



Centers for Disease Control and Prevention FY2012 State and Territory Funding Data

About the Data

Data Included

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

Data Excluded

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

Data Sources

- Funding Data - CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico - the 2010 U.S. Census, updated with 2012 estimates at <http://www.census.gov/popest/data/state/totals/2012/>
- For all other geographies - 2012 data from the United Nations <http://www.indexmundi.com/g/>



Data Interpretation and Use

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as population disease burden, per capita formula-based, competitive based on proposal merit, non-competitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official business or billing address such as a State capitol for a State government award. The awards therefore will not reflect the actual geographic application of the funds by the grantee in carrying out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

For More Information

More CDC budget and grantee information can be found on the following sites:

- **CDC Financial Management Office** <http://www.cdc.gov/fmo/>
- **CDC Procurement and Grants Office** <http://www.cdc.gov/about/business/funding.htm>
or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348