



Centers for Disease Control and Prevention Fiscal Year 2010 Grants Profile Report for

Marshall Islands

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

2010 Population: 53,763
Timeframe: 10/1/09 – 9/30/10

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Chronic Disease Prevention and Health Promotion	\$376,301	15.2%
Infectious Diseases	\$1,569,646	63.5%
Injury Prevention and Control	\$11,238	0.5%
Prevention and Public Health Fund/Other ACA Funds	\$100,000	4.0%
Preventive Health and Health Services Block Grant	\$26,378	1.1%
Public Health Preparedness and Emergency Response	\$388,143	15.7%
Grand Total	\$2,471,706	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Chronic Disease Prevention and Health Promotion	\$376,301
Cancer Prevention and Control	\$180,000
Diabetes	\$96,301
Tobacco	\$100,000
Infectious Diseases	\$1,569,646
HIV/AIDS, Research and Domestic	\$212,518
Influenza (including Supplemental Funding)	\$60,470
Section 317 Immunization Program	\$1,009,282
Sexually Transmitted Diseases	\$136,934
Tuberculosis	\$150,442
Injury Prevention and Control	\$11,238
Intentional Injury	\$11,238
Prevention and Public Health Fund/Other ACA Funds	\$100,000
Public Health Infrastructure Grant Program	\$100,000
Preventive Health and Health Services Block Grant	\$26,378
Preventive Health and Health Services Block Grant	\$26,378
Public Health Preparedness and Emergency Response	\$388,143
Public Health Emergency Preparedness Program	\$388,143
Grand Total	\$2,471,706

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 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.
- 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 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.

Data Excluded

- 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.
- For the Prevention and Public Health Fund/Other Affordable Care Act (ACA) funding category, the following grants were excluded under the rules above: DC – Public Health Foundation - \$172,000; Georgia – DeKalb County Board of Health - \$250,000; Georgia – Council of State and Territorial Epidemiologists - \$335,000; and Virginia – ASTHO - \$75,000, for a total of \$832,000.
- *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 Infectious and Respiratory Diseases (for Vaccines For Children data). Data current as of 12/2/10.
- Population Estimates
- United States, the District of Columbia and Puerto Rico - the 2010 U.S. Census (<http://2010.census.gov/2010census/data/index.php>)
- All other geographies - 2008-2009 data from the United Nations (<http://unstats.un.org/unsd/demographic/products/vitstats/serATab2.pdf>)

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.

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> CDC's American Recovery and Results Act of 2009 website - 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
- Call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day – e-mail cdcinfo@cdc.gov