



Centers for Disease Control and Prevention Fiscal Year 2017 Grants Summary Profile Report for Territories

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

2017 Population Estimate: 3,808,468

Timeframe: 10/01/16 - 09/30/17

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects, Developmental Disabilities, Disability and Health	\$532,413	0.6%
CDC-Wide Activities and Program Support	\$3,632,236	4.1%
Chronic Disease Prevention and Health Promotion	\$9,052,015	10.3%
Emerging and Zoonotic Infectious Diseases	\$3,499,187	4.0%
Environmental Health	\$499,714	0.6%
HIV/AIDS, Viral Hepatitis, STI and TB Prevention	\$17,243,299	19.6%
Immunization and Respiratory Diseases	\$8,903,806	10.1%
Injury Prevention and Control	\$985,111	1.1%
Occupational Safety and Health	\$112,740	0.1%
Public Health Preparedness and Response	\$9,697,562	11.0%
Public Health Scientific Services (PHSS)	\$424,594	0.5%
Vaccines for Children	\$2,920,821	3.3%
Zika Response and Preparedness	\$30,628,680	34.8%
Grand Total	\$88,132,178	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects, Developmental Disabilities, Disability and Health	\$532,413
Child Health and Development	\$170,000
Health and Development with Disabilities	\$362,413
CDC-Wide Activities and Program Support	\$3,632,236
Preventive Health and Health Services Block Grant - PPHF	\$3,613,220



CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Public Health Leadership and Support	\$19,016
Chronic Disease Prevention and Health Promotion	\$9,052,015
Cancer Prevention and Control	\$5,777,450
Diabetes	\$1,127,092
Safe Motherhood/Infant Health	\$288,086
Tobacco	\$1,684,983
Tobacco - PPHF	\$174,404
Emerging and Zoonotic Infectious Diseases	\$3,499,187
Advance Molecular Detection (AMD)	\$8,829
Antibiotic Resistance Initiative	\$393,711
Emerging and Zoonotic Core Activities	\$58,893
Emerging Infectious Diseases	\$907,676
Epi and Lab Capacity Program - PPHF	\$1,794,291
Food Safety	\$138,357
Vector-borne Diseases	\$197,430
Environmental Health	\$499,714
Asthma	\$499,714
HIV/AIDS, Viral Hepatitis, STI and TB Prevention	\$17,243,299
Domestic HIV/AIDS Prevention and Research	\$13,709,858
Sexually Transmitted Infections (STIs)	\$1,555,113
Tuberculosis (TB)	\$1,978,328
Immunization and Respiratory Diseases	\$8,903,806
Immunization Program	\$723,615
Immunization Program - PPHF	\$7,542,090
Influenza/Influenza Planning and Response	\$638,101
Injury Prevention and Control	\$985,111
Injury Prevention Activities	\$10,000
Intentional Injury	\$732,825
NVDRS	\$242,286
Occupational Safety and Health	\$112,740
National Occupational Research Agenda (NORA)	\$25,000



FY2017

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Other Occupational Safety and Health Research	\$87,740
Public Health Preparedness and Response	\$9,697,562
Public Health Emergency Preparedness Cooperative Agreement	\$9,697,562
Public Health Scientific Services (PHSS)	\$424,594
Surveillance, Epidemiology, and PH Informatics	\$424,594
Vaccines for Children	\$2,920,821
Vaccines for Children	\$2,920,821
Zika Response and Preparedness	\$30,628,680
Zika Response and Preparedness (Annual)	\$638,737
Zika Response and Preparedness (Two Year)	\$29,989,943
Grant Total	\$88,132,178



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 2017 (FY17; 10/1/16 to 9/30/17) from CDC's annual appropriation, Zika Response and Preparedness funds, Flint Response and Lead Poisoning Prevention funds.
- Because the data includes funds obligated in FY17, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY17.
- 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 FY17 CDC Operating Plan at <https://www.cdc.gov/budget/documents/fy2017/fy-2017-cdc-operating-plan.pdf>.

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 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 2017 estimates at <https://www.census.gov/data/datasets/2017/demo/popest/nation-total.html>
- For all other geographies - 2017 estimates for population are from *The World Factbook* at <https://www.cia.gov/library/publications/resources/the-world-factbook/index.html>



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>