

HHS Grant Awards

Fiscal Year 2006



January 2009

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Administration and Management
Office of Grants Management and Policy

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FOREWORD

The Department of Health and Human Services (HHS) is the principal United States (U.S.) government agency for protecting the health of all Americans and providing essential human services to those in need. As one of the largest Federal departments, the nation's largest health insurer, and the largest grant-making agency, HHS represents almost a quarter of all Federal outlays and administers more grant dollars than all other Federal agencies combined. HHS manages an array of grant programs in basic and applied science, public health, income support, child development, and health and social services.

Collectively these programs are the Department's primary means to achieve its strategic goals to:

- Reduce the major threats to the health and well-being of Americans
- Enhance the ability of the Nation's healthcare system to effectively respond to bioterrorism and other public health challenges
- Increase the percentage of the Nation's children and adults who have access to healthcare services, and expand consumer choices
- Enhance the capacity and productivity of the Nation's health science research enterprise
- Improve the quality of healthcare services
- Improve the economic and social well-being of individuals, families, and communities, especially those most in need
- Improve the stability and healthy development of our Nation's children and youth
- Achieve excellence in management practices

To realize these goals¹ HHS forms partnerships with other Federal departments; State, local, and tribal governments; academic institutions; hospitals; the business community; nonprofit and volunteer organizations including faith-based and community-based organizations; and foreign countries and international organizations. The primary vehicle used in these partnerships is a grant. Grants are financial assistance awards that provide support or stimulation to accomplish a public purpose authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Government.

This report is the annual summary on grants that HHS awarded during Fiscal Year 2006 (October 1, 2005 through September 30, 2006) and includes data from all grants that HHS awarded. The purpose of this report is to provide an overview of the Department's grant programs. The source of the grant data is the Tracking Accountability in Government Grants System (TAGGS), which is the Department's central grants information database. Annual grants reports for fiscal years 1997 through 2006 are located at <http://taggs.hhs.gov>.

This report does not include technical assistance, which provides services instead of money; other assistance in the form of loans, loan guarantees, interest subsidies, or insurance; direct payments of any kind to individuals; or contracts which are required to be entered into and administered under procurement laws and regulations.

By aggregating this grant information into this single report, we hope to provide a more complete and useful understanding of the Department's grant awards. This report provides grant award information under four sections: Overview, Mandatory Grant Awards, Discretionary Grant Awards and Operating Division Grant Programs.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Assistant Secretary for Resources and Technology
Office of Grants

¹ See Appendix C for a list of the FY2004-2009 HHS Strategic Goals and Objectives.

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BIOGRAPHY

Deputy Assistant Secretary, Grants Terry L. Hurst Department of Health and Human Services

Mr. Hurst joined the Department of Health and Human Services (HHS) in March 2005. He was promoted to Deputy Assistant Secretary for Grants in October 2006. Since taking this position, Mr. Hurst has served as co-chair of the Office of Management and Budget (OMB) Grants Subcommittee, which is tasked with steering Federal response to grant requirements of the Federal Funding Accountability and Transparency Act of 2006 (FFATA). Mr. Hurst also has been named as HHS's member of the government-wide FFATA Task Force. In addition, he has provided executive leadership to and oversight of the HHS Office of Grants Policy Oversight and Evaluation; the Office of Grants Systems Modernization; Grants.gov; and the Tracking Accountability in Government Grants System (TAGGS).

Prior to his current position, Mr. Hurst directed implementation of the HHS Unified Financial Management System (UFMS), integrating department-wide financial data and systems to increase efficiency and accuracy in Federal financial management and reporting. Mr. Hurst drew upon 6 years of previous private sector management expertise with PeopleSoft's Federal Financial practice to implement these advances. At PeopleSoft, Mr. Hurst provided strategic oversight to 20 different Federal projects in the Washington Metropolitan area, and directed a comprehensive team of project managers and support staff that guided business development, Federal customers, and the GSA JFMIP certification effort.

Before joining PeopleSoft, Mr. Hurst spent 17 years working for the Federal Government in various Departments and management positions. He began his Federal career with the U.S. Air Force in Non-Appropriated Funds, and received a promotion to Chief Non-Appropriated Funds Officer (NAFFMO) in 1986 at RAF Lakenheath, England. After leaving England in 1989, Mr. Hurst became the Chief of Analysis, Reconciliation and Reporting in the Finance Accounting Office (FAO) at Fort Belvoir, and later became the Chief of the FAO, where he implemented new automated financial systems. Mr. Hurst next moved to the Department of Defense and then to the Department of Treasury. At Treasury, he provided consulting services to other Federal agencies on a reimbursable basis and initiated the implementation and remediation of system controls to accurately capture improper payments. In 1996 Mr. Hurst was promoted to director of Financial Systems Consulting and served as the program manager for Commercial Off The Shelf Software (COTS) implementation. He was actively involved in six implementations using five different vendors to improve financial reporting and efficiency.

Mr. Hurst is a graduate of the University of Illinois with a degree in Accountancy and as a Certified Government Financial Manager (CGFM). As Deputy Assistant Secretary for Grants, Mr. Hurst supports the Assistant Secretary for Resources and Technology and the HHS Secretary by managing the Department's key role as the largest grant-making agency in the Federal Government

NOTES ON METHODOLOGY, TAGGS

The grant information contained in this report is from the Department's Tracking Accountability in Government Grants System (TAGGS), which contains data generated by the twelve HHS grant-making staff divisions (Staffdivs) and operating divisions (OPDIVs). Developed and maintained by the Office of Grants (OG), TAGGS is the Department's central repository for all HHS grant data.

TAGGS currently tracks obligated grant funds of mandatory and discretionary grant programs at the primary transaction level. The TAGGS database receives data submissions from the major grant-making HHS OPDIVs and Staffdivs on a monthly and annual basis. In addition to the grant award data received from the OPDIVs and Staffdivs, TAGGS receives grant recipient demographic data (e.g., type of organization, address) from the Central Registry System (CRS), part of the HHS Payment Management System (PMS), and Catalog of Federal Domestic Assistance (CFDA) Program information from www.cfda.gov.

OG also maintains an Internet site (<http://taggs.hhs.gov>), which is accessible to the public and allows users to view standard TAGGS-generated reports and query the database. This TAGGS web site helps to increase the transparency of the Department's grant-making activities and is used directly by OS and OPDIV staff, Congressional offices, other executive agencies, potential and current grant recipients, and other interested parties for a variety of informational purposes. Some commonly searched TAGGS fields are Congressional district, grant program name, recipient (grantee) name, recipient location (State, city, zip, and/or congressional district), awarding OPDIV, transaction amount (or sum of transactions), and fiscal year.

The data in this report reflect all grant awards obligated during FY 2006. The number of grants is a count of awards or projects receiving grant funds. This report also includes deobligated funds from prior fiscal years occurring in FY 2006. However, any deobligations to FY 2006 Awards occurring in subsequent fiscal years will not be contained in this report.

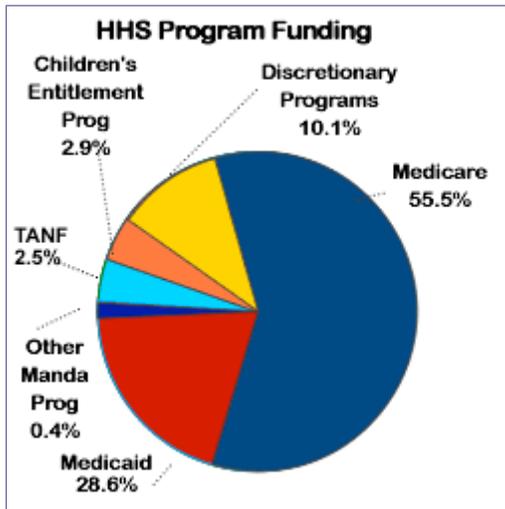
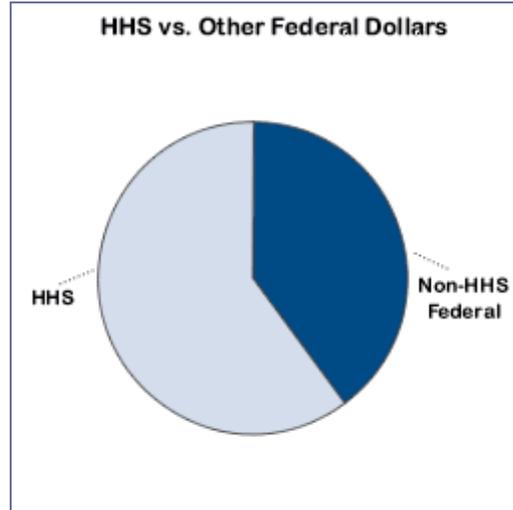
The data contained in this report will not necessarily agree with the FY 2006 budget and accounting records (e.g., Medicaid's accounting adjustments) for several reasons, including: 1) the grant award data may include reobligations of prior years' funds in addition to current year funds; 2) the cost of furnishing personnel in lieu of cash are included in the grants data, but are recorded as personnel service costs in accounting records; and 3) jointly funded grants are included in accounting records, but are not included herein unless awards are made by HHS programs.

The dollar amounts set forth in this report for each OPDIV may also differ from the amounts shown in the OPDIVs' Budget Requests ("Preliminary Budget Submission to HHS," the "Justification of Budget Estimates to OMB," and the "Justification of Estimates for Appropriations Committees"). Percentages used throughout the report may not add up to exactly 100% due to rounding and other minor adjustments.

SECTION I. OVERVIEW

The Department of Health and Human Services awards approximately 60% of the Federal Government's grant dollars. HHS awards two types of grants, mandatory and discretionary. Mandatory grants are those that a Federal agency is required by statute to award if the recipient, usually a State, submits an acceptable State Plan or application, and meets the eligibility and compliance requirements of the statutory and regulatory provisions of the grant program. Discretionary grants are those that permit the Federal Government, according to specific authorizing legislation, to exercise judgment, or "discretion," in selecting the applicant/recipient organization, through a competitive grant process.

Over three quarters of HHS's budget is comprised



of mandatory programs. Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), and Temporary Assistance for Needy Families (TANF) are the largest HHS mandatory programs, providing a total of approximately \$600 billion annually in health and human services to over 80 million Americans. Medicare and Medicaid are the nation's largest health insurance programs assisting States, healthcare providers, and individuals in the provision of adequate health care for those in need. Although Medicare and Medicaid are both entitlement programs, Medicare is directly administered by HHS and State governments.

Direct payments are not currently tracked by TAGGS and are not included in this report.¹

Other HHS health programs encompass biomedical research, training of biomedical research scientists

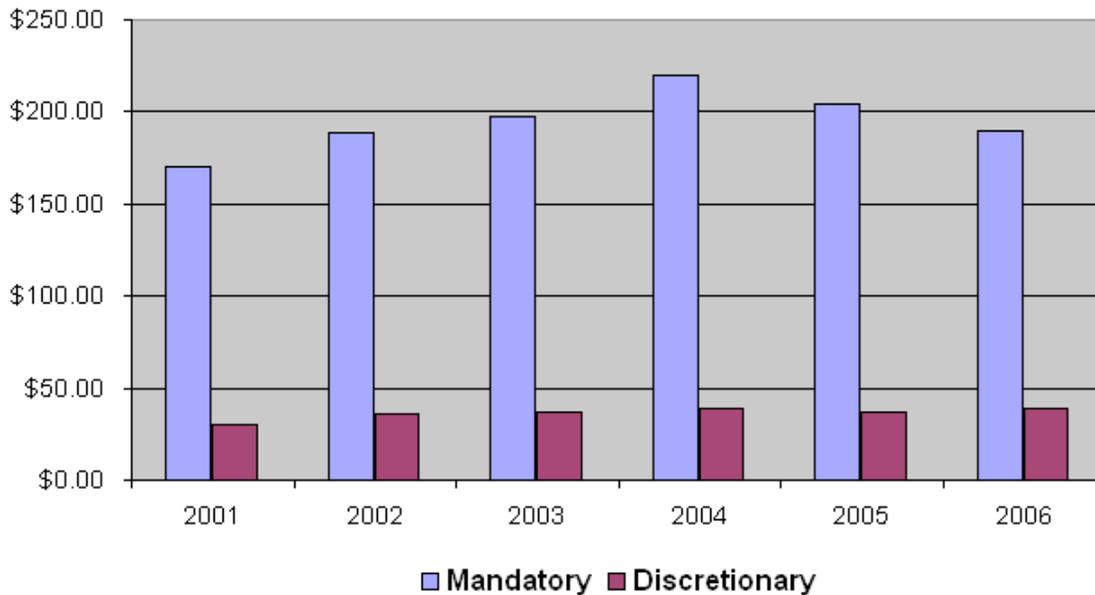
and health professionals, support of health professional schools, development and delivery of health services, disease prevention and health promotion programs, and construction of research, educational, and health facilities.

HHS social service programs provide support to every group of Americans, including children, youth, families, and the elderly. As a social service program, TANF provides block grants to States aimed towards the provision of benefits and services to low income families with children. In addition to providing cash welfare benefits to needy families, TANF is used by States to provide a wide range of benefits such as child care and transportation aid, activities that support TANF goals of reducing out-of-wedlock pregnancies, and activities that help support two-parent families.

Other HHS social service programs include refugee assistance, enforcement of child support orders, foster care and adoption, prevention of child abuse and neglect, Indian tribal services, Head Start programs, youth at-risk prevention, and other innovative social service programs and initiatives targeted towards improving the social and economic well being of those in need.

¹ TAGGS does not track Medicare direct payments. Medicare direct payments are not included in this report.

Mandatory vs. Discretionary Dollars by FY



HHS manages its broad range of grant activities in collaboration with its grant recipient partners and through the coordination of its principal grant-making agencies. These fourteen HHS operating divisions administer over 300 grant programs.²

The principal grant-making operating divisions (OPDIVs) and Staff Divisions (STAFFDIVS) are:

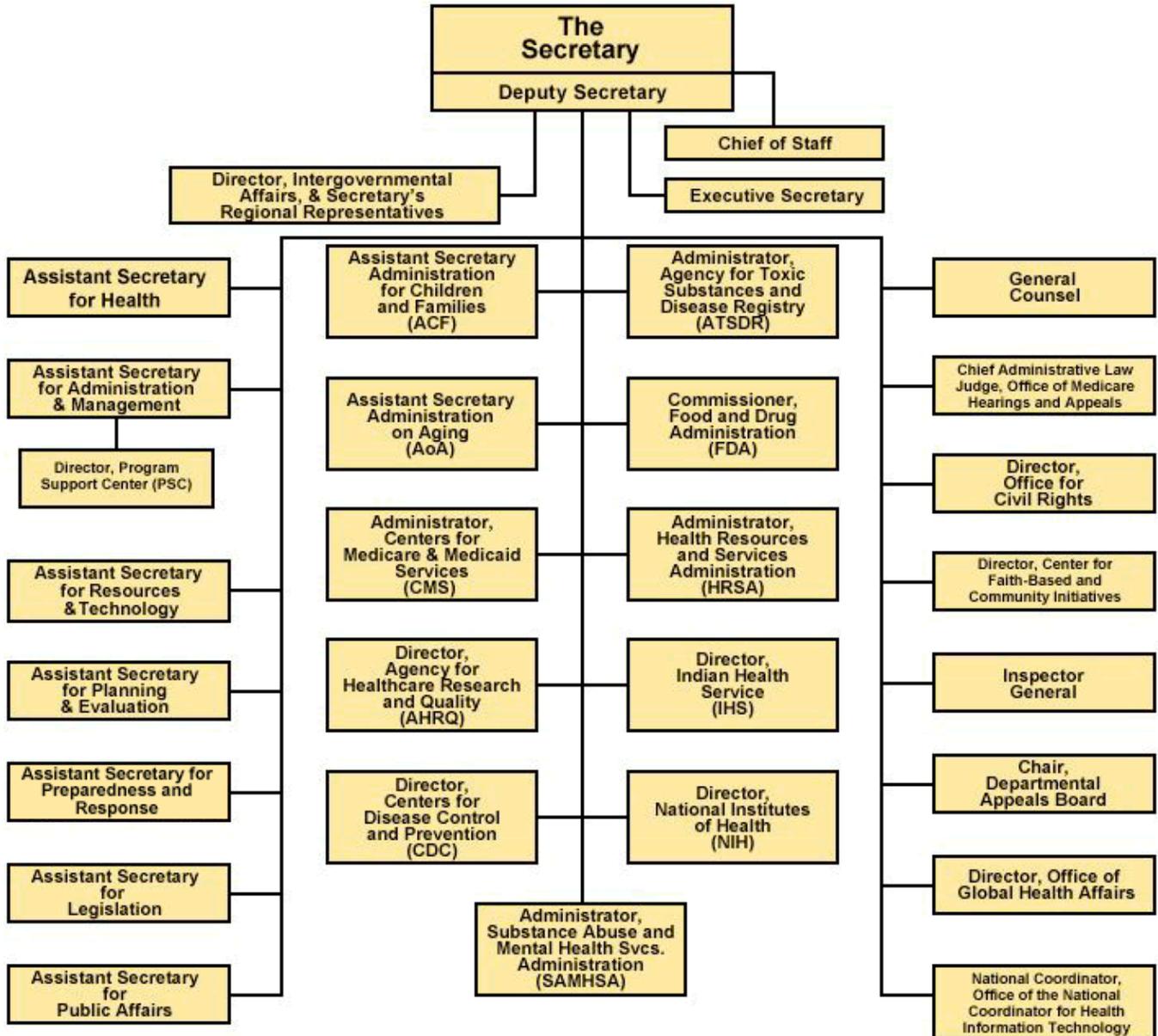
- ACF - Administration for Children and Families
- AHRQ - Agency for Healthcare Research and Quality
- AoA - Administration on Aging
- CDC³ - Centers for Disease Control and Prevention
- CMS - Centers for Medicare & Medicaid Services
- FDA - Food and Drug Administration
- HRSA - Health Resources and Services Administration
- IHS - Indian Health Service
- NIH - National Institutes of Health
- ASPE/OS - Assistant Secretary for Planning and Evaluation/Office of the Secretary
- OPHS/OS - Office of Public Health and Science/Office of the Secretary
- OGHA/OS - Office of Global Health Affairs/Office of the Secretary
- ASPR/OS - Office of the Assistant Secretary for Preparedness and Response /Office of the Secretary
- SAMHSA - Substance Abuse and Mental Health Services Administration

² Specific grant programs are identified in this report by their Catalog of Federal Domestic Assistance (CFDA) program numbers. A list of HHS and other Federal agencies' grant and other financial assistance programs is available at the General Services Administration's CFDA website: <http://www.cfda.gov>.

³ Grant awards made by the Agency for Toxic Substances and Disease Registry (ATSDR) are included in CDC grant funding data.

ORGANIZATIONAL CHART

The following organizational chart shows the structure of the HHS OPDIVS within the agency.



GRANT AWARDS BY OPERATING DIVISION

FY 2006 Total Dollars: \$229,778,853,364

FY 2006 Total Awards: 77,346

FY 2006 Total Recipients: 12,355

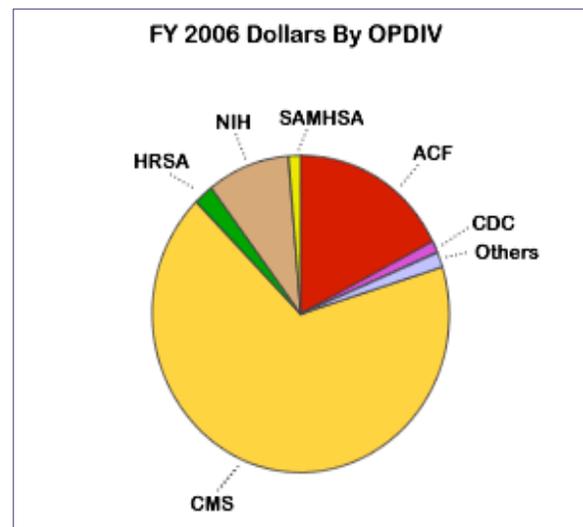
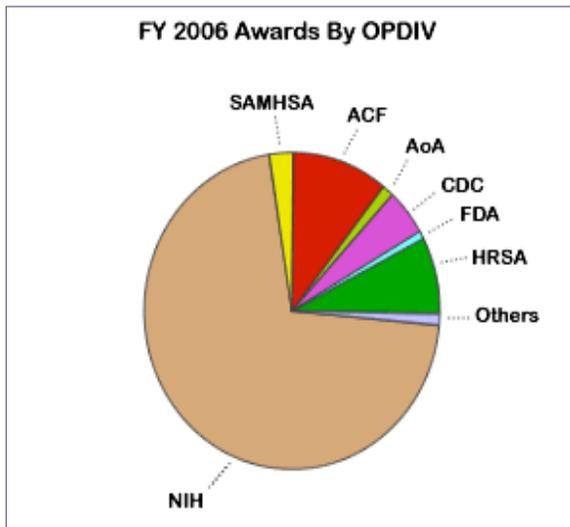
In FY 2006, HHS awarded \$229.8 billion in grants. This included discretionary awards totaling \$39.3 billion, and mandatory awards totaling \$190.5 billion.

CMS, which administers the Medicaid Program, awarded 64% (\$147 billion) of the total HHS grant funds, representing less than 1% of the total number of grants.

ACF awarded the second highest percentage (20.2%, \$46.3 billion) of the total HHS grant funds, which represents 11% of the total number of grants.

OPDIV	Awards	% Awards	Dollars	% Dollars
ACF	8,358	10.81	\$46,293,471,633	20.15
AHRQ	483	0.62	\$104,684,565	0.05
AoA	1,106	1.43	\$1,333,486,486	0.58
CDC	3,129	4.05	\$4,132,617,859	1.80
CMS	498	0.64	\$146,938,870,260	63.95
FDA	113	0.15	\$27,423,556	0.01
HRSA	7,060	9.13	\$5,418,743,776	2.36
IHS	662	0.86	\$1,140,710,699	0.50
NIH	52,756	68.21	\$21,000,240,554	9.14
OS/ASPE	4	0.01	\$2,310,000	0.00
OS/ASPR	4	0.00	\$14,825,606	0.00
OS/OGHA	10	0.00	\$10,656,001	0.00
OS/OPHS	561	0.73	\$373,985,742	0.16
SAMHSA	2,602	3.36	\$2,986,826,627	1.30
Total	77,346	100.00	\$229,778,853,364	100.00

NIH awarded 71% (52,756) of the total number of HHS grants, totaling \$21 billion, in FY 2006. This represents 54% of the discretionary grant funds, but only 9% of the total HHS grants funds.



OPDIV Grant Funding: Mandatory and Discretionary Totals												
OPDIV	Mandatory				Discretionary				Total			
	#	%	Dollars	%	#	%	Dollars	%	#	%	Dollars	%
ACF	3,324	67.71	\$38,776,667,847	20.35	5,034	6.95	\$7,516,803,786	19.17	8,358	10.81	\$46,293,471,633	20.15
AHRQ					483	0.67	\$104,684,565	0.27	483	0.62	\$104,684,565	0.05
AoA	841	17.13	\$1,287,237,973	0.68	265	0.37	\$46,248,513	0.12	1,106	1.43	\$1,333,486,486	0.58
CDC	60	1.22	\$92,911,647	0.05	3,069	4.24	\$4,039,706,212	10.29	3,129	4.05	\$4,132,617,859	1.80
CMS	292	5.95	\$146,684,636,789	76.99	206	0.28	\$254,233,471	0.65	498	0.64	\$146,938,870,260	63.95
FDA					113	0.16	\$27,423,556	0.07	113	0.15	\$27,423,556	0.01
HRSA	63	1.28	\$561,390,124	0.29	6,997	9.66	\$4,857,353,652	12.39	7,060	9.13	\$5,418,743,776	2.36
IHS	93	1.89	\$970,182,015	0.51	569	0.79	\$170,528,684	0.43	662	0.86	\$1,140,710,699	0.50
NIH					52,756	72.83	\$21,000,240,554	53.52	52,756	68.21	\$21,000,240,554	9.14
OS/ASPE					4	0.01	\$2,310,000	0.01	4	0.01	\$2,310,000	0.00
OS/OPHS					561	0.77	\$373,985,742	0.95	561	0.73	\$373,985,742	0.16
OS/OGHA					10	0.00	\$10,656,001	0.00	10	0.00	\$10,656,001	0.00
OS/ASPR					4	0.00	\$14,825,606	0.00	4	0.00	\$14,825,606	0.00
SAMHSA	236	4.81	\$2,161,272,172	1.13	2,366	3.27	\$825,554,455	2.10	2,602	3.36	\$2,986,826,627	1.30
Totals	4,909	100.00	\$190,534,298,567	100.00	72,437	100.00	\$39,244,554,797	100.00	77,346	100.00	\$229,778,853,364	100.00
% Total	6.35%		82.92%		93.65%		17.08%					

SECTION II. MANDATORY GRANT AWARDS

FY 2006 Mandatory Dollars: \$190,534,298,567

FY 2006 Mandatory Awards: 4,909

FY 2006 Mandatory Recipients: 1,181

HHS mandatory grant awards comprise 83% of the total FY 2006 HHS grant funds, but only 6% of the total number of grant awards. Mandatory grants are those that a Federal agency is required by statute to award if the applicant, usually a State, submits an acceptable State Plan or application, and meets the eligibility and compliance requirements of the statutory and regulatory provisions of the grant program. Mandatory grants are either block and/or formula, entitlement, and may be further classified as open-ended or close-ended.

HHS Mandatory Grants by Award Class		
Award Type	Number of Awards	Dollars
Block	1,707	\$31,878,498,201
Closed-Ended	2,728	\$2,902,400,616
Open-Ended	474	\$155,753,399,750
Total	4,909	\$190,534,298,567

HHS awards three types of mandatory grants:

Block: A block grant is typically a consolidation of related programs into one legislative package. The block grant recipient, usually a State, has substantial authority over the use of grant funds and the type of activities to support with minimal Federal control and direction. The authorizing legislation determines the purpose of the block grant, who is eligible, the scope of the program, and how the award amount will be determined. Block grants may be referred to as formula grants. Formula grants typically are prescribed by law or regulation and based on factors such as population, poverty level, or other relevant data.

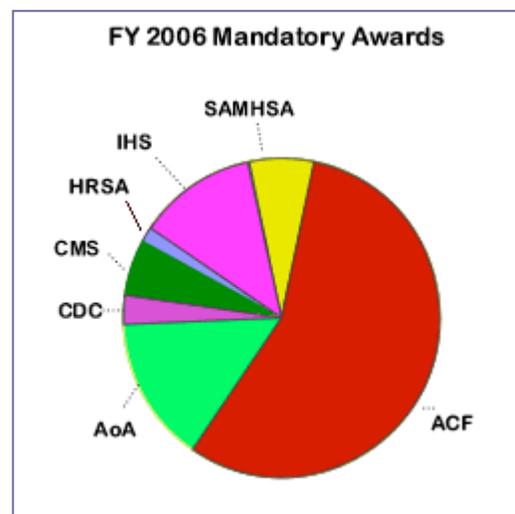
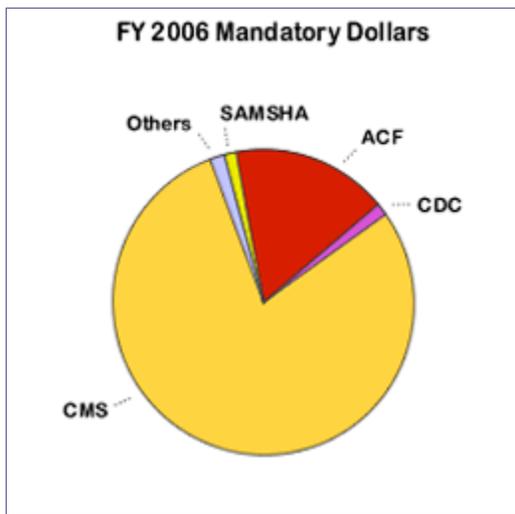
Select HHS Block Grants				
CFDA	Program Name	OPDIV	Awards	Dollars
93.558	Temporary Assistance for Needy Families (TANF)	ACF	115	\$16,974,446,472
93.596	Child Care and Development Fund (CCDF)	ACF	616	\$4,940,634,359
93.959	Prevention and Treatment (SAPT) Block Grant	SAMHSA	60	\$1,669,554,174

Closed-Ended: A mandatory grant where the award constitutes an upper limit on the amount of funds the Federal Government may pay for program activities. The grants for State and community programs on aging, under Title III of the Older Americans Act are closed-ended grants. Entitlement grants may also be categorized as close-ended. The State Children's Health Insurance Program (SCHIP) is a closed-ended entitlement grant program.

Select HHS Closed-Ended Grants				
CFDA	Program Name	OPDIV	Awards	Dollars
93.045	Special Programs for the Aging, Title III, Part C, Nutrition	AOA	56	\$1,091,238,898
93.556	Promoting Safe and Stable Families	ACF	224	\$405,793,158
93.645	Child Welfare Services State Grants	ACF	216	\$283,759,775
93.767	State Children's Insurance Program (SCHIP)	CMS	68	\$2,652,370,536

Open-Ended: A mandatory grant where there is no upper limit on the amount of funds the Federal Government will pay for allowable services and activities, where the Federal Government pays a statutorily-required share of costs without dollar limits. The principal open-ended entitlement grants of the Social Security Act are: 1) Medical Assistance (Medicaid); 2) Foster Care and Adoption Assistance; and 3) Child Support Enforcement and Establishment of Paternity.

Select HHS Open-Ended Grants				
CFDA	Program Name	OPDIV	Awards	Dollars
93.778	Medicaid; Title XIX	CMS	175	\$143,848,766,508
93.658	Foster Care: Title IV-E	ACF	68	\$4,337,654,751
93.563	Child Support Enforcement (CSE)	ACF	104	\$3,123,128,546



MANDATORY GRANT AWARDS TO STATE GOVERNMENT RECIPIENTS

FY 2006 Mandatory State Dollars: \$189,054,343,688

FY 2006 Mandatory State Awards: 2,601

Highlights

The six State governments receiving the most HHS grant funds (in billions) are California (\$26.6), New York (\$25.6), Texas (\$13.6), Florida (\$10.5), North Carolina (\$7.06), and New Jersey (\$6.1).

State	#	Dollars
Alabama	46	\$3,268,821,399
Alaska	45	\$861,108,217
Arizona	46	\$3,926,869,810
Arkansas	44	\$2,544,976,786
California	50	\$26,604,659,569
Colorado	46	\$2,058,508,530
Connecticut	49	\$2,869,117,659
Delaware	40	\$249,295,589
District of Columbia	49	\$500,846,333
Florida	50	\$10,497,047,319
Georgia	49	\$5,573,597,300
Hawaii	45	\$704,805,489
Idaho	45	\$922,531,078
Illinois	47	\$3,513,805,606
Indiana	47	\$778,336,152
Iowa	45	\$2,078,655,961
Kansas	48	\$1,560,133,936
Kentucky	50	\$3,683,352,956
Louisiana	46	\$4,416,450,941
Maine	48	\$1,635,837,939
Maryland	54	\$1,403,578,647
Massachusetts	50	\$5,996,850,572
Michigan	50	\$3,032,117,350
Minnesota	50	\$1,730,949,535
Mississippi	52	\$2,973,455,855
Missouri	53	\$4,766,928,802
Montana	46	\$682,864,579
Nebraska	43	\$1,197,296,184
Nevada	45	\$877,412,778
New Hampshire	46	\$760,852,801
New Jersey	45	\$6,096,941,936
New Mexico	45	\$2,049,475,502
New York	53	\$25,554,339,159

State	#	Dollars
North Carolina	54	\$7,060,820,152
North Dakota	48	\$435,305,568
Ohio	52	\$4,183,417,160
Oklahoma	46	\$2,623,081,735
Oregon	47	\$2,516,267,278
Pennsylvania	48	\$4,057,726,914
Rhode Island	44	\$1,171,934,995
South Carolina	41	\$3,148,064,486
South Dakota	45	\$496,172,363
Tennessee	48	\$5,008,970,197
Texas	55	\$13,617,024,422
Utah	46	\$1,351,071,149
Vermont	44	\$693,271,682
Virginia	44	\$733,316,259
Washington	48	\$4,074,916,917
West Virginia	46	\$710,734,832
Wisconsin	46	\$899,717,068
Wyoming	44	\$330,896,891
Total	2,413	\$188,484,532,337

Territories and Freely Associated States	#	Dollars
American Samoa	27	\$14,099,884
Fed States - Micron	5	\$1,404,999
Guam	33	\$28,139,328
Northern Mariana Is	25	\$7,962,527
Puerto Rico	63	\$489,829,092
Rep-Marshall Island	3	\$597,447
Republic of Palau	4	\$331,690
US Virgin Islands	28	\$27,446,384
Total	186	\$569,811,351
Grand Total	2,601	\$189,054,343,688

This table details mandatory grant awards received by State Government recipients sorted by operating division and State location. Note that six HHS operating divisions did not administer grant awards to State Government recipients during FY 2006. These are AHRQ, ASPE, FDA, OPA, OPHS and NIH.

FY 2006 Mandatory Grants to State Government Recipients Dollars: \$189,054,343,688

FY 2006 Mandatory Grants to State Government Recipients Awards: 2,601

Mandatory Grants To State Government Recipients (Part I)																
States	ACF		AoA		CDC		CMS		HRSA		IHS		SAMHSA		Total	
	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars
Alabama	31	\$388,294,295	3	\$20,074,190	1	\$1,561,826	6	\$2,816,257,991	1	\$11,873,256			4	\$30,759,841	46	\$3,268,821,399
Alaska	31	\$125,585,383	3	\$5,880,025	1	\$337,787	6	\$722,469,646	1	\$1,130,185	0	\$0	3	\$5,705,191	45	\$861,108,217
Arizona	33	\$587,111,845	3	\$22,287,522	1	\$1,179,532	5	\$3,268,618,074	1	\$7,255,120			3	\$40,417,717	46	\$3,926,869,810
Arkansas	30	\$241,889,466	3	\$13,668,625	1	\$879,295	6	\$2,263,926,380	1	\$7,191,246			3	\$17,421,774	44	\$2,544,976,786
California	35	\$6,830,662,363	3	\$118,939,050	1	\$6,820,205	6	\$19,288,810,827	1	\$44,437,646			4	\$314,989,478	50	\$26,604,659,569
Colorado	32	\$440,289,859	3	\$13,971,765	1	\$1,220,128	6	\$1,565,419,490	1	\$7,326,235			3	\$30,281,053	46	\$2,058,508,530
Connecticut	33	\$565,822,741	3	\$15,975,941	1	\$1,422,390	7	\$2,258,764,013	1	\$4,803,010			4	\$22,329,564	49	\$2,869,117,659
Delaware	28	\$95,119,917	3	\$6,053,905	1	\$184,263	4	\$138,124,722	1	\$1,981,459			3	\$7,831,323	40	\$249,295,589
District of Columbia	36	\$166,839,288	3	\$6,055,611	1	\$751,917	3	\$312,393,069	1	\$7,090,146			5	\$7,716,302	49	\$500,846,333
Florida	36	\$1,618,289,104	3	\$86,792,369	1	\$2,978,945	6	\$8,645,285,389	1	\$19,563,685			3	\$124,137,827	50	\$10,497,047,319
Georgia	34	\$832,317,777	3	\$26,792,085	1	\$3,025,723	6	\$4,629,552,465	1	\$16,515,393			4	\$65,393,857	49	\$5,573,597,300
Hawaii	32	\$183,506,521	3	\$6,109,424	1	\$762,579	5	\$502,990,967	1	\$2,300,034			3	\$9,135,964	45	\$704,805,489
Idaho	30	\$119,740,886	3	\$6,234,255	1	\$365,501	7	\$783,903,304	1	\$3,269,571			3	\$9,017,561	45	\$922,531,078
Illinois	35	\$1,549,208,664	3	\$52,942,430	1	\$2,350,067	4	\$1,798,639,377	1	\$21,985,893			3	\$88,679,175	47	\$3,513,805,606
Indiana	35	\$620,534,665	3	\$24,233,021	1	\$1,659,205	3	\$77,443,505	1	\$11,890,821			4	\$42,574,935	47	\$778,336,152
Iowa	31	\$330,094,061	3	\$15,429,461	1	\$1,079,949	6	\$1,708,066,862	1	\$6,579,555			3	\$17,406,073	45	\$2,078,655,961
Kansas	33	\$275,399,628	3	\$12,771,260	1	\$895,862	6	\$1,250,148,551	1	\$4,772,234			4	\$16,146,401	48	\$1,560,133,936
Kentucky	35	\$463,834,744	3	\$17,348,012	1	\$1,320,063	6	\$3,162,423,590	1	\$11,484,429			4	\$26,942,118	50	\$3,683,352,956
Louisiana	32	\$704,949,709	3	\$18,575,994	1	\$2,838,802	6	\$3,644,235,270	1	\$13,565,030			3	\$32,286,136	46	\$4,416,450,941
Maine	34	\$173,174,931	3	\$6,273,481	1	\$872,017	6	\$1,443,475,186	1	\$3,426,881			3	\$8,615,443	48	\$1,635,837,939
Maryland	41	\$631,592,385	3	\$19,928,716	1	\$1,851,803	4	\$696,637,096	1	\$12,044,593			4	\$41,524,054	54	\$1,403,578,647
Massachusetts	36	\$916,427,577	3	\$30,302,789	1	\$2,663,359	6	\$4,992,605,062	1	\$11,418,987			3	\$43,432,798	50	\$5,996,850,572
Michigan	39	\$1,562,281,482	3	\$43,716,060	1	\$3,878,924	2	\$1,330,201,685	1	\$19,099,070			4	\$72,940,129	50	\$3,032,117,350
Minnesota	38	\$693,530,299	3	\$20,196,204	1	\$2,474,018	4	\$977,389,858	1	\$9,150,372	0	\$0	3	\$28,208,784	50	\$1,730,949,535

Mandatory Grants To State Government Recipients (Part I, continued)																
States	ACF		AoA		CDC		CMS		HRSA		IHS		SAMHSA		Total	
	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars
Mississippi	36	\$378,605,691	3	\$12,242,079	1	\$1,423,855	8	\$2,552,803,263	1	\$9,867,446			3	\$18,513,521	52	\$2,973,455,855
Missouri	36	\$609,423,278	3	\$27,247,623	1	\$2,441,987	6	\$4,079,167,929	3	\$14,359,648			4	\$34,288,337	53	\$4,766,928,802
Montana	33	\$113,656,463	3	\$6,267,710	1	\$645,459	6	\$552,005,971	1	\$2,462,222			2	\$7,826,754	46	\$682,864,579
Nebraska	32	\$193,378,611	3	\$8,662,289	1	\$1,592,139	3	\$979,389,894	1	\$4,059,128			3	\$10,214,123	43	\$1,197,296,184
Nevada	32	\$166,771,142	3	\$8,189,722	1	\$387,170	5	\$683,431,613	1	\$1,837,036			3	\$16,796,095	45	\$877,412,778
New Hampshire	31	\$130,074,434	3	\$6,438,708	1	\$1,388,849	7	\$612,572,979	1	\$2,017,856			3	\$8,359,975	46	\$760,852,801
New Jersey	31	\$952,567,431	3	\$37,361,561	1	\$2,843,269	6	\$5,031,646,110	1	\$11,829,073			3	\$60,694,492	45	\$6,096,941,936
New Mexico	31	\$242,872,933	3	\$8,099,948	1	\$1,368,111	6	\$1,781,386,727	1	\$4,438,466			3	\$11,309,317	45	\$2,049,475,502
New York	39	\$4,139,528,468	3	\$92,821,764	1	\$6,770,526	5	\$21,125,244,910	1	\$41,621,706			4	\$148,351,785	53	\$25,554,339,159
North Carolina	38	\$892,563,114	3	\$32,091,538	1	\$2,694,665	7	\$6,066,001,069	1	\$16,813,240			4	\$50,656,526	54	\$7,060,820,152
North Dakota	34	\$85,007,531	3	\$6,381,429	1	\$250,692	6	\$337,028,342	0	\$0			4	\$6,637,574	48	\$435,305,568
Ohio	39	\$1,783,772,637	3	\$50,580,307	1	\$4,446,617	3	\$2,238,740,456	2	\$22,296,772			4	\$83,580,371	52	\$4,183,417,160
Oklahoma	31	\$398,114,810	3	\$16,545,793	1	\$927,095	6	\$2,177,031,296	1	\$7,399,991			4	\$23,062,750	46	\$2,623,081,735
Oregon	32	\$417,587,114	3	\$14,677,202	1	\$716,429	7	\$2,055,962,490	1	\$6,303,111			3	\$21,020,932	47	\$2,516,267,278
Pennsylvania	37	\$1,678,953,741	3	\$64,648,361	1	\$4,685,903	3	\$2,208,330,750	1	\$24,660,179			3	\$76,447,980	48	\$4,057,726,914
Rhode Island	30	\$176,823,202	3	\$6,200,459	1	\$465,364	6	\$978,365,437	1	\$1,796,451			3	\$8,284,082	44	\$1,171,934,995
South Carolina	27	\$317,298,568	3	\$16,551,691	1	\$1,210,792	6	\$2,775,042,263	1	\$11,526,057			3	\$26,435,115	41	\$3,148,064,486
South Dakota	28	\$74,577,470	3	\$6,533,137	1	\$229,317	8	\$406,207,113	1	\$2,279,608			4	\$6,345,718	45	\$496,172,363
Tennessee	34	\$603,337,928	3	\$23,079,634	1	\$1,602,849	6	\$4,330,726,631	1	\$11,855,578			3	\$38,367,577	48	\$5,008,970,197
Texas	41	\$1,868,677,497	3	\$72,172,885	1	\$4,043,849	6	\$11,465,443,922	1	\$35,197,324			3	\$171,488,945	55	\$13,617,024,422
Utah	32	\$238,622,766	3	\$7,098,652	1	\$942,017	6	\$1,108,172,191	1	\$6,059,192			3	\$20,581,944	46	\$1,351,071,149
Vermont	29	\$111,852,646	3	\$6,174,994	1	\$267,593	7	\$567,104,423	1	\$1,705,136			3	\$6,166,890	44	\$693,271,682
Virginia	33	\$562,819,952	3	\$26,410,697	1	\$2,009,185	2	\$73,973,634	1	\$12,523,659			4	\$55,579,132	44	\$733,316,259
Washington	34	\$791,803,411	3	\$21,791,805	1	\$1,007,626	6	\$3,206,867,719	1	\$9,151,423			3	\$44,294,933	48	\$4,074,916,917
West Virginia	34	\$234,092,188	3	\$10,290,841	1	\$878,445	3	\$447,053,972	1	\$6,493,886			4	\$11,925,500	46	\$710,734,832
Wisconsin	34	\$767,813,720	3	\$24,099,352	1	\$1,923,229	3	\$61,390,152	1	\$10,919,759			4	\$33,570,856	46	\$899,717,068
Wyoming	30	\$54,408,094	3	\$6,345,029	1	\$222,559	6	\$264,545,774	1	\$1,267,868			3	\$4,107,567	44	\$330,896,891
States Total	1,708	\$38,101,502,430	153	\$1,229,557,405	51	\$90,759,751	275	\$146,413,013,796	51	\$540,896,666	0	\$0	173	\$2,108,802,289	2,411	\$188,484,532,337

Mandatory Grants to State Government Recipients (Part II)																
Territories and Freely Associated States	ACF		AoA		CDC		CMS		HRSA		IHS		SAMHSA		Total	
	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars
American Samoa	16	\$5,351,365	2	\$1,326,689	1	\$51,808	3	\$6,191,316	1	\$505,457			4	\$673,249	27	\$14,099,884
Fed States - Micron	1	\$47,492			1	\$62,938			1	\$533,538			2	\$761,031	5	\$1,404,999
Guam	21	\$13,537,457	3	\$3,056,435	1	\$213,785	4	\$9,400,041	1	\$780,650			3	\$1,150,960	33	\$28,139,328
Northern Mariana Is	14	\$3,602,170	3	\$768,514	1	\$39,505	3	\$2,532,668	1	\$477,376			3	\$542,294	25	\$7,962,527
Puerto Rico	50	\$183,826,086	3	\$15,895,805	1	\$1,536,725	3	\$243,719,466	2	\$16,275,702			4	\$28,575,308	63	\$489,829,092
Rep-Marshall Island					0	0			1	\$235,878			2	\$361,569	3	\$597,447
Republic of Palau					1	20,567			1	\$151,638			2	\$159,485	4	\$331,690
US Virgin Islands	17	\$12,245,608	3	\$2,896,560	1	169,056	2	\$9,779,502	2	\$1,533,219			3	\$822,439	28	\$27,446,384
Territories and Freely Associated States Total	119	\$218,610,178	14	\$23,944,003	7	\$2,094,384	15	\$271,622,993	10	\$20,493,458			23	\$33,046,335	188	\$569,811,351
Grand Total	1,827	\$38,320,112,608	167	\$1,253,501,408	58	\$92,854,135	290	\$146,684,636,789	63	\$561,390,124	0	\$0	196	\$2,141,114,624	2,601	\$189,054,343,688

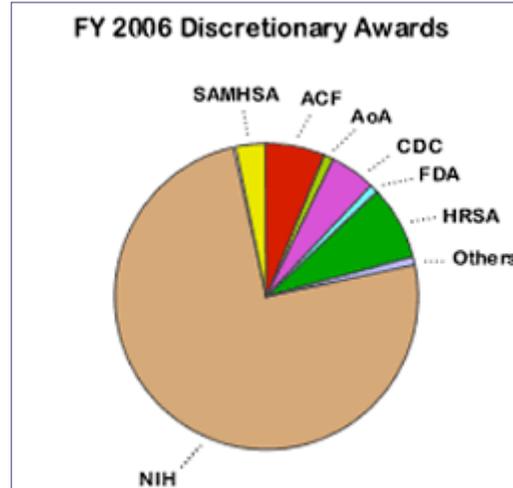
SECTION III. DISCRETIONARY GRANT AWARDS BY FINANCIAL ASSISTANCE TYPE

FY 2006 Discretionary Dollars: \$39,244,554,797

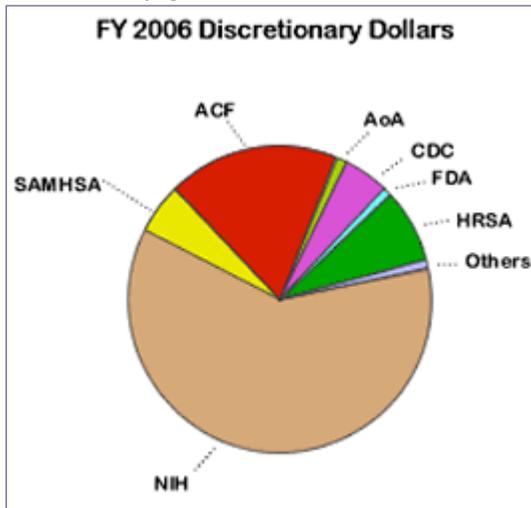
FY 2006 Discretionary Awards: 72,437

FY 2006 Discretionary Recipients: 11,785

Discretionary grant awards comprise only 17% of the total FY 2006 grant funds, but they account for 94% of the total number of grant awards made in FY 2006. Discretionary grants are those that permit the Federal Government, according to specific authorizing legislation, to exercise judgment, or “discretion,” in selecting the applicant/recipient organization, through a competitive grant process. HHS awards discretionary grants to a variety of types of organizations, including State, local, and tribal governments; academic institutions; hospitals; nonprofit organizations (including faith-based and community-based organizations) for-profit organizations, and foreign and international organizations.



The types of activities commonly supported by discretionary grants include demonstration, research, training, service, and construction projects or programs. Discretionary grants are sometimes referred to as “project grants.”



Discretionary grants are sometimes referred to as “project grants.”

In this report, grants awarded as cooperative agreements are included in the charts summarizing discretionary grant awards. A cooperative agreement is an award instrument of financial assistance where “substantial involvement” is anticipated between the HHS awarding agency and the recipient during performance of the project or activity. This means that the recipient can expect Federal programmatic collaboration or participation in managing the grant project. Cooperative agreements account for 10% of the total FY 2006 discretionary grant funds, and 5% of the total number of FY 2006 discretionary grant totals.

Discretionary Grants		
Financial Assistance Type	Number of Awards	Dollars
Cooperative Agreement	6,130	\$7,340,574,466
Grant	66,307	\$31,903,980,331
Total	72,437	\$39,244,554,797

DISCRETIONARY GRANT AWARDS BY MAJOR ACTIVITY TYPE

Highlights

The Tracking Accountability in Government Grants System (TAGGS) uses 16 activity types to describe the nature of the grant being funded. For the purpose of this report, these 16 have been grouped into four major activity types:

Discretionary Grants by Major Activity Type		
Grant Type	Awards	Dollars
Research	34,843	\$17,656,370,133
Services	20,568	\$14,803,073,421
Training	8,765	\$2,278,034,741
Other	8,261	\$4,507,076,502
TOTAL	72,437	\$39,244,554,797

Research (45% of FY 2006 discretionary grant funds and 48% of the number of discretionary awards): The majority of discretionary awards support traditional research projects by individual investigators, as well as broad based traditional research; multi-disciplinary research programs; general and categorical research centers and research resources; research career programs; and general research support to grantee institutions to strengthen research activities.

Top Research Programs				
CFDA	Program Name	OPDIV	Awards	Dollars
93.855	Allergy, Immunology and Transplantation Research	NIH	3,353	\$1,904,734,626
93.859	Pharmacology, Physiology, and Biological Chemistry Research	NIH	3,676	\$1,396,371,521
93.837	Heart and Vascular Diseases Research	NIH	1,965	\$1,076,335,388

Services (38% of FY 2006 discretionary grant funds and 28% of the number of discretionary awards): The second largest category of discretionary grant funds in FY 2006 went to support health and/or social services programs (88.5%, \$13.7 billion). This category includes grant programs for the delivery of health services; treatment and rehabilitation programs; education and information programs; and programs for the detection of health problems.

ACF awarded \$6.6 billion for social service programs supporting Head Start, runaway and homeless youth, abandoned infants, refugee assistance, low-income energy assistance, food and nutrition, and community services. HRSA awarded \$4.9 billion to support health services to homeless populations; community health centers focused on providing services in the most medically underserved areas; and comprehensive care services for children, youth, women and families who are infected with or affected by HIV and/or AIDS. CDC awarded \$4.0 million to support health services programs, including those directed at communicable diseases prevention, childhood lead poisoning prevention, and disabilities prevention.

Top Services Programs				
CFDA	Program Name	OPDIV	Awards	Dollars
93.600	Head Start	ACF	1,775	\$6,605,776,557
93.283	Centers for Disease Control and Prevention Investigations and Technical Assistance	CDC	446	\$1,540,702,259
93.855	Allergy, Immunology and Transplantation Research	NIH	1,012	\$431,965,686

Training (6.0% of FY 2006 discretionary grant funds and 12% of the number of discretionary awards): Includes research training programs; applied training programs and traineeships; education projects; general educational support to health professions schools; and research career programs. NIH and HRSA awarded most of the training grants (89%) primarily to support training in health professions, but also to provide support to AIDS education and training centers, and interdisciplinary training for health care in rural areas.

Top Training Programs				
CFDA	Program Name	OPDIV	Awards	Dollars
93.889	National Bioterrorism Hospital Preparedness Program	HRSA	60	\$439,807,966
93.859	Pharmacology, Physiology, and Biological Chemistry Research	NIH	425	\$158,264,113
93.398	Cancer Research Manpower	NIH	695	\$131,060,205

Other (12% of FY 2006 discretionary grant funds and 11% of the number of discretionary awards): Includes construction projects; grants for the planning and development of health programs and health resources; evaluations; and health infrastructure awards. Relatively few HHS FY 2006 discretionary grant dollars support projects classified in this activity type.

Top Other Programs:

Top Other Programs				
CFDA	Program Name	OPDIV	Awards	Dollars
93.224	Consolidated Health Centers	HRSA	1,095	\$1,603,748,446
93.917	HIV Care Formula Grants	HRSA	107	\$1,073,454,426
93.914	HIV Emergency Relief Project Grants	HRSA	52	\$579,229,512

DISCRETIONARY GRANT AWARDS BY ALL ACTIVITY TYPES

Activity Type		Awards	Dollars
Research	Scientific/Health Research (Includes Surveys)	36,645	\$17,600,081,652
	Social Science Research (Includes Surveys)	198	\$56,288,481
	Research Total	36,843	\$17,656,370,133
Services	Demonstration	2,631	\$999,365,937
	Health Services	14,119	\$6,279,540,078
	Social Services	3,800	\$7,518,615,293
	TANF	18	\$5,552,113
	Services Total	20,568	\$14,803,073,421
Training	Conferences (Information Transfer/Technology Transfer)	25	\$574,992
	Technical Assistance	1,404	\$646,823,898
	Training/Traineeship	7,336	\$1,630,635,851
	Training Total	8,765	\$2,278,034,741
Other	Construction	325	\$29,220,280
	Evaluation	92	\$16,818,857
	Fellowship/Scholarship/Student Loans	1,839	\$78,754,704
	Knowledge/Development/Application (KDA)	249	\$128,584,959
	Other Total	4,377	\$4,199,588,510
	Planning	1,379	\$54,109,192
	Other Total	8,261	\$4,507,076,502
Discretionary Grants Total		72,437	\$39,244,554,797

THE FIFTY RECIPIENTS RECEIVING THE GREATEST DISCRETIONARY FUNDING LEVELS

FY 2006 Top 50 Recipient Dollars: \$14,554,283,923

FY 2006 Top 50 Recipient Awards: 31,957

Highlights

Universities and colleges represent 37 of the top 50 HHS discretionary grant recipients in FY 2006. The University of California received more HHS discretionary grant funds for more projects than any other recipient. Six State or city health and welfare organizations are in the top 50 HHS discretionary grant recipients. Four hospitals and three research organizations are in the top 50 HHS discretionary grant recipients.

Top 50 Recipients			
Rank	Recipient Name	Number of Awards	Dollars
1	University of California	3,908	\$1,594,926,130
2	Johns Hopkins University	1,322	\$596,705,190
3	University of Texas	1,451	\$544,690,743
4	University of Washington	1,048	\$480,204,219
5	University of Pennsylvania	1,158	\$463,532,343
6	Columbia University	801	\$417,176,029
7	Duke University	835	\$415,360,426
8	University of Michigan	1,012	\$406,963,770
9	University of Pittsburgh	995	\$395,392,299
10	Harvard University	690	\$381,331,242
Top 10		13,220	\$5,696,282,391
11	Washington University	875	\$377,725,687
12	Health Research, INC	208	\$360,417,358
13	Yale University	883	\$343,348,214
14	University of North Carolina	939	\$331,887,661
15	Stanford University	807	\$314,336,448
16	FL State Department of Health	48	\$296,679,330
17	Massachusetts General Hospital	706	\$296,575,966
18	CA State Department of Health Services	21	\$293,112,475
19	Vanderbilt University	729	\$276,210,347
20	University of Wisconsin	759	\$261,478,630
21	Brigham & Women's Hospital	586	\$245,693,692
22	Fred Hutchinson Cancer Research Center	280	\$240,395,258
23	University of Minnesota	653	\$239,250,025
24	Emory University	633	\$231,024,118
25	Baylor College of Medicine	577	\$228,149,862
Top 25		21,924	\$10,032,567,462
26	University of Alabama	564	\$219,958,842
27	University of Maryland	589	\$217,549,993
28	Scripps Research Institute	456	\$215,329,343
29	University of Illinois	645	\$211,610,373

THE FIFTY RECIPIENTS RECEIVING THE GREATEST DISCRETIONARY FUNDING LEVELS (CONT.)

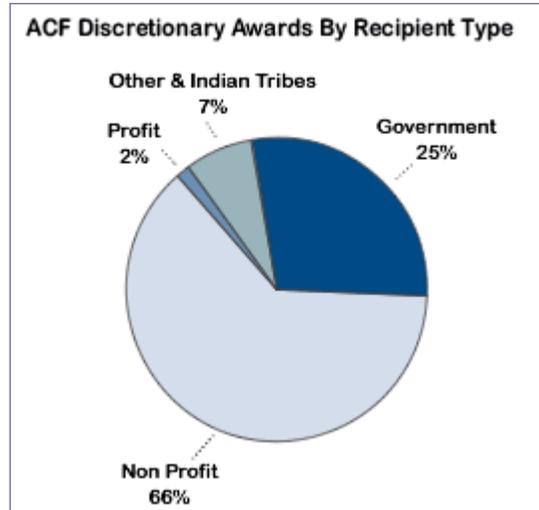
Rank	Recipient Name	Number of Awards	Dollars
30	TX State Department of Health	25	\$215,189,592
31	University of Colorado	645	\$204,554,606
32	University of Chicago	463	\$191,096,569
33	Case Western Reserve University	532	\$189,540,258
34	New York City Department of Health	16	\$187,540,429
35	Oregon Health & Science University	546	\$185,770,918
36	Mount Sinai School Of Medicine	427	\$183,543,837
37	New York City Agency For Child Development	2	\$182,722,261
38	Mayo Clinic	418	\$181,147,823
39	University of Iowa	490	\$179,259,725
40	Massachusetts Institute of Technology	301	\$179,126,377
41	Boston University	444	\$172,310,478
42	Cornell University	505	\$170,517,875
43	University of Southern California	336	\$168,226,400
44	Northwestern University	524	\$168,027,813
45	University of Rochester	455	\$159,700,633
46	Los Angeles County Office of Education	1	\$159,695,609
47	University of Virginia	444	\$155,645,845
48	Albert Einstein College of Medicine of Yeshiva University	353	\$145,679,203
49	Indiana University	444	\$145,200,644
50	University of Utah	409	\$132,771,075
Total		31,957	\$14,554,283,923

SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)

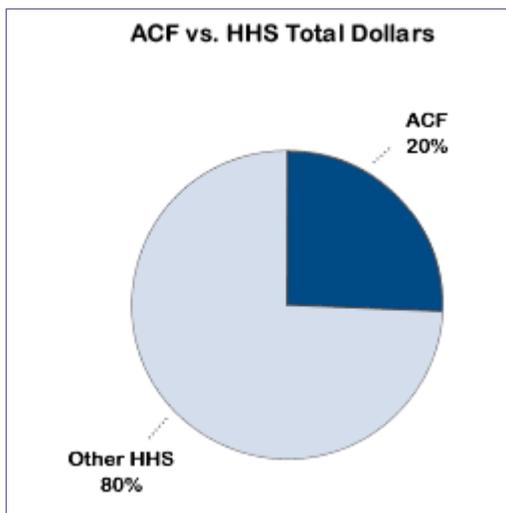
Mission: Provides national leadership and creates opportunities for families to lead economically and socially productive lives, including helping children to develop into healthy adults and communities to become more prosperous and supportive of their members.

ACF Awards by Award Class		
Award Class	Awards	Dollars
Discretionary	5,034	\$7,516,803,786
Mandatory	3,324	\$38,776,667,847
Total	8,358	\$46,293,471,633

ACF administers grant programs that promote the economic and social well-being of families, children, individuals and communities. These programs are the primary mechanisms ACF uses to achieve its major goals to: 1) empower families and individuals to increase their own economic independence and productivity; 2) encourage the development of strong, healthy and supportive communities that have a positive impact on the quality of life and development of children; 3) partner with individuals, front-line service providers, communities, American Indian tribes, Native communities, States and Congress to achieve solutions which transcend traditional agency boundaries; 4) plan, reform and integrate services to improve needed access; and



5) commit to working with people with developmental disabilities, refugees and migrants to address their needs, strengths and abilities.



ACF leads the nation in improving the economic and social well-being of families, children, and communities by administering mandatory and discretionary grant programs such as the national welfare-to-work program; TANF (Temporary Assistance for Needy Families); foster care; adoption assistance; Head Start; child care; child support enforcement; positive youth development programs; refugee resettlement; and services for those with developmental disabilities.

ACF Mandatory - Selected CFDA Programs			
CFDA	Program Name	Awards	Dollars
93.558	Temporary Assistance for Needy Families (TANF)	115	\$16,974,446,472
93.658	Foster Care: Title IV-E	68	\$4,337,654,751
93.563	Child Support Enforcement (CSE)	121	\$3,127,629,699
93.667	Social Services Block Grant (SSBG)	108	\$2,250,000,000

ACF Discretionary - Selected CFDA Programs			
CFDA	Program Name	Awards	Dollars
93.600	Head Start	1,866	\$6,636,900,446
93.576	Refugee and Entrant Assistance Discretionary Grants	311	\$82,495,233
93.550	Transitional Living for Homeless Youth	195	\$36,016,445
93.632	Developmental Disabilities University Affiliated Programs	69	\$32,844,902
93.612	Native American Programs	166	\$30,000,591
93.592	Family Violence Prevention and Services/Grants for Battered Women's Shelters: Discretionary Grants	47	\$14,082,174
93.593	Job Opportunities for Low-Income Individuals	11	\$4,929,140

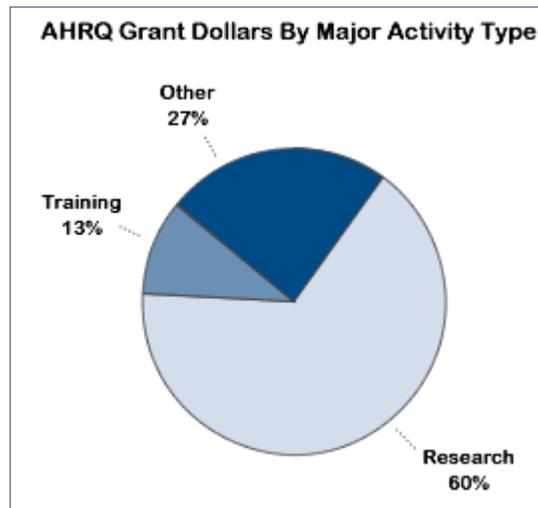
For additional information on ACF programs and funding please visit www.acf.hhs.gov.

SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: AGENCY FOR HEALTHCARE RESEARCH & QUALITY (AHRQ)

Mission: To improve the quality, safety, efficiency, and effectiveness of health care for all Americans.

AHRQ is the lead agency charged with supporting research designed to improve the quality of health care, reduce its cost, improve patient safety, decrease medical errors, and broaden access to essential services.

AHRQ awards discretionary grants, cooperative agreements, and contracts to carry out research projects, demonstrations, evaluations, and dissemination activities. AHRQ's research projects examine the availability, quality, and costs of healthcare services; ways to improve the effectiveness and appropriateness of clinical practice, including the prevention of disease; and other areas of health services research, such as services for persons with HIV infection. The information helps healthcare decision makers, patients and clinicians, health system leaders, and policymakers make more informed decisions and improve the quality of healthcare services.



AHRQ also supports small grants, conference grants, and training through dissertation grants and National Research Service Awards.

AHRQ Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	483	\$104,684,565
Mandatory	0	\$0
Total	483	\$104,684,565

AHRQ Discretionary - All CFDA Programs			
CFDA	Program Name	Awards	Dollars
93.226	Research on Healthcare Costs, Quality and Outcomes	442	\$90,423,385
93.225	National Research Service Awards, Health Services Research	37	\$8,262,823
93.779	Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	4	\$5,998,357

For additional information on AHRQ programs and funding please visit www.ahrq.gov.

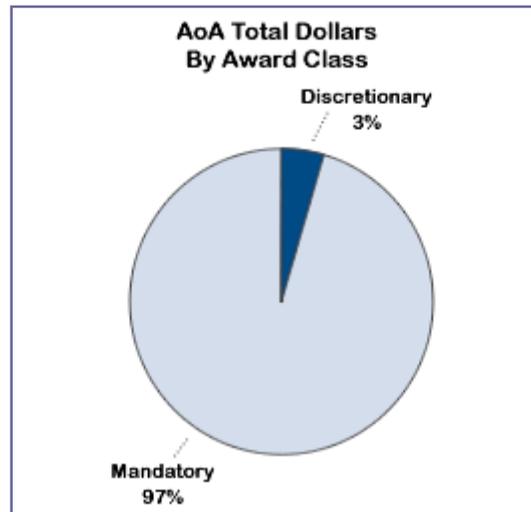
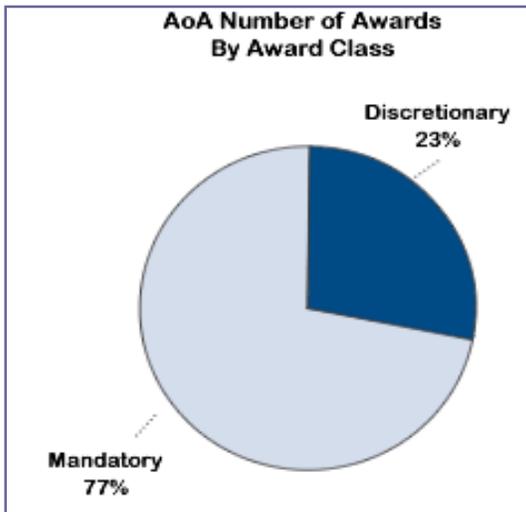
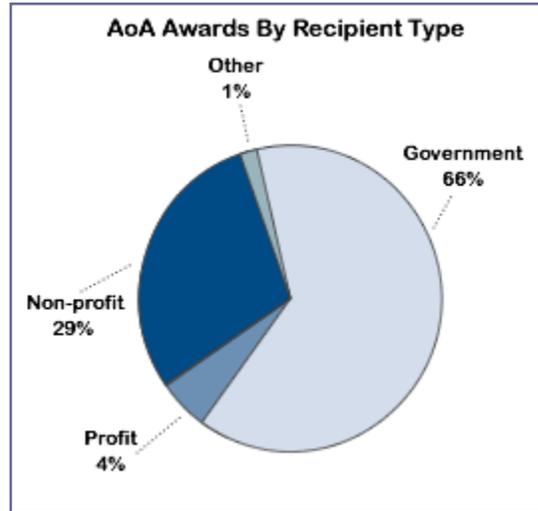
SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: ADMINISTRATION ON AGING (AoA)

Mission: To promote the dignity and independence of older people, and to help society prepare for an aging population.

The Administration on Aging (AoA) serves as an advocate for older people and oversees the development of a comprehensive and coordinated system of care that is responsive to the needs and preferences of older people and their family caregivers.

AoA is one of the nation's largest providers of home and community based care for older persons and their caregivers. Created in 1965 with the passage of the Older Americans Act, AoA is part of a Federal, State, tribal and local partnership called the National Network on Aging. This network provides assistance and services to older individuals and their families in urban, suburban, and rural areas throughout the

United States. While all older Americans may receive services, AoA targets those older individuals who are in greatest economic and social need: the poor, the isolated, and those elders disadvantaged by social or health disparities.



AoA Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	265	\$46,248,513
Mandatory	841	\$1,287,237,973
Total	1,106	\$1,333,486,486

AoA Discretionary - All CFDA Programs			
CFDA	Program Name	Awards	Dollars
93.048	Special Programs for the Aging Title IV Training, Research and Discretionary Projects and Programs	224	\$36,691,746
93.051	Alzheimer's Disease Demonstration Grants to States	37	\$9,570,005

AoA Mandatory - All CFDA Programs			
CFDA	Program Name	Awards	Dollars
93.045	Special Programs for the Aging Title III, Part C Nutrition Services	56	\$1,091,238,898
93.053	Nutrition Services Incentive Program	291	\$144,663,706
93.047	Special Programs for the Aging Title VI, Part A, Indian Programs Grants to Indian Tribes and Part B, Grants to Native Hawaiians	239	\$25,201,983
93.042	Special Programs for the Aging Title V, Chapter 2 Long Term Care Ombudsman Services for Older Individuals	56	19,954,836
93.052	National Family Caregiver Support Program	199	\$6,178,550

For additional information on AoA programs and funding please visit www.aoa.gov.

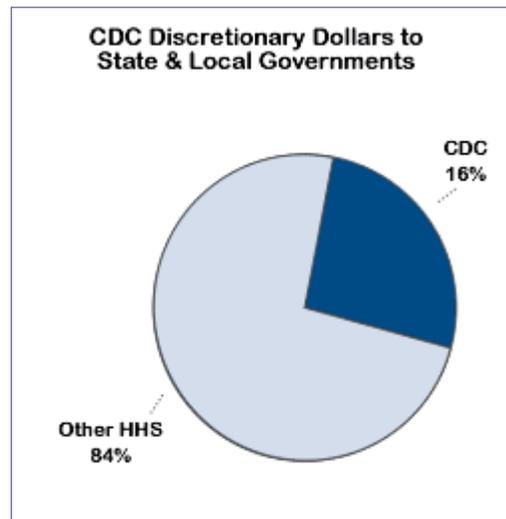
SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Mission: *To promote health and quality of life by preventing and controlling disease, injury, and disability.*

CDC Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	3,069	\$4,039,706,212
Mandatory	60	\$92,911,647
Total	3,129	\$4,132,617,859

The Centers for Disease Control and Prevention (CDC) protects the health and safety of people at home and abroad providing credible information to enhance health decisions, and promoting health through strong partnerships. CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

CDC seeks to accomplish its mission by working with partners throughout the nation and world to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training.

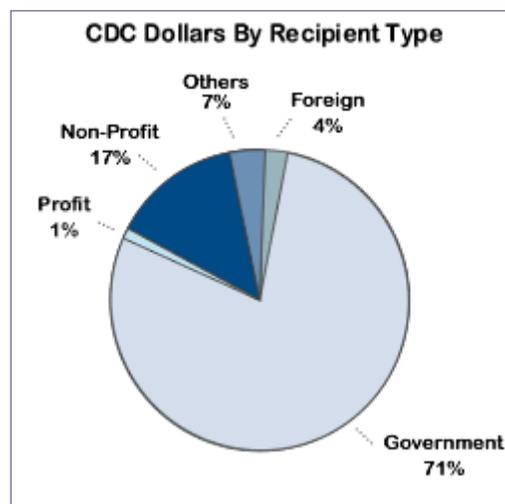
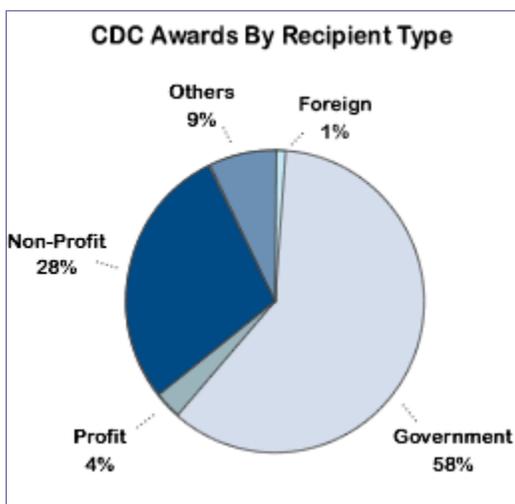


CDC performs many of the administrative functions for the Agency for Toxic Substances and Disease Registry (ATSDR), a sister agency of CDC. ATSDR is charged with assessing health hazards at specific hazardous waste sites, helping to prevent or reduce exposure and the illnesses that result, and increasing knowledge and understanding of the health effects that may result from exposure to hazardous substances.

CDC has defined six key strategies to guide its decisions and priorities so that it can achieve the health protection goals:

- **Health Impact Focus:** Align CDC's staff, strategies, goals, investments, and performance to maximize impact on the population's health and safety
- **Customer-centricity:** Market what people want and need to choose health
- **Public Health Research:** Create and disseminate the knowledge and innovations people need to protect their health now and in the future

- **Leadership:** Leverage CDC's unique expertise, partnerships and networks to improve the health system
- **Global Health Impact:** Extend CDC's knowledge and tools to promote health protection around the world
- **Accountability:** Sustain people's trust and confidence by making the most efficient and effective use of their investment in CDC



CDC Discretionary - Selected CFDA Programs			
CFDA	CFDA Name	Awards	Dollars
93.268	Immunization Grants	65	\$268,647,282
93.940	HIV Prevention Activities - Health Department Based	67	\$260,898,689
93.136	Injury Prevention and Control Research	268	\$103,661,453
93.262	Occupational Safety and Health Research Grants	226	\$89,087,834
93.945	Assistance Programs for Chronic Disease Prevention And Control	105	\$69,476,554
93.988	Cooperative Agreements For State-Based Diabetes Control Programs and Evaluation of Surveillance Systems	63	\$32,979,055
93.161	Health Program for Toxic Substances and Disease	15	\$4,075,019

CDC Mandatory - Selected CFDA Programs			
CFDA	CFDA Name	Awards	Dollars
93.991	Preventive Health and Health Services Block Grants	60	\$92,911,647

For additional information on CDC programs and funding please visit www.cdc.gov.

SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Mission: To ensure effective, up-to-date healthcare coverage and to promote quality care for beneficiaries.

CMS Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	206	\$254,233,471
Mandatory	292	\$146,684,636,789
Total	498	\$146,938,870,260

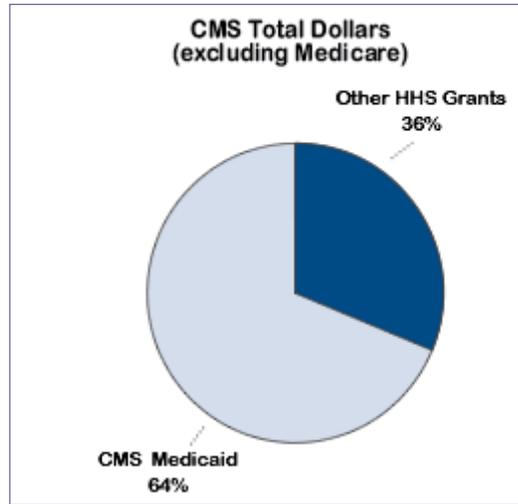
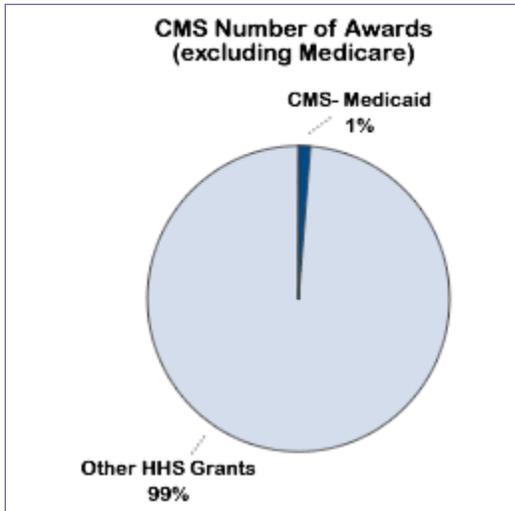
The Centers for Medicare & Medicaid Services (CMS) administers the Medicare¹ program and works in partnership with States to administer Medicaid and the State Children's Health Insurance Program (SCHIP). About one in four Americans receives health coverage.

Medicaid provides healthcare to millions of low-income families with children, aged, blind or disabled persons. It is the Department's largest grant program in terms of funding levels. The SCHIP allows States to initiate and/or expand health insurance to uninsured, low-income children.

In addition to these programs CMS administers a number of quality focused activities that benefit all Americans. CMS program objectives include:

1. Building and Maintaining a Skilled, Committed, and Highly Motivated Workforce
2. Accurate and Predictable Payments
3. High-Value Health Care
4. Confident, Informed Consumers
5. Collaborative Partnerships

¹ Medicare, the nation's largest health insurance program, is a direct payment program and its funding levels are not included in the CMS grant totals. Grant programs which support the administration of some Medicare services are included in CMS totals.



CMS Discretionary - All CFDA Programs			
CFDA	CFDA Program	Awards	Numbers
93.780	Grants to States for Operation of Qualified High-Risk Pools	36	\$77,450,000
93.769	Demonstration to Maintain Independence and Employment	5	\$71,389,738
93.779	Centers for Medicare And Medicaid Services Research, Demonstrations and Evaluations	104	\$61,375,611
93.768	Medicaid Infrastructure Grants to Support the Competitive Employment of People with Disabilities	39	\$27,673,399
93.785	Pilot Program for National and State Background Checks--Direct Patient Access for Long-Term Care	7	\$8,844,723
93.760	Rural PACE (Program of All-Inclusive Care for the Elderly) Provider Grant Program	15	\$7,500,000

CMS Mandatory - All CFDA Programs			
CFDA	CFDA Program	Awards	Numbers
93.778	Medical Assistance Program (Medicaid)	175	\$143,848,766,508
93.767	State Children's Insurance Program (SCHIP)	68	\$2,652,370,536
93.777	State Survey and Certification of Health Care Providers and Suppliers	51	\$183,499,745

For additional information on CMS programs and funding please visit www.cms.hhs.gov.

**SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS:
FOOD AND DRUG ADMINISTRATION (FDA)**

***Mission:** To protect the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, the nation’s food supply, cosmetics, and products that emit radiation. To advance the public health by helping to speed innovations that make medicines and foods more effective, safer, and more affordable; and to help the public get accurate, science-based information they need to use medicines and foods to improve their health. To reinforce a significant role in addressing the Nation’s counterterrorism capability and ensuring the security of the food supply.*

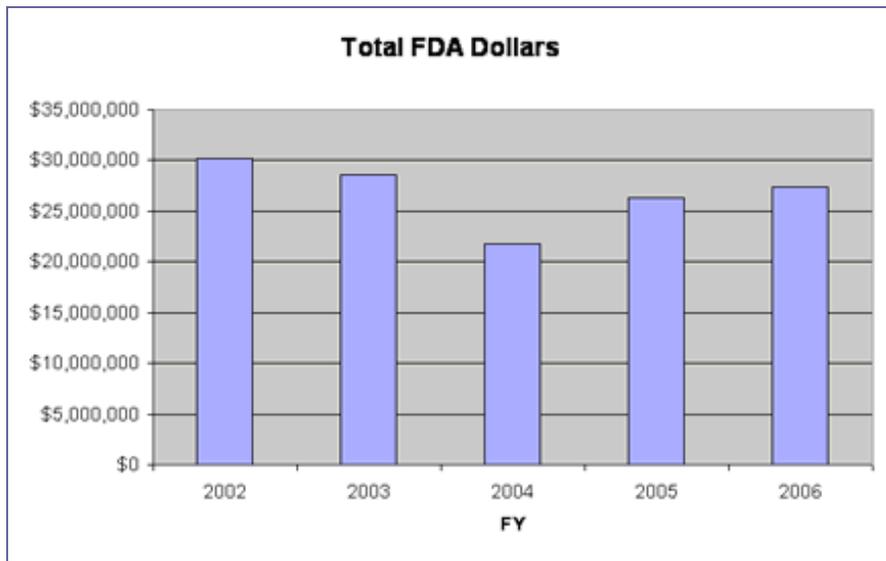
FDA Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	113	\$27,423,556
Mandatory	0	\$0
Total	113	\$27,423,556

As a scientific regulatory agency and an operating division of HHS that is responsible for protecting and advancing the public health in the United States, FDA’s responsibilities cover a wide range of regulatory activities. FDA decisions affect every American on a daily basis. Annually, consumers spent nearly \$1.5 trillion, or more than 20 percent of all consumer expenditures, on FDA-regulated products.

Some of FDA’s Strategic Goals include:

- Increasing access to innovative products and technologies to improve health
- Improving product quality, safety, and availability through better manufacturing and product oversight
- Enhancing patient and consumer protection and empowering them with better information about regulated products
- Transforming FDA business operations, systems, and infrastructure to support FDA’s mission in the 21st century
- Enhancing the ability of the nation’s healthcare system to effectively respond to bioterrorism and other public challenges
- Enhancing the capacity and productivity of the nation’s health science research enterprise

FDA Discretionary - All CFDA Programs			
CFDA	CFDA Name	Awards	Dollars
93.103	Food and Drug Administration Research	86	\$24,331,371
93.448	Food Safety and Security Monitoring Project	9	\$1,818,449
93.443	Health Promotion/Disease Prevention Program for American Indians and Alaska Natives	3	\$739,851
93.447	State Health Fraud Task Force Grants	8	\$470,785
93.449	Ruminant Feed Ban Support Project	7	\$63,100



For additional information on FDA programs and funding please visit www.fda.gov.

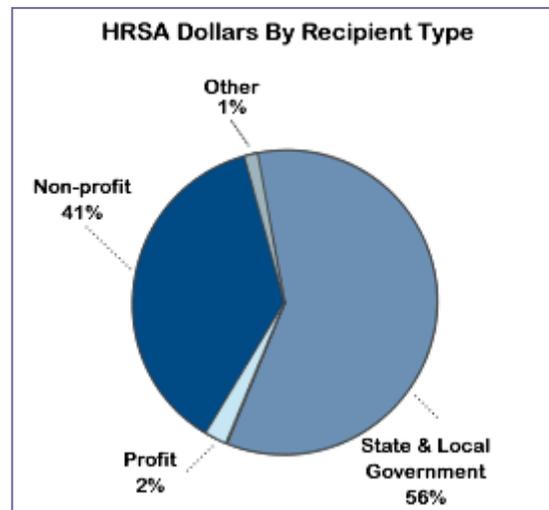
SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

Mission: To improve national leadership, program resources, and services needed to improve access to culturally competent, quality health care.

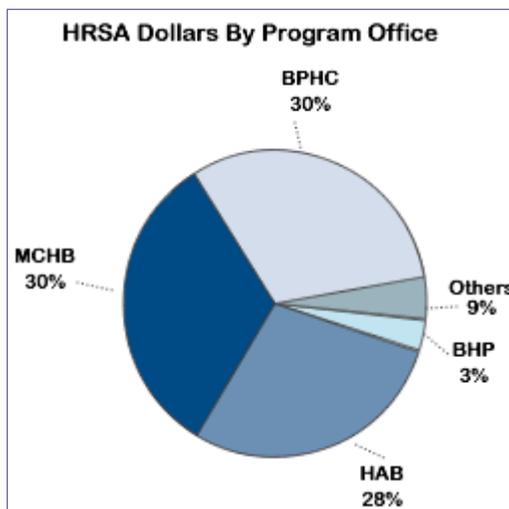
HRSA Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	6,997	\$4,857,353,652
Mandatory	63	\$561,390,124
Total	7,060	\$5,418,743,776

The Health Resources and Services Administration (HRSA) is the primary Federal agency for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable.

Comprising five bureaus and 12 offices, HRSA provides leadership and financial support to healthcare providers in every State and U.S. territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, pregnant women, mothers, and children. They train health professionals and improve systems of care in rural communities.



HRSA oversees organ, tissue and bone marrow donation. It supports programs that prepare against bioterrorism, compensates individuals harmed by vaccination, and maintains databases that protect against healthcare malpractice, healthcare waste, fraud, and abuse.



HRSA's strategic goals are to:

- Improve Access to Health Care
- Improve Health Outcomes
- Eliminate Health Disparities
- Improve the Public Health and Healthcare Systems
- Enhance the Ability of the Healthcare Systems to Respond to Public Health Emergencies; and
- Achieve Excellence in Management Practices

HRSA Discretionary - Selected CFDA Programs			
CFDA	CFDA Program	Awards	Dollars
93.224	Community Health Centers	1,076	\$1,590,958,150
93.914	HIV Emergency Relief Project Grants	52	\$578,534,675
93.918	Grants to Provide Outpatient Early Intervention Services	419	\$179,448,427
93.110	Special Projects of Regional and National Significance	769	\$113,677,316
93.926	Healthy Start	112	\$93,732,810
93.153	Coordinated HIV Services and Access to Research	94	\$66,453,448
93.884	Primary Care Training	341	\$38,603,455
93.247	Advanced Education Nursing Grant Program	192	\$36,130,379
93.912	Rural Health Outreach and Rural Network Development Program	267	\$32,804,352

HRSA Mandatory - All CFDA Programs			
CFDA	CFDA Program	Awards	Dollars
93.994	MCH Block Grants	63	\$561,390,124

For additional information on HRSA programs and funding please visit www.hrsa.gov.

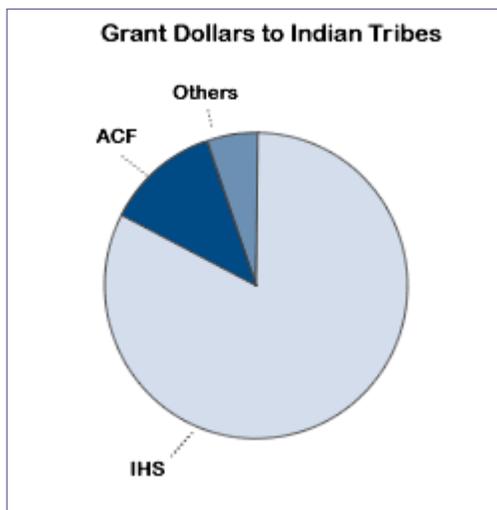
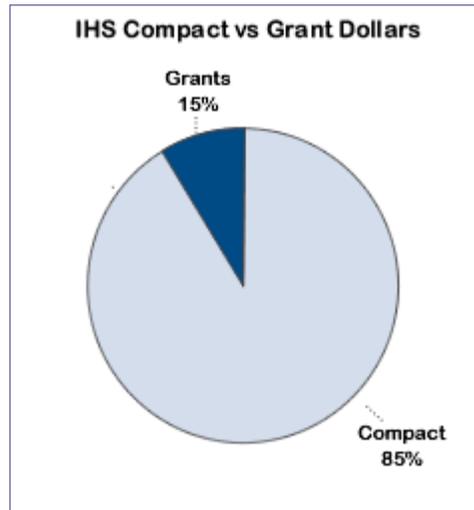
SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: INDIAN HEALTH SERVICE (IHS)

Mission: To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

IHS Totals by Award Class		
Award Class	Awards	Dollars
Compact	93	\$970,182,015
Discretionary	569	\$170,528,684
Total	662	\$1,140,710,699

The Indian Health Service (IHS) provides a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum tribal involvement in developing and managing programs to meet their health needs. IHS currently provides health services to approximately 1.5 million American Indians and Alaska Natives who belong to more than 557 federally recognized tribes in 35 States.

The goal of IHS is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people. The foundation of IHS is to uphold the Federal Government obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of tribes.



In order to carry out its mission, uphold its foundation, and attain its goal, IHS:

1. Assists Indian tribes in developing their health programs through activities such as health management training, technical assistance, and human resource development;
2. Assists Indian tribes in coordinating health planning, in obtaining and using health resources available through Federal, State, and local programs, and in operating comprehensive healthcare services and health programs.

3. Provides comprehensive healthcare services, including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities.
4. Serves as the principal Federal advocate in the health field for Indians to ensure comprehensive health services for American Indian and Alaska Native people.

IHS awarded over \$1.1 billion in comprehensive health services to American Indian and Alaska Native people.

IHS Discretionary - All CFDA Programs			
CFDA	CFDA Name	Awards	Dollars
93.237	Special Diabetes Program for Indians Prevention and Treatment Projects	378	\$134,929,913
93.231	Epidemiology Cooperative Agreements	27	\$10,849,254
93.193	Urban Indian Health Services	47	\$9,204,755
93.210	Tribal Self-Governance	28	\$4,879,413
93.228	Indian Health Service Health Management Development Program	25	\$4,315,096
93.933	Demonstration Projects for Indian Health	31	\$3,909,220
93.284	Injury Prevention Program for American Indians and Alaskan Natives	31	\$1,405,520
93.970	Health Professions Recruitment Program for Indians	2	\$1,035,513

IHS Mandatory - Select CFDA Programs			
CFDA	CFDA Name	Awards	Dollars
93.210	Tribal Self-Governance (Compacts)	93	\$970,182,015

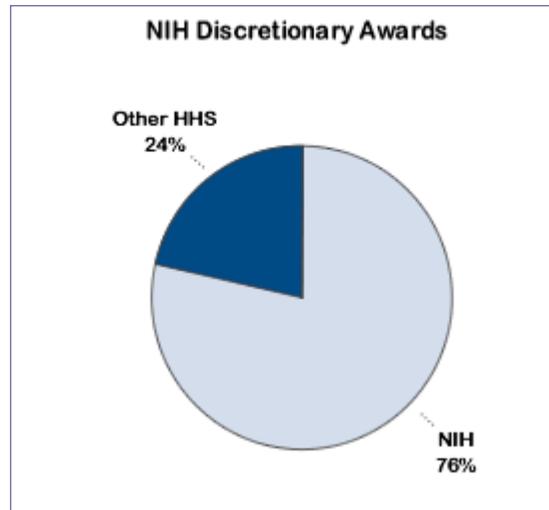
For additional information on IHS programs and funding please visit www.ihs.gov.

SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: NATIONAL INSTITUTES OF HEALTH (NIH)

Mission: NIH is the steward of medical and behavioral research for the Nation. Its mission is science in pursuit of fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability.

NIH Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	52,756	\$21,000,240,554
Mandatory	0	\$0
Total	52,756	\$21,000,240,554

National Institutes of Health (NIH) is the primary Federal agency for conducting and supporting medical research. Helping to lead the way toward important medical discoveries that improve people's health and save lives, NIH investigates ways to prevent disease as well as the causes, treatments, and even cures for common and rare diseases. Comprised of 27 Institutes and Centers, NIH provides leadership and financial support to researchers in every State and throughout the world.



The goals of NIH are to:

- 1) Foster fundamental creative discoveries, innovative research strategies, and their applications as a basis to significantly advance the Nation's capacity to protect and improve health;
- 2) Develop, maintain, and renew scientific human and physical resources that will assure the Nation's capability to prevent disease;
- 3) Expand the knowledge base in medical and associated sciences in order to enhance the Nation's economic well-being and ensure a continued high return on the public investment in research; and
- 4) Exemplify and promote the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

In realizing these goals, NIH provides leadership and direction to programs designed to improve the health of the Nation by conducting and supporting research in: the causes, diagnosis, prevention, and cure of human diseases; the processes of human growth and development; the biological effects of environmental contaminants; the understanding of mental, addictive and physical disorders; directing programs for the collection, dissemination, and exchange of information in medicine and health, including the development and support of medical libraries and the training of medical librarians and other health information specialists.

NIH awarded over \$21 billion in support of its mission to extend healthy life and reduce the burdens of illness and disability. NIH did not administer any mandatory funding grant programs in FY 2006.

NIH Discretionary - Selected CFDA Programs			
CFDA	CFDA Name	Awards	Dollars
93.855	Allergy, Immunology and Transplantation Research	5,046	\$2,455,383,821
93.859	Pharmacology, Physiology, and Biological Chemistry	5,481	\$1,795,644,241
93.837	Heart and Vascular Diseases Research	2,988	\$1,357,546,133
93.853	Extramural Research Programs in the Neurosciences	3,840	\$1,253,289,471
93.389	National Center for Research Resources	1,151	\$1,127,161,822
93.242	Mental Health Research Grants	2,692	\$1,018,391,916
93.865	National Institute of Child Health And Human Development	2,615	\$895,191,324
93.866	Aging Research	1,996	\$823,840,818
93.395	Cancer Treatment Research	1,570	\$786,233,942
93.279	Drug Abuse Research Programs	1,952	\$743,133,959
93.847	Diabetes, Endocrinology and Metabolism Research	1,929	\$706,876,802
93.393	Cancer Cause and Prevention Research	1,718	\$654,809,981
93.856	Microbiology and Infectious Diseases Research	216	\$116,767,997

NIH Discretionary Programs by Institute			
Institute	Number of Programs	Awards	Dollars
Center For Drug Evaluation and Research, NIH	6	362	\$100,734,361
Fogarty International Center	14	414	\$69,606,453
National Cancer Institute	31	7,292	\$3,173,764,853
National Center For Research Resources	17	1,223	\$1,182,176,517
National Center on Minority Health and Health Disparities	4	153	\$128,191,637
National Eye Institute	6	1,565	\$541,742,314
National Heart, Lung, & Blood Institute	24	5,340	\$2,364,208,288
National Human Genome Research Institute	5	393	\$382,924,228
National Institute of Allergy & Infectious Diseases	17	5,306	\$2,630,738,496
National Institute of Arthritis & Musculoskeletal & Skin Diseases	10	1,397	\$414,732,512
National Institute of Child Health And Human Development	16	2,691	\$921,622,908
National Institute of Dental and Craniofacial Research	8	864	\$281,759,869
National Institute of Diabetes & Digestive & Kidney Diseases	14	4,614	\$1,485,528,235
National Institute of Environmental Health Sciences	11	926	\$392,421,330
National Institute of General Medical Sciences	15	5,673	\$1,847,004,167
National Institute of Mental Health	16	3,494	\$1,102,199,781
National Institute of Neurological Disorders and Stroke	18	3,973	\$1,279,551,616
National Institute of Nursing Research	4	453	\$120,023,373
National Institute on Aging	7	2,044	\$836,000,204
National Institute on Alcohol Abuse and Alcoholism	8	1,033	\$328,902,333
National Institute on Deafness and Other Communication Disorders	3	1,153	\$312,319,307
National Institute on Drug Abuse	13	2,152	\$744,232,146
National Institute of Biomedical Imaging & Bioengineering	6	831	\$279,086,530
National Library of Medicine	2	194	\$53,934,778
Office Of The Director, NIH	3	35	\$26,834,318

For additional information on NIH programs and funding please visit www.nih.gov.

SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: OFFICE OF THE SECRETARY OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE)

***Mission:** The Assistant Secretary for Planning and Evaluation (ASPE) advises the Secretary of the Department of Health and Human Services on policy development in health, disability, human services, data, and science, and provides advice and analysis on economic policy. ASPE leads special initiatives, coordinates the Department's evaluation, research and demonstration activities, and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE conducts research and evaluation studies, develops policy analyses, and estimates the cost and benefits of policy alternatives under consideration by the Department or Congress.*

Organization: ASPE is organized into five principal offices and several smaller ones. Each of the major offices is headed by a Deputy Assistant Secretary.

The Office of Disability, Aging and Long-Term Care Policy addresses long-term care issues and personal assistance services including informal care giving. The office works closely with the Administration on Aging, Administration on Developmental Disabilities, the Centers for Medicare and Medicaid Services, and others.

The Office of Health Policy deals with health-related issues, including healthcare financing. It works closely with the Public Health Service, the Centers for Medicare and Medicaid Services, the Centers for Disease Control and Prevention, the National Institutes of Health, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the Food and Drug Administration.

The Office of Human Services Policy/HHS' Chief Economist focuses on welfare, service delivery issues, and policies affecting children, youth, and families. The office works closely with the Administration for Children and Families, the Department's Children Council, and a variety of Departments and other agencies.

The Office of Planning and Policy Support coordinates the management of HHS-wide policy development and policy support activities. It also provides policy analysis, research, and evaluation of cross-cutting issues such as homelessness, government reinvention and program delivery systems. Finally, it provides a variety of specialized support services primarily through contracts for computer support and programming services.

The Office of Science and Data Policy guides the development of science and data policy by other HHS entities, coordinates science and data policy matters, and is responsible for communications with the scientific and data policy communities outside HHS.

ASPE - All CFDA Programs			
CFDA	CFDA Program	Awards	Dollars
93.239	Policy Research And Evaluation Grants	4	\$2,310,000

ASPE – All Awards	
ASPE Award Titles	Dollars
National Poverty Research Center	\$900,000
Kentucky Center for Poverty Research	\$600,000
Area Poverty Research Center	\$450,000
Western Center on Poverty and Public Policy	\$360,000

For additional information on ASPE programs and funding please visit aspe.hhs.gov.

**SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS:
OFFICE OF THE SECRETARY
OFFICE FOR PUBLIC HEALTH AND SCIENCE (OPHS)**

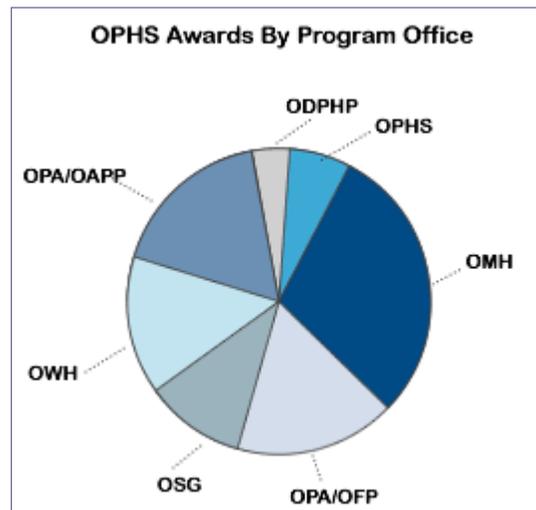
Mission: To provide leadership to the Nation on public health and science and promote, protect and improve the Nation’s health.

OPHS Totals by Award Class		
Award Class	Awards	Dollars
Cooperative Agreements	0	\$0
Discretionary	561	\$373,985,742
Total	561	\$373,985,742

The Office of Public Health and Science (OPHS) is led by the Assistant Secretary for Health (ASH). OPHS consists of the following program offices:

- Immediate Office of Assistant Secretary for Health (ASH)
- Office of the Surgeon General (OSG)
- Office of HIV/AIDS Policy (OHAP)
- Office of Population Affairs (OPA)
- Office of Disease Prevention and Health Promotion (ODPHP)
- President’s Council on Physical Fitness and Sports (PCPFS)
- Office of Minority Health (OMH)
- Office on Women’s Health (OWH)
- Office for Human Research Protections (OHRP)
- Office of Research Integrity (ORI)
- National Vaccine Program Office (NVPO)

These offices are actively engaged in a broad array of activities that support and facilitate the work of many of the Department’s Operating Divisions. OPA and OMH are the primary program offices that manage grant programs within OPHS to support its main objectives. OPA and OMH collectively awarded 478 awards in FY ’06.



OPHS Awards by CFDA Program

CFDA	CFDA Name	Count of Awards	Transaction Total
93.217	Family Planning: Services	89	\$258,925,066
93.995	AFL	100	\$23,863,525
93.004	Cooperative Agreements to Improve the Health	36	\$22,339,786
93.006	State and Territorial Minority HIV/AIDS Demonstration Program	57	\$12,102,750
93.137	Community Programs to Improve Minority Health Grant Program	37	\$12,057,000
93.260	Family Planning Personnel Training	13	\$9,894,267
93.008	Medical Reserve Corps Small Grant Program	62	\$8,225,000
93.910	Family and Community Violence Prevention Program	25	\$5,970,791
93.974	Family Planning Service Delivery Improvement Research Grants	25	\$5,726,060
93.105	Bilingual/Bicultural Service Demonstration Projects	17	\$2,482,662
93.990	National Health Promotion	12	\$2,266,287
93.015	HIV Prevention Programs for Women	24	\$2,079,600
93.007	Public Awareness Campaigns on Embryo Adoption	6	\$1,895,133
93.294	Mentoring Partnership Program-Protege	8	\$1,199,855
93.111	Adolescent Family Life Research Grants	8	\$1,162,198
93.290	National Community Centers of Excellence in Women's Health	8	\$1,142,996
93.293	State Health Planning and Development Agencies	4	\$849,196
93.013	Ambassadors for Change Program	18	\$624,929
93.012	Heart Health Care for High Risk Women	6	\$596,800
93.022	Targeting Obesity in Young Women to Prevent the Development of Type II Diabetes	6	\$581,841
Total		561	\$373,985,742

OPHS Awards By Program Office		
Program Office	Awards	Dollars
Office of Population Affairs/Family Planning (OPA/OFP)	127	\$274,545,393
Office of Minority Health (OMH)	172	\$54,952,989
Office of Adolescent Pregnancy Programs (OAPP)	108	\$25,025,723
Office of the Surgeon General (OSG)	62	\$8,225,000
Office on Women's Health (OWH)	74	\$7,075,217
Office of Disease Prevention & Health Promotion (ODPHP)	12	\$2,266,287
Office of The Assistant Secretary For Public Health and Science (OPHS)	6	\$1,895,133
Total	561	\$373,985,742

For additional information on OPHS programs and funding please visit www.osophs.dhhs.gov.

**SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS:
OFFICE OF THE SECRETARY
OFFICE OF GLOBAL HEALTH AFFAIRS (OGHA)**

***Mission:** To promote the health of people of the world by advancing the Department of Health and Human Services' global strategies and partnerships, thus serving the health and well-being of the people of the United States.*

OGHA Totals by Award Class		
Award Class	Awards	Dollars
Cooperative Agreements	0	\$0
Discretionary	10	\$10,656,001
Total	10	\$10,656,001

The Office of Global Health Affairs (OGHA) represents the Department to other governments, other Federal Departments and agencies, international organizations, and the private sector on international and refugee health issues.

The Office of Global Health Affairs (OGHA):

- Develops U.S. policy and strategy positions related to health issues and facilitating involvements of the Public Health service in support of these positions and in collaboration with other agencies and organizations;
- Provides leadership and coordination for bilateral programs with selected countries such as the U.S.-Russia and U.S. - South Africa Health Subcommittee, in support of the Presidential and Vice Presidential initiatives;
- Facilitates cooperation by the Public health Service Operating Divisions with agency for International Development;
- Provides policy guidance and coordination on refugee health policy issues, in collaboration with Public health Service Operating Divisions, the office of Refugee Resettlement, the Department of State, and others.

OGHA Discretionary - All CFDA Programs			
CFDA	CFDA Name	Awards	Dollars
93.016	TA to Physicians at Rabia Balkhi Women's Hospital in Kabul	10	\$10,656,001

OGHA - All Awards		
Recipient	Award Title	Dollars
National Regional Infectious diseases (REDI) Center	2006 GHS Emerging Infectious Diseases in The Asia Pacific Region (REDI)	\$2,100,000
Cure International	Provide Management Consulting services to RBH to Improve Its ability to Deliver	\$2,000,000
Islamic Republic of Afghan Ministry of Public Health	2006 Technical Assistance and Support (Afghan Ministry of Public Health)	\$1,750,000
International Medical Corp	Support of Women's Hospital	\$1,192,485
National Center Infectious Disease Prevention Control	2006 GHS AVIAN and Pandemic Influenza (LIBYAN ARAB JAMAHIRIYA)	\$1,000,000
US-Mexico Foundation for Science (FUMEC)	2006 Global Health Services Mexican Outreach Offices (Single Eligibility Only)	\$755,000
TX Dept of State Health Services	Texas Outreach Office of The United States/Mexico Border Health	\$657,500
NM ST Office of The Governor	2006 Public Health services at The NEW MEXICO-CHIHUAHUA Border	\$429,600
CA Dept of Health Services	California Outreach Office to The United States/Mexico Border Health commission	\$419,916
AZ ST Department of Health Services	Cooperative Agreement to the Arizona Outreach Office to Strengthen Public Health	\$351,500
TOTAL		\$10,656,001

For additional information on OGHA programs and funding please visit www.globalhealth.gov.

**SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS:
OFFICE OF THE SECRETARY
OFFICE OF THE ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE (ASPR)**

Mission: To support the Assistant Secretary for Preparedness and Response (ASPR) on matters related to bioterrorism and other public health emergencies. To facilitate coordination of interagency activities between HHS, other Federal departments, agencies, offices, and State and local officials responsible for emergency preparedness. To support and enhance the protection of civilian population from acts of bioterrorism and other public health emergencies.

ASPR Totals by Award Class		
Award Class	Awards	Dollars
Cooperative Agreements	0	\$0
Discretionary	4	\$14,825,606
Total	4	\$14,825,606

The Office of Preparedness and Emergency Operations within ASPR is responsible for leading HHS preparedness through the development of operational plans and analytical products as well as developing and participating in training exercises.

The Office of Preparedness and Emergency Operations (ASPR):

- Ensures ASPR has needed systems, logistical support, and procedures to meet emergency response needs
- Leads interagency public health and medical planning and response activities under the National Response Plan.
- Trains and Manages the Secretary’s Operations Center.
- Plans, implements, and evaluates departmental readiness response exercises.
- Manages the department’s Continuity of Operations Plan (COOP) and Continuity of Government Program.
- Manages the Federal Medical Station Program.
- Coordinates the National Disaster Medical System planning and response.
- Integrates mass casualty preparedness activities consistent with National Incident Management System and the National Response Plan’s Catastrophic Annex.
- Works with the Health Resources and Services Administration (HRSA) on hospital preparedness.

ASPR Discretionary - All CFDA Programs

CFDA	CFDA Name	Awards	Dollars
93.019	Infectious Disease Surveillance Networks	4	\$14,825,606

ASPR – All Awards		
Recipient	Award Title	Dollars
World Health Organization	2006 International development of H5N1 Influenza Vaccines (World Health Organization)	\$10,000,000
Gorgas Memorial Institute of Health Studies	2006 Training of Latin American Health Care Workers (Gorgas Memorial Institute)	\$2,500,000
Pasture Foundation	2006 Support, Training and Capacity Building for Infectious Disease Surveillance	\$1,550,606
Gorgas Memorial Institute of Health Studies	2006 Infectious Disease Surveillance Networks (Central America-PANAMA)	\$775,000
Total		\$14,825,606

For additional information on ASPR programs and funding please visit www.hhs.gov/ophep.

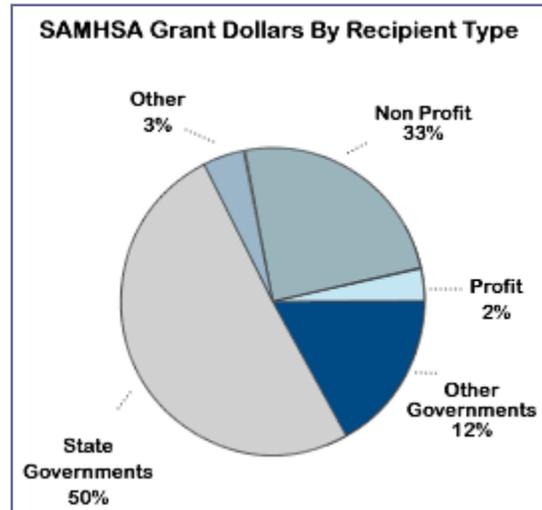
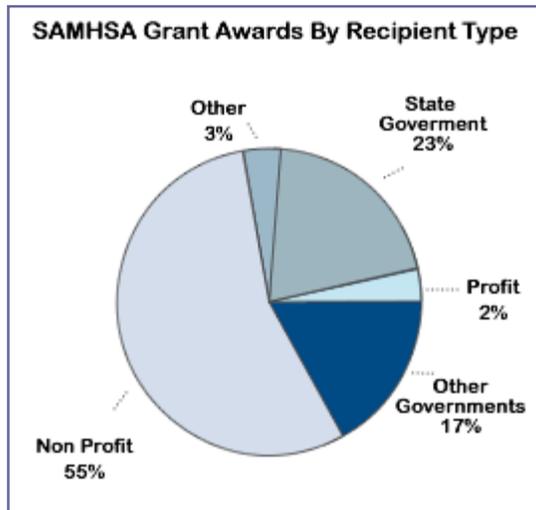
SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

Mission: To build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness.

SAMSHA Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	2,366	\$825,554,455
Mandatory	236	\$2,161,272,172
Total	2,602	\$2,986,826,627

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides leadership and national focus for efforts to reduce national health problems resulting from substance abuse and to foster improvements in the mental health of Americans through increased knowledge and the advancement of effective strategies for dealing with these health problems.

SAMHSA supports programs, policy, and knowledge development about substance abuse prevention, addiction treatment, and mental health services. SAMHSA programs translate research to practice — bringing new science-based knowledge to community-based services for people with or at risk for mental and substance abuse disorders. As the substance abuse and mental health systems of services evolve, SAMHSA will be at the forefront of that transformation to promote a life in the community for everyone with or at risk for mental and substance abuse disorders to have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends.



SAMHSA Discretionary - All CFDA Programs			
CFDA	CFDA Program	Awards	Dollars
93.243	PRNS	1250	\$472,983,489
93.275	Substance Abuse and Mental Health Services-Access to Recover	15	\$98,207,997
93.104	CMHS Child Mental Health Service Initiative	66	\$79,222,782
93.276	Drug-Free Community Grants	822	\$72,275,651
93.982	Mental Health Disaster Assistance	32	\$59,942,394
93.230	Consolidated Knowledge Development and Application (KD&A) Program	165	\$39,288,163
93.244	Mental Health Clinical and AIDS Service-Related Training	4	\$3,598,979
93.003	Public Health and Social Services Emergency Fund	1	\$35,000
Total		2,366	\$825,554,455

SAMHSA Mandatory - All CFDA Programs			
CFDA	CFDA Program	Awards	Dollars
93.959	Prevention and Treatment (SAPT) Block Grant	60	\$1,669,554,174
93.958	CMHS Block Grant	59	\$406,560,998
93.150	PATH	58	\$51,837,000
93.138	Protection and Advocacy for Individuals with Mental Illness	59	\$33,320,000
Total		236	\$2,161,272,172

For additional information on SAMHSA programs and funding please visit www.samhsa.gov.

APPENDIX A. MAJOR PROGRAMS LISTED IN OMB CIRCULAR A-133 COMPLIANCE SUPPLEMENT

Major Programs Listed in OMB Circular A-133 Compliance Supplement			
CFDA	Name	Number	Dollar
93.045	Special Programs for the Aging Title III, Part C Nutrition Services	56	\$1,091,238,898
93.053	Nutrition services Incentive Program	291	\$144,663,706
93.210	Tribal Self-Governance	121	\$975,061,428
93.217	Family Planning Services	89	\$258,925,066
93.224	Consolidated Health Centers	1,076	\$1,590,958,150
93.268	Immunization Grants	65	\$268,647,282
93.556	Promoting Safe and Stable Families	250	\$412,495,414
93.558	Temporary Assistance for Needy Families (TANF)	115	\$16,974,446,472
93.568	Low-Income Home Energy Assistance (LIHEAP)	225	\$3,159,390,750
93.569	Community Service Block Grant (CSBG)	168	\$624,877,001
93.575	Child Care and Development Fund (CCDF)	10	\$1,136,576
93.596	Child Care and Development Fund (CCDF)	617	\$4,941,616,439
93.600	Head Start	1,866	\$6,636,900,446
93.645	Child Welfare Services State Grants	216	\$283,759,775
93.658	Foster Care: Title IV-E	68	\$4,337,654,751
93.659	Adoption Assistance	61	\$1,791,479,409
93.667	Social Service Block Grants (SSBG)	108	\$2,250,000,000
93.767	State Children's Insurance Program (SCHIP)	68	\$2,652,370,536
93.778	Medical Assistance Program (Medicaid)	175	\$143,848,766,508
93.889	National Bioterrorism Hospital Preparedness Program)	146	\$463,437,709
93.914	HIV Emergency Relief Project Grants	52	\$578,534,675
93.917	HIV Care Formula Grants	59	\$1,041,415,683
93.918	Grants to provide Outpatient Early Intervention Services with Respect to HIV Disease	419	\$179,448,427
93.958	Community Mental Health Services (CMHS) Block Grant	59	\$406,560,998
93.991	Preventive Health and Health Services Block Grant	60	\$92,911,647
93.994	Maternal and Child Health (MCH) Block Grants	63	\$561,390,124

APPENDIX B. HHS GRANT PROGRAMS

This table contains the HHS CFDA Programs that are currently being tracked by TAGGS.

Rank	CFDA	Name	Number	Dollars
1	93.778	Medical Assistance Program (Medicaid)	175	\$143,848,766,508
2	93.558	Temporary Assistance for Needy Families (TANF)	115	\$16,974,446,472
3	93.600	Head Start	1,866	\$6,636,900,446
4	93.596	Child Care Mandatory and Matching Funds of the Child Care and Development Fund	617	\$4,941,616,439
5	93.658	Foster Care: Title IV-E	68	\$4,337,654,751
6	93.568	Low-Income Home Energy Assistance (LIHEAP)	225	\$3,159,390,750
7	93.563	Child Support Enforcement (CSE)	121	\$3,127,629,699
8	93.767	State Children's Insurance Program (SCHIP)	68	\$2,652,370,536
9	93.855	Allergy, Immunology and Transplantation Research	5,046	\$2,455,383,821
10	93.667	Social Services Block Grant (SSBG)	108	\$2,250,000,000
11	93.283	Centers for Disease Control and Prevention Investigations and Technical Assistance	897	\$1,905,055,175
12	93.859	Pharmacology, Physiology, and Biological Chemistry Research	5,481	\$1,795,644,241
13	93.659	Adoption Assistance	61	\$1,791,479,409
14	93.959	Block Grants for Prevention and Treatment of Substance Abuse	60	\$1,669,554,174
15	93.224	Community Health Centers	1,076	\$1,590,958,150
16	93.837	Heart and Vascular Diseases Research	2,988	\$1,357,546,133
17	93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	3,840	\$1,253,289,471
18	93.389	Research Infrastructure	1,151	\$1,127,161,822
19	93.045	Special Programs for the Aging Title III, Part C Nutrition Services	56	\$1,091,238,898
20	93.917	HIV Care Formula Grants	59	\$1,041,415,683
21	93.242	Mental Health Research Grants	2,692	\$1,018,391,916
22	93.210	Tribal Self-Governance Demonstration Program: Planning and Negotiation Cooperative Agreements and IHS Compacts	121	\$975,061,428
23	93.865	Child Health and Human Development Extramural Research	2,615	\$895,191,324
24	93.866	Aging Research	1,996	\$823,840,818
25	93.395	Cancer Treatment Research	1,577	\$788,804,612
26	93.279	Drug Abuse Research Programs	1,952	\$743,133,959

Rank	CFDA	Name	Number	Dollars
27	93.847	Diabetes, Endocrinology and Metabolism Research	1,929	\$706,876,802
28	93.393	Cancer Cause and Prevention Research	1,718	\$654,809,981
29	93.569	Community Services Block Grant (CSBG)	168	\$624,877,001
30	93.914	HIV Emergency Relief Project Grants	52	\$578,534,675
31	93.994	Maternal and Child Health Services Block Grant to the States	63	\$561,390,124
32	93.396	Cancer Biology Research	1,659	\$558,974,668
33	93.867	Vision Research	1,535	\$534,420,153
34	93.838	Lung Diseases Research	1,235	\$528,205,406
35	93.243	Substance Abuse and Mental Health Services: Projects of Regional and National Significance	1,250	\$472,983,489
36	93.889	Preparedness Program	146	\$463,437,709
37	93.846	Arthritis, Musculoskeletal and Skin Diseases Research	1,373	\$415,804,289
38	93.556	Promoting Safe and Stable Families	250	\$412,495,414
39	93.839	Blood Diseases and Resources Research	876	\$410,830,850
40	93.848	Digestive Diseases and Nutrition Research	1,330	\$409,803,998
41	93.958	Block Grants for Community Mental Health Services	59	\$406,560,998
42	93.397	Cancer Centers Support Grants	179	\$391,173,075
43	93.172	Human Genome Research	386	\$388,899,708
44	93.849	Kidney Diseases, Urology and Hematology Research	1,256	\$374,271,647
45	93.399	Cancer Control	534	\$354,475,276
46	93.173	Research Related to Deafness and Communication Disorders	1,137	\$313,561,235
47	93.273	Alcohol Research Programs	847	\$293,809,011
48	93.645	Child Welfare Services State Grants	216	\$283,759,775
49	93.121	Oral Diseases and Disorders Research	840	\$280,678,344
50	93.286	Discovery and Applied Research-Human Health	820	\$279,266,701

APPENDIX C. HHS STRATEGIC GOALS AND OBJECTIVES

HHS Strategic Goals and Objectives - FY 2004-2009

GOAL 1: Reduce the major threats to the health and well-being of Americans

- Objective 1.1 Reduce behavioral and other factors that contribute to the development of chronic diseases
- Objective 1.2 Reduce the incidence of sexually transmitted diseases and unintended pregnancies
- Objective 1.3 Increase immunization rates among adults and children
- Objective 1.4 Reduce substance abuse
- Objective 1.5 Reduce tobacco use, especially among youth
- Objective 1.6 Reduce the incidence and consequences of injuries and violence

GOAL 2: Enhance the ability of the Nation's health care system to effectively respond to bioterrorism and other public health challenges

- Objective 2.1 Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bioterrorism threats
- Objective 2.2 Improve the safety of food, drugs, biological products, and medical devices

GOAL 3: Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices

- Objective 3.1 Create new, affordable health insurance options
- Objective 3.2 Strengthen and expand the health care safety net
- Objective 3.3 Strengthen and improve Medicare
- Objective 3.4 Eliminate racial and ethnic health disparities
- Objective 3.5 Expand access to health care services for targeted populations with special health care needs
- Objective 3.6 Increase access to health services for American Indians and Alaska Natives (AI/AN)

GOAL 4: Enhance the capacity and productivity of the Nation's health science research enterprise

- Objective 4.1 Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability
- Objective 4.2 Accelerate private sector development of new drugs, biologic therapies, and medical technology
- Objective 4.3 Strengthen and diversify the pool of qualified health and behavioral science researchers
- Objective 4.4 Improve the coordination, communication, and application of health research results
- Objective 4.5 Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process

GOAL 5: Improve the quality of health care services

- Objective 5.1 Reduce medical errors
- Objective 5.2 Increase the appropriate use of effective health care services by medical providers
- Objective 5.3 Increase consumer and patient use of health care quality information
- Objective 5.4 Improve consumer and patient protections
- Objective 5.5 Accelerate the development and use of an electronic health information infrastructure

GOAL 6: Improve the economic and social well-being of individuals, families, and communities, especially those most in need

- Objective 6.1 Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition
- Objective 6.2 Increase the proportion of older Americans who stay active and healthy
- Objective 6.3 Increase the independence and quality of life of persons with disabilities, including those with long-term care needs
- Objective 6.4 Improve the economic and social development of distressed communities
- Objective 6.5 Expand community and faith-based partnerships

GOAL 7: Improve the stability and healthy development of our Nation's children and youth

- Objective 7.1 Promote family formation and healthy marriages
- Objective 7.2 Improve the development and learning readiness of preschool children
- Objective 7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children
- Objective 7.4 Increase the percentage of children and youth living in a permanent, safe environment

GOAL 8: Achieve excellence in management practices

- Objective 8.1 Create a unified HHS committed to functioning as one Department
- Objective 8.2 Improve the strategic management of human capital
- Objective 8.3 Enhance the efficiency and effectiveness of competitive sourcing
- Objective 8.4 Improve financial management
- Objective 8.5 Enhance the use of information technology in service delivery and record keeping
- Objective 8.6 Achieve integration of budget and performance information
- Objective 8.7 Reduce regulatory burden on providers and consumers of HHS services

APPENDIX D. HHS EXECUTIVE COMMITTEE ON GRANTS ADMINISTRATION POLICY MEMBERSHIP LIST

The HHS Executive Committee on Grants Administration Policy (ECGAP) is the Department's primary, executive-level, information-exchange forum on Grants Management. It is chaired by the Director, Office of Grants Policy, Oversight, and Evaluation (OGPOE), Office of Grants. OGPOE formulates Department-wide grants policies governing the management of grants, establishes uniform administrative rules, and provides oversight and review on implementation of HHS grant policy among other key grants policy activities, issues, and concerns. ECGAP meetings cover government-wide, Departmental, and OPDIV-specific grants-related policies and initiatives affecting the management of grant programs. The ECGAP membership, listed below, consists of the Grants Management Executives from all HHS grant-making OPDIV and representatives from other related HHS offices. Alternate members are denoted by an asterisk (*).

ECGAP Chairperson (HHS/OS/ASRT)	Lluana McCann
ACF	Joel B. Anthony Deborah Kellaheer*
AoA	Steve Daniels Yi-Hsin Yan*
AHRQ	Joan Metcalfe Michelle Burr*
CDC	Alan Kotch Elmira Benson* Beth Gardner*
CMS	Rodney Benson Edward L. Hughes*
FDA	Glenda Barfell Usha Ganti*
HRSA	Nancy McGinness Gail Lipton*
IHS	Michelle Bulls Lois Hodge*
NIH	Joe Ellis Marcia Hahn*
OPHS	Eric West Karen Campbell*
SAMHSA	Christine Chen Kimberly Pendleton*
ASL	Tiajuana Triplet
ASPE	Cassandra L. Cisse Roy Brunson
PSC/PMS Contacts	Philip Giza
ASBTF/OARCP	Jose Villar Ann Russo*
PSC	Anthony DiToto
PSC/DCA	Darryl Mayes
OIG	Karen S. Young Robert Goranson
OFBCI	Kimberly Konkel
OGC/General Law Division	Elizabeth H. Saindon
Office of Grants, OS/OASBTF/OF/OFP/FMP	Karen Cavanaugh