



## Centers for Disease Control and Prevention FY2010 State and Territory Funding Data Frequently Asked Questions

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### Q: What is included in the fiscal year (FY) 2010 data?

A:

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2010 (10/1/09 to 9/30/10) from CDC's annual appropriation and Prevention and Public Health Fund/Other Affordable Care Act (ACA) funds.
- Each category or subcategory of funding includes the investments made by any CDC program in that area; funding is not organized in terms of CDC structure. 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 2010, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2010. For example, the FY2010 data includes funding directly appropriated to CDC in FY2010 that was authorized through the F2007 Pandemic Flu Supplemental and FY2009 H1N1 Supplemental.
- 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 64 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.

### Q: What is NOT included in the FY2010 data?

A:

- This data does not include any CDC expenditures other than those noted above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs.
- 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, American Reinvestment and Recovery Act (ARRA) funds, Public Health Service Evaluation funds, Health Information and Service funds, Global Health funds, Business Services Support funds, Buildings and Facilities funds, Public Health Improvement and Leadership funds, Public Health Workforce/Workforce Development funds and Public Health Service funds.
- *Therefore, this data does not reflect CDC's total appropriations in any given area.*

**Q: What are the major factors that account for differences in funding among jurisdictions?**

**A:** These data are useful in describing the variation in CDC funding by state, territory, and program. However, caution should be used in interpreting these variations. Several of the reasons for variations are

- Not all eligible states or territories apply for every program opportunity
- Most federal funding is awarded via a competitive or merit-based process. Not all states or territories that apply are funded for every program
- Some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation). Sometimes these allocation formulas are specified by law. For example, the allocation of funds under the Vaccine for Children program is mandated by the Omnibus Budget Reconciliation Act of 1993.
- 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.

**Q: How should these data be used?**

**A:** These data are useful in describing the variation in CDC funding allocation by state, territory, and program. However, caution should be used in interpreting these variations. First, the major factors that account for these variations should be taken into consideration.

For example, these data should be linked with indicators of need (e.g., size of eligible population, related disease prevalence data) to explore how much of the variation in funding allocation can be explained by geographic variation in disease, program utilization, and socio-economic indicators. It may be appropriate to examine program-specific funding instead of total funding. Some programs have a need-based funding allocation process (e.g., ATSDR and the Vaccines for Children Program), others have a competitive granting process, and some use both criteria to determine funding allocation.

Although reports that provide per capita comparisons in funding among jurisdictions are useful in providing good "relative" rankings that can prompt discussion and hypothesis generation, readers should be aware that they do not consider all the program specific considerations that influence federal funding decisions.

To illustrate, the question of whether a given state or territory is getting its "fair share" is subject to interpretation. Fair can mean many things in this context, including:

- Equal funding based on population?
- Equal funding based on morbidity/mortality/vulnerability?
- Equitable funding based on intervention strategies and state or territory demographics?

Federal investments in public health are increasingly focused on improving health status indicators. For some programs, this end may best be served by focusing on areas with greatest morbidity, or areas with greatest population or other needs-based factors, rather than ensuring equity in funding on a per capita basis across grantees.

The question of whether a state or territory is getting a fair share of a given federal funding stream requires consideration of several issues:

- Did a given state or territory apply for all the funding opportunities available?
- Did the state or territory compete successfully for all the funding opportunities available?

- Are the factors being used to make funding decisions weighted to promote proportionate distribution of available funds across grantees OR to promote maximum public health impact? These are not always the same thing.

**Q: How does the data for FY2010 differ from that provided in FY2009?**

**A:** The FY2009 funding data is not directly comparable in most cases to the data for FY2010 because of the following changes in process:

- American Recovery and Reinvestment Act (ARRA) funding listed in FY2009 was obligated as 2-year funding; therefore, it is not reflected in the FY2010 data, which is funding obligated during FY2010. However, details on CDC investments through ARRA are available in the 2009 map and CDC's American Recovery and Results Act of 2009 website at [http://www.cdc.gov/fmo/topic/recovery\\_act/index.html](http://www.cdc.gov/fmo/topic/recovery_act/index.html). See in particular the document "Description of Funded Activities" under the "CDC Recovery Act Funding" section.
- Prevention and Public Health Fund/Other Affordable Care Act (ACA) funding has been added to the FY2010 data (any exclusions from this funding are the same as listed in the FY2010 "About the Data" section).
- Due to and through the appropriations process, CDC sometimes makes adjustments to how the CDC budget is organized and managed (e.g., makes relevant updates to its categorical and sub-categorical budget lines). These updates in turn affect how funding data are organized and presented from year to year. The FY2010 data are presented to reflect CDC's budget structure for that year. These categories are not necessarily a 1:1 match for how the data were presented in FY2009. In particular, for FY 2010, the data are presented with a greater level of sub-category detail.

**Q: Through what mechanisms does CDC award grants to states and territories?**

**A:** There are three mechanisms for awarding grant funds: Block Grants, Mandatory Grants, and Competitive/Discretionary grants. Each grantee receives allocated funds by formula through Block Grants. Mandatory Grants are grants that a Federal agency is required by statute to award if the recipient (usually a State, Territory, or Tribe) submits an acceptable State Plan or application and meets the eligibility and compliance requirements of the statutory and regulatory provisions of the grant program. Discretionary/competitive grants are grants that permit the Federal Government, according to specific authorizing legislation, to exercise judgment ("discretion") in selecting the applicant/recipient organization, through a competitive grant process.

**Q: What are the average characteristics of the grants competitive process?**

**A:** CDC receives tens of thousands of proposals in response to competitive Funding Opportunity Announcements (FOAs) each year for health, research, education and training projects, of which approximately 25% are funded. The grant funding process is highly competitive and involves multiple steps. First, an initial screening of an application is conducted to ensure it provides adequate information and complies with the requirements set forth in the agency's funding opportunity announcement. After the initial screening is complete, the application is submitted to an independent panel of peers or experts, a standing review committee, or a group of field readers for review in accordance with the evaluation criteria included in the FOA. The review groups are made up of qualified subject matter experts with in-depth knowledge of program issues directly related to the agency's mission. The reviews are fair, equitable, timely, and conducted in a manner free of bias. Once the application review is complete, written recommendations are provided to program management staff and the agency's leadership, who make the final determination regarding funding. Funds for competitive grants are not allocated; they are awarded based on the merit of each application.

The results of any FOA can be queried by contacting the CDC Grants Management Officer listed in the announcement at [www.grants.gov](http://www.grants.gov). The grants award process is inherently transparent if applicants avail themselves of the resources offered by CDC. Applications must be well written and responsive to the subject FOA. Guides to writing grant applications are widely available on the Internet. For an example, see the "All About Grants" section of Grants.gov at [http://www.grants.gov/applicants/all\\_about\\_grants.jsp](http://www.grants.gov/applicants/all_about_grants.jsp).

**Q: Where can I find more information on CDC's budget and funding opportunities?**

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

- CDC Financial Management Office - <http://www.cdc.gov/fmo/>
- CDC's Procurement and Grants Office – <http://www.cdc.gov/about/business/funding.htm>