

# HHS Grant Awards

Fiscal Year 2008



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**

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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 2008 (October 1, 2007, through September 30, 2008). 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 2007 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**

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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 2008. The number of grants is a count of awards or projects receiving grant funds. This report also includes funds deobligated in FY 2008 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 2008 Awards occurring in subsequent fiscal years will not be contained in this report.

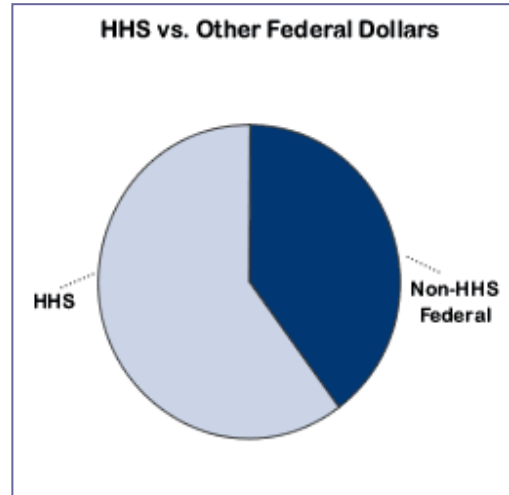
The data contained in this report may not agree with the FY 2008 budget and accounting records (e.g., Medicaid's accounting adjustments) for several reasons. For examples: 1) the grant award data may include reobligations of prior years' funds in addition to current year funds; 2) the cost of furnishing 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

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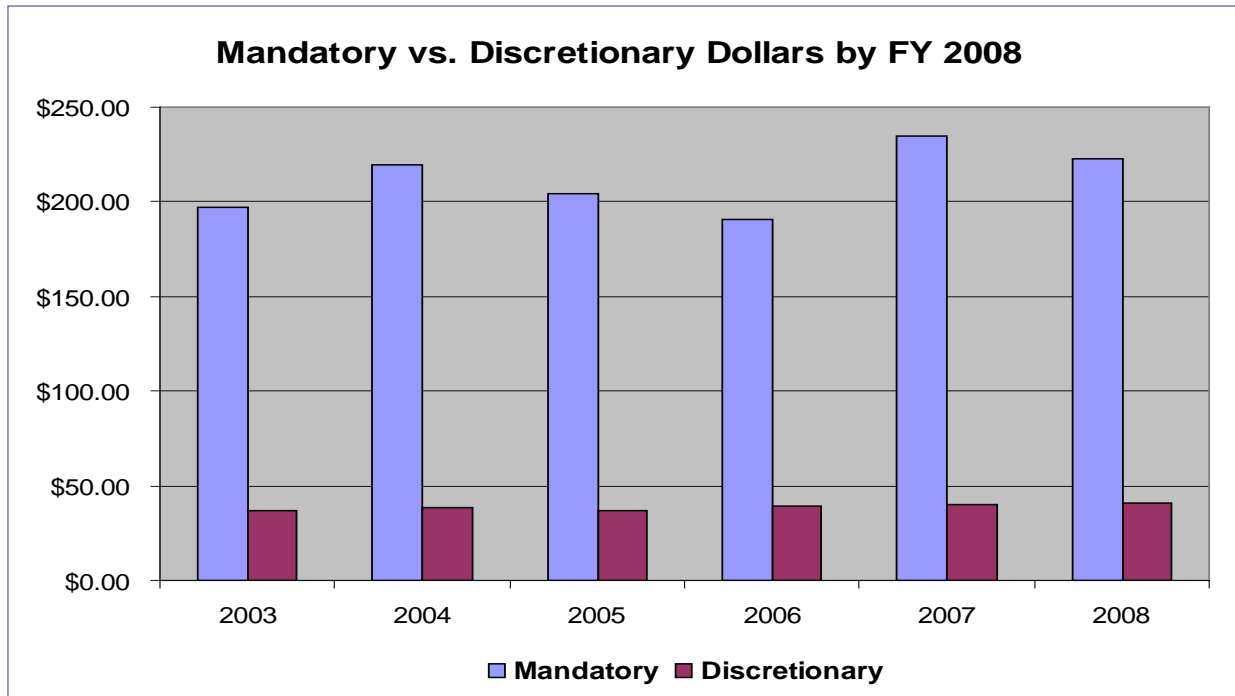
The Department of Health and Human Services awards approximately 60% of the federal government's grant dollars. HHS awards two types of grants: mandatory and discretionary. Mandatory grants are those that a federal agency is required by statute to award if the recipient, usually a state, submits an acceptable 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 to support health care 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; activities to help reduce out-of-wedlock pregnancies; and support for forming and maintaining 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. 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.



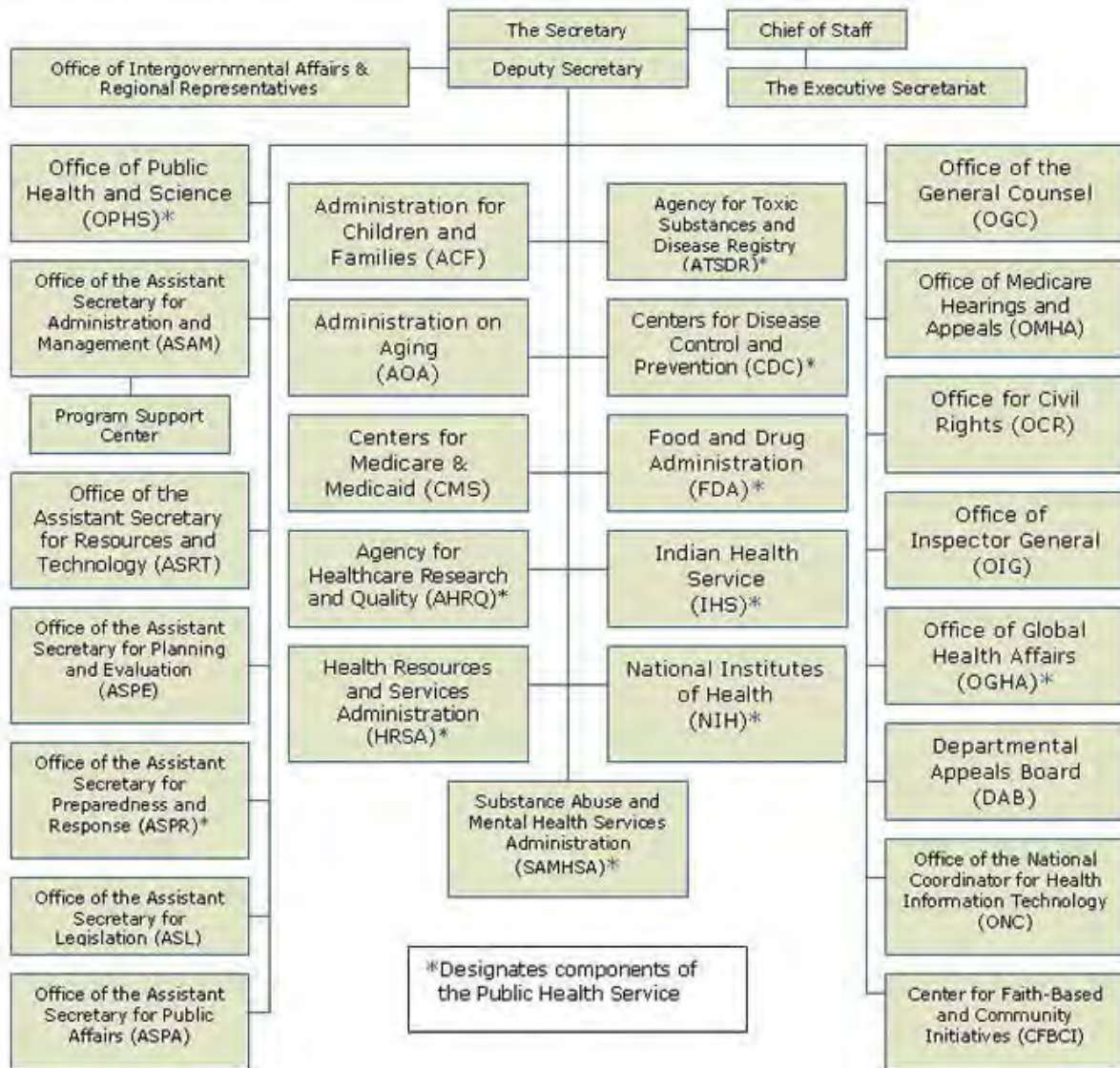
The following HHS OPDIVs/STAFFDIVs administer and manage over 300 grant programs which are described in the Catalog of Federal Domestic Assistance (<http://www.cfda.gov>). In this report, Agency for Toxic Substances and Disease Registry awards are included in the Centers for Disease Control and Prevention 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/ASPR - Office of the Secretary/Office of the Assistant Secretary for Preparedness and Response
- OS/OGHA - Office of the Secretary/Office of Global Health Affairs
- OS/OPHS - Office of the Secretary/Office of Public Health and Science
- 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 2008 Total Dollars: \$264,242,088,855**

**FY 2008 Total Awards: 75,709**

**FY 2008 Total Recipients: 11,989**

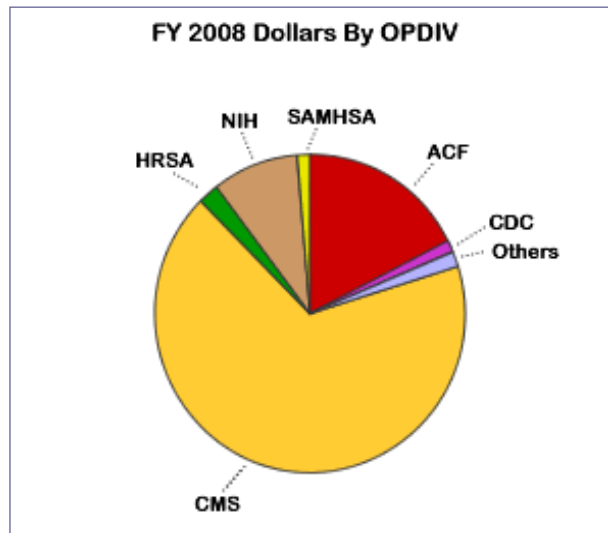
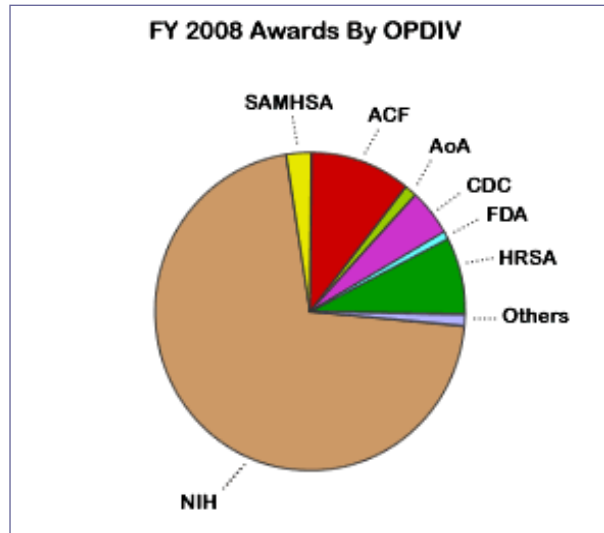
In FY 2008, HHS awarded \$264.5 billion in grants. This included \$40.9 billion in discretionary awards and \$223.6 billion in mandatory awards.

CMS, which administers the Medicaid Program, awarded 69% (\$181 billion) of the total HHS grant funds, representing 1% of the total number of grants.

ACF awarded the second highest percentage (17.5%, \$46.2 billion) of the total HHS grant funds, which represents 10% of the total number of grants.

OPDIV	Awards	% Awards	Dollars	% Dollars
ACF	7,799	10.30	\$46,151,691,512	17.47
AHRQ	307	0.41	\$84,085,143	0.03
AoA	1,141	1.51	\$1,385,629,076	0.52
CDC	3,486	4.60	\$4,424,589,279	1.67
CMS	999	1.32	\$181,147,048,509	68.55
FDA	142	0.19	\$36,823,882	0.01
HRSA	6,137	8.11	\$5,870,873,213	2.22
IHS	579	0.76	\$172,138,366	0.07
NIH	52,057	68.76	\$21,113,804,312	7.99
OS/ASPE	5	0.01	\$2,774,999	0.00
OS/ASPR	193	0.25	\$488,747,000	0.18
OS/OGHA	8	0.01	\$3,329,581	0.00
OS/OPHS	430	0.57	\$384,990,661	0.15
SAMHSA	2,426	3.20	\$2,975,563,322	1.13
<b>Total</b>	<b>75,709</b>	<b>100.00</b>	<b>\$264,242,088,855</b>	<b>100.00</b>

NIH awarded 69% (52,057) of the total number of HHS grants, totaling \$21 billion, in FY 2008. This represents 52% 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	2,872	59.61	\$38,491,920,683	17.23	4,927	6.95	\$7,659,770,829	18.73	7,799	10.30	\$46,151,691,512	17.47
AHRQ					307	0.43	\$84,085,143	0.21	307	0.41	\$84,085,143	0.03
AoA	873	18.12	\$1,326,675,618	0.59	268	0.38	\$58,953,458	0.14	1,141	1.51	\$1,385,629,076	0.52
CDC	61	1.27	\$91,399,200	0.04	3,425	4.83	\$4,333,190,079	10.60	3,486	4.60	\$4,424,589,279	1.67
CMS	718	14.90	\$180,734,337,538	80.92	281	0.40	\$412,710,971	1.01	999	1.32	\$181,147,048,509	68.55
FDA					142	0.20	\$36,823,882	0.09	142	0.19	\$36,823,882	0.01
HRSA	59	1.22	\$550,721,831	0.25	6,078	8.57	\$5,320,151,382	13.01	6,137	8.11	\$5,870,873,213	2.22
IHS					579	0.82	\$172,138,366	0.42	579	0.76	\$172,138,366	0.07
NIH					52,057	73.43	\$21,113,804,312	51.63	52,057	68.76	\$21,113,804,312	7.99
OS/ASPE					5	0.01	\$2,774,999	0.01	5	0.01	\$2,774,999	0.00
OS/ASPR					193	0.27	\$488,747,000	1.20	193	0.25	\$488,747,000	0.18
OS/OGHA					8	0.01	\$3,329,581	0.01	8	0.01	\$3,329,581	0.00
OS/OPHS					430	0.61	\$384,990,661	0.94	430	0.57	\$384,990,661	0.15
SAMHSA	235	4.88	\$2,155,677,214	0.97	2,191	3.09	\$819,886,108	2.01	2,426	3.20	\$2,975,563,322	1.13
<b>Totals</b>	<b>4,818</b>	<b>100.00</b>	<b>\$223,350,732,084</b>	<b>100.00</b>	<b>70,891</b>	<b>100.00</b>	<b>\$40,891,356,771</b>	<b>100.00</b>	<b>75,709</b>	<b>100.00</b>	<b>\$264,242,088,855</b>	<b>100.00</b>
<b>% Total</b>	<b>6.36%</b>		<b>84.53%</b>		<b>93.64%</b>		<b>15.46%</b>					

## **SECTION II. MANDATORY GRANT AWARDS**

**FY 2008 Mandatory Dollars: \$223,350,732,084**

**FY 2008 Mandatory Awards: 4,818**

**FY 2008 Mandatory Recipients: 1,197**

HHS mandatory grant awards comprise 85% of the total FY 2008 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.

<b>HHS Mandatory Grants by Award Class</b>		
<b>Award Type</b>	<b>Number of Awards</b>	<b>Dollars</b>
Block	1,190	\$29,976,125,376
Closed-Ended	2,709	\$2,909,547,488
Open-Ended	919	\$190,465,059,220
<b>Total</b>	<b>4,818</b>	<b>\$223,350,732,084</b>

**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.

<b>Select HHS Block Grants</b>				
<b>CFDA</b>	<b>Program Name</b>	<b>OPDIV</b>	<b>Awards</b>	<b>Dollars</b>
93.558	Temporary Assistance for Needy Families (TANF)	ACF	115	\$17,343,723,574
93.596	Child Care and Development Fund (CCDF)	ACF	343	\$4,949,954,023
93.568	Low-Income Home Energy Assistance (LIHEAP)	ACF	208	\$2,590,386,299

**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.

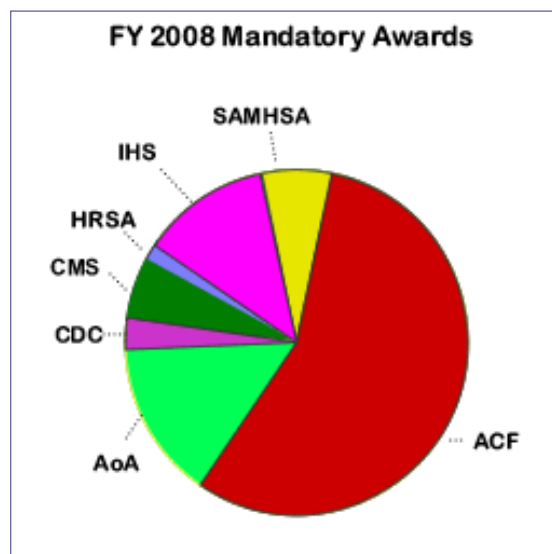
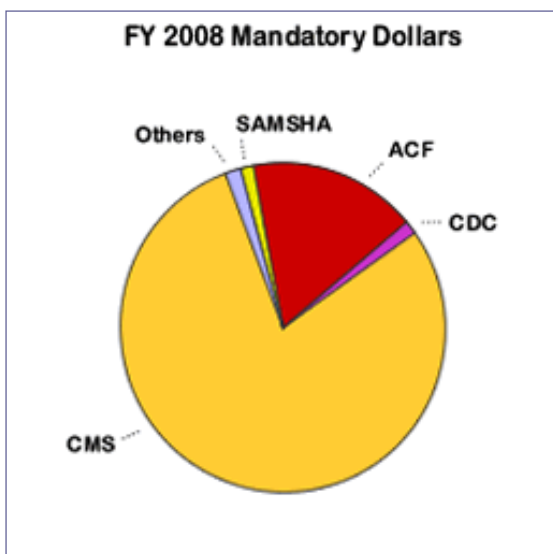
Select HHS Closed-Ended Grants				
CFDA	Program Name	OPDIV	Awards	Dollars
93.045	Special Programs for the Aging, Title III, Part C, Nutrition	AoA	56	\$1,123,864,123
93.556	Promoting Safe and Stable Families*	ACF	334	\$353,132,742
93.645	Child Welfare Services State Grants	ACF	205	\$281,744,408
93.767	State Children's Insurance Program (SCHIP)	CMS	87	\$5,322,770,475

\*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	208	\$175,153,729,203
93.658	Foster Care: Title IV-E	ACF	54	\$4,337,192,692
93.563	Child Support Enforcement (CSE)*	ACF	95	\$3,352,268,820

\*Includes open-ended grants only.



## **MANDATORY GRANT AWARDS TO STATE GOVERNMENT RECIPIENTS**

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**FY 2008 Mandatory State Dollars: \$222,819,665,588**

**FY 2008 Mandatory State Awards: 2,769**

### **Highlights**

The six state governments receiving the most HHS grant funds (in billions) are California (\$25.1), New York (\$23.7), Texas (\$11.1), Florida (\$10.1), Michigan (\$7.9) and North Carolina (\$7.4).

State	#	Dollars
Alabama	49	\$3,423,765,971
Alaska	48	\$801,057,621
Arizona	49	\$6,096,264,479
Arkansas	45	\$2,786,012,367
California	54	\$25,114,215,098
Colorado	50	\$2,239,404,062
Connecticut	48	\$3,012,975,271
Delaware	45	\$710,234,957
District of Columbia	47	\$1,239,300,665
Florida	52	\$10,166,994,827
Georgia	61	\$5,999,101,824
Hawaii	47	\$919,640,793
Idaho	47	\$1,023,114,493
Illinois	53	\$7,561,047,295
Indiana	57	\$4,334,439,884
Iowa	49	\$2,136,531,211
Kansas	63	\$1,778,678,139
Kentucky	49	\$4,002,200,459
Louisiana	48	\$4,958,179,354
Maine	49	\$1,626,415,004
Maryland	52	\$3,038,531,468
Massachusetts	51	\$6,774,597,638
Michigan	56	\$7,896,822,233
Minnesota	50	\$3,525,346,944
Mississippi	54	\$3,467,837,426
Missouri	63	\$5,321,726,290
Montana	45	\$752,453,545
Nebraska	49	\$1,803,968,056
Nevada	51	\$975,183,507
New Hampshire	49	\$810,065,066
New Jersey	59	\$6,115,049,828
New Mexico	51	\$2,551,253,491
New York	55	\$23,729,144,258

State	#	Dollars
North Carolina	58	\$7,483,878,444
North Dakota	44	\$494,998,864
Ohio	53	\$5,864,398,752
Oklahoma	51	\$2,980,733,071
Oregon	39	\$2,483,674,725
Pennsylvania	46	\$6,903,390,167
Rhode Island	49	\$1,196,543,299
South Carolina	46	\$3,544,369,980
South Dakota	50	\$535,217,541
Tennessee	50	\$5,566,739,446
Texas	62	\$11,125,206,665
Utah	50	\$1,350,215,078
Vermont	47	\$792,751,690
Virginia	50	\$4,077,347,841
Washington	68	\$4,734,311,511
West Virginia	51	\$1,978,467,117
Wisconsin	54	\$4,028,731,444
Wyoming	43	\$345,445,801
<b>Total</b>	<b>2,606</b>	<b>\$222,177,974,960</b>

Territories and Freely Associated States	#	Dollars
American Samoa	25	\$16,732,785
Fed States - Micron	4	\$1,344,692
Guam	31	\$31,925,256
Northern Mariana Is.	26	\$11,321,223
Puerto Rico	41	\$547,242,410
Rep-Marshall Island	4	\$617,588
Republic of Palau	4	\$328,668
US Virgin Islands	28	\$32,178,006
<b>Total</b>	<b>163</b>	<b>\$641,690,628</b>
<b>Grand Total</b>	<b>2,769</b>	<b>\$222,819,665,588</b>

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 2008. These are AHRQ; FDA; IHS and OS (ASPE, OPA, OPHS).

**FY 2008 Mandatory Grants to State Government Recipients Dollars: \$222,819,665,588**

**FY 2008 Mandatory Grants to State Government Recipients Awards: 2,769**

Mandatory Grants To State Government Recipients (Part I)														
States	ACF		AoA		CDC		CMS		HRSA		SAMHSA		Total	
	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars
Alabama	27	\$349,614,518	3	\$20,409,584	1	\$1,540,081	13	\$3,009,758,733	1	\$11,670,784	4	\$30,772,271	49	\$3,423,765,971
Alaska	25	\$117,491,590	3	\$6,032,588	1	\$332,961	15	\$670,444,018	1	\$1,111,425	3	\$5,645,039	48	\$801,057,621
Arizona	28	\$639,458,638	3	\$24,400,906	1	\$1,163,758	13	\$5,383,060,442	1	\$7,035,771	3	\$41,144,964	49	\$6,096,264,479
Arkansas	26	\$248,346,019	3	\$14,199,079	1	\$867,115	11	\$2,498,297,896	1	\$7,066,705	3	\$17,235,553	45	\$2,786,012,367
California	29	\$7,111,684,295	3	\$123,987,691	1	\$6,730,544	16	\$17,514,873,436	1	\$42,942,093	4	\$313,997,039	54	\$25,114,215,098
Colorado	29	\$438,574,414	3	\$15,067,942	1	\$1,203,442	13	\$1,746,621,833	1	\$7,222,723	3	\$30,713,708	50	\$2,239,404,062
Connecticut	27	\$563,906,423	3	\$15,967,841	1	\$1,402,350	12	\$2,404,727,532	1	\$4,729,890	4	\$22,241,235	48	\$3,012,975,271
Delaware	25	\$90,936,084	3	\$6,197,672	1	\$181,792	12	\$603,294,670	1	\$1,961,537	3	\$7,663,202	45	\$710,234,957
District of Columbia	26	\$172,652,637	3	\$6,283,881	1	\$740,873	13	\$1,045,060,286	1	\$6,951,999	3	\$7,610,989	47	\$1,239,300,665
Florida	31	\$1,565,236,788	3	\$90,904,187	1	\$2,940,218	13	\$8,364,517,393	1	\$19,029,166	3	\$124,367,075	52	\$10,166,994,827
Georgia	37	\$873,339,477	3	\$29,167,921	1	\$2,983,439	15	\$5,012,392,454	1	\$16,204,378	4	\$65,014,155	61	\$5,999,101,824
Hawaii	26	\$179,501,181	3	\$6,231,102	1	\$751,610	13	\$721,685,476	1	\$2,147,540	3	\$9,323,884	47	\$919,640,793
Idaho	26	\$118,382,691	3	\$6,404,557	1	\$360,505	13	\$885,749,368	1	\$3,225,424	3	\$8,991,948	47	\$1,023,114,493
Illinois	30	\$1,459,671,405	3	\$53,768,662	1	\$2,319,446	15	\$5,935,668,124	1	\$21,597,002	3	\$88,022,656	53	\$7,561,047,295
Indiana	35	\$568,904,607	3	\$24,251,390	1	\$1,636,601	13	\$3,685,726,957	1	\$11,730,974	4	\$42,189,355	57	\$4,334,439,884
Iowa	27	\$338,546,015	3	\$15,615,898	1	\$1,064,859	14	\$1,757,514,207	1	\$6,512,104	3	\$17,278,128	49	\$2,136,531,211
Kansas	33	\$268,252,027	3	\$12,910,016	1	\$883,440	21	\$1,475,826,881	1	\$4,700,774	4	\$16,105,001	63	\$1,778,678,139
Kentucky	28	\$468,602,451	3	\$17,597,129	1	\$1,301,788	12	\$4,434,564,174	1	\$11,311,180	4	\$26,757,235	49	\$4,002,200,459
Louisiana	27	\$456,482,971	3	\$18,591,299	1	\$2,797,953	13	\$4,660,960,691	1	\$13,210,308	3	\$32,532,649	48	\$4,958,179,354
Maine	26	\$188,135,542	3	\$6,329,895	1	\$859,434	15	\$1,419,122,832	1	\$3,392,690	3	\$8,574,611	49	\$1,626,415,004
Maryland	29	\$619,435,767	3	\$20,490,591	1	\$1,826,029	14	\$2,344,015,349	1	\$11,923,835	4	\$40,839,897	52	\$3,038,531,468
Massachusetts	28	\$1,001,483,589	3	\$30,542,520	1	\$2,625,825	15	\$5,685,471,515	1	\$11,295,956	3	\$43,172,233	51	\$6,774,597,638
Michigan	33	\$1,646,804,869	3	\$43,918,729	1	\$3,824,512	14	\$6,110,180,076	1	\$18,798,670	4	\$73,295,377	56	\$7,896,822,233
Minnesota	27	\$680,459,448	3	\$20,337,424	1	\$2,438,794	15	\$2,783,239,430	1	\$9,046,795	3	\$29,825,053	50	\$3,525,346,944

Mandatory Grants To State Government Recipients (Part I, continued)														
States	ACF		AoA		CDC		CMS		HRSA		SAMHSA		Total	
	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars
Mississippi	30	\$242,651,432	3	\$12,503,418	1	\$1,403,587	16	\$3,183,023,240	1	\$9,691,726	3	\$18,564,023	54	\$3,467,837,426
Missouri	30	\$581,496,874	3	\$27,448,912	2	\$2,654,665	22	\$4,661,734,630	2	\$14,153,058	4	\$34,238,151	63	\$5,321,726,290
Montana	25	\$106,294,483	3	\$6,550,974	1	\$636,129	13	\$628,733,300	1	\$2,425,697	2	\$7,812,962	45	\$752,453,545
Nebraska	29	\$194,414,873	3	\$8,700,938	1	\$1,568,937	12	\$1,585,130,947	1	\$4,012,760	3	\$10,139,601	49	\$1,803,968,056
Nevada	30	\$181,289,323	3	\$8,819,524	1	\$382,108	13	\$765,987,854	1	\$1,777,645	3	\$16,927,053	51	\$975,183,507
New Hampshire	28	\$128,015,708	3	\$6,698,749	1	\$1,368,516	13	\$663,501,458	1	\$1,997,739	3	\$8,482,896	49	\$810,065,066
New Jersey	37	\$936,331,458	3	\$37,584,302	1	\$2,803,799	14	\$5,066,526,940	1	\$11,635,221	3	\$60,168,108	59	\$6,115,049,828
New Mexico	28	\$261,764,213	3	\$8,592,792	1	\$1,348,303	13	\$2,263,863,269	1	\$4,331,887	5	\$11,353,027	51	\$2,551,253,491
New York	34	\$4,278,657,189	3	\$94,117,977	1	\$6,676,150	12	\$19,163,720,853	1	\$40,842,301	4	\$145,129,788	55	\$23,729,144,258
North Carolina	36	\$852,453,054	3	\$34,130,665	1	\$2,594,852	14	\$6,527,787,453	1	\$16,548,488	3	\$50,363,932	58	\$7,483,878,444
North Dakota	31	\$86,812,812	3	\$6,553,769	0	\$0	6	\$394,993,069	0	\$0	4	\$6,639,214	44	\$494,998,864
Ohio	31	\$1,710,539,805	3	\$51,028,395	1	\$4,194,561	13	\$3,993,568,128	1	\$21,938,322	4	\$83,129,541	53	\$5,864,398,752
Oklahoma	29	\$385,412,989	3	\$16,697,027	1	\$914,484	12	\$2,547,530,766	1	\$7,253,654	5	\$22,924,151	51	\$2,980,733,071
Oregon	27	\$413,164,060	3	\$15,321,058	1	\$706,960	4	\$2,026,824,882	1	\$6,199,730	3	\$21,458,035	39	\$2,483,674,725
Pennsylvania	25	\$1,595,410,760	3	\$64,286,328	1	\$4,620,272	13	\$5,138,964,368	1	\$24,301,211	3	\$75,807,227	46	\$6,903,390,167
Rhode Island	25	\$171,928,391	3	\$6,282,624	1	\$458,783	16	\$1,007,710,664	1	\$1,761,416	3	\$8,401,421	49	\$1,196,543,299
South Carolina	25	\$328,418,131	3	\$17,399,462	1	\$1,194,141	13	\$3,159,391,359	1	\$11,366,658	3	\$26,600,229	46	\$3,544,369,980
South Dakota	29	\$70,517,515	3	\$6,711,406	1	\$226,162	12	\$449,190,790	1	\$2,250,699	4	\$6,320,969	50	\$535,217,541
Tennessee	29	\$594,568,702	3	\$23,795,038	1	\$1,580,945	13	\$4,897,034,963	1	\$11,645,007	3	\$38,114,791	50	\$5,566,739,446
Texas	42	\$1,738,403,527	3	\$77,382,007	1	\$3,990,969	12	\$9,101,050,930	1	\$34,184,513	3	\$170,194,719	62	\$11,125,206,665
Utah	29	\$240,668,631	3	\$7,718,574	1	\$928,736	13	\$1,074,463,043	1	\$5,998,109	3	\$20,437,985	50	\$1,350,215,078
Vermont	27	\$113,022,483	3	\$6,384,621	1	\$263,811	12	\$665,239,607	1	\$1,691,011	3	\$6,150,157	47	\$792,751,690
Virginia	31	\$515,707,793	3	\$27,834,044	1	\$1,981,709	10	\$3,464,662,534	1	\$12,345,316	4	\$54,816,445	50	\$4,077,347,841
Washington	30	\$897,418,119	3	\$23,128,368	1	\$994,706	30	\$3,759,548,745	3	\$8,978,733	3	\$44,242,840	68	\$4,734,311,511
West Virginia	29	\$252,008,263	3	\$10,446,565	1	\$865,960	13	\$1,696,881,745	3	\$6,412,094	4	\$11,852,490	51	\$1,978,467,117
Wisconsin	31	\$723,261,455	3	\$23,996,278	1	\$1,896,411	14	\$3,234,505,767	1	\$10,791,946	4	\$34,279,587	54	\$4,028,731,444
Wyoming	22	\$54,214,556	3	\$6,505,682	1	\$219,409	13	\$279,144,687	1	\$1,252,364	3	\$4,109,103	43	\$345,445,801
<b>States Total</b>	<b>1,484</b>	<b>\$37,820,756,045</b>	<b>153</b>	<b>\$1,266,228,001</b>	<b>51</b>	<b>\$89,252,434</b>	<b>718</b>	<b>\$180,734,337,538</b>	<b>51</b>	<b>\$530,607,028</b>	<b>173</b>	<b>\$2,101,971,703</b>	<b>2,606</b>	<b>\$222,177,974,960</b>



Mandatory Grants to State Government Recipients (Part II)														
Territories and Freely Associated States	ACF		AoA		CDC		CMS		HRSA		SAMHSA		Total	
	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars	#	Dollars
American Samoa	15	\$4,780,060	2	\$1,331,931	1	\$51,057	2	\$9,395,975	1	\$496,117	4	\$677,645	25	\$16,732,785
Fed States - Micron					1	\$62,042			1	\$523,680	2	\$758,970	4	\$1,344,692
Guam	19	\$11,621,540	3	\$3,167,667	1	\$210,642	4	\$15,011,203	1	\$766,226	3	\$1,147,978	31	\$31,925,256
Northern Mariana Is	14	\$3,526,188	3	\$774,348	1	\$38,940	4	\$5,972,230	1	\$468,556	3	\$540,961	26	\$11,321,223
Puerto Rico	21	\$164,276,287	3	\$16,878,355	1	\$1,515,121	11	\$320,112,036	1	\$15,974,978	4	\$28,485,633	41	\$547,242,410
Rep-Marshall Island					1	\$25,477			1	\$231,520	2	\$360,591	4	\$617,588
Republic of Palau					1	\$20,266			1	\$148,836	2	\$159,566	4	\$328,668
US Virgin Islands	17	\$11,975,152	3	\$3,024,702	1	\$166,570	3	\$14,686,345	1	\$1,504,890	3	\$820,347	28	\$32,178,006
<b>Territories and Freely Associated States Total</b>	<b>86</b>	<b>\$196,179,227</b>	<b>14</b>	<b>\$25,177,003</b>	<b>8</b>	<b>\$2,090,115</b>	<b>24</b>	<b>\$365,177,789</b>	<b>8</b>	<b>\$20,114,803</b>	<b>23</b>	<b>\$32,951,691</b>	<b>163</b>	<b>\$641,690,628</b>
<b>Grand Total</b>	<b>1,570</b>	<b>\$38,016,935,272</b>	<b>167</b>	<b>\$1,291,405,004</b>	<b>59</b>	<b>\$91,342,549</b>	<b>718</b>	<b>\$180,734,337,538</b>	<b>59</b>	<b>\$550,721,831</b>	<b>196</b>	<b>\$2,134,923,394</b>	<b>2,769</b>	<b>\$222,819,665,588</b>

### SECTION III. DISCRETIONARY GRANT AWARDS BY FINANCIAL ASSISTANCE TYPE

**FY 2008 Discretionary Dollars: \$40,891,356,771**

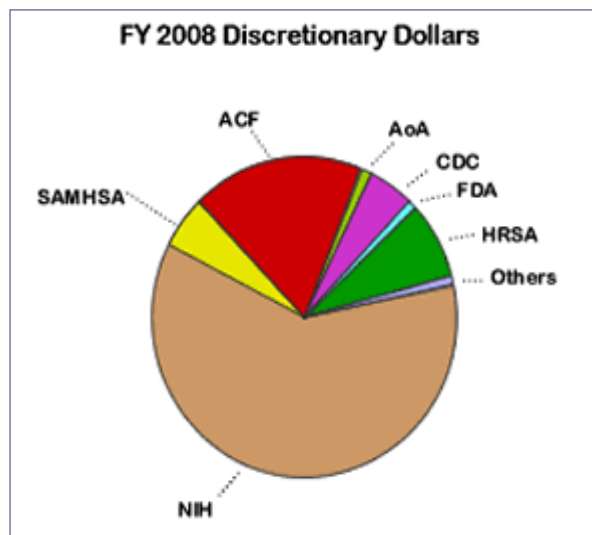
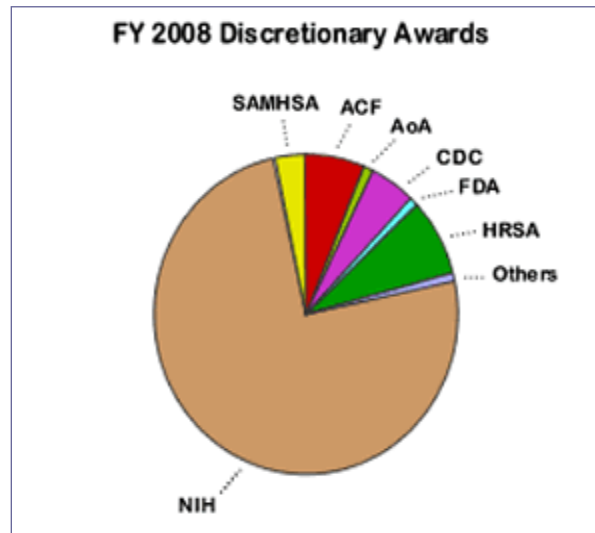
**FY 2008 Discretionary Awards: 70,891**

**FY 2008 Discretionary Recipients: 11,435**

Discretionary grant awards comprise only 16% of the total FY 2008 grant funds, but they account for 94% of the total number of grant awards made in FY 2008.

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 19.5% of the total FY 2008 discretionary grant funds, and 9% of the total number of FY 2008 discretionary grant totals.

Discretionary Grants		
Financial Assistance Type	Number of Awards	Dollars
Cooperative Agreement	6,180	\$7,962,466,703
Grant	64,711	\$32,928,890,068
<b>Total</b>	<b>70,891</b>	<b>\$40,891,356,771</b>

## **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).

<b>Discretionary Grants by Major Activity Type</b>		
<b>Grant Type</b>	<b>Awards</b>	<b>Dollars</b>
Research	43,624	\$20,016,959,903
Services	10,389	\$13,152,140,729
Training	8,315	\$2,403,548,261
Other	8,563	\$5,318,707,878
<b>Total</b>	<b>70,891</b>	<b>\$40,891,356,771</b>

Research (49% of FY 2008 discretionary grant funds and 61% 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.

<b>Top Research Programs</b>				
<b>CFDA</b>	<b>Program Name</b>	<b>OPDIV</b>	<b>Awards</b>	<b>Dollars</b>
93.855	Allergy, Immunology and Transplantation Research	NIH	4,531	\$2,406,013,821
93.837	Heart and Vascular Diseases Research	NIH	4,187	\$2,129,236,406
93.859	Pharmacology, Physiology, and Biological Chemistry Research	NIH	4,525	\$1,617,313,849

Services (32% of FY 2008 discretionary grant funds and 15% of the number of discretionary awards): The second largest category of discretionary grant funds in FY 2008 went to support health and/or social services programs (32%, \$13.2 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 \$0.1 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 \$3.6 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	1,697	\$6,600,467,741
93.069	Public Health Emergency Preparedness	CDC	95	\$719,790,378
93.067	Global AIDS	CDC	232	\$610,509,098

\*Includes Service Awards only.

Training (6.0% of FY 2008 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 (74%) 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	188	\$473,059,000
93.859	Pharmacology, Physiology, and Biological Chemistry Research*	NIH	492	\$179,178,752
93.837	Heart and Vascular Diseases Research*	NIH	825	\$165,332,581

\*Includes Training Awards only.

Other (13% of FY 2008 discretionary grant funds and 12.7% 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 2008 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	1,133	\$1,824,328,346
93.917	HIV Care Formula Grants	HRSA	152	\$1,148,774,020
93.914	HIV Emergency Relief Project Grants	HRSA	115	\$601,100,248

\*Includes Other Awards only.

## **DISCRETIONARY GRANT AWARDS BY ALL ACTIVITY TYPES**

Activity Type		Awards	Dollars
<b>Research</b>	Scientific/Health Research (Includes Surveys)	43,415	\$19,972,011,369
	Social Science Research (Includes Surveys)	209	\$44,948,534
	<b>Research Total</b>	<b>43,624</b>	<b>\$20,016,959,903</b>
<b>Services</b>	Demonstration	2,311	\$1,052,778,855
	Health Services	4,283	\$4,282,356,092
	Social Services	3,795	\$7,817,005,782
	<b>Services Total</b>	<b>10,389</b>	<b>\$13,152,140,729</b>
<b>Training</b>	Conferences (Information Transfer/Technology Transfer)	15	\$430,598
	Technical Assistance	96	\$38,714,733
	Training/Traineeship	8,204	\$2,364,402,930
	<b>Training Total</b>	<b>8,315</b>	<b>\$2,403,548,261</b>
<b>Other</b>	Construction	0	\$0
	Fellowship/Scholarship/Student Loans	3,056	\$122,994,994
	Knowledge/Development/Application (KDA)	333	\$133,035,578
	Other	5,159	\$5,061,417,359
	Planning	15	\$1,259,947
	<b>Other Total</b>	<b>8,563</b>	<b>\$5,318,707,878</b>
<b>Discretionary Grants Total</b>		<b>70,891</b>	<b>\$40,891,356,771</b>

## **THE FIFTY RECIPIENTS RECEIVING THE GREATEST DISCRETIONARY FUNDING LEVELS**

**FY 2008 Top 50 Recipient Dollars: \$14,967,274,219**

**FY 2008 Top 50 Recipient Awards: 31,321**

### **Highlights**

Universities and colleges represent 39 of the top 50 HHS discretionary grant recipients in FY 2008. 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. Three hospitals and four research organizations are in the top 50 HHS discretionary grant recipients.

<b>Top 50 Recipients</b>			
<b>Rank</b>	<b>Recipient Name</b>	<b>Number of Awards</b>	<b>Dollars</b>
1	University of California	4,012	\$1,672,281,153
2	Johns Hopkins University	1,325	\$645,302,616
3	University of Texas	1,545	\$559,180,745
4	Columbia University	807	\$484,893,900
5	University of Washington	1,034	\$475,863,871
6	University of Pennsylvania	1,133	\$449,481,977
7	Harvard University	708	\$444,980,063
8	University of Michigan	1,073	\$441,895,483
9	University of Pittsburgh	1,038	\$400,957,209
10	University of North Carolina	952	\$389,305,453
<b>Top 10</b>		<b>13,627</b>	<b>\$5,964,142,470</b>
11	Washington University	856	\$386,223,345
12	Duke University	803	\$371,875,507
13	Yale University	904	\$370,557,005
14	Health Research, Inc.	195	\$317,519,035
15	Vanderbilt University	771	\$313,631,497
16	Massachusetts General Hospital	708	\$311,519,981
17	Stanford University	750	\$288,365,038
18	University of Minnesota	657	\$268,531,331
19	University of Wisconsin	745	\$263,886,178
20	Brigham & Women's Hospital	579	\$259,081,923
21	University of Maryland	561	\$251,738,855
22	Emory University	654	\$248,695,510
23	Florida State Department of Health	56	\$248,219,420
24	Baylor College of Medicine	486	\$224,694,671
25	University of Alabama	550	\$223,768,486
<b>Top 25</b>		<b>22,902</b>	<b>\$10,312,450,252</b>



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

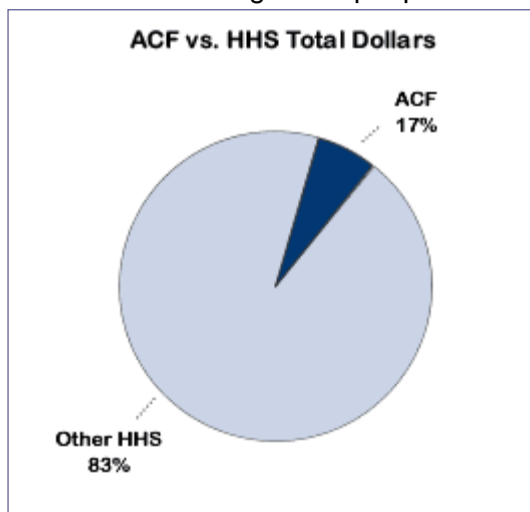
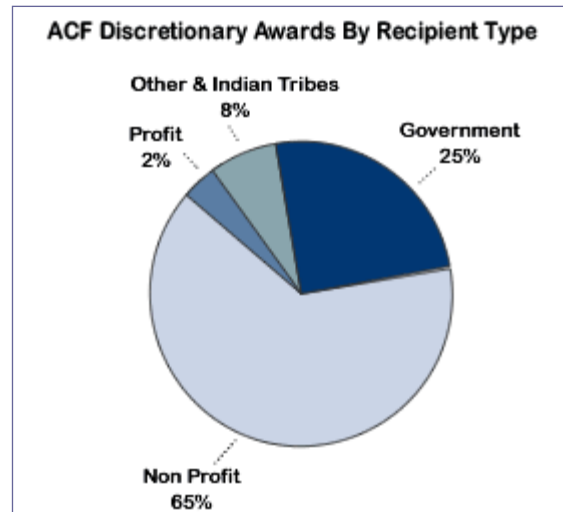
<b>Rank</b>	<b>Recipient Name</b>	<b>Number of Awards</b>	<b>Dollars</b>
26	University of Colorado	637	\$221,752,568
27	Fred Hutchinson Cancer Research Center	251	\$219,156,629
28	Mount Sinai School Of Medicine	414	\$213,711,426
29	California State Department of Health Services	20	\$212,444,458
30	University of Chicago	479	\$211,022,978
31	Massachusetts Institute of Technology	299	\$211,007,429
32	University of Illinois	636	\$210,555,607
33	Scripps Research Institute	420	\$207,466,091
34	Los Angeles County Office of Education	1	\$199,778,847
35	Texas State Department of Health	18	\$194,582,665
36	University of Iowa	460	\$194,163,198
37	Mayo Clinic	417	\$185,663,943
38	Northwestern University	542	\$185,626,671
39	New York City Agency for Child Development	1	\$183,615,537
40	Oregon Health & Science University	515	\$181,570,898
41	New York City Department of Health	21	\$178,687,939
42	University of Rochester	488	\$178,359,048
43	Cornell University	472	\$172,020,899
44	Case Western Reserve University	452	\$171,076,793
45	Boston University	396	\$168,739,048
46	University of Southern California	345	\$167,336,666
47	University of Virginia	440	\$150,846,510
48	Catholic Relief Services	2	\$148,339,060
49	Indiana University	464	\$146,201,084
50	Dana-Farber Cancer Institute	229	\$141,097,975
<b>Total</b>		<b>31,321</b>	<b>\$14,967,274,219</b>

## 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	4,927	\$7,659,770,829
Mandatory	2,872	\$38,491,920,683
<b>Total</b>	<b>7,799</b>	<b>\$46,151,691,512</b>

The Administration for Children and Families (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.

<b>ACF Mandatory - Selected CFDA Programs</b>			
<b>CFDA</b>	<b>Program Name</b>	<b>Awards</b>	<b>Dollars</b>
93.558	Temporary Assistance for Needy Families (TANF)	115	\$17,343,723,574
93.596	Child Care mandatory and Matching Funds of the Child care and Development Fund	343	\$4,949,954,023
93.658	Foster Care: Title IV-E	54	\$4,337,192,692
93.563	Child Support Enforcement (CSE)	103	\$3,353,642,428
93.568	Low-Income Home Energy Assistance (LIHEAP)	208	\$2,590,386,299

<b>ACF Discretionary - Selected CFDA Programs</b>			
<b>CFDA</b>	<b>Program Name</b>	<b>Awards</b>	<b>Dollars</b>
93.600	Head Start	1,841	\$6,677,528,436
93.086	Healthy marriage Promotion and Responsible Fatherhood Grants	225	\$118,310,126
93.010	Community-Based Abstinence Education (CBAE)	187	\$92,353,264
93.676	Unaccompanied Alien Children Program	25	\$91,187,483
93.576	Refugee and Entrant Assistance Discretionary Grants	271	\$80,459,555
93.567	Refugee and Entrant Assistance: Voluntary Agency Programs	17	\$59,556,608
93.623	Basic Center Grant	387	\$51,077,558
93.009	Compassion Capital Fund	187	\$47,671,646
93.616	Mentoring Children of Prisoners	221	\$46,203,627
93.550	Transitional Living for Homeless Youth	230	\$41,441,819

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

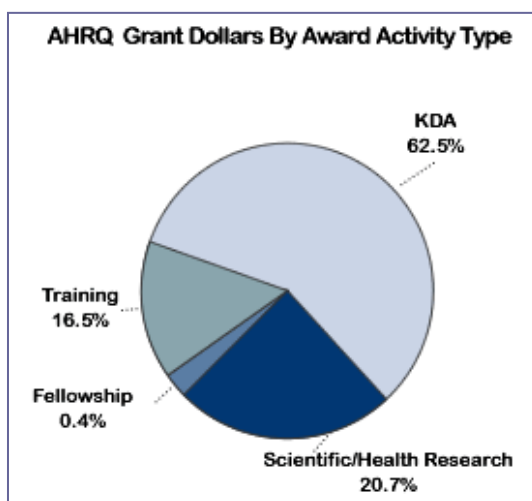
## SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

**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	307	\$84,085,143
Mandatory	0	\$0
<b>Total</b>	<b>307</b>	<b>\$84,085,143</b>

The Agency for Healthcare Research and Quality (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	250	\$69,974,973
93.225	National Research Service Awards, Health Services Research	57	\$12,110,170

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

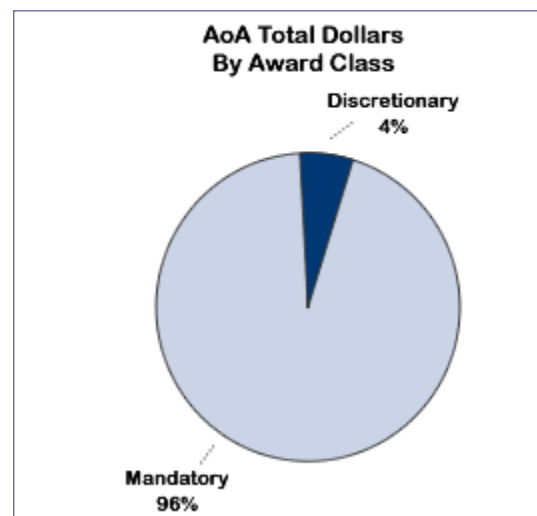
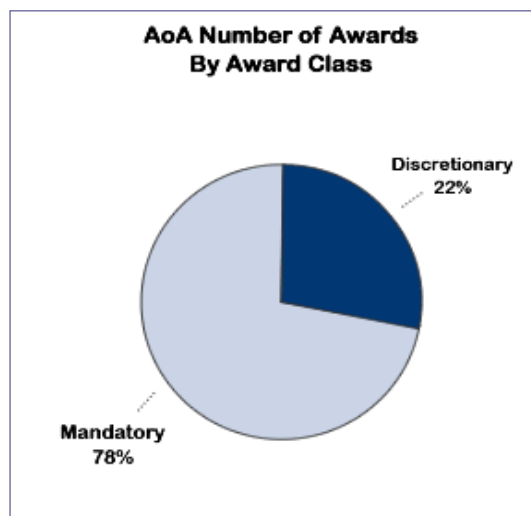
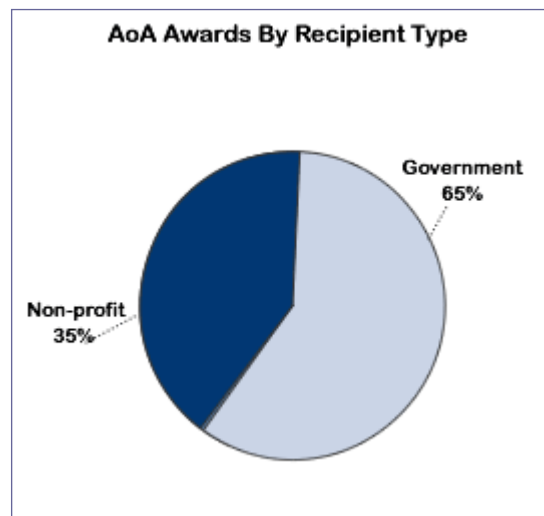
## SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: ADMINISTRATION ON AGING (AoA)

**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	268	\$58,953,458
Mandatory	873	\$1,326,675,618
<b>Total</b>	<b>1,141</b>	<b>\$1,385,629,076</b>

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.



<b>AoA Discretionary - All CFDA Programs</b>			
<b>CFDA</b>	<b>Program Name</b>	<b>Awards</b>	<b>Dollars</b>
93.048	Special Programs for the Aging Title IV Training, Research and Discretionary Projects and Programs	230	\$47,959,953
93.051	Alzheimer's Disease Demonstration Grants to States	38	\$11,082,449

<b>AoA Mandatory - All CFDA Programs</b>			
<b>CFDA</b>	<b>Program Name</b>	<b>Awards</b>	<b>Dollars</b>
93.045	Special Programs for the Aging Title III, Part C Nutrition Services	56	\$1,123,864,123
93.053	Nutrition Services Incentive Program	298	\$149,739,738
93.047	Special Programs for the Aging Title VI, Part A, Indian Programs Grants to Indian Tribes and Part B, Grants to Native Hawaiians	251	\$26,176,926
93.042	Special Programs for the Aging Title V, Chapter 2 Long Term Care Ombudsman Services for Older Individuals	56	\$20,584,016
93.054	National Family Caregiver Support, Title VI, Part C	212	\$6,310,815

*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)**

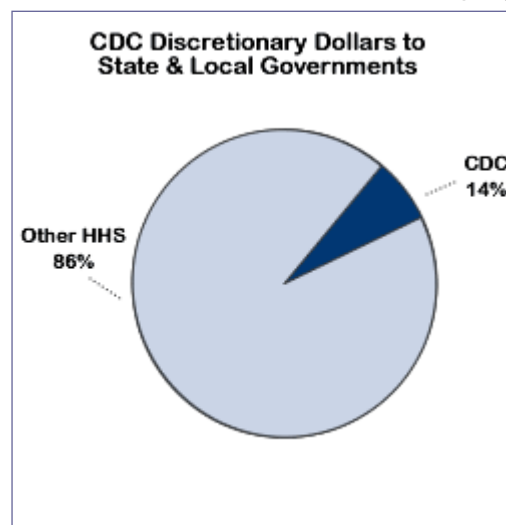
**Mission:** To collaborate and create the expertise, information, and tools that people and communities need to protect their health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

<b>CDC Totals by Award Class</b>		
<b>Award Class</b>	<b>Awards</b>	<b>Dollars</b>
Discretionary	3,425	\$4,333,190,079
Mandatory	61	\$91,399,200
<b>Total</b>	<b>3,486</b>	<b>\$4,424,589,279</b>

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.



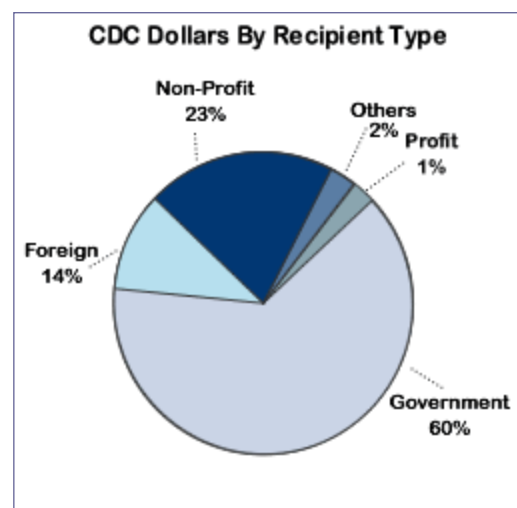
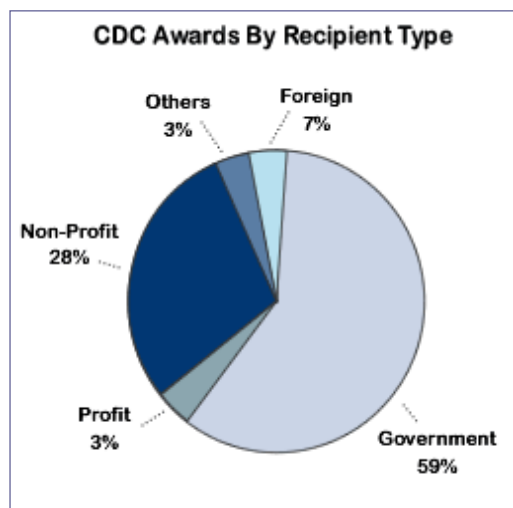
CDC has created a set of four overarching health protection goals:

- **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



<b>CDC Discretionary - Selected CFDA Programs</b>			
<b>CFDA</b>	<b>CFDA Name</b>	<b>Awards</b>	<b>Dollars</b>
93.283	Centers for Disease Control and Prevention Investigations and Technical Assistance	1078	\$845,646,730
93.069	Public Health Emergency Preparedness	95	\$719,790,378
93.067	Global AIDS	233	\$614,891,972
93.941	HIV Demonstration, Research, Public and Professional Education Projects	153	\$436,408,598
93.940	HIV Prevention Activities - Health Department Based	111	\$341,289,241
93.268	Immunization Grants	65	\$275,239,150
93.262	Occupational Safety and Health Program	230	\$143,860,358
93.185	Immunization Research, Demonstration, Public Information and Education Training and Clinical Skills Improvement Projects	47	\$128,395,657

<b>CDC Mandatory - Selected CFDA Programs</b>			
<b>CFDA</b>	<b>CFDA Name</b>	<b>Awards</b>	<b>Dollars</b>
93.991	Preventive Health and Health Services Block Grants	61	\$91,399,200

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 (<http://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.

<b>CMS Totals by Award Class</b>		
<b>Award Class</b>	<b>Awards</b>	<b>Dollars</b>
Discretionary	281	\$412,710,971
Mandatory	718	\$180,734,337,538
<b>Total</b>	<b>999</b>	<b>\$181,147,048,509</b>

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.

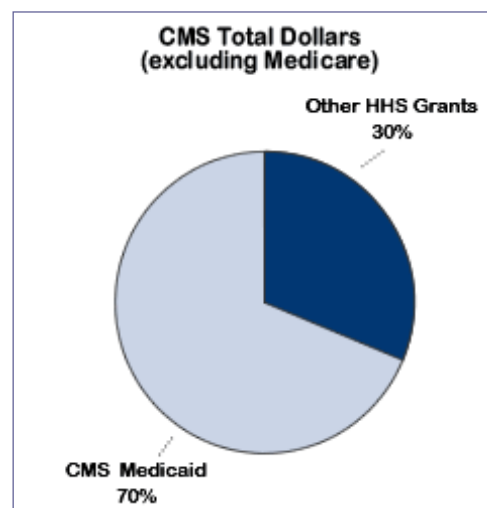
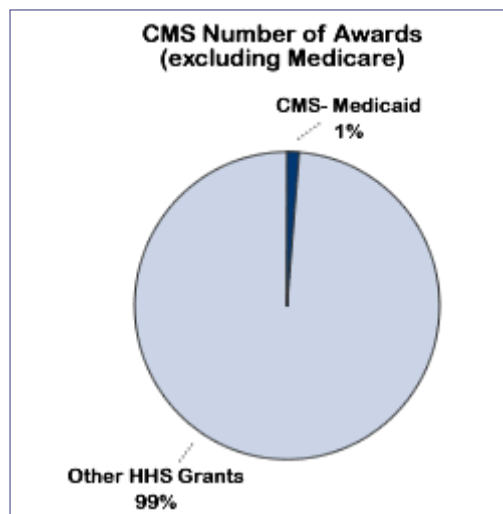
Medicare, the nation’s largest health insurance program, is a direct payment program and its funding levels are not included in the CMS grant totals. Grant programs which support the administration of some Medicare services are included in CMS totals.

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
93.791	Money Follows the Person Rebalancing Demonstration	30	\$125,286,447
93.779	Centers for Medicare & Medicaid Services Research, Demonstrations and Evaluations	87	\$85,412,115
93.793	Medicaid Transformation Grants	48	\$75,000,000
93.780	Grants to States for Operation of Qualified High-Risk Pools	30	\$49,126,500
93.768	Medicaid Infrastructure Grants to Support the Competitive Employment of People with Disabilities	38	\$40,214,592
93.790	Alternate Non-Emergency Service Providers or Networks	20	\$25,979,199

CMS Mandatory - All CFDA Programs			
CFDA	CFDA Program	Awards	Numbers
93.778	Medical Assistance Program (Medicaid)	208	\$175,153,729,203
93.767	State Children's Insurance Program (SCHIP)	87	\$5,322,770,475
93.777	State Survey and Certification of Health Care Providers and Suppliers*	424	\$257,837,860

\* Mandatory data is as of 12/09/2008

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)**

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**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.*

<b>FDA Totals by Award Class</b>		
<b>Award Class</b>	<b>Awards</b>	<b>Dollars</b>
Discretionary	142	\$36,823,882
Mandatory	0	\$0
<b>Total</b>	<b>142</b>	<b>\$36,823,882</b>

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.

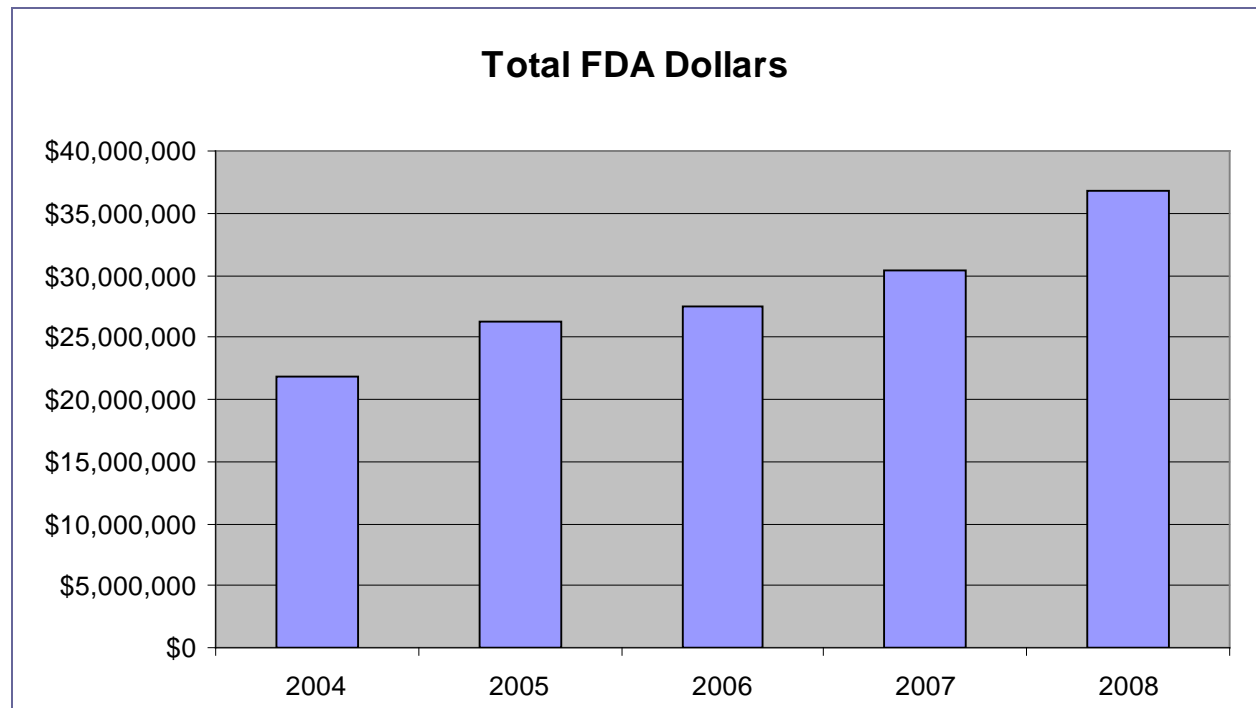
**Goal 4: Improve the quality and safety of Manufactured Products and the Supply Chain.**

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	109	\$293,375,650
93.448	Food Safety and Security Monitoring Project	17	\$5,008,801
93.449	Ruminant Feed Ban Support Project	9	\$2,099,431
93.447	State Health Fraud Task Force Grants	7	\$340,000



For additional information on FDA programs and funding please visit the FDA Web site ([www.fda.gov](http://www.fda.gov)).

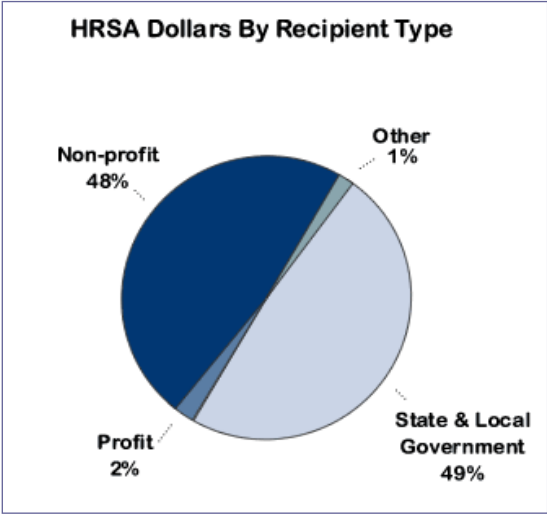
**SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)**

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

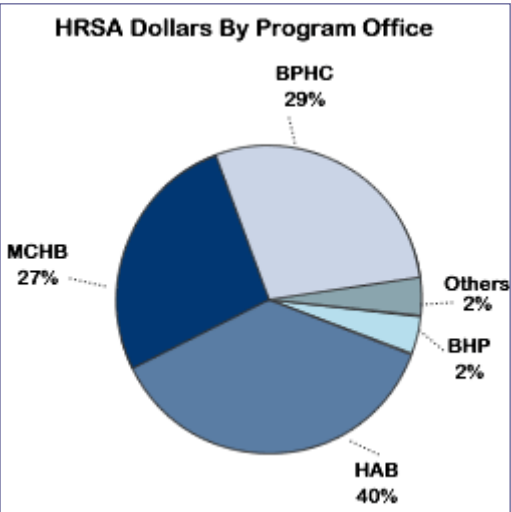
HRSA Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	6,078	\$5,320,151,382
Mandatory	59	\$550,721,831
<b>Total</b>	<b>6,137</b>	<b>\$5,870,873,213</b>

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

<b>HRSA Discretionary - Selected CFDA Programs</b>			
<b>CFDA</b>	<b>CFDA Program</b>	<b>Awards</b>	<b>Dollars</b>
93.224	Community Health Centers	1,172	\$1,844,680,486
93.917	HIV Care Formula Grants	86	\$1,148,004,790
93.914	HIV Emergency Relief Project Grants	113	\$598,455,464
93.887	Project Grants For Renovation or Construction of Non-Acute Care Facilities and Other Facilities	707	\$248,610,392
93.266	Rapid Expansion of Antiretroviral Therapy Programs for HIV-Infected Persons	2	\$229,183,694
93.918	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	390	\$185,644,578
93.110	Special Projects of Regional and National Significance	591	\$134,689,366
93.145	AIDS Education and Training Centers	41	\$115,232,351
93.926	Healthy Start	101	\$93,182,385
93.153	Coordinated HIV Services and Access to Research	92	\$69,527,069
93.888	Specially Selected Health Projects	202	\$56,132,091
93.129	Technical and Non-Financial Assistance to Health Centers	79	\$54,592,154
93.241	State Rural Hospital Flexibility Program	49	\$48,029,975
93.925	Scholarships for Health Professions Students from Disadvantaged Backgrounds	251	\$42,420,564

<b>HRSA Mandatory - Selected CFDA Programs</b>			
<b>CFDA</b>	<b>CFDA Program</b>	<b>Awards</b>	<b>Dollars</b>
93.994	MCH Block Grants	59	\$550,721,831

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

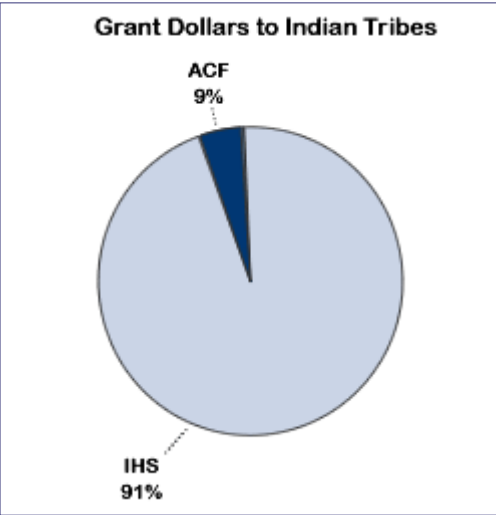
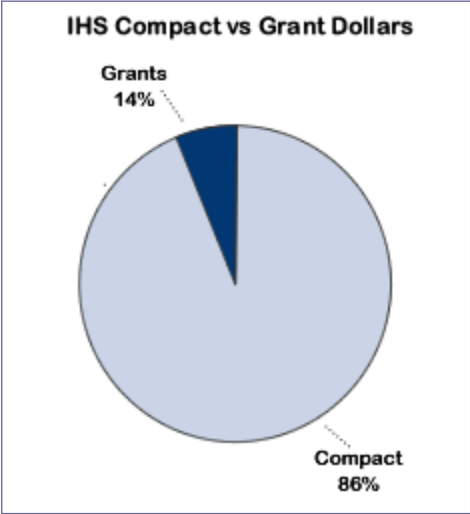
**SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: INDIAN HEALTH SERVICE (IHS)**

**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	579	\$172,138,366
Compact	94	\$1,030,968,025
<b>Total</b>	<b>673</b>	<b>\$1,203,106,391</b>

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.

<b>IHS Discretionary - All CFDA Programs</b>			
<b>CFDA</b>	<b>CFDA Name</b>	<b>Awards</b>	<b>Dollars</b>
93.237	Special Diabetes Program for Indians Prevention and Treatment Projects	377	\$135,237,499
93.231	Epidemiology Cooperative Agreements	27	\$11,891,216
93.193	Urban Indian Health Services	43	\$9,307,144
93.933	Demonstration Projects for Indian Health	47	\$5,446,301
93.970	Health Professions Recruitment Program for Indians	7	\$2,709,454
93.228	Indian Health Service Health Management Development Program	30	\$2,351,071
93.443	Health Promotion/Disease Prevention Program for American Indians and Alaska Natives	17	\$2,065,236
93.210	Tribal Self-Governance	9	\$1,808,962
93.284	Injury Prevention Program for American Indians and Alaskan Natives	22	\$1,321,483

<b>IHS Other - CFDA Programs</b>			
<b>CFDA</b>	<b>CFDA Name</b>	<b>Awards</b>	<b>Dollars</b>
93.210	Tribal Self-Governance (Compacts)	94	\$1,030,968,025

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.

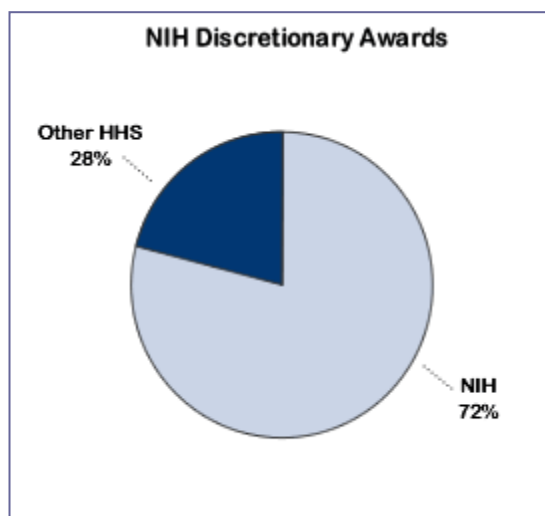
NIH Totals by Award Class		
Award Class	Awards	Dollars
Discretionary	52,057	\$21,113,804,312
Mandatory	0	\$0
<b>Total</b>	<b>52,057</b>	<b>\$21,113,804,312</b>

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 2008.

<b>NIH Discretionary - Selected CFDA Programs</b>			
<b>CFDA</b>	<b>CFDA Name</b>	<b>Awards</b>	<b>Dollars</b>
93.855	Allergy, Immunology and Transplantation Research	5,108	\$2,534,924,844
93.859	Pharmacology, Physiology, and Biological Chemistry	5,537	\$1,822,672,824
93.837	Heart and Vascular Diseases Research	3,150	\$1,400,614,906
93.853	Extramural Research Programs in the Neurosciences	3,780	\$1,303,370,355
93.389	National Center for Research Resources	958	\$1,163,275,809
93.242	Mental Health Research Grants	2,686	\$1,020,026,534
93.866	Aging Research	2,150	\$847,153,302
93.865	National Institute of Child Health And Human Development	2,160	\$780,874,900
93.395	Cancer Treatment Research	1,529	\$761,365,890
93.279	Drug Abuse Research Programs	2,072	\$752,369,543
93.847	Diabetes, Endocrinology and Metabolism Research	1,763	\$669,673,870
93.393	Cancer Cause and Prevention Research	1,800	\$662,554,674
93.867	Vision Research	1,409	\$555,928,669
93.396	Microbiology and Infectious Diseases Research	1,525	\$510,219,613
93.838	Lung Diseases Research	1,156	\$499,446,828
93.846	Arthritis, Musculoskeletal and Skin Diseases Research	1,378	\$410,906,779



<b>NIH Discretionary Programs by Institute</b>			
<b>Institute</b>	<b>Number of Programs</b>	<b>Awards</b>	<b>Dollars</b>
Center For Drug Evaluation and Research, NIH	5	320	\$100,952,520
Fogarty International Center	21	345	\$65,725,255
National Cancer Institute	23	7,108	\$3,066,172,293
National Center For Research Resources	12	1,025	\$1,215,177,302
National Center on Minority Health and Health Disparities	3	172	\$134,110,277
National Eye Institute	6	1,421	\$557,264,873
National Heart, Lung, & Blood Institute	17	5,250	\$2,317,293,936
National Human Genome Research Institute	5	393	\$428,085,665
National Institute of Allergy & Infectious Diseases	11	5,225	\$2,604,817,098
National Institute of Arthritis & Musculoskeletal & Skin Diseases	6	1,397	\$422,860,954
National Institute of Child Health and Human Development	13	2,610	\$924,698,467
National Institute of Dental and Craniofacial Research	7	843	\$288,413,981
National Institute of Diabetes & Digestive & Kidney Diseases	12	4,267	\$1,432,301,092
National Institute of Environmental Health Sciences	8	910	\$407,047,137
National Institute of General Medical Sciences	13	5,608	\$1,853,440,103
National Institute of Mental Health	13	3,411	\$1,134,175,074
National Institute of Neurological Disorders and Stroke	11	3,850	\$1,320,082,695
National Institute of Nursing Research	5	442	\$119,373,145
National Institute on Aging	6	2,163	\$850,462,476
National Institute on Alcohol Abuse and Alcoholism	9	1,039	\$334,239,929
National Institute on Deafness and Other Communication Disorders	3	1,106	\$312,806,634
National Institute on Drug Abuse	7	2,211	\$768,746,952
National Institute of Biomedical Imaging & Bioengineering	10	812	\$275,881,062
National Library of Medicine	4	192	\$57,253,851
Office Of The Director, NIH	8	92	\$122,421,541

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)**

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**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) ([aspe.hhs.gov/health/fmap.htm](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** is responsible for policy development and the conduct and coordination of research and evaluation on a broad range of issues relating to poor and at-risk families, children and youth, including poverty, economic support, welfare-to-work strategies, employment and work supports for low-income populations, early childhood development, and avoiding risky behaviors. 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.

<b>ASPE - All CFDA Programs</b>			
<b>CFDA</b>	<b>CFDA Program</b>	<b>Awards</b>	<b>Dollars</b>
93.239	Policy Research And Evaluation Grants	5	\$2,774,999

<b>ASPE – All Awards</b>	
<b>ASPE Award Titles</b>	<b>Dollars</b>
National Center for Marriage Research – Bowling Green State University	\$800,000
National Poverty Research Center – University of Michigan	\$750,000
Kentucky Center for Poverty Research	\$424,999
Area Poverty Research Center - University of Wisconsin, Madison	\$450,000
Western Center on Poverty and Public Policy – University of Washington	\$350,000

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

<b>ASPR Totals by Award Class</b>		
<b>Award Class</b>	<b>Awards</b>	<b>Dollars</b>
Cooperative Agreements	0	\$0
Discretionary	193	\$488,747,000
<b>Total</b>	<b>193</b>	<b>\$488,747,000</b>

The Office of the Assistant Secretary for Preparedness and Response (ASPR) is within the Office of the Secretary. ASPR’s mission -to lead the Nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters - and its vision - a Nation prepared to prevent, respond to and reduce the adverse health effects of public health emergencies and disasters – reflect the essential role ASPR plays within the Nation’s public health preparedness and emergency response arena. ASPR focuses its efforts on promoting community preparedness and prevention: building public health partnerships with federal departments and agencies, academic institutions and private sector partners; and coordinating federal public health and medical response capability. ASPR is comprised of five components, of which three award grants.

**Office of Preparedness and Emergency Operations (ASPR/OPEO):**

OPEO is responsible for developing operational plans, analytical products, and training exercises to ensure the preparedness of the office, the Department, the Federal government and the public to respond to public health and medical threats and emergencies. OPEO is also responsible for ensuring that ASPR has the systems, logistical support, and procedures necessary to coordinate the Department’s operational response to acts of terrorism and other public health and medical threats and emergencies.

OPEO is the lead for interagency planning and response activities required to fulfill HHS responsibilities under Emergency Support Function (ESF) #8 of the National Response Plan (NRP) and Homeland Security Presidential Directive (HSPD) #10. OPEO maintains a regional planning and response coordination capability, and has operational responsibility for HHS functions related to the National Disaster Medical Systems (NDMS). OPEO also oversees the Hospital Preparedness Program which awards cooperative agreements to states, local, and territorial jurisdictions to strengthen the capability of hospitals and healthcare systems to plan, respond to, and recover from all hazard events.

**Office of Medicine, Science, and Public Health (ASPR/OMSPH):**

OMSPH provides leadership, coordination, and subject matter expertise on the medical, scientific, research, and public health aspects of emergency preparedness and response for ASPR. Additionally OMSPH develops public health, medical, and science policy options and guidance to enhance public health emergency preparedness. OMSPH designs and implements initiatives and programs to expand worldwide capability to prevent, detect, mitigate and respond to man-made or naturally occurring public health emergencies including pandemic influenza and other emerging infections. IN addition, OMSPH forges effective domestic and international partnerships with government, academic and private sector organizations to achieve public health emergency preparedness.

**Biomedical Advanced Research and Development Authority (ASPR/BARDA):**

BARDA provides an integrated, systematic approach to the development and purchase of the necessary vaccines, drugs, therapies and diagnostic tools for public health medical emergencies. BARDA also manages Project, BioShield, which includes the procurements of medical countermeasures for chemical, biological, radiological, and nuclear agents, as well as the advanced development and procurement of medical countermeasures for pandemic influenza and other emerging infectious diseases that fall outside the auspices of Project Bioshield.

<b>ASPR Discretionary - All CFDA Programs</b>			
<b>CFDA</b>	<b>CFDA Name</b>	<b>Awards</b>	<b>Dollars</b>
93.889	National Bioterrorism Hospital Preparedness Program	188	\$473,059,000
93.019	Infectious Disease Surveillance Networks	3	\$15,688,000
93.996	Bioterrorism Training and Curriculum Development Program	2	\$0
<b>Total</b>		<b>193</b>	<b>\$488,747,000</b>

<b>ASPR - All Awards</b>		
<b>Award Title</b>	<b>Awards</b>	<b>Dollars</b>
2006 INFECTIOUS DISEASE SURVEILLANCE NETWORKS (CENTRAL AMERICA - PANAMA)	1	\$602,000
2008 ANNOUNCEMENT OF AVAILABILITY OF FUNDS FOR THE HOSPITAL PREPAREDNESS PROGRAM (HPP)	14	\$60,457,760
2008 INTERNATIONAL TECHNICAL TRANSFER AND CAPACITY BUILDING FOR DEVELOPMENT OF INFLUENZA VACCINES	1	\$14,386,000
BIOTERRORISM - HOSPITAL PREPAREDNESS PROGRAM	59	\$70,822,725
2008 U3R HOSPITAL PREPAREDNESS	46	\$328,309,658
2008 TRAINING OF LATIN AMERICAN HEALTH CARE WORKERS THROUGH THE GORGAS MEMORIAL INSTITUTE, REPUBLIC OF PANAMA.	1	\$700,000
ANNOUNCEMENT OF AVAILABILITY OF FUNDS FOR THE HOSPITAL PREPAREDNESS PROGRAM (HPP)	2	\$9,291,582
TRANSFER OF FUNDS	1	\$1,476,162
HOSPITAL PREPAREDNESS PROGRAM, PANDEMIC INFLUENZA, MEDICAL SURGE CAPACITY AND CAPABILITY	1	\$1,390,853
NEVADA 2007 HOSPITAL PREPAREDNESS PROGRAM, PANDEMIC INFLUENZA SUPPLEMENT FOR MEDICAL SURGE CAPACITY AND CAPABILITY	1	\$708,492
IDAHO HOSPITAL PREPAREDNESS PROGRAM	2	\$529,535
BIOTERRORISM TRAINING AND CURRICULUM DEVELOPMENT PROGRAM (BTCDP)	1	-\$1,476,162
HOSPITAL PREPAREDNESS PROGRAM	63	\$1,548,395
<b>Total</b>	<b>193</b>	<b>\$488,747,000</b>

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:  
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.*

<b>OGHA Totals by Award Class</b>		
<b>Award Class</b>	<b>Awards</b>	<b>Dollars</b>
Cooperative Agreements	0	\$0
Discretionary	8	\$3,329,581
<b>Total</b>	<b>8</b>	<b>\$3,329,581</b>

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.

<b>OGHA Discretionary - All CFDA Programs</b>			
<b>CFDA</b>	<b>CFDA Name</b>	<b>Awards</b>	<b>Dollars</b>
93.016	TA to Physicians at Rabia Balkhi Women’s Hospital in Kabul	8	\$3,329,581



<b>OGHA - All Awards</b>			
<b>Recipient</b>	<b>Award Title</b>	<b>Awards</b>	<b>Dollars</b>
International Medical Corp	2008 THE CONTINUATION AND EXPANSION OF RABIA BALKHI WOMEN'S HOSPITAL (RBH) PHYSICIAN TRAINING AND SUPPORT PROGRAM IN AFG	1	\$1,019,581
REGIONAL EMERGING DISEASES INTERVENTION (REDI) CENTER	2006 GHS EMERGING INFECTIOUS DISEASES IN THE ASIA-PACIFIC REGION (REDI)	2	\$775,000
Islamic Republic of Afghan Ministry of Public Health	2006 TECHNICAL ASSISTANCE AND SUPPORT (AFGHAN MINISTRY OF PUBLIC HEALTH)	1	\$600,000
TX Dept of State Health Services	2008 UNITED STATES/MEXICO BORDER HEALTH COMMISSION BORDER-HEALTH IMPROVEMENT INITIATIVE	1	\$287,500
CA DEPT OF HEALTH SERVICES	2008 UNITED STATES/MEXICO BORDER HEALTH COMMISSION BORDER-HEALTH IMPROVEMENT INITIATIVE	1	\$192,500
AZ ST DEPARTMENT OF HEALTH SERVICES	2008 UNITED STATES/MEXICO BORDER HEALTH COMMISSION BORDER-HEALTH IMPROVEMENT INITIATIVE	1	\$192,500
NM ST DEPARTMENT OF HEALTH & ENVIRONMENT	2008 UNITED STATES/MEXICO BORDER HEALTH COMMISSION BORDER-HEALTH IMPROVEMENT INITIATIVE	1	\$162,500
National Center Infectious Disease Prevention Control	2006 GHS AVIAN AND PANDEMIC INFLUENZA (LIBYAN ARAB JAMAHERIYA)	1	\$100,000
<b>Total</b>		<b>9</b>	<b>\$3,329,581</b>

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 FOR PUBLIC HEALTH AND SCIENCE (OPHS)**

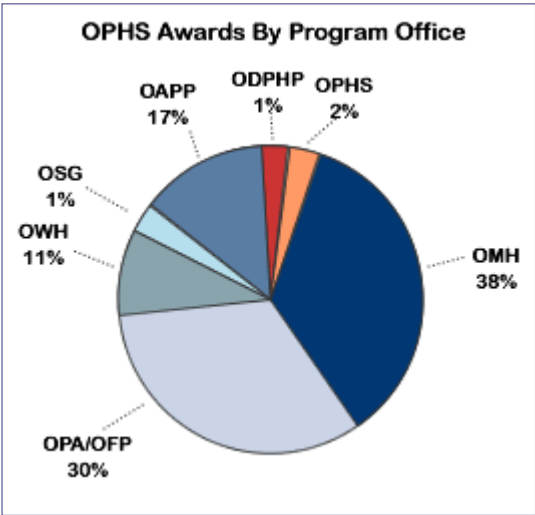
**Mission:** To provide leadership to the Nation on public health and science and promote, protect and improve the Nation’s health.

OPHS Totals by Award Class		
Award Class	Awards	Dollars
Cooperative Agreements	0	\$0
Discretionary	430	\$384,990,661
<b>Total</b>	<b>430</b>	<b>\$384,990,661</b>

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.



<b>OPHS Awards by CFDA Program</b>			
<b>CFDA</b>	<b>CFDA Name</b>	<b>Count of Awards</b>	<b>Transaction Total</b>
93.217	Family Planning: Services	88	\$276,107,278
93.995	Adolescent Family Life: Demonstration Projects	66	\$24,281,250
93.004	Cooperative Agreements to Improve the Health Status of Minority Populations	33	\$19,674,756
93.137	Community Programs to Improve Minority Health Grant Program	36	\$13,079,212
93.260	Family Planning Personnel Training	14	\$9,723,872
93.006	State and Territorial Minority HIV/AIDS Demonstration Program	59	\$9,078,106
93.008	Medical Reserve Corps Small Grant Program	2	\$5,650,000
93.974	Family Planning Service Delivery Improvement Research Grants	27	\$5,546,269
93.088	Advancing System Improvements to Support Targets for Healthy People 2010 (ASIST2010)	14	\$5,044,076
93.910	Family and Community Violence Prevention Program	25	\$5,930,934
93.007	Public Awareness Campaigns on Embryo Adoption	8	\$3,070,994
93.015	HIV Prevention Programs for Women	29	\$2,824,996
93.105	Bilingual/Bicultural Service Demonstration Projects	13	\$2,248,623
93.990	National Health Promotion	3	\$1,829,594
93.295	Intergenerational approaches to HIV/AIDS Prevention Education with Women across The Lifespan Pilot Program	4	\$1,200,000
93.111	Adolescent Family Life Research Grants	7	\$1,100,032
93.879	Medical Library Assistance	1	\$196,331

<b>OPHS Awards By Program Office</b>		
<b>Program Office</b>	<b>Awards</b>	<b>Dollars</b>
Office of Population Affairs/Family Planning (OPA/OFP)	129	\$291,377,419
Office of Minority Health (OMH)	166	\$48,865,969
Office of Adolescent Pregnancy Programs (OPA/OAPP)	73	\$25,381,282
Office on Women's Health (OWH)	48	\$8,619,072
Office of the Surgeon General (OSG)	3	\$5,846,331
Office of The Assistant Secretary For Public Health & Science (OPHS)	8	\$3,070,994
Office of Disease Prevention & Health Promotion (ODPHP)	3	\$1,829,594
<b>Total</b>	<b>430</b>	<b>\$384,990,661</b>

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

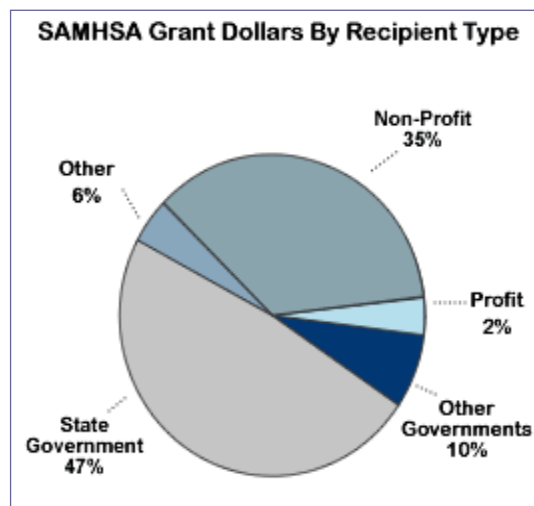
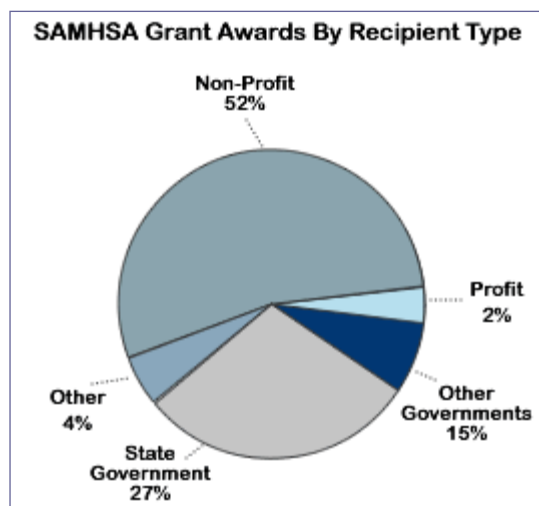
## SECTION IV. OPERATING DIVISION GRANT PORTFOLIOS: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

**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	2,191	\$819,886,108
Mandatory	235	\$2,155,677,214
<b>Total</b>	<b>2,426</b>	<b>\$2,975,563,322</b>

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.



<b>SAMHSA Discretionary - All CFDA Programs</b>			
<b>CFDA</b>	<b>CFDA Program</b>	<b>Awards</b>	<b>Dollars</b>
93.243	PRNS	1,269	\$523,184,945
93.275	Substance Abuse and Mental Health Services-Access to Recover	30	\$95,962,645
93.276	Drug-Free Community Grants	816	\$83,055,946
93.104	CMHS Child Mental Health Service Initiative	60	\$78,922,182
93.982	Mental Health Disaster Assistance	12	\$38,667,953
93.003	Public Health and Social Services Emergency Fund	2	\$92,437
93.230	Consolidated Knowledge Development and Application (KD&A) Program	2	\$0
<b>Total</b>		<b>2,191</b>	<b>\$819,886,108</b>

<b>SAMHSA Mandatory - All CFDA Programs</b>			
<b>CFDA</b>	<b>CFDA Program</b>	<b>Awards</b>	<b>Dollars</b>
93.959	Prevention and Treatment (SAPT) Block Grant	62	\$1,670,791,542
93.958	CMHS Block Grant	59	\$399,735,453
93.150	PATH	56	\$50,968,000
93.138	Protection and Advocacy for Individuals with Mental Illness	58	\$34,182,219
<b>Total</b>		<b>235</b>	<b>\$2,155,677,214</b>

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***

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### 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/](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.

<b>Rank</b>	<b>CFDA</b>	<b>Name</b>	<b>Number</b>	<b>Dollars</b>
1	93.778	Medical Assistance Program (Medicaid)	208	\$175,153,729,203
2	93.558	Temporary Assistance for Needy Families (TANF)	115	\$17,343,723,574
3	93.600	Head Start	1,841	\$6,677,528,436
4	93.767	State Children's Insurance Program (SCHIP)	87	\$5,322,770,475
5	93.596	Child Care Mandatory and Matching Funds of the Child Care and Development Fund	344	\$4,950,918,946
6	93.658	Foster Care: Title IV-E	54	\$4,337,192,692
7	93.563	Child Support Enforcement (CSE)	103	\$3,353,642,428
8	93.568	Low-Income Home Energy Assistance (LIHEAP)	208	\$2,590,386,299
9	93.855	Allergy, Immunology and Transplantation Research	5,108	\$2,534,924,844
10	93.659	Adoption Assistance	52	\$2,041,260,170
11	93.224	Community Health Centers	1,172	\$1,844,680,486
12	93.859	Pharmacology, Physiology, and Biological Chemistry Research	5,537	\$1,822,672,824
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	62	\$1,670,791,542
15	93.837	Heart and Vascular Diseases Research	3,150	\$1,400,614,906
16	93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	3,780	\$1,303,370,355
17	93.389	Research Infrastructure	958	\$1,163,275,809
18	93.917	HIV Care Formula Grants	86	\$1,148,004,790
19	93.045	Special Programs for the Aging Title III, Part C Nutrition Services	56	\$1,123,864,123
20	93.210	Tribal Self-Governance Program: IHS Compacts/Funding Agreements	103	\$1,032,776,987
21	93.242	Mental Health Research Grants	2,686	\$1,020,026,534
22	93.866	Aging Research	2,150	\$847,153,302
23	93.283	Centers for Disease Control and Prevention Investigations and Technical Assistance	1,078	\$845,646,730
24	93.865	Child Health and Human Development Extramural Research	2,159	\$780,844,900
25	93.395	Cancer Treatment Research	1,529	\$761,365,890
26	93.279	Drug Abuse Research Programs	2,072	\$752,369,543
27	93.069	Public Health Emergency Preparedness	95	\$719,790,378
28	93.847	Diabetes, Endocrinology and Metabolism Research	1,763	\$669,673,870



<b>Rank</b>	<b>CFDA</b>	<b>Name</b>	<b>Number</b>	<b>Dollars</b>
29	93.393	Cancer Cause and Prevention Research	1,800	\$662,554,674
30	93.569	Community Services Block Grant (CSBG)	183	\$648,656,538
31	93.067	Global AIDS	233	\$614,891,972
32	93.914	HIV Emergency Relief Project Grants	112	\$600,890,637
33	93.867	Vision Research	1,409	\$555,928,669
34	93.994	Maternal and Child Health Services Block Grant to the States	60	\$552,811,501
35	93.243	Substance Abuse and Mental Health Services: Projects of Regional and National Significance	1,269	\$523,184,945
36	93.396	Cancer Biology Research	1,525	\$510,219,613
37	93.838	Lung Diseases Research	1,156	\$499,446,828
38	93.889	Preparedness Program	201	\$469,291,957
39	93.941	HIV Demonstration, Research, Public and Professional	155	\$436,985,394
40	93.848	Digestive Diseases and Nutrition Research	1,341	\$411,144,419
41	93.846	Arthritis, Musculoskeletal and Skin Diseases Research	1,378	\$410,906,779
42	93.397	Cancer Centers Support Grants	164	\$399,773,752
43	93.958	Block Grants for Community Mental Health Services	59	\$399,735,453
44	93.172	Human Genome Research	382	\$382,924,021
45	93.839	Blood Diseases and Resources Research	822	\$378,840,322
46	93.849	Kidney Diseases, Urology and Hematology Research	1,169	\$356,049,103
47	93.310	Trans-NIH Research Support	493	\$355,492,246
48	93.556	Biological Response to Environmental Health Hazards	342	\$355,023,646
49	93.940	HIV Prevention Program	111	\$341,289,241
50	93.113	Biological Response to Environmental Health Hazards	838	\$323,745,243