

Centers for Disease Control and Prevention

FY2021 Grant Funding Profiles

About the Data

Data Included

- The grants and cooperative agreements data in this report include funding obligated and awarded (i.e., obligated funds) domestically to States, the District of Columbia (DC), U.S. Territories and Freely Associated States in fiscal year 2021 (FY21; 10/1/20 to 9/30/21) from CDC's domestic appropriations.
- In addition to including the value of cooperative agreements for immunization programs, the data also includes the value of vaccines purchased and provided through the Vaccines for Children program.
- Because the data includes funds obligated in FY21, it may include funding authorized through legislation passed in previous years, but only the amount actually obligated in FY21.
- The funding data is categorized by CDC budget line (i.e., by the CDC appropriation account used to make the investment), primarily as shown in CDC's [FY21 Operating Plan](#). Additional funding categories and subcategories also were included to capture COVID-19 supplemental funding obligated in FY21, whether directly appropriated to CDC or through funding transfers from the Department of Health and Human Services (HHS), and funds transferred from HHS for the Drug Free Communities Support program. The data also includes funding provided through the American Rescue Plan Act of 2021 (Public Law No: 117-2).

Data Excluded

- This data does not include any CDC expenditures, such as contracts, personnel, direct assistance, or other CDC operational and administrative costs.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (e.g., fund transfers to CDC from HHS; as noted in the "Data Included" section, there were two exceptions: funding transferred from HHS to CDC for the COVID-19 response and the Drug Free Communities Support program were included), Gifts and Donations, Global Health funds, and Buildings and Facilities funds.

Therefore, the funding profiles data do not reflect CDC's total appropriations.

Data Sources

- Funding data is from the CDC Office of Financial Resources (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines for Children vaccine purchase data)
- Population estimates for the United States, the District of Columbia, and Puerto Rico are from the 2020 U.S. Census, updated with 2021 estimates: [US population by year, race, age, ethnicity, & more | USAFacts](#)
- Population estimates for all other U.S. territories and freely associated states are for August 2022 from [The World Factbook](#) (accessed 8/4/22)

Data Interpretation and Use

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to grantees within states, DC, and U.S. territories and freely associated states by CDC budget line. However, caution should be used in interpreting variations across years or jurisdictions. Several reasons for variations are (1) the amounts, purpose, and focus of funding provided by Congress each year can vary, and (2) changes in national and/or CDC/ATSDR priorities and strategies due to factors such as urgent and emerging health threats and changes in population health status and needs. In terms of funding opportunities, (1) not all eligible entities apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all eligible entities that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need- based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
 - CDC has many different grant types with varying application eligibility and award criteria such as population disease burden, per capita formula-based, competitive based on proposal merit, non-competitive, etc.
 - Awards made to an entity will typically reflect the geographic location of the entity's official business or billing address such as a State capitol for a State government award. The awards therefore will not reflect the actual geographic application of the funds by the grantee in carrying out the purpose of the grant.
 - CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
 - In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

For More Information

- [CDC Budget](#)
- [CDC Funding](#)
- **CDC-INFO:** call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 or use the [Contact Us form](#).