



FY2016

Centers for Disease Control and Prevention
Fiscal Year 2016 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.

2016 Population Estimate: 73,376
Timeframe: 10/01/15 - 09/30/16

Table with 3 columns: CATEGORY, OBLIGATED AMOUNT, PERCENTAGE. Rows include CDC-Wide Activities and Program Support, Chronic Disease Prevention and Health Promotion, Emerging and Zoonotic Infectious Diseases, HIV/AIDS, Viral Hepatitis, STI and TB Prevention, Immunization and Respiratory Diseases, Public Health Preparedness and Response, and Grand Total.

Table with 2 columns: CATEGORY & SUB-CATEGORY, OBLIGATED AMOUNT. Rows include CDC-Wide Activities and Program Support (Ebola Response and Preparedness, Preventive Health and Health Services Block Grant - PPHF), Chronic Disease Prevention and Health Promotion (Cancer Prevention and Control, Diabetes, Safe Motherhood/Infant Health, Tobacco), Emerging and Zoonotic Infectious Diseases (Epi and Lab Capacity Program - PPHF), HIV/AIDS, Viral Hepatitis, STI and TB Prevention (Domestic HIV/AIDS Prevention and Research, Sexually Transmitted Infections (STIs), Tuberculosis (TB)), and Immunization and Respiratory Diseases (Immunization Program, Immunization Program - PPHF).



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CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Influenza/Influenza Planning and Response	\$42,000
<b>Public Health Preparedness and Response</b>	<b>\$623,606</b>
Immediate Zika Virus Response - OPHPR	\$251,367
Public Health Emergency Preparedness Cooperative Agreement	\$372,239
<b>Grand Total</b>	<b>\$2,937,898</b>



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Line	Category	Sub-Category	Grantee Project Title	Grantee Name	Grantee City	Amount
1	CDC-Wide Activities and Program Support	Ebola Response and Preparedness	EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC) - BUILDING AND STRENGTHENING EPIDEMIOLOGY, LABORATORY AND HEALTH INFORMATION SYSTEMS CAPACITY IN STATE AND LOCAL	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$258,235
2	CDC-Wide Activities and Program Support	Preventive Health and Health Services Block Grant - PPHF	PPHF 2016 PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT A FINANCED SOLELY BY 2016 PREVENTION A	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$40,645
3	Chronic Disease Prevention and Health Promotion	Cancer Prevention and Control	RMI NATIONAL COMPREHENSIVE CANCER CONTROL PROGRAM	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$196,614
4	Chronic Disease Prevention and Health Promotion	Diabetes	PUBLIC HEALTH ACTIONS TO PREVENT AND CONTROL DIABETES, TOBACCO USE, HEART DISEASE, AND ASSOCIATED CHRONIC DISEASE RISK FACTORS, AND IMPROVE HEALTH IN THE MARSHALL ISLANDS	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$86,523
5	Chronic Disease Prevention and Health Promotion	Safe Motherhood/Infant Health	PUBLIC HEALTH ACTIONS TO PREVENT AND CONTROL DIABETES, TOBACCO USE, HEART DISEASE, AND ASSOCIATED CHRONIC DISEASE RISK FACTORS, AND IMPROVE HEALTH IN THE MARSHALL ISLANDS	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$10,000
6	Chronic Disease Prevention and Health Promotion	Tobacco	PUBLIC HEALTH ACTIONS TO PREVENT AND CONTROL DIABETES, TOBACCO USE, HEART DISEASE, AND ASSOCIATED CHRONIC DISEASE RISK FACTORS, AND IMPROVE HEALTH IN THE MARSHALL ISLANDS	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$96,150
7	Emerging and Zoonotic Infectious Diseases	Epi and Lab Capacity Program - PPHF	EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC) - BUILDING AND STRENGTHENING EPIDEMIOLOGY, LABORATORY AND HEALTH INFORMATION SYSTEMS CAPACITY IN STATE AND LOCAL	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$6,000



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Line	Category	Sub-Category	Grantee Project Title	Grantee Name	Grantee City	Amount
8	HIV/AIDS, Viral Hepatitis, STI and TB Prevention	Domestic HIV/AIDS Prevention and Research	RMI HIV/STD, TB, VIRAL HEPATITIS PROGRAMS	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$204,592
9	HIV/AIDS, Viral Hepatitis, STI and TB Prevention	Sexually Transmitted Infections (STIs)	RMI HIV/STD, TB, VIRAL HEPATITIS PROGRAMS	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$136,660
10	HIV/AIDS, Viral Hepatitis, STI and TB Prevention	Tuberculosis (TB)	RMI HIV/STD, TB, VIRAL HEPATITIS PROGRAMS	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$259,592
11	Immunization and Respiratory Diseases	Immunization Program	NATIONAL IMMUNIZATION PROGRAM IN THE REPUBLIC OF THE MARSHALLS ISLANDS	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$806,105
12	Immunization and Respiratory Diseases	Immunization Program - PPHF	NATIONAL IMMUNIZATION PROGRAM IN THE REPUBLIC OF THE MARSHALLS ISLANDS	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$171,176
13	Immunization and Respiratory Diseases	Influenza/Influenza Planning and Response	NATIONAL IMMUNIZATION PROGRAM IN THE REPUBLIC OF THE MARSHALLS ISLANDS	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$42,000
14	Public Health Preparedness and Response	Immediate Zika Virus Response - OPHPR	MINISTRY OF HEALTH, REPUBLIC OF THE MARSHALL ISLANDS ZIKA PROJECT	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$251,367
15	Public Health Preparedness and Response	Public Health Emergency Preparedness Cooperative Agreement	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS	REPUBLIC OF THE MARSHALL ISLANDS, HEALTH SERVICES	Majuro-Marshall	\$372,239

**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 2016 (FY16; 10/1/15 to 9/30/16) from CDC's annual appropriation.
- Because the data includes funds obligated in FY16, it may include funding authorized through legislation passed in previous years, but only the amount actually obligated in FY16.
- The funding data is categorized by CDC budget line (i.e., by which CDC appropriation account was used to make the investment), as shown in the FY16 CDC Operating Plan at <https://www.cdc.gov/budget/fy2016/operating-plans.html>.



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### Data Excluded

- This data does not include any CDC expenditures, such as contracts, personnel, direct assistance, or other CDC operational and administrative costs.
- The value of vaccines purchased and provided to states, cities, and territories by CDC through the Vaccines for Children Program are excluded. Information on the value of vaccine purchases by jurisdiction is available in a separate report each year on the CDC Grant Funding Profiles site at <https://www.cdc.gov/FundingProfiles/>, starting with FY14.
- 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 (e.g., fund transfers to CDC from DHHS, including the HHS Public Health and Social Services Emergency Fund and the Hospital Preparedness Program), Gifts and Donations, Global Health 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 Office of Financial Resources (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 2016 estimates at <https://www.census.gov/programs-surveys/popest.html>
- For all other geographies - 2016 estimates for population are from *The World Factbook* at <https://www.cia.gov/library/publications/resources/the-world-factbook/index.html>



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### Data Interpretation and Use

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to grantees within states and territories by CDC budget line. However, caution should be used in interpreting variations across years or jurisdictions. Several of the reasons for variations are (1) the amounts, purpose, and focus of funding provided by Congress each year can vary, and (2) changes in national and/or CDC/ATSDR priorities and strategies due to factors such as urgent and emerging health threats and changes in population health status and needs. In terms of funding opportunities, (1) not all eligible entities apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all eligible entities 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:
  - 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.
  - o 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

- CDC Budget <https://www.cdc.gov/Budget/>
- CDC Funding <https://www.cdc.gov/funding/>
- CDC-INFO call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 or use online form at <https://wwwn.cdc.gov/dcs/ContactUs/Form>