency priorities (see Centers for Disease Control and Prevention (CDC) Priorities).

To the extent allowed by law and court orders, we will give a funding priority to applications that align with agency priorities.

Award notices

If you are successful, we will email a Notice of Award (NoA) to your authorized official.

We will email you or write you a letter if your application is disqualified or unsuccessful.

You will receive these notifications by the end of October 2026.

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.

Once you draw down funds, you have accepted all terms and conditions of the award.

If you want to know more about NoA contents, go to Understanding Your Notice of Award at CDC's website.

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Step 5: Submit Your Application

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Submission and deadlines

See the section on finding 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 the section on getting registered.

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

Application

Due on Friday, October 2, 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.

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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

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

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Step 6: Learn What Happens After Award

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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 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 has policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those highlighted in the HHS Grants Policy Statement, Appendix D: HHS Administrative and National ,br>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.

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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. • Shows how data are collected and used (data management plan).	Six months into award.
Recipient Data Management Plan	• Shows how data is 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. • 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 (financial reports) due to CDC project officer and relevant activity manager for each country and program or activity-level funded under this NOFO, as applicable.	Bi-annually.
Annual Federal Financial Report (FFR)	• 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.

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Report	Description	When
Performance Measure Reporting	• CDC program will determine after award.	Reporting frequency will be determined after award. It will likely be quarterly and annually.
Final Performance Report	• Includes information similar to the Annual Performance Report.	120 days after the end of the period of performance.
Final Federal Financial Report (FFR)	• Includes information similar to the Federal Financial Report.	120 days after the end of the period of performance.
Foreign Tax Report	• Includes the 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.

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.

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We may also include the following activities:

- Organizing an orientation meeting to discuss expectations, regulations, key management requirements, and report formats and contents.
- Reviewing and approving your evaluation and performance measurement plan, including to make sure it complies with CDC's guidance. This includes guidance from the CDC's Division of Global Health Protection Monitoring and Evaluation Office and Data for Partner Monitoring Program.
- Meeting with you regularly to review your technical and financial progress reports and modify your plans, as needed.
- Meeting with you each year to review your annual progress report and review and adjust your work plans for the next fiscal year. We might adjust based on whether you have achieved outcomes, the results of your evaluation, changing budgets, and country or headquarters approval.
- Providing technical oversight for all your activities.
- Helping set up in-country meetings to plan and review technical assistance activities.
- Making sure you are on track to achieve outcomes on time.
- Monitoring programmatic and financial performance measures to ensure satisfactory performance.
- Other activities that help us identify and manage risk, including among high-risk recipients.

CDC can take corrective or enforcement actions if you underperform in achieving your project's targets, in accordance with 2 CFR 200.

- Corrective action may include:
- Target improvement plans.
- Corrective action plans.
- Other corrective actions described in 2 CFR 200.

When we are considering a target improvement or corrective action plan, we will consider your level of effort, including:

- Any preventive action you have taken.
- Any extenuating circumstances, within or outside your organization.

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CDC's role

When applicable, we will require you to collaborate with CDC in-country office(s) and CDC headquarters (HQ) for technical oversight of project activities under your award.

In addition to the CDC project officer (PO), you will collaborate with in-country and/or HQ contacts, subject matter experts (SMEs), and technical leads. The PO of your award will provide relevant contacts of CDC staff and coordinate discussions with you.

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

- Help with your review and selection of key personnel, any post-award subcontractors, and any subrecipients 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 assistance and targeted training activities designed to help you:
  - Develop and conduct program activities based on CDC and other USG guidance and best practices.
  - Manage, analyze, and ensure data quality.
  - Meet U.S. government financial and reporting requirements.
  - Present and possibly publish program results and findings.
  - Manage and track finances.
- Guide you on how to allocate funds and conduct monitoring and evaluation activities, including providing ethical reviews to direct or assist with any needed changes.

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Contacts and Support

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Agency contacts

Program

DGHP NOFOs
Email: DGHPNOFOS@cdc.gov

Grants management

Randolph Williams
Grants Management Officer
Email: gur2@cdc.gov
Telephone: 770-488-8382

Help with systems

Grants.gov

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

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

Login.gov

You can contact the Login.gov Help Desk for customer support at 844-875-6446. Help is available 24 hours a day, 7 days a week.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

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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.)
- U.S. Department of State/Bureau of Global Health Security and Diplomacy
- FFR Information | HHS PSC FMP Payment Management Services

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