

Request for Proposals

Implementation and Evaluation of Healthy Native Babies Project (HNBP) Materials Partner

Date Issued:

October 22, 2026 – 5:00 pm Eastern Standard Time

Due Date:

November 16, 2026 – 5:00 pm Eastern Standard Time

Proposal Submission Form:

[Submission Form Link](#)

Questions Form:

[CDC Foundation Contact Form](#)

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Summary of Request:

The CDC Foundation invites proposals from Tribes, Tribal Serving Organizations (TSOs), and Urban Indian Organizations (UIOs) [T/TSOs/UIOs] to implement and evaluate the implementation of the updated Healthy Native Babies Project (HNBP) materials within their service areas. This initiative aims to strengthen culturally relevant infant safe sleep education, increase community awareness, and support Native families in reducing -sleep related- infant deaths. Selected T/TSOs/UIOs will adapt, disseminate, and assess the use of HNBP materials in ways that reflect the cultural, linguistic, and community-specific needs of the Native populations they serve. This project is a rapid turnaround project to support T/TSOs/UIOs in:

- Implementing HNBP materials in clinical, community, and family setting
- Training staff and community partners
- Evaluating reach, effectiveness, and community feedback
- Identifying barriers, facilitators, lessons learned, and best practices

1. CDC FOUNDATION

The CDC Foundation helps the Centers for Disease Control and Prevention (CDC) and the public health system save and improve lives by unleashing the power of partnerships to protect the health, safety and security of all communities, everywhere. The CDC Foundation is authorized by Congress to mobilize philanthropic partners, corporations, organizations and individuals to support the critical health protection mission of CDC and the public health system.

The CDC Foundation manages hundreds of programs each year aimed at protecting communities across the country from a variety of health threats—from chronic disease conditions including cardiovascular disease and cancer, to infectious diseases like malaria and HIV to emergency responses, such as Ebola and Zika. Visit <http://www.cdcfoundation.org> for more information.

2. BACKGROUND AND NEED

The Healthy Native Babies Project (HNBP) is a culturally tailored adaptation of the national Safe to Sleep® campaign to reduce sleep related infant deaths, including sudden infant death syndrome (SIDS), among American Indian and Alaska Native (AI/AN) infants. HNBP materials include print, digital, and training resources designed for use by healthcare providers, public health practitioners, and community-based organizations serving AI/AN families. Beginning in 2023 HNBP materials were evaluated and updated, in collaboration with Tribal and Urban Indian partners to ensure that evidence based infant safe sleep recommendations are communicated in ways that reflect AI/AN values, imagery, and caregiving traditions, while remaining aligned with current national infant sleep guidance.

Although national SIDS rates have declined, AI/AN infants continue to experience disproportionately higher rates of sleep related infant deaths, in both Tribal and urban settings. Many Native communities—Tribal, Tribal serving, and urban—face compounding factors such as housing instability, multigenerational households, and inconsistent access to culturally appropriate maternal and child health education. These structural barriers can limit consistent adoption of recommended safe sleep practices without coordinated implementation support.

Tribes, TSOs, and UIOs play essential and distinct roles in delivering maternal and child health education to AI/AN families. While these entities are well positioned to integrate HNBP materials into clinical, public health, and community outreach programs, variations in capacity, staffing, training infrastructure, and evaluation resources can lead to inconsistent implementation and limited documentation of reach, effectiveness, and community impact across sites. Best practices for effective safe infant sleep initiatives include not only distribution of education materials, but also provider training, culturally respectful communication, reinforcement across care settings, and structured evaluation.

Accordingly, this RFP supports the engagement of **up to five (5)** cost-reimbursable based awardees to provide implementation coordination, training support, and evaluation services (see Sections 3. Scope of Work and 6. Selection Criteria) to ensure consistent, high quality- use of HNBP materials across multiple T/TSOs/UIOs sites.

3. SCOPE OF WORK

Description:

Each Subrecipient will support the implementation of the Healthy Native Babies Project (HNBP) updated materials within its service area. Subrecipients will be responsible for integrating, maintaining, and sustaining HNBP activities; designing and carrying out an implementation that incorporates sustainability indicators; and completing all implementation and evaluation requirements no later than **September 2027**.

Project Activities:

A. Implementation and Sustainability Efforts

- a. Identify existing maternal and child health programs or new programs to implement HNBP materials in, which could include home visiting, WIC, public health nursing, community outreach, or clinical care settings.
- b. From the suite of updated HNBP materials, select HNBP materials to disseminate, incorporating local cultural contexts into dissemination.
- c. Conduct targeted outreach to caregivers, families, extended kinship networks, Elders, and/or community partners to increase awareness and reinforce safe infant sleep practices, using the HNBP materials.
- d. Provide staff training and technical assistance on safe sleep messaging, culturally respectful communication, and effective delivery of HNBP materials across diverse settings.
- e. Build sustainability capacity, including:
 - i. Developing simple tools, job aids, and/or integration plans that allow T/ TSOs/ UIOs to continue HNBP activities beyond the contract period.
 - ii. Supporting identification of local HNBP champions, possibly using training-of-trainers (TOT) approaches to maintain local expertise.
 - iii. Identifying areas to embed HNBP implementation practices into routine workflows, policies, and onboarding processes.
 - iv. Providing recommendations for sustained implementation of HNBP materials beyond the project period.

B. Evaluate Implementation of HNBP materials

- a. Develop an evaluation plan that measures:
 - i. Reach (number of families served, materials distributed, partners engaged, etc.).

- ii. Knowledge change and planned behavior change among caregivers.
 - iii. Staff and community feedback on HNBP materials implementation (acceptability, appropriateness, adoption, cost, feasibility, sustainability).
 - iv. Barriers and facilitators to implementation.
 - v. Early indicators of sustainability, including adoption of HNBP implementation practices within organizational workflows and staff retention of safe sleep competencies.
 - vi. Ways that barriers could be addressed, and potential changes to implementation in the future.
- b. Use mixed methods, incorporating both quantitative and qualitative data collection.
- c. Produce a final evaluation report summarizing findings, sustainability insights, and recommendations for future implementation and improvement.
- C. Reporting & Participation
 - a. Attend virtual orientation and technical assistance sessions with CDC, CDC Foundation and partner organizations.
 - b. Submit monthly progress updates detailing implementation status, risks, mitigation strategies, sustainability planning, and evaluation progress.
 - c. Participate in cross-site learning activities with other funded partners to support shared learning, adaptation, and continuous improvement, including attendance at a two-day cross-site learning meeting in Atlanta, GA, tentatively scheduled for August 3-4, 2027.

Project Outputs:

- 1. Finalized implementation and evaluation work plan
- 2. List of HNBP materials to be used, and how they will be implemented
- 3. Monthly Progress Reports
- 4. Site-specific and aggregate evaluation findings
- 5. Final Evaluation Report that includes:
 - a. Findings and recommendations.
 - b. Explicit sustainability recommendations, including opportunities for expansion, maintenance, or integration into Tribal, TSO, or UIO organizational systems.
 - c. Forward looking options for continued implementation beyond the period of performance.
- 6. Final Narrative Report

Funding Amount:

Up to \$100,000

Performance Period:

December 7, 2026 to September 29, 2027

Federal Funding:

This project is funded through a federal cooperative agreement awarded to the CDC Foundation. The CDC Foundation anticipates that awards issued under this solicitation will be structured as subawards to subrecipients, rather than procurement contracts for goods or services.

Organizations selected for funding are expected to carry out a substantive portion of the federally

supported programmatic activities described in this solicitation, including implementation, community engagement, training, evaluation, reporting, and related project objectives within their respective service areas. As such, selected organizations will generally be considered subrecipients for purposes of federal financial assistance requirements.

Awardees should be prepared to comply with all applicable subrecipient requirements, including but not limited to requirements contained in 2 CFR Part 200 and any additional terms and conditions incorporated into the resulting subaward agreement. Selected organizations may be required to provide information necessary for subrecipient risk assessment, federal reporting, and ongoing subrecipient monitoring.

Final determination of the appropriate funding relationship and award structure will be made by the CDC Foundation based on applicable federal requirements and the specific activities proposed by the selected organization.

4. ELIGIBILITY REQUIREMENTS

All applicants must meet the following criteria:

- Must be a federally recognized Tribe, a Tribal Serving Organization, or an Urban Indian Organization operating in the United States.
- Must be legally registered and authorized to operate in the United States.
- Must demonstrate experience serving American Indian/Alaska Native (AI/AN) populations within their Tribal, Tribal serving, or urban service areas.
- Must demonstrate experience in public health program implementation and basic evaluation activities, including the ability to collect, interpret, and report qualitative and/or quantitative data.
- Must have demonstrated experience in the implementation of safe sleep programming and the promotion of evidence-based safe sleep practices.
- Must have adequate staffing capacity in place at the time of award to support implementation, training participation, sustainability planning, community engagement, and evaluation activities.
- Must demonstrate cultural competency or experience working within culturally grounded public health programs serving AI/AN communities.
- Must commit to participating in sustainability planning, including identifying sustainability options and needs, engaging Tribal leaders and/or champions, and considering long-term approaches such as embedding HNBP practices into local protocols, websites, or onboarding processes.

Preferred but not required:

- Prior experience in the development or use of HNBP materials is preferred but not required.

The CDC Foundation reserves the right to conduct a **pre-award risk assessment** to assure potential contracts meet the eligibility criteria. Data available through third party sources such as Dun & Bradstreet may be consulted, along with information publicly available via Federal and State award, debarment, exclusion, and sanction databases.

5. INSTRUCTIONS FOR APPLICANTS

All interested applicants should complete the following requirements and submit all materials through the [RFP submission form](#) by **November 16, 2026**. All proposals should be submitted by 5:00 p.m. EST. Applications that are deemed incomplete or that are not submitted by the submission form will not be considered for selection. **Documents aside from the Subrecipient Scope of Services and Budget should be submitted as ONE (1) COMPILED PDF.**

5.1 Required Information

The following information is required to be submitted as part of the application and is provided through the RFP submission form.

A. Cover Page: Applicant Organization Information

- Official Name of Applicant
- Email & Phone Number for Primary Contact
- Applicant Website (if available)
- Year Established
- Federal Tax Identification (ID)/Employer Identification Number (EIN)
- Data Universal Number System (DUNS)
- SAMS Unique Entity ID (UEI)
- Organization Business Classification

B. Contact Information

Subrecipient Contacts
<i>Programmatic Contact</i> (only if different from primary) Name: Title: Organization: Address: City, State, Zip Code: Email: Phone:
<i>Financial Contact</i> Name: Title: Organization: Address: City, State, Zip Code: Email: Phone:
<i>Authorized Official</i> Name: Title: Organization: Address: City, State, Zip Code: Email:

Phone:

- C. Organizational Capacity
- Description of the organization's mission and programs
 - Experience serving AI/AN communities, maternal and child health, Healthy Native Babies Project (HNBP) or culturally based programming
 - Staff capacity to support this project
- D. Proposed Work Plan and Scope of Services
- Completed CDC Foundation Scope of Services outlining project summary, activities, and outputs.
 - Proposed Workplan:
 - Outline of community need, target population, and existing or proposed partnerships engaged for this project
 - Draft Implementation Plan, including:
 - Description of how HNBP materials will be implemented
 - Approach, if needed, to cultural adaptation and community engagement
 - Anticipated facilitators or challenges and potential mitigation strategies
 - Draft Evaluation Plan, including:
 - Potential evaluation questions related to implementation of HNBP materials
 - Draft approach to evaluation (data collection, analyses, reporting)
 - How findings will be used and shared
 - Timeline for implementation and evaluation from award through September 2027
- E. Budget and Budget Narrative:
- a. Completed CDC Foundation Budget outlining cost justifications for how funds will be used to support activities. Please include any identifiable potential leverageable resources

Attachments:

Please provide the following attachments as part of the completed application:

Required:

- Completed IRS 990 Tax Form (audited and signed)
- Most recent audited financial statement
- Completed proposal outlining:
 - Applicant Organization Information
 - Applicant Contact Information
 - Organizational Capacity
 - Proposed Work Plan
- Completed [Federal Subrecipient Scope of Services and Budget](#) (linked; submitted as an editable word document)

Optional:

- Recommendation letters from previous clients or partners.

- Examples of previous public health program implementation and evaluation
- Examples of previous work with HNBP or other safe sleep campaigns and/or culturally grounded public health program work
- Letters of support from community partners, tribal organizations, or local agencies

An automated notification of receipt of the application will be generated upon submission.

The CDC Foundation reserves the right to award a contract based on initial offers, without discussion. Therefore, proposals should contain a potential Subrecipient's best solution, from cost/price and technical standpoints. The CDC Foundation may, at its discretion, invite presentations, hold panel interviews, request clarification, conduct discussions and/or solicit a best and final offer from any or all potential Subrecipients. The CDC Foundation also reserves the right to conduct a pre-award risk assessment and may request additional financial and/or organizational information from potential Subrecipients for the purpose of conducting the assessment. Review findings may impact eligibility and/or award structure.

The CDC Foundation will not be responsible for any proposal which does not follow the instructions in this RFP, and may, at its discretion, reject any such non-compliant proposal. Further, this solicitation does not commit the CDC Foundation to pay any cost for the preparation and submission of a proposal.

6. SELECTION PROCESS AND REVIEW CRITERIA

6.1 Anticipated Timeline

The timeline below is subject to change at the sole discretion of the CDC Foundation:

October 22, 2026	RFP Re-Release
November 4, 2026	Question Submission Deadline
November 16, 2026	Proposal Submission Deadline
November 23, 2026	Anticipated Selection Notification
December 7, 2026	Anticipated Effective Date of Resulting Agreement
December 7, 2026 – September 29, 2027	Anticipated Agreement Term

6.2 Communication During the RFP Period

All questions and requests for clarification regarding this RFP should be submitted by prospective Subrecipients via the [CDC Foundation HNBP Contact Form](#) no later than **5:00pm Eastern Time on November 4, 2026**. Responses to all questions and requests for clarification received by the stated deadline for inquiries will be responded to as received.

6.3 Evaluation

Compliant proposals received from eligible applicants by the stated proposal submission deadline will be evaluated in accordance with the review criteria outlined below. Submissions will be evaluated on applicants' organization capacity to provide the requested services, proposed approach and

implementation strategy, proposed evaluation plan, and capacity to provide the requested services within the anticipated timeframes stated in the RFP.

As previously stated in section 5 (Instructions for Applicants) of this solicitation, the CDC Foundation reserves the right to award a contract based on initial offers, without discussion. Therefore, proposals should contain a potential Subrecipient's best solution, from cost/price and technical standpoints. The CDC Foundation may, at its discretion, invite presentations, hold panel interviews, conduct discussions, request clarification and/or solicit a best and final offer from any or all potential Subrecipients as part of the evaluation process. Further, the CDC Foundation also reserves the right to conduct a pre-award risk assessment and may request additional financial and/or organizational information from potential Subrecipients for the purpose of conducting the assessment. Review findings may impact eligibility and/or award structure.

Evaluation criteria of the proposal are as follows.

Criteria	Weight
Organizational Capacity	15%
Proposed Work Plan and Scope of Services	20%
Implementation Strategy	20%
Proposed Evaluation Plan	20%
Appropriate Timeline	10%
Budget and Budget Narrative	15%

6.4 Notification to Applicants

All applicants will receive notification of whether they are selected as the successful Subrecipient. The CDC Foundation will not provide scores or specific review feedback to unsuccessful applicants.

7. OTHER REQUIREMENTS

7.1 RFP Changes

The CDC Foundation reserves the right to negotiate any or all RFP terms and conditions, and to cancel, amend or resubmit this RFP in part or entirety at any time.

7.2 RFP Conditions

Applicants must provide disclosure of any known past, present or prospective relationships with any parties associated with the CDC Foundation. For example, applicants should disclose if a member of their Board is also a member of the CDC Foundation's Board currently or in the past. The applicant also certifies that the prices offered were arrived at independently and without purpose of restricting competition with other applicants, including but not limited to subsidiaries, and that prices have not been and will not be knowingly disclosed to any other applicants unless required by law. Failure to comply with these requirements may result in the CDC Foundation having to re-evaluate the selection of a proposal.

This RFP is not an offer to contract but represents a definition of specific requirements and an invitation to qualified Tribes, Tribal Serving Organizations (TSOs), and Urban Indian Organizations (UIOs) to submit a response addressing our business requirements. Issuance of the RFP, your preparation and submission

of a proposal, and subsequent receipt and evaluation of your proposal by the CDC Foundation does not commit the CDC Foundation to award a contract to you or any other respondent, even if all requirements stated in the RFP are met. All costs of participation including your proposal and subsequent activity in the selection phase are at your risk and any such costs, whether direct or indirect, are the responsibility of applicants.

Nothing in this document shall be construed as an offer by the CDC Foundation and no terms, discussions or proposals shall be binding on either party prior to execution of a definitive agreement. The CDC Foundation reserves the right to reject any part or the entire proposal. The CDC Foundation's decision may be made on any basis it deems pertinent to this undertaking, regardless of whether or not a particular factor is described in this Request for Proposal or otherwise discussed between the parties.

Proposals are expected to be binding for a period of one hundred and twenty (120) days from the published response date.

7.3 Non-Disclosure and Confidentiality

Tribes, Tribal Serving Organizations (TSOs), and Urban Indian Health Organizations (UIOs) – notated as partners - shall hold in confidence and, without the prior written approval of the CDC Foundation, shall not disclose to any third party, except to employees and approved Subrecipients having a need to know, and Proprietary information provided to the applicants by the CDC Foundation or any of its subsidiaries or affiliates. Partners shall not use Proprietary information for any purpose other than responding to this RFP. The term “Proprietary Information” means (a) any information of the CDC Foundation which is not openly communicated or accessible to third parties, whether or not marked or identified as confidential, related technical data and know-how, financial information, pricing, terms of sale, products, processes, plans, personnel, research and development projects or other aspects of the business of the CDC Foundation until such information shall have ceased to be proprietary as evidenced by general public availability and knowledge, (b) information of a third party as to which the CDC Foundation has a non-disclosure obligation, and (c) information produced by partners in the course of performing the services. All tangible proprietary information in partner's possession or control shall be promptly returned to the CDC Foundation or destroyed on request or upon termination of this RFP, whichever occurs first.

Request for Proposals Question and Answers

Subrecipient for Implementation and Evaluation of Healthy Native Babies Project (HNBP) Materials

Date Issued: October 22, 2026

Questions and Answers

Q1: The provided budget template includes Personnel and Overhead/Indirect categories but does not include a separate Fringe Benefits category. Should fringe benefits applicable to direct personnel costs be included within the Personnel cost calculation, reported under Overhead/Indirect, or otherwise identified in the budget narrative?

A1: Fringe benefits should be included as part of personnel costs and reflected in the fringe calculation section of the budget template. Applicants should describe their fringe benefit methodology, including the applicable rate, in the budget narrative. See the budget template instructions regarding fringe benefit calculations.

Q2: Would a business entity wholly owned by a federally recognized Tribe qualify as a Tribal Serving Organization under this RFP when it proposes to implement the project in partnership with the Tribe's health program and within the Tribe's service area?

A2: Yes. A business entity wholly owned by a federally recognized Tribe may be considered eligible as a Tribal Serving Organization if it meets all other eligibility requirements outlined in the RFP and demonstrates its capacity to serve AI/AN populations within the proposed service area.

Q3: The eligibility requirements state that applicants must have demonstrated experience developing or using HNBP materials. Must this experience reside within the applicant organization itself, or may it be demonstrated through a Tribal health-program partner, subcontractor, or proposed key personnel? Would experience with Safe to Sleep or closely related culturally grounded infant safe-sleep programming satisfy this requirement?

A3: Applicants should demonstrate experience in the development or use of Healthy Native Babies Project materials through their proposed project team, which may include organizational staff, key personnel, consultants, subcontractors, or implementation partners. Experience with Safe to Sleep® or other culturally grounded infant safe-sleep initiatives may be considered relevant; however, applicants should clearly describe how that experience relates to implementation of HNBP materials.

Q4: May an applicant rely on subcontractors or affiliated Tribal entities for implementation, training, evaluation, or project-management capacity?

A4: Yes. Applicants may utilize subcontractors, consultants, or affiliated Tribal entities to support project implementation, training, evaluation, and project management activities. Any subcontracted activities should be clearly described in the proposal and budget.

Q5: Are there restrictions on the percentage of work or budget that may be subcontracted? May the requirement for adequate staffing capacity at the time of award be satisfied through committed subcontractors and named consultants, including a remote public-health or evaluation lead, or must all key personnel be employees of the applicant?

A5: The RFP does not establish a specific limit on the percentage of work or budget that may be subcontracted. Applicants must demonstrate adequate staffing capacity to successfully complete the proposed work. Staffing capacity may include a combination of organizational staff, subcontractors,

consultants, and partners identified in the proposal.

Q6: What documentation should a Tribe or wholly Tribal-owned entity submit if it is not required to file IRS Form 990? Would an audited Tribal or parent-organization financial statement, exemption documentation, or another financial disclosure be acceptable? Please also clarify what is meant by an 'audited and signed' Form 990.

A6: Organizations that do not file IRS Form 990 should submit alternative documentation demonstrating financial standing and organizational oversight, such as audited financial statements, Tribal government financial documentation, or documentation supporting their exemption from IRS Form 990 filing requirements. If selected for award, additional documentation may be requested during the pre-award review process.

Q7: Does the CDC Foundation expect each awardee to implement across multiple organizational sites, or does 'across multiple T/TSO/UIO sites' refer collectively to the group of awardees?

A7: The reference to "multiple T/TSO/UIO sites" refers collectively to the broader project across funded awardees. Individual applicants should propose an implementation approach that is appropriate for their service area and organizational capacity.

Q8: Are there minimum expectations for the number of programs, implementation settings, families reached, staff trained, partners engaged, or materials distributed?

A8: No specific minimum targets have been established. Applicants are encouraged to propose realistic and meaningful implementation and evaluation activities that align with community needs, organizational capacity, and project objectives.

Q9: Can applicants review the complete suite of updated HNBP materials before submitting a proposal? Which materials or messages are mandatory, and what local cultural, linguistic, design, or content adaptations are permitted? Is prior approval required for adaptations?

A9: Selected awardees will receive access to the updated HNBP materials upon contract execution. Materials include a brochure, flyers, doorhanger, data posters, and social media/graphic cards. There are no mandatory materials to implement. Awardees will have flexibility to select materials for implementation during this project from the available suite. While no modifications are allowed to CDC-approved materials, awardees can adapt dissemination approaches to reflect local cultural and community contexts while maintaining alignment with evidence-based safe sleep recommendations.

Q10: Will the CDC Foundation provide standardized evaluation questions, instruments, indicators, or reporting templates?

A10: Applicants are expected to propose their own evaluation approach consistent with the requirements outlined in the RFP. CDC and CDC Foundation will not provide standardized evaluation instruments but will provide technical assistance and support in developing appropriate implementation evaluations. CDC Foundation will provide reporting templates for invoicing, progress reports, and final reporting.

Q11: Are awardees expected to collect individual-level data, demographic information, or pre/post measures, and is there a minimum sample size or response-rate expectation?

A11: The RFP does not prescribe specific data collection instruments, minimum sample sizes, or response-rate requirements. Applicants should propose evaluation methods appropriate to their implementation setting and evaluation objectives.

Q12: Does the CDC Foundation consider this work program evaluation rather than human-subjects research? Are IRB review, Tribal research-review approval, informed consent, or other formal approvals expected?

A12: This project is intended to support implementation and evaluation activities to improve programmatic function. The standard agreement specifies that awarded funds may not be used for research and development purposes as defined by 2 CFR 200.1. Awardees remain responsible for obtaining any Tribal, organizational, or other approvals required by their respective jurisdictions or institutions.

Q13: Who will own the site-specific data and resulting evaluation products? Will each participating Tribe retain the right to review and approve external dissemination of its findings, including incorporation into cross-site reports, presentations, or publications?

A13: Site-specific data should be managed consistent with applicable Tribal, organizational, and legal requirements. Awardees should anticipate collaborating with CDC and CDC Foundation regarding reporting and dissemination of project findings. Any data-sharing or dissemination requirements will be finalized during contracting and project implementation.

Q14: What cost principles and reimbursement requirements will govern the award?

A14: Awards will be issued as cost-reimbursable agreements. Reimbursement will be limited to allowable costs that are within project scope, consistent with the approved budget, and compliant with applicable federal cost principles and agreement requirements. Supporting documentation must be maintained and provided upon request.

Q15: Please clarify whether fringe benefits, indirect costs, consultant costs, participant incentives, printing, translation, travel, and subcontractor costs are allowable, and whether fee or profit is permitted.

A15: The awards resulting from this solicitation are expected to meet the criteria of “Subrecipient” as defined by 2 CFR (Code of Federal Regulations) [200.331](#); a final determination will be made at the time of award. The Subrecipient must comply with Uniform Administrative Requirements, Cost Principles, and Audit Requirements, Cost Principles, and Audit Requirements for Federal Awards ([2 CFR Part 200](#)). Additional subaward requirements will be communicated to successful applicants.

Allowable costs may include personnel, fringe benefits, travel, supplies, equipment, other direct costs, subcontractors, consultants, and indirect costs when properly justified and included in the approved budget. Participant incentives may be allowable if approved and consistent with the agreement requirements. Costs must be reasonable, allocable, and necessary to achieve project objectives. Fee or

profit is not allowable under cost-reimbursable agreements.

Q16: What frequency and approximate time commitment should applicants' budget for orientation, technical-assistance sessions, and cross-site learning activities? Are all activities expected to be virtual, or should applicants budget for travel?

A16: Applicants should budget for participation in project orientation, monthly or biweekly project update meetings, monthly progress reporting, and cross-site learning activities described in the RFP. In addition, applicants should budget for travel and related expenses associated with participation in a two-day cross-site learning meeting in Atlanta, GA, tentatively planned for August 3-4, 2027. At this time, applicants may assume these activities will be conducted virtually unless otherwise communicated during project implementation.

Q17: Because the federal government has transitioned from DUNS numbers to Unique Entity IDs, may an applicant submit only its UEI if it does not maintain a current DUNS number?

A17: No. While the federal government does not require a DUNS number, a DUNS number is a requirement for CDCF and serves as a key data point in the CDC Foundation's pre-award risk ranking assessment. The number assists the Foundation to verify business identity and assess risk levels. A DUNS number is required.