



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

What's New in FY2012

What's New for the FY2012 Funding Data Set

- Projects funded through the following categories have been added: Public Health Scientific Services funds, Public Health Improvement and Leadership funds, Public Health Workforce/Workforce Development funds, World Trade Center funds, Public Health Preparedness SBIR and PHS Evaluation Set-Aside funds and Public Health Service funds.
- The Data Exclusions section has been updated to reflect the inclusion of some funds previously on this list:
 - o 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, Global Health funds, Business Services Support funds, and Buildings and Facilities funds.

Data Interpretation

In addition to the following factors that need to be taken into consideration for a single funding year, there are unique factors to consider when looking across years. The following covers both issues.

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to grantees in states and territories under specific categories. However, caution should be used in interpreting variations in funding levels. Several of the reasons for variations are (1) eligible applicants in states or territories do not apply for every funding opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded, 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 the data should be aware of factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and which may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
 - o 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.
 - o 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.
 - o 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.



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Interpretation of data across years:

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