

HHS Grant Awards

Fiscal Year 2007



January 2009

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Resources and Technology
Office of Grants

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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 and objectives, described in the FY 2007-2012 HHS Strategic Plan (see Appendix A). The top 50 programs by award amount are identified in Appendix B.

To realize these goals 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. Unique to the HHS Indian Health Service (IHS) are Public Law 93-638 Title V Compact and Title I Contract awards, which are self-determination funding agreements. Compacts are explained further in the IHS portfolio section of this report.

This report is the annual summary of grants HHS awarded during Fiscal Year 2007 (October 1, 2006, through September 30, 2007). The purpose of this report is to provide an overview of the Department's grant programs, which are described in the Catalog of Federal Domestic Assistance (CFDA) (<http://www.cfda.gov>). The source of the grant data is the Tracking Accountability in Government Grants System (TAGGS), the Department's central grant funding information database. Annual grants reports for fiscal years 1997 through 2006 are located at the TAGGS Web site (<http://taggs.hhs.gov/AnnualReports.cfm>).

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 in four sections: Overview, Mandatory Grant Awards, Discretionary Grant Awards and Operating Division (OPDIV) Grant Programs.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE SECRETARY

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NOTES ON METHODOLOGY, TAGGS

The grant information contained in this report is from the HHS TAGGS, which contains data generated by the HHS grant-making operating divisions (OPDIVs) and several staff divisions (STAFFDIVs) within the Office of the Secretary (OS). For purposes of this report, OS is considered an OPDIV. Developed and maintained by the Office of Grants (OG), TAGGS is the Department's central repository for all HHS grant award data.

TAGGS currently tracks obligated grant funds of mandatory and discretionary grant programs at the primary transaction level. HHS grant-making OPDIVs submit grant award data to the TAGGS database monthly and annually. Other data submitted to TAGGS include grant recipient demographic (e.g., type of organization, address); funding and grants payments, managed in the Payment Management System; and descriptive program information included in the CFDA Web site. (<http://www.cfda.gov>).

The OG maintains a public Web site (<http://taggs.hhs.gov>), where users are able to view standard TAGGS-generated reports and to query the database. This TAGGS Web site is used by HHS 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.

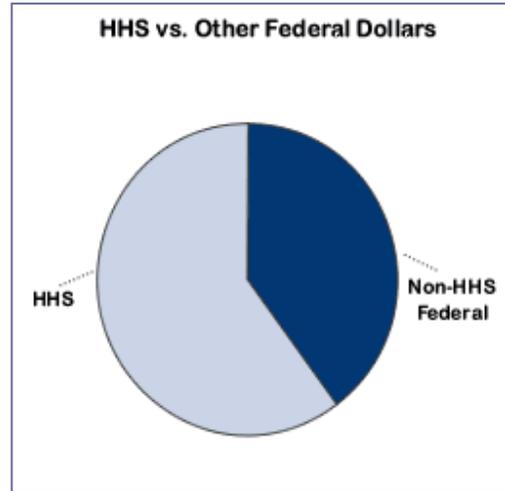
The data in this report reflect all grant awards obligated during FY 2007. The number of grants is a count of awards or projects receiving grant funds. This report also includes funds deobligated in FY2007 that were awarded in prior fiscal years. Deobligations are downward adjustments to previously awarded obligations, representing cost revisions, corrections, or award cancellation. However, any deobligations to FY 2007 Awards occurring in subsequent fiscal years will not be contained in this report.

The data contained in this report may not agree with the FY 2007 budget and accounting records (e.g., Medicaid's accounting adjustments) for several reasons. For examples: 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.

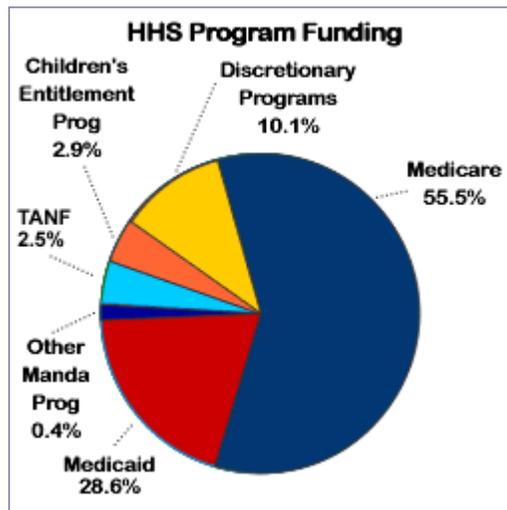
The dollar amounts set forth in this report for each OPDIV may also differ from the amounts shown in the each OPDIV's Budget Request ("Preliminary Budget Submission to HHS," the "Justification of Budget Estimates to OMB," and the "Justification of Estimates for Appropriations Committees"). Percentages 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

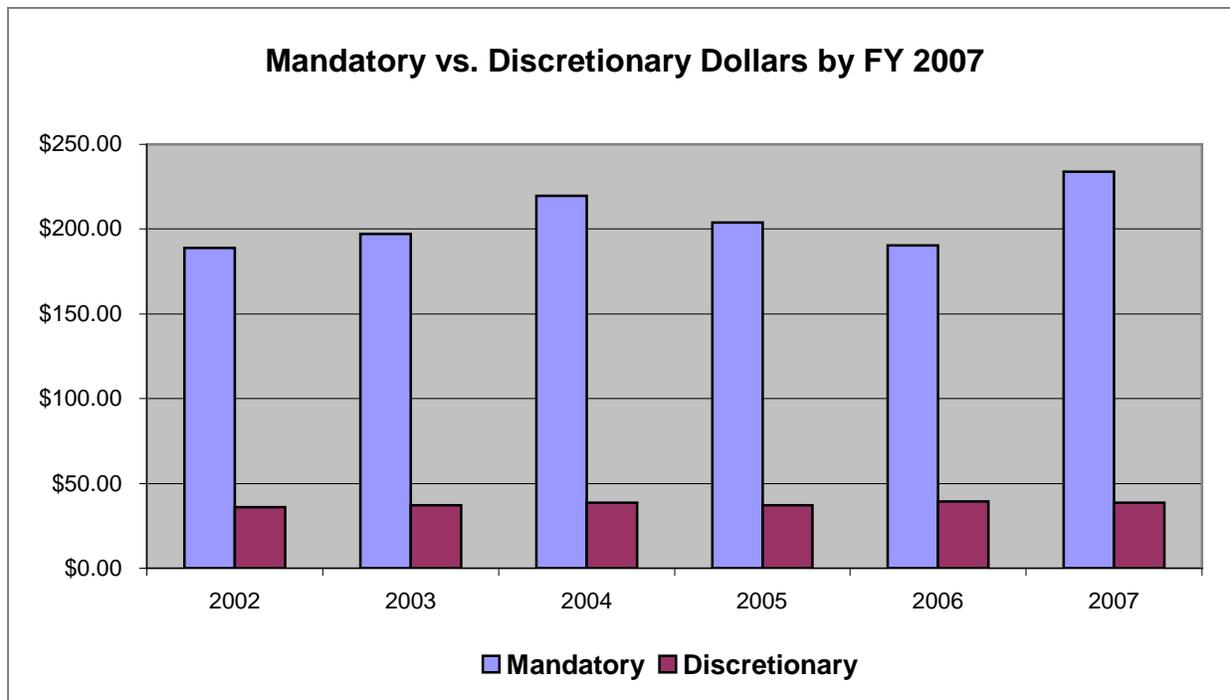


mandatory programs. Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), and Temporary Assistance for Needy Families (TANF) are the largest HHS mandatory programs, providing a total of approximately \$600 billion annually in health and human services to over 80 million Americans. Medicare 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 entitlement programs, Medicare is directly administered by HHS and state governments. TAGGS does not track such direct payments; thus, they are not included in this report.

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 to provide benefits and services to low income families with children. In addition to providing cash benefits to needy families, states use TANF to provide a wide range of benefits such as child care and transportation aid and activities to help reduce out-of-wedlock pregnancies to support two-parent families. Other HHS social service programs to improve the social and economic well being of those in need 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 programs and initiatives targeted toward improving the social and economic well being of those in need.

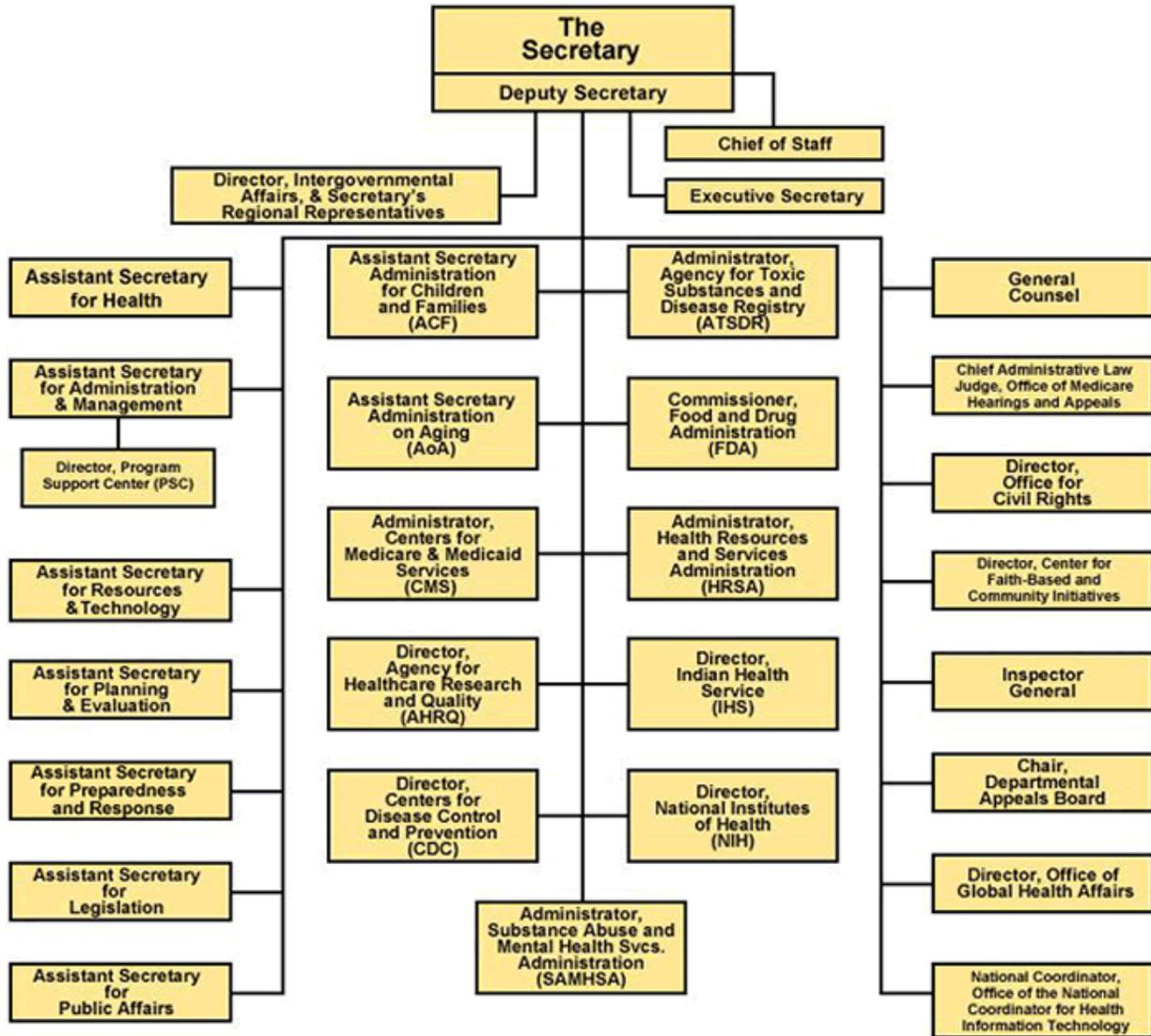


The following HHS OPDIVs/STAFFDIVs administer and manage over 300 grant programs which are described in the Catalog of Federal Domestic Assistance (www.cfda.gov). In this report, Agency for Toxic Substances and Disease Registry awards are included in the Centers for Disease Control and Prevention grant funding data.

- ACF - Administration for Children and Families
- AHRQ - Agency for Healthcare Research and Quality
- AoA - Administration on Aging
- ATSDR - Agency for Toxic Substances and Disease Registry
- CDC - 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
- OS/ASPE - Office of the Secretary/Assistant Secretary for Planning and Evaluation
- OS/OPHS - Office of the Secretary/Office of Public Health and Science
- OS/OGHA - Office of the Secretary/Office of Global Health Affairs
- OS/ASPR - Office of the Secretary/Office of the Assistant Secretary for Preparedness and Response
- SAMHSA - Substance Abuse and Mental Health Services Administration

ORGANIZATIONAL CHART

The following organizational chart shows the structure of HHS.



GRANT AWARDS BY OPERATING DIVISION

FY 2007 Total Dollars: \$273,187,553,648

FY 2007 Total Awards: 76,231

FY 2007 Total Recipients: 11,725

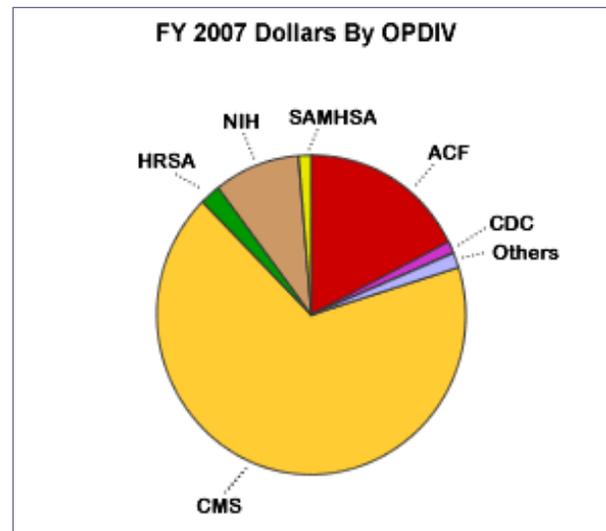
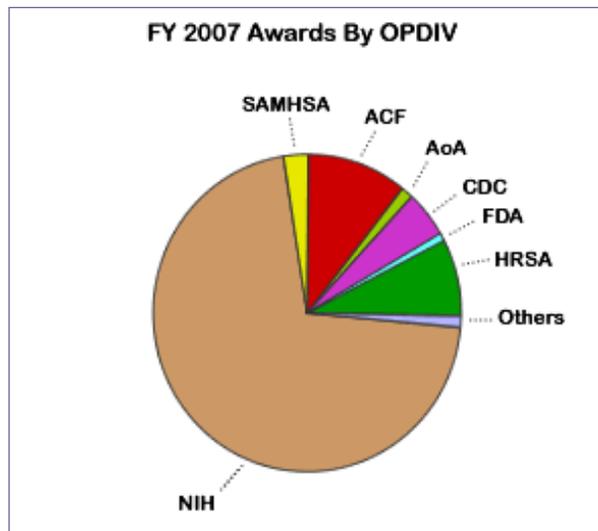
In FY 2007, HHS awarded \$273.2 billion in grants. This included \$40.1 billion in discretionary awards and \$233.1 billion in mandatory awards.

CMS, which administers the Medicaid Program, awarded 70% (\$192 billion) of the total HHS grant funds, representing less than 1% of the total number of grants.

ACF awarded the second highest percentage (16.5%, \$45.2 billion) of the total HHS grant funds, which represents 10% of the total number of grants.

OPDIV	Awards	% Awards	Dollars	% Dollars
ACF	8,046	10.55	\$45,238,834,935	16.56
AHRQ	336	0.44	\$88,424,530	0.03
AoA	1,180	1.55	\$1,355,120,415	0.50
CDC	3,126	4.10	\$4,037,343,122	1.48
CMS	573	0.75	\$191,922,569,831	70.25
FDA	108	0.14	\$30,380,660	0.01
HRSA	6,214	8.15	\$5,272,707,425	1.93
IHS	600	0.79	\$171,458,993	0.06
NIH	53,016	69.55	\$21,263,484,000	7.78
OS/ASPE	5	0.01	\$3,093,802	0.00
OS/OPHS	438	0.57	\$372,752,471	0.14
OS/OGHA	9	0.01	\$4,807,501	0.00
OS/ASPR	101	0.13	\$481,820,913	0.18
SAMHSA	2,479	3.25	\$2,944,755,050	1.08
Total	76,231	100.00	\$273,187,553,648	100.00

NIH awarded 70% (53,016) of the total number of HHS grants, totaling \$21 billion, in FY 2007. This represents 53% of the discretionary grant funds, but only 8% of the total HHS grants funds.



OPDIV Grant Funding: Mandatory and Discretionary Totals												
OPDIV	Mandatory				Discretionary				Total			
	#	%	Dollars	%	#	%	Dollars	%	#	%	Dollars	%
ACF	3,013	64.05	\$37,624,670,128	16.15	5,033	7.04	\$7,614,164,807	18.97	8,046	10.55	\$45,238,834,935	16.56
AHRQ					336	0.47	\$88,424,530	0.22	336	0.44	\$88,424,530	0.03
AoA	922	19.60	\$1,307,696,737	0.56	258	0.36	\$47,423,678	0.12	1,180	1.55	\$1,355,120,415	0.50
CDC	104	2.21	\$92,928,932	0.04	3,022	4.22	\$3,944,414,190	9.82	3,126	4.10	\$4,037,343,122	1.48
CMS	338	7.19	\$191,296,302,296	82.09	235	0.33	\$626,267,535	1.56	573	0.75	\$191,922,569,831	70.25
FDA					108	0.15	\$30,380,660	0.08	108	0.14	\$30,380,660	0.01
HRSA	92	1.96	\$555,257,658	0.24	6,122	8.56	\$4,717,449,767	11.75	6,214	8.15	\$5,272,707,425	1.93
IHS					600	0.84	\$171,458,993	0.43	600	0.79	\$171,458,993	0.06
NIH					53,016	74.12	\$21,263,484,000	52.96	53,016	69.55	\$21,263,484,000	7.78
OS/ASPE					5	0.01	\$3,093,802	0.01	5	0.01	\$3,093,802	0.00
OS/OPHS					438	0.61	\$372,752,471	0.93	438	0.57	\$372,752,471	0.14
OS/OGHA					9	0.01	\$4,807,501	0.01	9	0.01	\$4,807,501	0.00
OS/ASPR					101	0.14	\$481,820,913	1.20	101	0.13	\$481,820,913	0.18
SAMHSA	235	5.00	\$2,162,697,920	0.93	2,244	3.14	\$782,057,130	1.95	2,479	3.25	\$2,944,755,050	1.08
Totals	4,704	100.00	\$233,039,553,671	100.00	71,527	100.00	\$40,147,999,977	100.00	76,231	100.00	\$273,187,553,648	100.00
% Total	6.17%		85.30%		93.83%		14.70%					

SECTION II. MANDATORY GRANT AWARDS

FY 2007 Mandatory Dollars: \$233,039,553,671

FY 2007 Mandatory Awards: 4,704

FY 2007 Mandatory Recipients: 1,181

HHS mandatory grant awards comprise 85% of the total FY 2007 HHS grant funds, but only 6% of the total number of grant awards. Mandatory grants are block/formula or entitlement. Entitlements can be further classified as open-ended or closed-ended.

HHS Mandatory Grants by Award Class		
Award Type	Number of Awards	Dollars
Block	1,493	\$29,348,915,018
Closed-Ended	2,704	\$2,876,639,860
Open-Ended	507	\$200,813,998,793
Total	4,704	\$233,039,553,671

Block: A block grant typically is 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, eligibility, 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	122	\$16,954,699,376
93.596	Child Care and Development Fund (CCDF)	ACF	329	\$4,954,555,031
93.568	Low-Income Home Energy Assistance (LIHEAP)	ACF	383	\$2,160,873,000

Closed-Ended: A closed-ended mandatory grant has a specific 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 also may be categorized as closed-ended. The State Children's Health Insurance Program (SCHIP) is a closed-ended entitlement grant program.

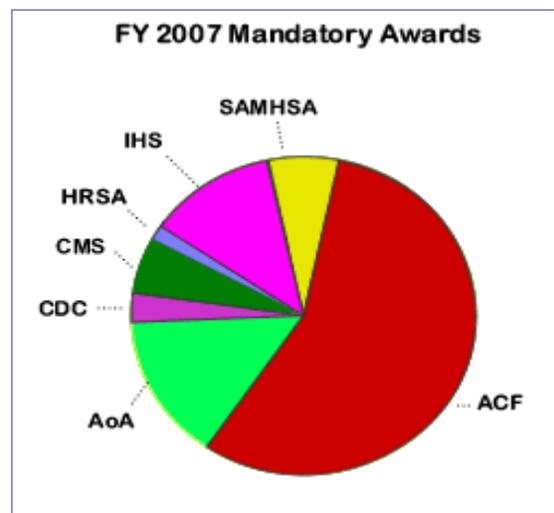
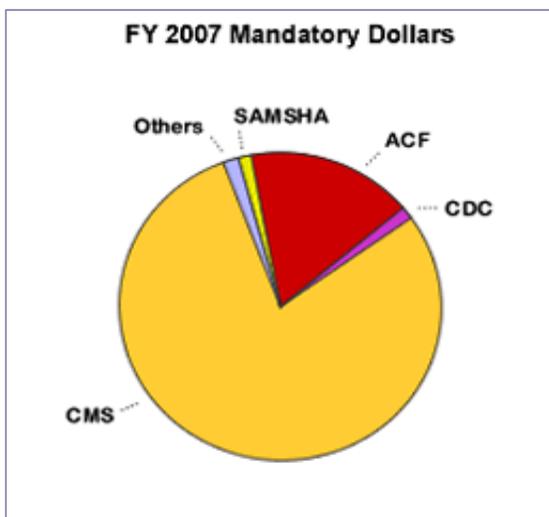
Select HHS Closed-Ended Grants				
CFDA	Program Name	OPDIV	Awards	Dollars
93.045	Special Programs for the Aging, Title III, Part C, Nutrition	AOA	56	\$1,111,097,013
93.556	Promoting Safe and Stable Families*	ACF	191	\$367,263,160
93.645	Child Welfare Services State Grants	ACF	212	\$286,729,447
93.767	State Children's Insurance Program (SCHIP)	CMS	76	\$3,005,276,559

*Includes closed-ended grants only.

Open-Ended: An open-ended mandatory grant has 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	215	\$188,104,608,234
93.658	Foster Care: Title IV-E	ACF	55	\$4,584,642,798
93.563	Child Support Enforcement (CSE)*	ACF	111	\$3,186,273,568

*Includes open-ended grants only.



MANDATORY GRANT AWARDS TO STATE GOVERNMENT RECIPIENTS

FY 2007 Mandatory State Dollars: \$232,522,483,691

FY 2007 Mandatory State Awards: 2,560

Highlights

The six state governments receiving the most HHS grant funds (in billions) are New York (\$28.0), California (\$27.7), Texas (\$15.9), Pennsylvania (\$13.2), Illinois (\$9.5), and Florida (\$9.4)

State	#	Dollars
Alabama	47	\$3,292,372,413
Alaska	41	\$771,821,770
Arizona	49	\$5,185,328,717
Arkansas	44	\$2,595,582,368
California	49	\$27,739,566,255
Colorado	48	\$2,078,511,691
Connecticut	46	\$2,824,155,921
Delaware	42	\$622,526,984
District of Columbia	47	\$895,866,094
Florida	46	\$9,361,331,028
Georgia	49	\$5,482,746,217
Hawaii	42	\$848,522,151
Idaho	44	\$984,114,720
Illinois	50	\$9,514,349,969
Indiana	47	\$3,715,124,909
Iowa	46	\$1,996,866,835
Kansas	46	\$1,717,889,134
Kentucky	51	\$3,672,098,431
Louisiana	49	\$4,004,025,109
Maine	43	\$1,486,265,955
Maryland	48	\$3,308,483,857
Massachusetts	52	\$6,840,154,207
Michigan	50	\$5,409,683,896
Minnesota	49	\$3,947,095,734
Mississippi	47	\$2,785,820,637
Missouri	50	\$4,929,867,870
Montana	43	\$655,499,689
Nebraska	39	\$1,164,723,837
Nevada	48	\$1,010,246,640
New Hampshire	47	\$755,837,816
New Jersey	53	\$6,046,934,199
New Mexico	45	\$2,351,840,725
New York	52	\$28,079,111,894

State	#	Dollars
North Carolina	50	\$7,634,647,099
North Dakota	46	\$456,670,266
Ohio	58	\$7,432,763,607
Oklahoma	44	\$2,754,664,656
Oregon	42	\$2,401,953,768
Pennsylvania	46	\$13,168,983,416
Rhode Island	47	\$1,217,446,972
South Carolina	40	\$3,240,966,507
South Dakota	46	\$510,187,653
Tennessee	43	\$5,112,551,644
Texas	53	\$15,930,515,373
Utah	47	\$1,390,693,260
Vermont	47	\$725,619,805
Virginia	52	\$3,362,151,319
Washington	48	\$3,976,118,384
West Virginia	51	\$2,555,875,596
Wisconsin	48	\$3,632,758,533
Wyoming	38	\$316,158,623
Total	2,395	\$231,895,094,153

Territories and Freely Associated States	#	Dollars
American Samoa	24	\$16,450,085
Fed States - Micron	6	\$1,267,598
Guam	30	\$34,185,871
Northern Mariana Is	29	\$10,308,423
Puerto Rico	37	\$533,531,645
Rep-Marshall Island	5	\$623,680
Republic of Palau	4	\$331,881
US Virgin Islands	30	\$30,690,355
Total	165	\$627,389,538
Grand Total	2,560	\$232,522,483,691

This table details mandatory grant awards received by state government recipients sorted by OPDIV and state location. Note that several HHS OPDIVs did not administer grant awards to state government recipients during FY 2007. These are AHRQ; FDA; and OS(ASPE, OPA, OPHS).

FY 2007 Mandatory Grants to State Government Recipients Dollars: \$232,522,483,691

FY 2007 Mandatory Grants to State Government Recipients Awards: 2,560

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	30	\$342,078,978	3	\$20,327,294	2	\$1,568,419	5	\$2,886,143,240	3	\$11,316,027			4	\$30,938,455	47	\$3,292,3724,413
Alaska	26	\$120,470,743	3	\$5,964,552	1	\$339,250	7	\$638,241,787	1	\$1,130,366	0	\$0	3	\$5,675,072	41	\$771,821,770
Arizona	33	\$583,596,964	3	\$23,196,921	2	\$1,184,313	5	\$4,529,160,897	3	\$7,177,036			3	\$41,012,586	49	\$5,185,328,717
Arkansas	29	\$229,264,606	3	\$13,956,284	2	\$882,987	6	\$2,326,971,387	1	\$7,192,447			3	\$17,314,657	44	\$2,595,582,368
California	34	\$6,880,627,829	3	\$121,619,129	2	\$6,847,385	5	\$20,370,610,825	1	\$44,452,058			4	\$315,409,029	49	\$27,739,566,255
Colorado	32	\$418,469,233	3	\$14,510,184	2	\$1,225,186	7	\$1,606,223,391	1	\$7,327,232			3	\$30,756,465	48	\$2,078,511,691
Connecticut	29	\$550,715,035	3	\$15,982,146	2	\$1,428,466	7	\$2,228,922,631	1	\$4,803,715			4	\$22,303,928	46	\$2,824,155,921
Delaware	27	\$87,576,273	3	\$6,218,855	1	\$185,012	7	\$518,915,558	1	\$1,981,651			3	\$7,649,625	42	\$622,526,984
District of Columbia	29	\$166,217,626	3	\$6,166,024	2	\$755,284	8	\$708,055,043	2	\$7,006,009			3	\$7,666,108	47	\$895,866,094
Florida	32	\$1,566,357,807	3	\$89,101,043	2	\$2,990,684	5	\$7,558,521,494	1	\$19,568,836			3	\$124,791,164	46	\$9,361,331,028
Georgia	34	\$835,258,548	3	\$27,806,585	1	\$2,988,429	6	\$4,535,424,424	1	\$16,518,390			4	\$64,749,841	49	\$5,482,746,217
Hawaii	27	\$181,825,215	3	\$6,186,150	1	\$765,904	6	\$648,098,490	2	\$2,275,737			3	\$9,370,655	42	\$848,522,151
Idaho	29	\$118,567,082	3	\$6,356,898	2	\$367,016	6	\$846,596,526	1	\$3,269,997			3	\$8,957,201	44	\$984,114,720
Illinois	33	\$1,451,144,368	3	\$53,249,708	2	\$2,359,350	8	\$7,897,120,189	1	\$21,989,640			3	\$88,486,714	50	\$9,514,349,969
Indiana	31	\$576,777,780	3	\$24,372,371	2	\$1,666,057	6	\$3,058,009,239	1	\$11,892,361			4	\$42,407,101	47	\$3,715,124,909
Iowa	30	\$333,944,868	3	\$15,638,938	2	\$1,084,524	6	\$1,622,308,870	2	\$6,536,658			3	\$17,352,977	46	\$1,996,866,835
Kansas	30	\$279,699,977	3	\$12,931,380	2	\$899,628	5	\$1,403,581,687	2	\$4,641,719			4	\$16,134,743	46	\$1,717,889,134
Kentucky	35	\$443,583,479	3	\$17,426,590	2	\$1,325,604	6	\$3,171,468,173	1	\$11,471,220			4	\$26,823,365	51	\$3,672,098,431
Louisiana	33	\$463,457,530	3	\$18,342,831	2	\$2,851,186	6	\$3,473,182,217	2	\$13,491,770			3	\$32,699,575	49	\$4,004,025,109
Maine	28	\$177,114,138	3	\$6,284,229	2	\$875,831	6	\$1,289,953,424	1	\$3,427,211			3	\$8,611,122	43	\$1,486,265,955
Maryland	31	\$640,755,126	3	\$20,401,642	2	\$1,859,617	6	\$2,592,294,927	2	\$12,045,112			4	\$41,127,433	48	\$3,308,483,857
Massachusetts	35	\$878,093,908	3	\$30,788,572	2	\$2,674,738	7	\$5,873,906,264	2	\$11,294,958			3	\$43,395,767	52	\$6,840,154,207
Michigan	35	\$1,466,266,032	3	\$43,879,979	1	\$3,800,312	6	\$3,802,992,757	1	\$19,101,965			4	\$73,642,851	50	\$5,409,683,896
Minnesota	33	\$656,112,572	3	\$20,322,264	2	\$2,484,697	6	\$3,229,157,153	2	\$9,111,210	0	\$0	3	\$29,907,838	49	\$3,947,095,734

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	32	\$239,697,393	3	\$12,423,634	1	\$1,429,999	6	\$2,503,767,174	2	\$9,863,502		\$0	3	\$18,638,935	47	\$2,785,820,637
Missouri	33	\$579,222,807	3	\$27,285,668	2	\$2,452,445	6	\$4,273,861,071	2	\$12,714,277		\$0	4	\$34,331,602	50	\$4,929,867,870
Montana	29	\$103,118,658	3	\$6,378,899	2	\$648,288	6	\$535,057,572	1	\$2,462,574		\$0	2	\$7,833,698	43	\$655,499,689
Nebraska	27	\$184,506,308	3	\$8,688,909	1	\$1,599,172	4	\$955,698,153	1	\$4,059,575		\$0	3	\$10,171,720	39	\$1,164,723,837
Nevada	31	\$179,952,838	3	\$8,767,524	2	\$388,705	7	\$802,417,296	2	\$1,775,767		\$0	3	\$16,944,510	48	\$1,010,246,640
New Hampshire	30	\$118,062,424	3	\$6,562,369	2	\$1,395,012	7	\$619,286,794	2	\$2,012,382		\$0	3	\$8,518,835	47	\$755,837,816
New Jersey	36	\$986,264,099	3	\$37,657,536	2	\$2,855,233	8	\$4,947,832,273	1	\$11,830,942		\$0	3	\$60,494,116	53	\$6,046,934,199
New Mexico	29	\$234,288,321	3	\$8,361,006	2	\$1,374,116	6	\$2,092,035,411	2	\$4,394,117		\$0	3	\$11,387,754	45	\$2,351,840,725
New York	34	\$4,012,793,410	3	\$93,570,079	2	\$6,799,136	7	\$23,778,312,048	2	\$41,605,445		\$0	4	\$146,031,776	52	\$28,079,111,894
North Carolina	34	\$862,289,206	3	\$32,994,893	2	\$2,651,952	6	\$6,669,254,434	1	\$16,815,791		\$0	4	\$50,640,823	50	\$7,634,647,099
North Dakota	31	\$84,859,163	3	\$6,452,498	2	\$251,758	6	\$358,462,212	0	\$0		\$0	4	\$6,644,635	46	\$456,670,266
Ohio	39	\$1,691,461,777	3	\$50,912,084	2	\$4,285,118	7	\$5,580,296,573	3	\$22,270,679		\$0	4	\$83,537,376	58	\$7,432,763,607
Oklahoma	28	\$388,050,442	3	\$16,711,548	1	\$930,918	5	\$2,319,169,994	3	\$6,756,760		\$0	4	\$23,044,994	44	\$2,754,664,656
Oregon	28	\$420,714,064	3	\$15,024,716	1	\$719,299	6	\$1,937,643,038	1	\$6,304,107		\$0	3	\$21,548,544	42	\$2,401,953,768
Pennsylvania	30	\$1,827,729,923	3	\$64,282,443	2	\$4,705,799	6	\$11,172,739,579	2	\$23,365,930		\$0	3	\$76,159,742	46	\$13,168,983,416
Rhode Island	30	\$167,819,490	3	\$6,239,891	2	\$467,359	8	\$1,032,652,932	1	\$1,796,789		\$0	3	\$8,470,511	47	\$1,217,446,972
South Carolina	24	\$322,318,872	3	\$16,701,962	2	\$1,215,840	6	\$2,862,608,262	2	\$11,500,499		\$0	3	\$26,621,072	40	\$3,240,966,507
South Dakota	31	\$69,087,149	3	\$6,607,326	1	\$230,274	6	\$425,643,151	1	\$2,279,887		\$0	4	\$6,339,866	46	\$510,187,653
Tennessee	29	\$589,992,454	3	\$23,216,994	1	\$1,609,489	6	\$4,447,598,275	1	\$11,857,608		\$0	3	\$38,276,824	43	\$5,112,551,644
Texas	38	\$1,759,310,812	3	\$74,884,852	2	\$4,059,879	6	\$13,886,305,611	1	\$35,207,084		\$0	3	\$170,747,135	53	\$15,930,515,373
Utah	32	\$221,242,628	3	\$7,364,713	2	\$927,242	6	\$1,134,770,433	1	\$6,059,780		\$0	3	\$20,328,464	47	\$1,390,693,260
Vermont	30	\$106,464,166	3	\$6,272,289	2	\$268,740	7	\$604,790,427	2	\$1,655,951		\$0	3	\$6,168,232	47	\$725,619,805
Virginia	34	\$535,807,386	3	\$27,189,940	2	\$2,017,514	6	\$2,730,194,002	3	\$11,981,625		\$0	4	\$54,960,852	52	\$3,362,151,319
Washington	31	\$800,641,790	3	\$22,465,067	2	\$1,011,543	8	\$3,098,575,147	1	\$9,153,087		\$0	3	\$44,271,750	48	\$3,976,118,384
West Virginia	33	\$268,840,336	3	\$10,317,012	2	\$882,229	6	\$2,257,453,840	3	\$6,492,519		\$0	4	\$11,889,660	51	\$2,555,875,596
Wisconsin	32	\$700,441,361	3	\$24,149,533	2	\$1,931,358	6	\$2,860,910,787	1	\$10,920,991		\$0	4	\$34,404,503	48	\$3,632,758,533
Wyoming	23	\$51,687,514	3	\$6,423,005	1	\$223,514	6	\$252,434,732	2	\$1,267,015		\$0	3	\$4,122,843	38	\$316,158,623
States Total	1,583	\$36,954,640,508	153	\$1,248,936,969	90	\$90,741,810	318	\$190,955,631,814	80	\$535,428,008	0	\$0	171	\$2,109,715,044	2,395	\$231,895,094,153

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	13	\$4,966,967	2	\$1,332,013	1	\$52,306	3	\$8,920,000	1	\$505,457			4	\$673,522	24	\$16,450,085
Fed States - Micron	1	\$47,492			1	\$63,210			2	\$395,354			2	\$761,542	6	\$1,267,598
Guam	17	\$14,618,468	3	\$3,121,695	2	\$214,738	4	\$14,298,483	1	\$780,789			3	\$1,151,698	30	\$34,185,871
Northern Mariana Is	15	\$3,529,770	3	\$778,431	2	\$39,676	4	\$5,151,908	2	\$266,014			3	\$542,624	29	\$10,308,423
Puerto Rico	25	\$172,449,308	3	\$16,496,918	1	\$1,543,274	2	\$298,490,000	2	\$15,973,363			4	\$28,578,782	37	\$533,531,645
Rep-Marshall Island					2	\$25,948			1	\$235,920			2	\$361,812	5	\$623,680
Republic of Palau					1	20,658			1	\$151,665			2	\$159,558	4	\$331,881
US Virgin Islands	16	\$11,387,999	3	\$2,978,500	1	169,810	5	\$13,810,091	2	\$1,520,998			3	\$822,957	30	\$30,690,355
Territories and Freely Associated States Total	87	\$207,000,004	14	\$24,707,557	11	\$2,129,350	18	\$340,670,482	12	\$19,829,650			23	\$33,052,495	165	\$627,389,538
Grand Total	1,670	\$37,161,640,512	167	\$1,273,644,526	101	\$92,871,160	336	\$191,296,302,296	92	\$555,257,658	0	\$0	194	\$2,142,767,539	2,560	\$232,522,483,691

SECTION III. DISCRETIONARY GRANT AWARDS BY FINANCIAL ASSISTANCE TYPE

FY 2007 Discretionary Dollars: \$40,147,999,977

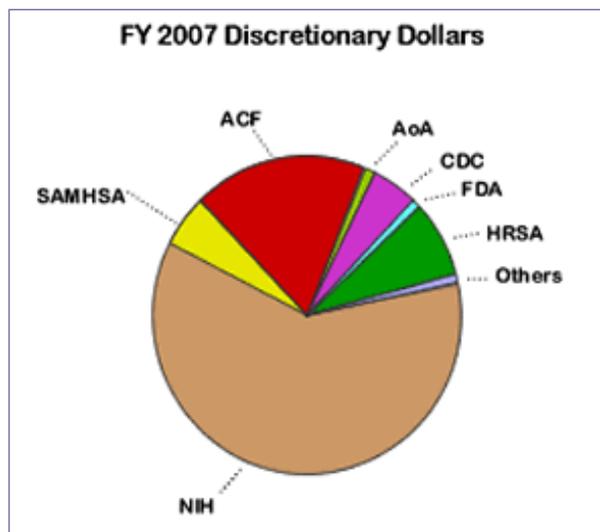
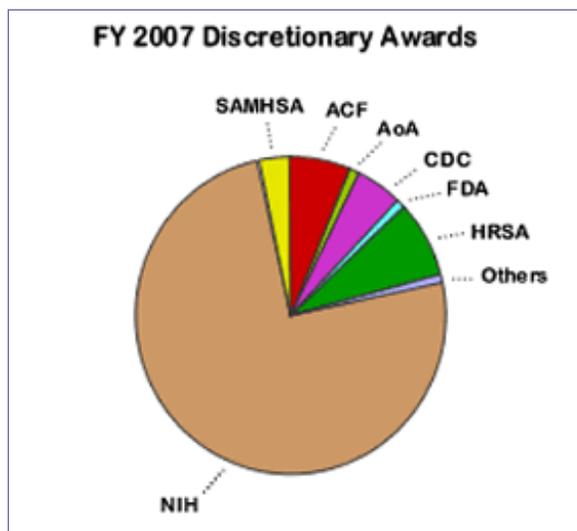
FY 2007 Discretionary Awards: 71,527

FY 2007 Discretionary Recipients: 11,183

Discretionary grant awards comprise only 15% of the total FY 2007 grant funds, but they account for 94% of the total number of grant awards made in FY 2007.

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.”

In this report, grants awarded as cooperative agreements are included in the charts summarizing discretionary grant awards. A cooperative agreement is a financial assistance award instrument whereby “substantial involvement” is anticipated between the HHS awarding agency and the recipient during performance of the project or activity. This means the recipient can expect the federal government to collaborate or participate in managing the grant project. Cooperative agreements account for 18.5% of the total FY 2007 discretionary grant funds, and 8% of the total number of FY 2007 discretionary grant totals.

Discretionary Grants		
Financial Assistance Type	Number of Awards	Dollars
Cooperative Agreement	6,053	\$7,457,049,005
Grant	65,474	\$32,690,950,972
Total	71,527	\$40,147,999,977

DISCRETIONARY GRANT AWARDS BY MAJOR ACTIVITY TYPE

Highlights

The 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 (Research, Services, Training, and Other).

Discretionary Grants by Major Activity Type		
Grant Type	Awards	Dollars
Research	44,516	\$20,309,762,977
Services	10,103	\$12,686,444,141
Training	8,623	\$2,339,654,779
Other	8,285	\$4,812,138,080
Total	71,527	\$40,147,999,977

Research (51% of FY 2007 discretionary grant funds and 62% 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	4,406	\$2,352,031,125
93.859	Pharmacology, Physiology, and Biological Chemistry Research	NIH	4,480	\$1,625,773,813
93.837	Heart and Vascular Diseases Research	NIH	2,440	\$1,282,395,255

Services (32% of FY 2007 discretionary grant funds and 14% of the number of discretionary awards): The second largest category of discretionary grant funds in FY 2007 went to support health and/or social services programs (32%, \$40.1 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 \$7.4 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 \$0.8 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 \$3.1 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	1,720	\$6,597,874,645
93.069	Public Health Emergency Preparedness	CDC	62	\$885,082,759
93.779	Centers for Medicare & Medicaid Services Research, Demonstrations and Evaluations	CMS	128	\$462,851,195

*Includes Service Awards only.

Training (6.0% of FY 2007 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 support 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	OS/ASPR	79	\$458,334,000
93.859	Pharmacology, Physiology, and Biological Chemistry Research*	NIH	458	\$174,591,491
93.398	Cancer Research Manpower*	NIH	685	\$133,288,648

*Includes Training Awards only.

Other (12% of FY 2007 discretionary grant funds and 11.3% 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 2007 discretionary grant dollars support projects classified in this activity type.

Top Other Programs				
CFDA	Program Name	OPDIV	Awards	Dollars
93.224	Consolidated Health Centers*	HRSA	1,139	\$1,770,616,458
93.917	HIV Care Formula Grants	HRSA	152	\$1,127,372,829
93.914	HIV Emergency Relief Project Grants	HRSA	113	\$575,888,191

*Includes Other Awards only.

DISCRETIONARY GRANT AWARDS BY ALL ACTIVITY TYPES

Activity Type		Awards	Dollars
Research	Scientific/Health Research (Includes Surveys)	44,348	\$20,278,601,176
	Social Science Research (Includes Surveys)	168	\$31,161,801
	Research Total	44,516	\$20,309,762,977
Services	Demonstration	2,379	\$1,188,683,067
	Health Services	3,915	\$3,825,300,208
	Social Services	3,809	\$7,672,460,866
	Services Total	10,103	\$12,686,444,141
Training	Conferences (Information Transfer/Technology Transfer)	56	\$1,953,132
	Technical Assistance	123	\$35,647,117
	Training/Traineeship	8,444	\$2,302,054,530
	Training Total	8,623	\$2,339,654,779
Other	Construction	4	\$14,100,000
	Fellowship/Scholarship/Student Loans	3,010	\$122,046,073
	Knowledge/Development/Application (KDA)	331	\$127,425,000
	Other	4,925	\$4,547,310,818
	Planning	15	\$1,256,189
	Other Total	8,285	\$4,812,138,080
Discretionary Grants Total		71,527	\$40,147,999,977

THE FIFTY RECIPIENTS RECEIVING THE GREATEST DISCRETIONARY FUNDING LEVELS

FY 2007 Top 50 Recipient Dollars: \$14,778,804,461

FY 2007 Top 50 Recipient Awards: 32,488

Highlights

Universities and colleges represent 39 of the top 50 HHS discretionary grant recipients in FY 2007. The University of California received more HHS discretionary grant funds for more projects than any other recipient. Five 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	4,059	\$1,622,046,750
2	Johns Hopkins University	1,398	\$633,616,608
3	University of Texas	1,555	\$562,761,679
4	University of Washington	1,101	\$491,737,128
5	University of Pennsylvania	1,150	\$461,644,668
6	Columbia University	849	\$451,594,256
7	University of Michigan	1,046	\$416,929,174
8	University of Pittsburgh	1,050	\$407,128,731
9	Harvard University	724	\$398,543,422
10	Duke University	795	\$392,543,710
Top 10		13,727	\$5,838,546,126
11	Washington University	864	\$379,972,109
12	Yale University	926	\$368,709,596
13	University of North Carolina	934	\$345,056,909
14	Health Research, Inc.	203	\$329,923,947
15	Vanderbilt University	793	\$310,736,814
16	Massachusetts General Hospital	722	\$308,694,615
17	Stanford University	813	\$306,861,527
18	University of Minnesota	668	\$266,384,947
19	Brigham & Women's Hospital	590	\$264,372,232
20	University of Wisconsin	761	\$262,421,280
21	Florida State Department of Health	48	\$255,905,247
22	Emory University	662	\$240,749,573
23	University of Maryland	588	\$239,030,936
24	University of Colorado	649	\$220,207,215
25	Fred Hutchinson Cancer Research Center	265	\$219,197,005
Top 25		23,213	\$10,156,770,078

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

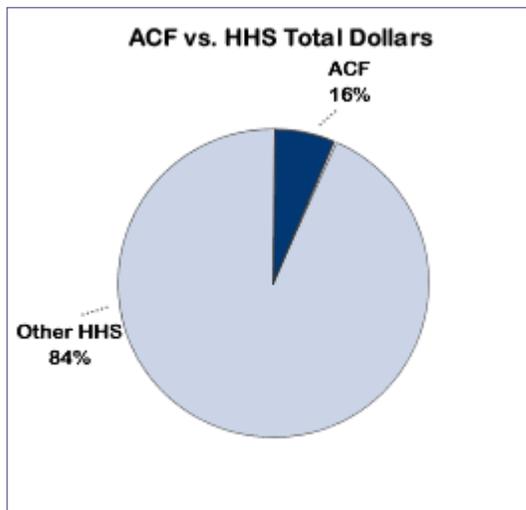
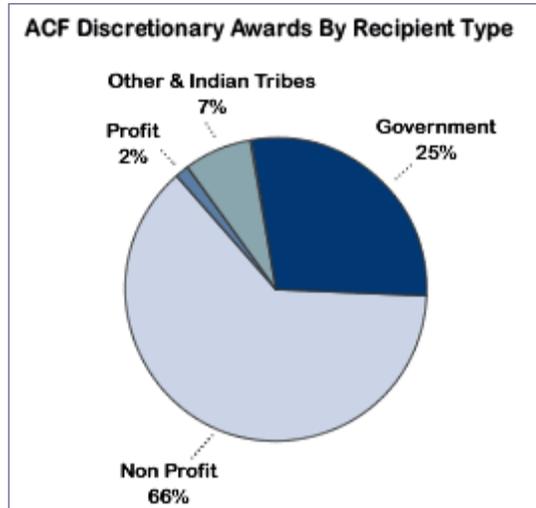
Rank	Recipient Name	Number of Awards	Dollars
26	Baylor College of Medicine	511	\$220,055,901
27	University of Illinois	654	\$217,712,422
28	University of Alabama	572	\$213,323,508
29	Mount Sinai School Of Medicine	424	\$211,156,497
30	University of Chicago	478	\$207,943,342
31	Texas State Department of Health	17	\$206,599,547
32	California State Department of Health Services	17	\$204,044,425
33	Scripps Research Institute	438	\$201,842,207
34	Los Angeles County Office of Education	2	\$197,672,944
35	Massachusetts Institute of Technology	297	\$196,422,417
36	Mayo Clinic	422	\$190,211,073
37	Northwestern University	566	\$187,536,239
38	University of Iowa	476	\$185,721,811
39	Oregon Health & Science University	536	\$183,883,184
40	Cornell University	507	\$180,552,054
41	New York City Department of Health	19	\$177,867,378
42	University of Rochester	486	\$177,789,658
43	New York City Agency for Child Development	3	\$176,769,872
44	Case Western Reserve University	471	\$176,244,679
45	University of Southern California	344	\$173,327,209
46	Boston University	420	\$168,533,198
47	University of Virginia	439	\$159,434,786
48	Indiana University	457	\$144,186,801
49	Albert Einstein College of Medicine of Yeshiva University	320	\$134,127,866
50	University of Utah	399	\$129,075,365
Total		32,488	\$14,778,804,461

SECTION IV. OPERATING AND STAFF 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	5,033	\$7,614,164,807
Mandatory	3,013	\$37,624,670,128
Total	8,046	\$45,238,834,935

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; 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)	122	\$16,954,699,376
93.658	Foster Care: Title IV-E	55	\$4,584,642,798
93.563	Child Support Enforcement (CSE)	127	\$3,188,614,057
93.667	Social Services Block Grant (SSBG)	57	\$1,700,000,000

ACF Discretionary - Selected CFDA Programs			
CFDA	Program Name	Awards	Dollars
93.600	Head Start	1,881	\$6,677,154,512
93.576	Refugee and Entrant Assistance Discretionary Grants	290	\$84,675,872
93.550	Transitional Living for Homeless Youth	203	\$35,395,474
93.632	Developmental Disabilities University Affiliated Programs	76	\$32,829,637
93.612	Native American Programs	162	\$29,783,124
93.592	Family Violence Prevention and Services/Grants for Battered Women's Shelters: Discretionary Grants	37	\$13,533,838
93.593	Job Opportunities for Low-Income Individuals	10	\$4,882,010

For additional information on ACF programs and funding please visit the ACF Web site (<http://www.acf.hhs.gov>).

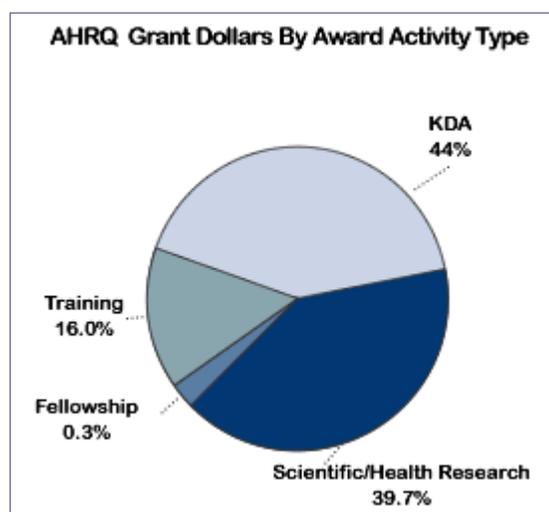
SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

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

AHRQ Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	336	\$88,424,530
Mandatory	0	\$0
Total	336	\$88,424,530

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 Discretionary - All CFDA Programs			
CFDA	Program Name	Awards	Dollars
93.226	Research on Healthcare Costs, Quality and Outcomes	303	\$80,230,957
93.225	National Research Service Awards, Health Services Research	33	\$8,193,573

For additional information on AHRQ programs and funding please visit the AHRQ Web site (<http://www.ahrq.gov>).

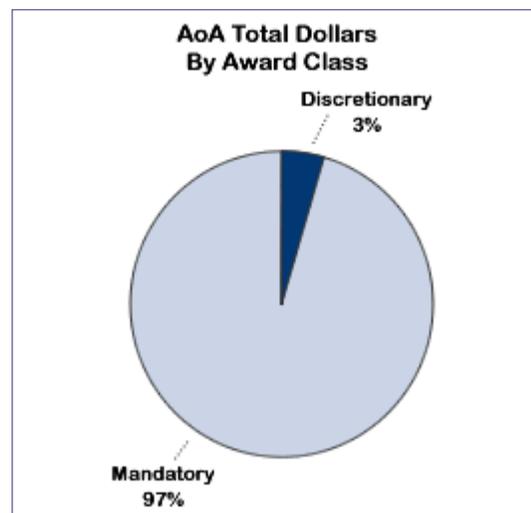
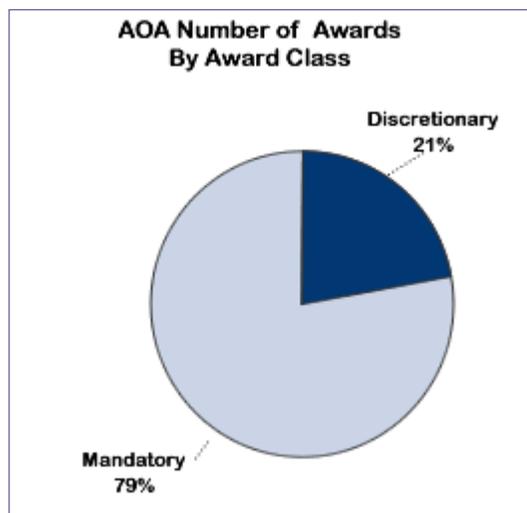
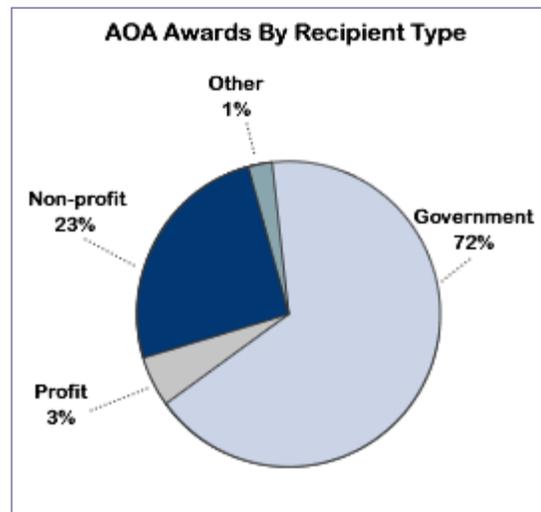
SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: ADMINISTRATION ON AGING (AoA)

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

AoA Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	258	\$47,423,678
Mandatory	922	\$1,307,696,737
Total	1,180	\$1,355,120,415

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 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	218	\$37,732,505
93.051	Alzheimer's Disease Demonstration Grants to States	39	\$9,695,477

AoA Mandatory - All CFDA Programs			
CFDA	Program Name	Awards	Dollars
93.045	Special Programs for the Aging Title III, Part C Nutrition Services	56	\$1,111,097,013
93.053	Nutrition Services Incentive Program	291	\$145,108,510
93.047	Special Programs for the Aging Title VI, Part A, Indian Programs Grants to Indian Tribes and Part B, Grants to Native Hawaiians	268	\$25,240,470
93.042	Special Programs for the Aging Title V, Chapter 2 Long Term Care Ombudsman Services for Older Individuals	56	20,056,552
93.052	National Family Caregiver Support Program	251	\$6,194,192

For additional information on AoA programs and funding please visit the AoA Web site (<http://www.aoa.gov>).

SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR)

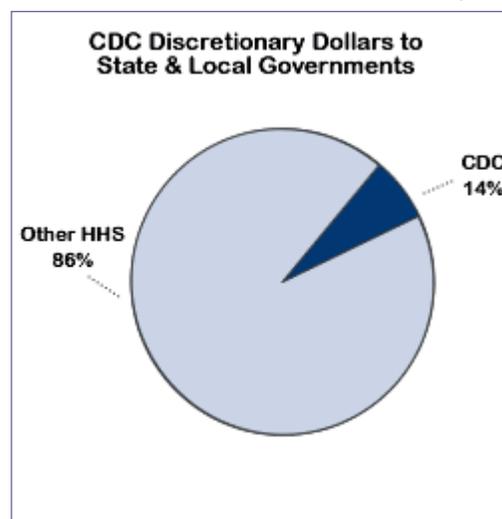
Mission: To promote health and quality of life by preventing and controlling disease, injury, and disability.

CDC Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	3,022	\$3,944,414,190
Mandatory	104	\$92,928,932
Total	3,126	\$4,037,343,122

The Centers for Disease Control and Prevention (CDC) protects the health and safety of people at home and abroad by 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 and around the world.

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.



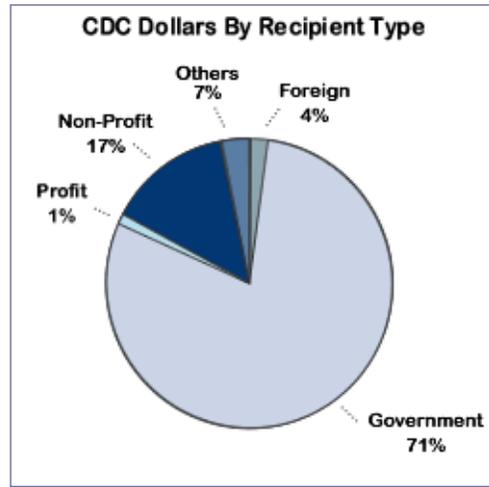
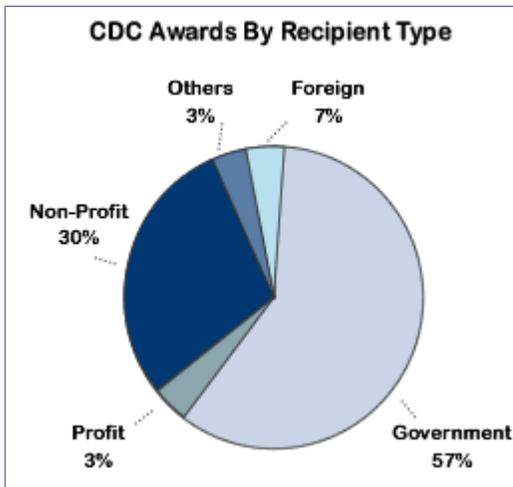
CDC has created a set of four overarching health protection goals:

- **Healthy People in Every Stage of Life** – reduce health risks, at all stages of life, through the most efficient and effective means possible
- **Healthy People in Healthy Places** – ensure the places we live, work, and play have safe, healthy environments
- **People Prepared for Emerging Health Threats** – protect people in all communities from infectious, occupational, environmental, and terrorist threats

- **Healthy People in a Healthy World** – improve global health through medical technology, international coalitions, government interventions, and basic behavior changes

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
93.069	Public Health Emergency Preparedness	62	\$885,082,759
93.283	Centers for Disease Control and Prevention Investigations and Technical Assistance	890	\$845,651,299
93.940	HIV Prevention Activities - Health Department Based	76	\$311,823,296
93.941	HIV Demonstration, Research, Public and Professional Education Projects	148	\$291,669,110
93.067	Global AIDS	121	\$287,887,121
93.268	Immunization Grants	65	\$262,499,567
93.943	Epidemiologic Research Studies of Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) Infection in Selected Population Groups	81	\$138,773,575
93.977	Preventive Health Services_Sexually Transmitted Diseases Control Grants	74	\$107,257,873

CDC Mandatory - Selected CFDA Programs			
CFDA	CFDA Name	Awards	Dollars
93.991	Preventive Health and Health Services Block Grants	104	\$92,928,932

For additional information on CDC and ASTDR programs and funding please visit the CDC Web site (<http://www.cdc.gov>) and the ATSDR Web site (www.atsdr.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	235	\$626,267,535
Mandatory	338	\$191,296,302,296
Total	573	\$191,922,569,831

The Centers for Medicare & Medicaid Services (CMS) administers the Medicare 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.

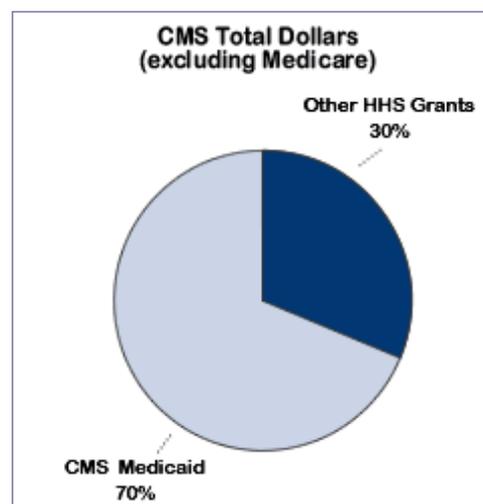
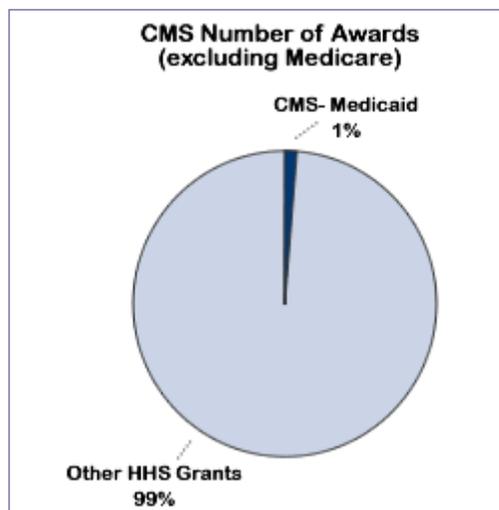
Medicare, the nation’s largest health insurance program, is a direct payment program and its funding levels are not included in the CMS grant totals. Grant programs which support the administration of some Medicare services are included in CMS totals.

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

The funding award totals reported herein are as of the date of this report.



CMS Discretionary - All CFDA Programs			
CFDA	CFDA Program	Awards	Numbers
93.779	Centers for Medicare & Medicaid Services Research, Demonstrations and Evaluations	131	\$463,426,165
93.793	Medicaid Transformation Grants	47	\$75,000,000
93.768	Medicaid Infrastructure Grants to Support the Competitive Employment of People with Disabilities	36	\$35,369,948
93.769	Demonstration to Maintain Independence and Employment	2	\$30,021,422
93.789	Alternatives to Psychiatric Residential Treatment Facilities For Children	11	\$21,000,000
93.780	Grants to States for Operation of Qualified High-Risk Pools	5	\$1,450,000

CMS Mandatory - All CFDA Programs			
CFDA	CFDA Program	Awards	Numbers
93.778	Medical Assistance Program (Medicaid)	215	\$188,104,608,234
93.767	State Children's Insurance Program (SCHIP)	76	\$3,005,276,559
93.777	State Survey and Certification of Health Care Providers and Suppliers	51	\$186,417,503

* Mandatory data is as of 11/20/2007

For additional information on CMS programs and funding please visit the CMS Web site (<http://www.cms.hhs.gov>).

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

Mission: *The FDA is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation’s food supply, cosmetics, and products that emit radiation. The FDA is also responsible for advancing the public health by helping to speed innovations that make medicines and foods more effective, safer, and more affordable; and helping the public get accurate, science-based information they need to use medicines and foods to improve their health.*

FDA Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	108	\$30,380,660
Mandatory	0	\$0
Total	108	\$30,380,660

The Food and Drug Administration (FDA) is a scientific regulatory agency 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:

Goal 1: Strengthen FDA for Today and Tomorrow

- Objective 1.1: Strengthen the scientific foundation of FDA’s regulatory mission.
- Objective 1.2: Cultivate a culture that promotes transparency, effective teamwork, and mutual respect, and ensures integrity and accountability in regulatory decision-making.
- Objective 1.3: Enhance partnerships and communications.
- Objective 1.4: Strengthen FDA’s base of operations.

Goal 2: Improve Patient and Consumer Safety

- Objective 2.1: Strengthen the science that supports product safety.
- Objective 2.2: Improve information systems for problem detection and public communication about product safety.
- Objective 2.3: Provide patients and consumers with better access to clear and timely risk-benefit information for medical products.
- Objective 2.4: Provide consumers with clear and timely information to protect them from food-borne illness and promote better nutrition.

Goal 3: Increase access to New Medical and Food Products.

- Objective 3.1: Increase the number of safe and effective new medical products available to patients.
- Objective 3.2: Improve the medical product review process to increase the predictability and transparency of decisions using the best available science.

Objective 3.3: Increase access to safe and nutritious new food products.

Goal 4: Improve the quality and safety of Manufactured Products and the Supply Chain.

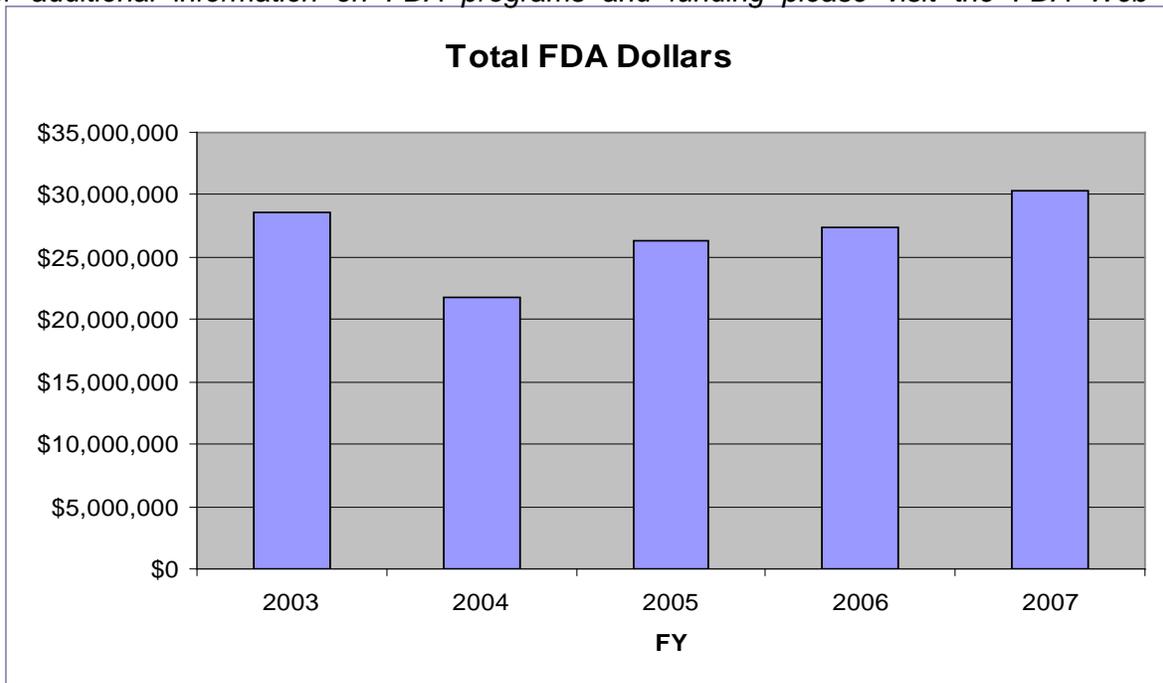
Objective 4.1: Prevent safety problems by modernizing science-based standards and tools to ensure high-quality manufacturing, processing, and distribution.

Objective 4.2: Detect safety problems earlier and better target interventions to prevent harm to consumers.

Objective 4.3: Respond more quickly and effectively to emerging safety problems, through better information, better coordination and better communication.

FDA Discretionary - All CFDA Programs			
CFDA	CFDA Name	Awards	Dollars
93.103	Food and Drug Administration Research	84	\$247,470,095
93.448	Food Safety and Security Monitoring Project	12	\$3,650,551
93.449	Ruminant Feed Ban Support Project	8	\$1,760,063
93.443	Health Promotion/Disease Prevention Program for American Indians and Alaska Natives	1	\$177,951
93.447	State Health Fraud Task Force Grants	3	\$45,000

For additional information on FDA programs and funding please visit the FDA Web site



(<http://www.fda.gov>).

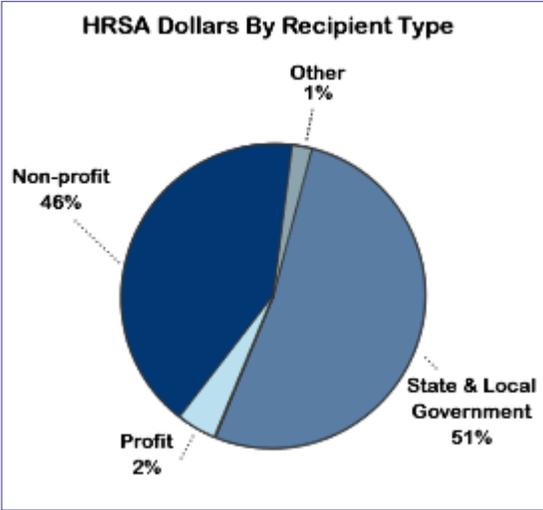
SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

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

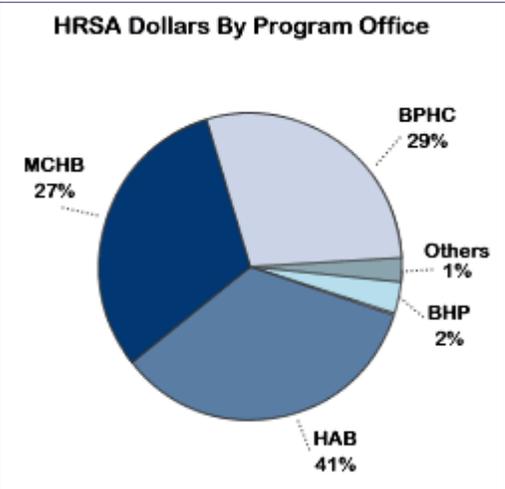
HRSA Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	6,122	\$4,717,449,767
Mandatory	92	\$555,257,658
Total	6,214	\$5,272,707,425

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

Comprised of six 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 compensate individuals harmed by vaccination, and maintains databases that protect against health care malpractice, healthcare waste, fraud, and abuse.



HRSA’s strategic goals are to:

- Improve Access to Health Care
- Improve Health Outcomes
- Improve the quality of Health Care
- Eliminate Health Disparities
- Improve the Public Health and Healthcare Systems
- Achieve Excellence in Management Practices

HRSA Discretionary - Selected CFDA Programs			
CFDA	CFDA Program	Awards	Dollars
93.224	Community Health Centers	1,168	\$1,784,175,227
93.917	HIV Care Formula Grants	89	\$1,126,775,747
93.914	HIV Emergency Relief Project Grants	113	\$575,888,191
93.918	Grants to Provide Outpatient Early Intervention Services	425	\$172,024,935
93.266	Rapid Expansion of Antiretroviral Therapy Programs for HIV-Infected Persons	2	\$151,645,560
93.110	Special Projects of Regional and National Significance	689	\$113,720,045
93.145	AIDS Education and Training Centers	45	\$93,299,918
93.926	Healthy Start	109	\$89,894,427
93.153	Coordinated HIV Services and Access to Research	101	\$65,613,180
93.129	Technical and Non-Financial Assistance to Health Centers	89	\$53,247,750
93.241	State Rural Hospital Flexibility Program	66	\$45,631,679
93.925	Scholarships for Health Professions Students from Disadvantaged Backgrounds	458	\$442,888,858

HRSA Mandatory - Selected CFDA Programs			
CFDA	CFDA Program	Awards	Dollars
93.994	MCH Block Grants	70	\$558,897,599

For additional information on HRSA programs and funding please visit the HRSA Web site (<http://www.hrsa.gov>).

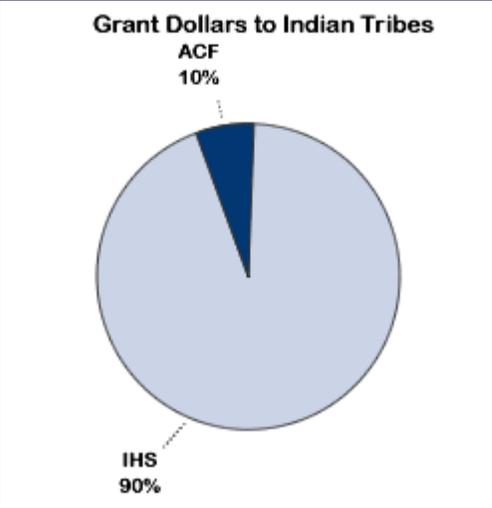
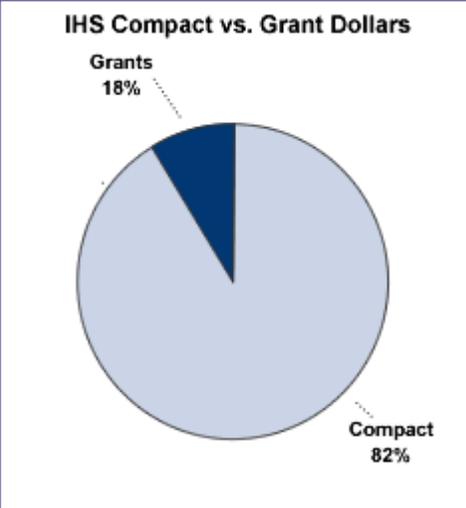
SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: INDIAN HEALTH SERVICE (IHS)

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
Discretionary	600	\$171,458,993
Compact	94	\$954,486,117
Total	694	\$1,125,945,110

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 IHS goal 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 \$1.8 billion in comprehensive health services to American Indian and Alaska Native people.

The IHS manages Discretionary and Compact awards. Compacts are not mandatory or discretionary grants. Compacts are written agreements consistent with the federal government's trust responsibility, treaty obligations, and the government-to-government relationship between Indian tribes and the United States and may only be amended by mutual agreement of the parties. Compacts are usually awarded with an "indefinite term" per the Indian Self-Determination and Education Assistance under Title V of the statute and therefore intended to be in place in perpetuity. Funding Agreements associated with Title V compacts identify the Programs, Functions, Services, and Activities (PFSAs) or portions thereof that will be assumed by a tribe or tribal organization and the funding that is related to those PFSAs. Each tribe has a sole right to its share of IHS PFSAs. Each tribe chooses whether to receive the funding and each tribe controls the timing of the funding agreement and the retention of the ongoing responsibility for so long as permitted by federal law or until terminated by mutual written agreement, retrocession, or reassumption.

IHS Discretionary - All CFDA Programs			
CFDA	CFDA Name	Awards	Dollars
93.237	Special Diabetes Program for Indians Prevention and Treatment Projects	375	\$134,829,086
93.231	Epidemiology Cooperative Agreements	31	\$14,195,186
93.193	Urban Indian Health Services	38	\$7,802,170
93.210	Tribal Self-Governance	34	\$4,450,911
93.933	Demonstration Projects for Indian Health	29	\$3,209,108
93.228	Indian Health Service Health Management Development Program	42	\$2,382,309
93.443	Health Promotion/Disease Prevention Program for American Indians and Alaska Natives	15	1,893,553
93.284	Injury Prevention Program for American Indians and Alaskan Natives	34	\$1,668,420
93.970	Health Professions Recruitment Program for Indians	2	\$1,028,250

IHS Other - CFDA Programs			
CFDA	CFDA Name	Awards	Dollars
93.210	Tribal Self-Governance (Compacts)	94	\$954,486,117

For additional information on IHS programs and funding please visit the IHS Web site (<http://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.

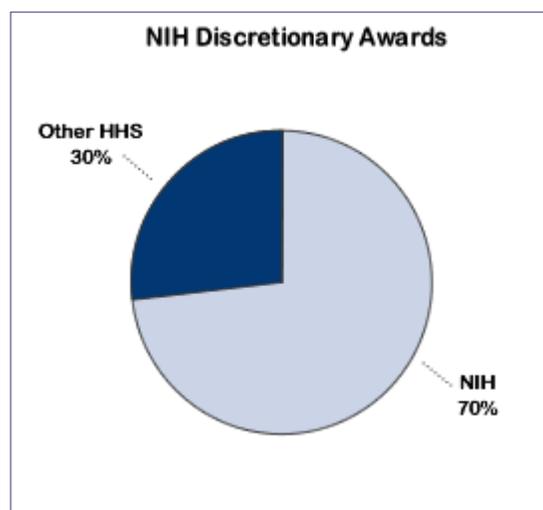
NIH Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	53,016	\$21,263,484,000
Mandatory	0	\$0
Total	53,016	\$21,263,484,000

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 health 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; and by 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 2007.

NIH Discretionary - Selected CFDA Programs			
CFDA	CFDA Name	Awards	Dollars
93.855	Allergy, Immunology and Transplantation Research	5,059	\$2,449,321,310
93.859	Pharmacology, Physiology, and Biological Chemistry	5,509	\$1,824,198,099
93.837	Heart and Vascular Diseases Research	2,959	\$1,370,998,316
93.853	Extramural Research Programs in the Neurosciences	3,877	\$1,291,333,550
93.389	National Center for Research Resources	1,089	\$1,163,558,166
93.242	Mental Health Research Grants	2,776	\$1,014,486,073
93.865	National Institute of Child Health And Human Development	2,396	\$858,390,124
93.866	Aging Research	2,131	\$845,587,886
93.395	Cancer Treatment Research	1,578	\$791,679,395
93.279	Drug Abuse Research Programs	2,021	\$749,336,993
93.847	Diabetes, Endocrinology and Metabolism Research	1,859	\$676,837,906
93.393	Cancer Cause and Prevention Research	1,789	\$648,248,713
93.867	Vision Research	1,485	\$544,547,111
93.838	Lung Diseases Research	1,206	\$529,046,485
93.396	Microbiology and Infectious Diseases Research	1,595	\$522,346,740

NIH Discretionary Programs by Institute			
Institute	Number of Programs	Awards	Dollars
Center For Drug Evaluation and Research, NIH	6	352	\$104,075,880
Fogarty International Center	3	382	\$69,774,691
National Cancer Institute	31	7,313	\$3,119,978,915
National Center For Research Resources	12	1,180	\$1,203,638,775
National Center on Minority Health and Health Disparities	3	145	\$127,711,147
National Eye Institute	5	1,520	\$553,564,961
National Heart, Lung, & Blood Institute	20	5,231	\$2,364,302,487
National Human Genome Research Institute	3	386	\$422,938,241
National Institute of Allergy & Infectious Diseases	16	5,324	\$2,636,698,848
National Institute of Arthritis & Musculoskeletal & Skin Diseases	5	1,404	\$422,760,283
National Institute of Child Health and Human Development	13	2,711	\$935,270,776
National Institute of Dental and Craniofacial Research	5	842	\$284,318,368
National Institute of Diabetes & Digestive & Kidney Diseases	11	4,480	\$1,462,748,749
National Institute of Environmental Health Sciences	4	941	\$397,476,167
National Institute of General Medical Sciences	13	5,753	\$1,880,033,285
National Institute of Mental Health	15	3,497	\$1,106,758,353
National Institute of Neurological Disorders and Stroke	13	3,985	\$1,323,208,255
National Institute of Nursing Research	3	442	\$119,090,042
National Institute on Aging	8	2,188	\$858,505,942
National Institute on Alcohol Abuse and Alcoholism	11	1,040	\$336,466,449
National Institute on Deafness and Other Communication Disorders	3	1,182	\$315,401,760
National Institute on Drug Abuse	7	2,241	\$767,799,930
National Institute of Biomedical Imaging & Bioengineering	6	876	\$283,444,754
National Library of Medicine	3	218	\$59,175,775
Office Of The Director, NIH	3	77	\$108,341,167

For additional information on NIH programs and funding please visit the NIH Web site (<http://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, within the Office of the Secretary, 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, ACF/Administration on Developmental Disabilities, the Centers for Medicare & Medicaid Services, and others.

The Office of Health Policy is responsible for major activities in the areas of policy coordination, legislation development, strategic planning, policy research and evaluation, and economic analysis. The Office also calculates the Federal Medical Assistance Percentages (FMAP) (<http://aspe.hhs.gov/health/fmap.htm>), which is used in determining the amount of federal matching funds for some state welfare and health programs.

The Office of Human Services Policy focuses on welfare, service delivery issues, and policies affecting children, youth, and families. The office works closely with ACF and a variety of HHS 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	5	\$3,093,802

ASPE – All Awards	
ASPE Award Titles	Dollars
National Center for Marriage Research	\$898,050
National Poverty Research Center	\$745,752
Kentucky Center for Poverty Research	\$600,000
Area Poverty Research Center	\$450,000
Western Center on Poverty and Public Policy	\$400,000

For additional information on ASPE programs and funding please visit the ASPE Web site (<http://aspe.hhs.gov>).

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

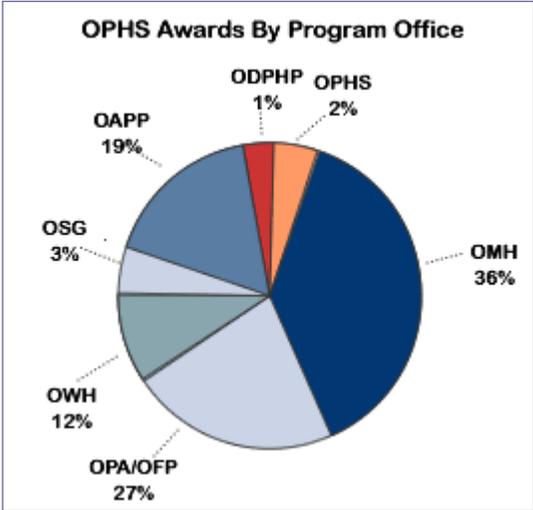
Mission: To provide leadership to the Nation on public health and science and promote, protect and improve the Nation’s health.

OPHS Totals by Award Class		
Award Class	Awards	Dollars
Cooperative Agreements	0	\$0
Discretionary	438	\$372,752,471
Total	438	\$372,752,471

The Office of Public Health and Science (OPHS), within the Office of the Secretary, 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 OPDIVs. OPA and OMH are the primary program offices that manage grant programs within OPHS to support its main objectives.



OPHS Awards by CFDA Program			
CFDA	CFDA Name	Count of Awards	Transaction Total
93.217	Family Planning Services	89	\$260,779,985
93.995	AFL	68	\$23,826,915
93.004	Cooperative Agreements to Improve the Health Status of Minority Populations	22	\$19,502,791
93.137	Community Programs to Improve Minority Health Grant Program	36	\$13,062,172
93.006	State and Territorial Minority HIV/AIDS Demonstration Program	62	\$12,444,731
93.260	Family Planning Personnel Training	13	\$9,019,033
93.974	Family Planning Service Delivery Improvement Research Grants	27	\$6,057,730
93.008	Medical Reserve Corps Small Grant Program	8	\$6,000,000
93.910	Family and Community Violence Prevention Program	25	\$5,930,934
93.088	Advancing System Improvements to Support Targets for Healthy People 2010 (ASIST2010)	12	\$4,627,356
93.015	HIV Prevention Programs for Women	28	\$2,725,000
93.105	Bilingual/Bicultural Service Demonstration Projects	13	\$2,250,323
93.007	Public Awareness Campaigns on Embryo Adoption	6	\$1,949,563
93.111	Adolescent Family Life Research Grants	7	\$1,283,307
93.295	Intergenerational approaches to HIV/AIDS Prevention Education with Women across The Lifespan Pilot Program	5	\$1,200,000
93.990	National Health Promotion	2	\$2,266,287
93.012	Heart Health Care for High Risk Women	6	\$539,421
93.022	Targeting Obesity in Young Women to Prevent the Development of Type II Diabetes	6	\$299,988
93.290	National Community Centers of Excellence in Women's Health	1	\$60,000
Total		438	\$372,752,471

OPHS Awards By Program Office		
Program Office	Awards	Dollars
Office of Population Affairs/Family Planning (OPA/OFP)	128	\$275,856,748
Office of Minority Health (OMH)	159	\$53,190,951
Office of Adolescent Pregnancy Programs (OAPP)	74	\$25,110,222
Office on Women's Health (OWH)	58	\$9,451,765
Office of the Surgeon General (OSG)	8	\$6,000,000
Office of The Assistant Secretary For Public Health and Science (OPHS)	6	\$1,949,563
Office of Disease Prevention & Health Promotion (ODPHP)	5	\$1,193,222
Total	438	\$372,752,471

For additional information on OPHS programs and funding please visit the OPHS Web site (<http://www.hhs.gov/ophs/>).

**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	9	\$4,807,501
Total	9	\$4,807,501

The Office of Global Health Affairs (OGHA), within the Office of the Secretary, 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):

- Provides policy guidance and coordination on refugee health policy issues, in collaboration with the U.S. Public Health Service (PHS) Operating Divisions, the Office of Refugee Resettlement in the Administration for Children and Families, the Department of State, and others.
- Develops U.S. policy and strategy positions related to health issues. We facilitate involvement of the PHS in support of these positions and in collaboration with other agencies and organizations. We also facilitate cooperation by the PHS Operating Divisions with the U.S. Agency for International Development (USAID).
- Provides leadership and coordination for bilateral programs with selected countries, such as the U.S.-Russia and U.S.-South Africa Health Committees, in support of Presidential and Vice-Presidential initiatives.

OGHA Discretionary - All CFDA Programs			
CFDA	CFDA Name	Awards	Dollars
93.016	TA to Physicians at Rabia Balkhi Women’s Hospital in Kabul	9	\$4,807,501

OGHA - All Awards			
Recipient	Award Title	Awards	Dollars
Cure International	Provide Management Consulting services to RBH to Improve Its ability to Deliver	1	\$2,000,000
International Medical Corp	Support of Women's Hospital	2	\$1,450,000
US-Mexico Foundation for Science (FUMEC)	2006 Global Health Services Mexican Outreach Offices (Single Eligibility Only)	1	\$600,000
TX Dept of State Health Services	Texas Outreach Office of The United States/Mexico Border Health	1	\$320,000
AZ ST Department of Health Services	Cooperative Agreement to the Arizona Outreach Office to Strengthen Public Health	1	\$166,667
NM ST Office of The Governor	2006 Public Health services at The NEW MEXICO-CHIHUAHUA Border	3	\$166,667
CA Dept of Health Services	California Outreach Office to The United States/Mexico Border Health Commission	1	\$104,167
Total		9	\$4,807,501

For additional information on OGHA programs and funding please visit the OGHA Web site (<http://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	101	\$481,820,913
Total	101	\$481,820,913

The Office of the Assistant Secretary for Preparedness and Response (ASPR) is within the Office of the Secretary. The ASPR, Office of Preparedness and Emergency Operations (OPEO), 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/OPEO):

- 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 the 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
93.889	National Bioterrorism Hospital Preparedness Program	79	\$458,334,000
93.996	Bioterrorism Training and Curriculum Development Program	19	\$21,593,913
93.019	Infectious Disease Surveillance Networks	3	\$1,893,000
Total		101	\$481,820,913

ASPR - All Awards		
Award Title	Awards	Dollars
Bioterrorism Training and Curriculum Development Program	3	\$4,451,727
2006 Support, Training and Capacity Building for Infectious Disease Surveillance Networks	1	\$1,893,000
2007 HealthCare Facilities Emergency Care Partnership Program	1	\$5,000,000
Bioterrorism Hospital Preparedness Program	1	\$4,103,521
Bio-Terrorism Training and Curriculum Development Program (BTCDP)	15	\$16,085,818
Can it happen in KANSAS? Response to Terror and Other Disasters	1	\$1,056,368
District of Columbia Bioterrorism and Public Health Preparedness Response	1	\$1,737,218
FY 2007 Office of Preparedness and Emergency Operations, Hospital Preparedness Program	1	\$6,330,289
HealthCare Facilities Emergency Care Partnership Program	4	\$20,000,000
HealthCare Facilities Partnership Program	10	\$15,625,564
HealthCare Preparedness Program	1	\$3,732,769
Hospital Preparedness Program	58	\$399,243,570
IDAHO Hospital Preparedness Program	1	\$2,359,069
National Medical Response Team – National Capital Region's Operation	1	\$202,000
Total	99	\$481,820,913

For additional information on ASPR programs and funding please visit the ASPR Web site (<http://www.hhs.gov/aspr/>).

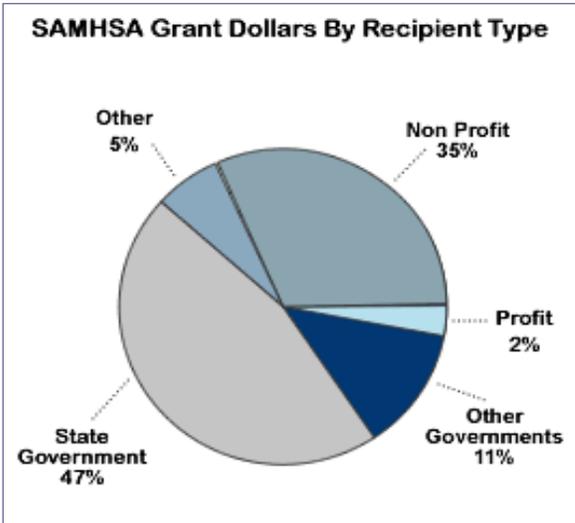
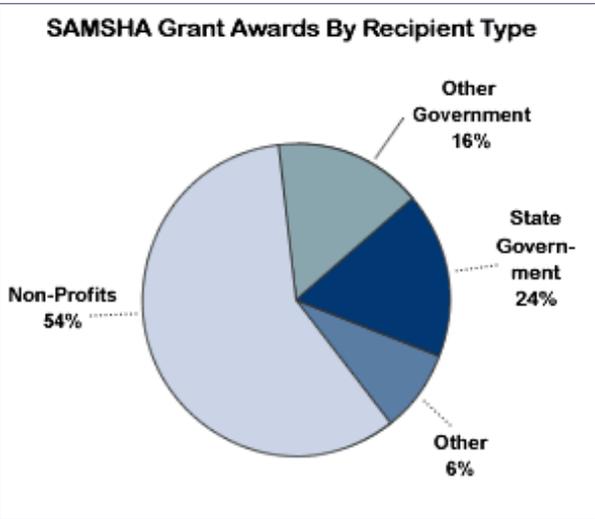
**SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS:
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION (SAMHSA)**

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	2,244	\$782,057,130
Mandatory	235	\$2,162,697,920
Total	2,479	\$2,944,755,050

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides leadership and national focus 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. SAMHSA will be at the forefront to promote a life in the community for everyone with or at risk for mental and substance abuse disorders and an 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	1,199	\$470,278,902
93.275	Substance Abuse and Mental Health Services-Access to Recover	39	\$96,457,645
93.104	CMHS Child Mental Health Service Initiative	59	\$82,277,923
93.276	Drug-Free Community Grants	823	\$73,043,045
93.982	Mental Health Disaster Assistance	25	\$36,754,341
93.230	Consolidated Knowledge Development and Application (KD&A) Program	98	\$22,836,044
93.003	Public Health and Social Services Emergency Fund	1	\$409,230
Total		2,244	\$782,057,130

SAMHSA Mandatory - All CFDA Programs			
CFDA	CFDA Program	Awards	Dollars
93.959	Prevention and Treatment (SAPT) Block Grant	60	\$1,670,661,450
93.958	CMHS Block Grant	59	\$406,843,470
93.150	PATH	58	\$51,873,000
93.138	Protection and Advocacy for Individuals with Mental Illness	58	\$33,320,000
Total		235	\$2,162,697,920

For additional information on SAMHSA programs and funding please visit the SAMHSA Web site (<http://www.samhsa.gov>).

APPENDIX A. HHS STRATEGIC GOALS AND OBJECTIVES

HHS Strategic Plan Goals and Objectives - FY 2007-2012

GOAL 1: Health Care: Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.

- Objective 1.1 Broaden health insurance and long-term care coverage.
- Objective 1.2 Increase health care service availability and accessibility.
- Objective 1.3 Improve health care quality, safety, cost, and value.
- Objective 1.4 Recruit, develop, and retain a competent health care workforce.

GOAL 2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness: Prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infectious, occupational, environmental, and terrorist threats.

- Objective 2.1 Prevent the spread of infectious diseases.
- Objective 2.2 Protect the public against injuries and environmental threats.
- Objective 2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery.
- Objective 2.4 Prepare for and respond to natural and manmade disasters.

GOAL 3: Human Services: Promote the economic and social well-being of individuals, families and communities.

- Objective 3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.
- Objective 3.2 Protect the safety and foster the well-being of children and youth.
- Objective 3.3 Encourage the development of strong, healthy, and supportive communities.
- Objective 3.4 Address the needs, strengths, and abilities of vulnerable populations.

GOAL 4: Scientific Research and Development: Advance scientific and biomedical research and development related to health and human services.

- Objective 4.1 Strengthen the pool of qualified health and behavioral science researchers.
- Objective 4.2 Increase basic scientific knowledge to improve human health and human development.
- Objective 4.3 Conduct and oversee applied research to improve health and well-being.
- Objective 4.4 Communicate and transfer research results into clinical, public health, and human service practice.

To view the complete HHS Strategic Plan, visit http://www.hhs.gov/strategic_plan/.

APPENDIX B. HHS GRANT PROGRAMS

This table contains the top 50 HHS CFDA programs by award amount that TAGGS tracks currently.

Rank	CFDA	Name	Number	Dollars
1	93.778	Medical Assistance Program (Medicaid)	215	\$188,104,608,234
2	93.558	Temporary Assistance for Needy Families (TANF)	122	\$16,954,699,376
3	93.600	Head Start	1,881	\$6,677,154,512
4	93.596	Child Care Mandatory and Matching Funds of the Child Care and Development Fund	331	\$4,955,537,111
5	93.658	Foster Care: Title IV-E	55	\$4,584,642,798
6	93.563	Child Support Enforcement (CSE)	127	\$3,188,614,057
7	93.767	State Children's Insurance Program (SCHIP)	74	\$3,005,276,559
8	93.855	Allergy, Immunology and Transplantation Research	5,059	\$2,449,321,310
9	93.568	Low-Income Home Energy Assistance (LIHEAP)	383	\$2,160,873,000
10	93.659	Adoption Assistance	54	\$1,933,197,634
11	93.859	Pharmacology, Physiology, and Biological Chemistry Research	5,509	\$1,824,198,099
12	93.224	Community Health Centers	1,168	\$1,784,175,227
13	93.667	Social Services Block Grant (SSBG)	57	\$1,700,000,000
14	93.959	Block Grants for Prevention and Treatment of Substance Abuse	60	\$1,670,661,450
15	93.837	Heart and Vascular Diseases Research	2,959	\$1,370,998,316
16	93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	3,877	\$1,291,333,550
17	93.389	Research Infrastructure	1,089	\$1,163,558,166
18	93.917	HIV Care Formula Grants	89	\$1,126,775,747
19	93.045	Special Programs for the Aging Title III, Part C Nutrition Services	56	\$1,111,097,013
20	93.242	Mental Health Research Grants	2,776	\$1,014,486,073
21	93.069	Public Health Emergency Preparedness	62	\$885,082,759
22	93.865	Child Health and Human Development Extramural Research	2,396	\$858,390,124
23	93.283	Centers for Disease Control and Prevention Investigations and Technical Assistance	890	\$845,651,299
24	93.866	Aging Research	2,131	\$845,587,886
25	93.395	Cancer Treatment Research	1,585	\$793,677,084
26	93.279	Drug Abuse Research Programs	2,021	\$749,336,993
27	93.393	Cancer Cause and Prevention Research	1,803	\$648,248,713
28	93.847	Diabetes, Endocrinology and Metabolism Research	1,859	\$676,837,906

29	93.569	Community Services Block Grant (CSBG)	155	\$624,113,209
30	93.914	HIV Emergency Relief Project Grants	113	\$575,888,191
31	93.994	Maternal and Child Health Services Block Grant to the States	70	\$558,897,599
32	93.867	Vision Research	1,485	\$544,547,111
33	93.838	Lung Diseases Research	1,206	\$529,046,485
34	93.396	Cancer Biology Research	1,595	\$522,346,740
35	93.243	Substance Abuse and Mental Health Services: Projects of Regional and National Significance	1,211	\$470,278,902
36	93.779	CMS Research, Demonstrations and Evaluations	131	\$463,426,165
37	93.889	Preparedness Program	100	\$457,620,217
38	93.846	Arthritis, Musculoskeletal and Skin Diseases Research	1,384	\$422,858,722
39	93.172	Human Genome Research	378	\$421,939,808
40	93.848	Digestive Diseases and Nutrition Research	1,325	\$421,515,609
41	93.958	Block Grants for Community Mental Health Services	59	\$406,843,470
42	93.839	Blood Diseases and Resources Research	865	\$401,375,444
43	93.397	Cancer Centers Support Grants	175	\$389,941,663
44	93.849	Kidney Diseases, Urology and Hematology Research	1,283	\$386,761,170
45	93.556	Biological Response to Environmental Health Hazards	210	\$373,410,201
46	93.113	Biological Response to Environmental Health Hazards	861	\$335,959,768
47	93.399	Cancer Control	470	\$326,322,056
48	93.173	Research Related to Deafness and Communication Disorders	1,165	\$316,321,914
48	93.940	HIV Prevention Program	76	\$311,823,296
50	93.273	Alcohol Research Programs	845	\$300,576,103