



FY2013

Centers for Disease Control and Prevention  
Fiscal Year 2013 Grants Summary Profile Report for

Marshall Islands

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Marshall Islands. Refer to the "About the Data" section below for important qualifying statements about the data.

2013 Population Estimate: 69,747  
Timeframe: 10/01/12 - 09/30/13

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Chronic Disease Prevention and Health Promotion	\$384,301	14.1%
Cross-Cutting Activities and Program Support	\$250,000	9.1%
Infectious Diseases	\$1,708,149	62.5%
Preventive Health and Health Services Block Grant	\$18,634	0.7%
Public Health Preparedness and Emergency Response	\$373,200	13.6%
<b>Grand Total</b>	<b>\$2,734,284</b>	<b>100.0%</b>

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
<b>Chronic Disease Prevention and Health Promotion</b>	<b>\$384,301</b>
Cancer Prevention and Control	\$198,000
Diabetes	\$86,301
Tobacco	\$100,000
<b>Cross-Cutting Activities and Program Support</b>	<b>\$250,000</b>
Public Health Infrastructure	\$250,000
<b>Infectious Diseases</b>	<b>\$1,708,149</b>
Emerging Infectious Diseases	\$30,103
HIV/AIDS, Research and Domestic	\$200,507
Immunization Programs	\$1,024,282
Influenza	\$42,000
Sexually Transmitted Diseases	\$136,827
Tuberculosis	\$268,605
Viral Hepatitis	\$5,825
<b>Preventive Health and Health Services Block Grant</b>	<b>\$18,634</b>
Public Health Service Block Grants	\$18,634
<b>Public Health Preparedness and Emergency Response</b>	<b>\$373,200</b>
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$373,200
<b>Grand Total</b>	<b>\$2,734,284</b>



**Centers for Disease Control and Prevention  
Fiscal Year 2013 Grants Detail Profile Report for  
Marshall Islands**

Line	Category	Sub-Category	Grantee Project Title	Grantee Name	Grantee City	Grantee County	Congressional District	Amount
1	Chronic Disease Prevention and Health Promotion	Cancer Prevention and Control	Rmi National Comprehensive Cancer Control Program	Republic/Marshall Island Mnstry of Hlth	Majuro	Marshall Islands	MH-000	198,000
2	Chronic Disease Prevention and Health Promotion	Diabetes	Five-Year Us Affiliated Pacific Island Collaborative Performance Agreement For To	Republic/Marshall Island Mnstry of Hlth	Majuro	Marshall Islands	MH-000	86,301
3	Chronic Disease Prevention and Health Promotion	Tobacco	Five-Year Us Affiliated Pacific Island Collaborative Performance Agreement For To	Republic/Marshall Island Mnstry of Hlth	Majuro	Marshall Islands	MH-000	100,000
4	Cross-Cutting Activities and Program Support	Public Health Infrastructure	Cd10-1011 Strengthening Public Health Infrastructure For Improved Health Outcomes	Republic/Marshall Island Mnstry of Hlth	Majuro	Marshall Islands	MH-000	250,000
5	Infectious Diseases	Emerging Infectious Diseases	Epidemiology And Laboratory Capacity	Republic/Marshall Island Mnstry of Hlth	Majuro	Marshall Islands	MH-000	30,103
6	Infectious Diseases	HIV/AIDS, Research and Domestic	Marshall Islands Yrbs, Hiv Prevention Edu & Coordinated School Health Project	Republic of the Marshall Is Dept/Health S	Majuro	Marshall Islands	MH-000	945
7	Infectious Diseases	HIV/AIDS, Research and Domestic	Rmi Hiv/Std, Tb, Viral Hepatitis Programs	Republic/Marshall Island Mnstry of Hlth	Majuro	Marshall Islands	MH-000	199,562
8	Infectious Diseases	Immunization Programs	National Immunization Program In The Republic Of The Marshalls Islands	Republic/Marshall Island Mnstry of Hlth	Majuro	Marshall Islands	MH-000	1,024,282
9	Infectious Diseases	Influenza	National Immunization Program In The Republic Of The Marshalls Islands	Republic/Marshall Island Mnstry of Hlth	Majuro	Marshall Islands	MH-000	42,000
10	Infectious Diseases	Sexually Transmitted Diseases	Rmi Hiv/Std, Tb, Viral Hepatitis Programs	Republic/Marshall Island Mnstry of Hlth	Majuro	Marshall Islands	MH-000	129,827
11	Infectious Diseases	Sexually Transmitted Diseases	To Reduces Hiv Infection And Other Std Among Adolescents	Republic/Marshall Island Mnstry of Hlth	Majuro	Marshall Islands	MH-000	7,000
12	Infectious Diseases	Tuberculosis	Rmi Hiv/Std, Tb, Viral Hepatitis Programs	Republic/Marshall Island Mnstry of Hlth	Majuro	Marshall Islands	MH-000	268,605
13	Infectious Diseases	Viral Hepatitis	Rmi Hiv/Std, Tb, Viral Hepatitis Programs	Republic/Marshall Island Mnstry of Hlth	Majuro	Marshall Islands	MH-000	5,825
14	Preventive Health and Health Services Block Grant	Public Health Service Block Grants	Preventive Health Services	Republic of the Marshall Is Dept/Health S	Majuro	Marshall Islands	MH-000	18,634
15	Public Health Preparedness and Emergency Response	Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	Tp12-1201 Hpp And Phep Cooperative Agreements	Republic/Marshall Island Mnstry of Hlth	Majuro	Marshall Islands	MH-000	373,200

**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 2013 (10/1/12 to 9/30/13) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds.
- CDC revised its approach to categorizing the data in FY13—specifically, by CDC budget line versus subject area or focus of the funding—so that the data is organized by which CDC appropriation account was used to make the investment. This affected where individual continuing projects fell within the data set and changes in some categories and subcategories.
- Because the data includes funds obligated in 2013, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2013.



- 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.

**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 2013 estimates at <http://www.census.gov/popest/data/state/totals/2013/>
- For all other geographies - 2013 data from the United Nations <http://www.indexmundi.com/g/>

**Data Interpretation and Use**

- CDC revised its approach to categorizing the data in FY13—specifically, by CDC budget line versus subject area or focus of the funding—so that the data is organized by which CDC center, institute, or office, or ATSDR made the investment. This affected where individual continuing projects fell within the data set and changes in some categories and subcategories.
- In FY2013, in accordance with the Budget Control Act of 2011, a series of spending cuts, called sequestration, cancelled approximately \$85 billion in budgetary resources across the Federal government for the remainder of the Federal fiscal year. For information about the impact of sequestration on CDC activities, please see Sequester Impacts and FAQs.
- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories by CDC budget line. 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 Office of the Chief Financial Officer** <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