



# CDC/ATSDR Funding and Technical Assistance: Overview for the CDC/ATSDR Tribal Advisory Committee

Center for State, Tribal, Local, and Territorial Support  
Centers for Disease Control and Prevention

January 2020



Centers for Disease Control and Prevention

CDC 24/7: Saving Lives, Protecting People™

- **Mission: CDC protects America from health, safety and security threats, both foreign and in the United States**

# Centers for Disease Control and Prevention (CDC) Mission

- **CDC carries out its mission and fulfills its unique public health role by**
  - Turning science into action to protect people from public health threats
  - Collecting mission critical data to inform decision-making about health threats
  - Being prepared to combat any threat to the health and safety of Americans citizens, no matter where in the world it might first arise
  - Using data to evaluate and implement the best science-based programs to improve health
  - Sharing information with the public, telling them what we know, when we know it, so people can decide how best to protect themselves and their families

# Agency for Toxic Substances and Disease Registry (ATSDR) Mission

- Created by Congress in 1980 to implement health-related sections of laws that protect the public from hazardous wastes and environmental spills of hazardous substances ([www.atsdr.cdc.gov/about/congress.html](http://www.atsdr.cdc.gov/about/congress.html))
- ATSDR protects communities from harmful health effects related to exposure to natural and man-made hazardous substances ([www.atsdr.cdc.gov/about/mission\\_vision\\_goals.html](http://www.atsdr.cdc.gov/about/mission_vision_goals.html))

# Agency for Toxic Substances and Disease Registry (ATSDR) Mission, Cont.

- **ATSDR carries out its mission and fulfills its unique public health role by**
  - Responding to environmental health emergencies
  - Investigating emerging environmental health threats
  - Conducting research on the health impacts of hazardous waste sites
  - Building capabilities of and providing actionable guidance to state and local health partners

# Comparison of CDC and IHS Characteristics

Characteristic	CDC	Indian Health Service (IHS)
Mission	Protect America from health, safety, and security threats, both foreign and in the US	Raise the health status of American Indian and Alaska Native people to the highest possible level
Provides or Funds Health Care Services	Rarely — not CDC's mission	Yes — IHS's mission
Has Regional Service Areas and Regional Offices	No	Yes
Population Served	All US (includes US territories and freely associated states)	American Indians and Alaska Natives
FY20 Program Level Budget	\$7.97 billion	\$6.04 billion

# Comparison of CDC and IHS Characteristics, Cont.

Characteristic	CDC	IHS
No. of Congressional Budget Lines	Hundreds	Fewer than 50
Basis for Budget Structure	Focus on disease and risk factors	Focus on direct medical care services, medical facilities, and other direct services
Stability of Budget Structure	Less stable	More stable
Statutory Authorities Specific to Tribes/Tribal Orgs	Few	Many
Funding Mechanisms for Tribes/Tribal Orgs	Cooperative agreements, grants, contracts	Cooperative agreements, grants, contracts, <b>compacts</b>
Formal Budget Consultation	No centralized/formal process; participate in annual HHS tribal budget consultations	Formal structure and process as required by the Indian Health Care Improvement Act

# Informing CDC Program and Resource Strategies for Tribal Health

- CDC/ATSDR and Health and Human Services (HHS) Secretary Tribal Advisory Committees
- HHS budget consultations
- Other CDC consultations
- Tribal testimony
- Listening sessions
- Federal Register Notices soliciting input
- Grantee/project input, feedback, and results
- Health data

# Informing CDC Program and Resource Strategies for Tribal Health, Cont.

- Funding opportunity forecasts—talk to CDC contact
- Requests for and results of technical assistance
- National partner and other stakeholder input and feedback
- Notice of Funding Opportunity (NOFO) feedback—forecast phase, applicant technical assistance calls
- Tip sheet for CDC staff for writing funding opportunities that support tribal health and other CSTLTS technical assistance to do so

# Help Wanted and Appreciated

- **Continue to help CDC understand—using specific funding notice examples when possible—how we could have written the opportunity to better fit the tribal public health system and needs**
  - In terms of how eligibility written
  - Programmatic approach or other content

# The Federal Fiscal Year (FY)

- **Timeframe**

- Starts October 1 of each year
- Ends September 30 of the next year
- FY 2020 is October 1, 2019, through September 30, 2020

- **State, tribal, local, and territorial governments and other types of recipients have their own fiscal cycles**

# Example of Budget Formulation Timeline

## ■ February 2020

- President releases FY2021 budget proposal to Congress

## ■ ~March 2020

- Federal agencies begin planning budget proposal for FY2022 and continue through ~January 2021

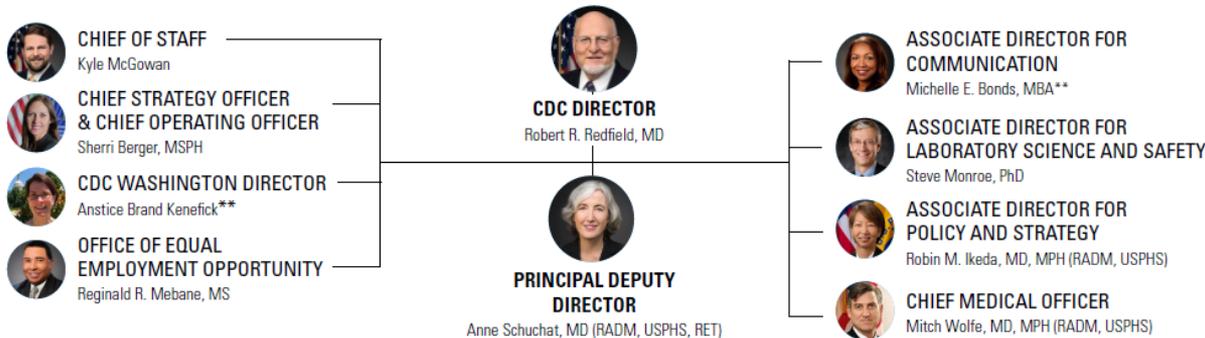
## ■ ~February — September 30, 2020

- Congress works to develop and pass FY2021 appropriations bills by the Sept. 30, 2020, deadline, or pass a continuing resolution, mini- or omnibus bills, or unfunded agencies shut down

## ■ February 2021

- President releases FY2022 budget proposal to Congress

- [Repeat Rest of Cycle]



\* ATSDR is an OPDIV within DHHS but is managed by a common director's office.

\*\* Acting position

2019

# A Bold Promise to the **Nation**

CDC Strategic Framework & Priorities

**Secure Global  
Health & Domestic  
Preparedness**

**Eliminate  
Diseases**

**End  
Epidemics**

| Data & Analytics | Laboratory Capacity | Workforce |  
| Outbreak Response | Global Capacity |

Pandemics, Bioterrorism,  
Vector-borne diseases

HIV/AIDS, Vaccine-preventable  
diseases, Hepatitis C

Opioids, Influenza,  
Antimicrobial resistance,  
Diabetes

Not inclusive of all CDC's vital, complex work.

# Examples of CDC Strategic Framework Measures of Success

- Opioids – Reduce US drug overdose mortality by at least 15% by 2021
- Opioid Data – Reduce data delay from 3 months to 1 week for nonfatal opioid overdoses
- Influenza – By 2021, increase flu vaccination coverage rates among children to 65% and among pregnant women to 55%
- HIV/AIDS – Eliminate new HIV infections in 10 years
- Vaccine-preventable – Increase by 10% up-to-date HPV vaccination coverage rate in 2021 compared to 2017 (48.6%)
- Rapid Response – By 2022, triple the number of CDC rapid response teams and trained incident managers

# Examples of CDC Measures of Success

- **Vector-borne – Reduce by 75% cases of Rocky Mountain spotted fever in US tribal communities**
- **Hepatitis C – Reduce hepatitis C-related deaths by 65% in 10 targeted states by 2024, as a first step to a national program**
- **Antibiotics – Reduce by 50% inappropriate antibiotic use in outpatient settings by 2020**
- **Global – Zero countries with wild poliovirus**
- **Diabetes – Reduce the number of new diabetes diagnoses from 1.4M in 2018 to 1.1M cases per year by 2025**
- **AMD – Increase the routine use of Advanced Molecular Detection from 37 states (2017) to all states (2019)**

# Congress, May I . . . ? (Authorizing Legislation)

- Gives federal agencies the authority to operate
- Defines activities federal programs are authorized to perform
- Can be time-limited
- Can receive new authorities from Congress at anytime  
Public health authorities are listed in the Public Health Service Act (Title 42 of USC)  
Cited in agencies' annual budget proposals, notices of funding opportunities (NOFOs), etc.
- May or may not also have appropriated funding

# CDC's and ATSDR's Annual Budget Request

- Statement of priorities, strategies, and resource needs for upcoming year
- Justifies resources: How much, how will be used, how will manage, how will measure effectiveness; past fiscal year accomplishments
- Is a request; not necessarily what finally received

 <h3>Congressional Justifications</h3> <p>When the President submits the Executive Branch Budget to Congress each year, the Executive agencies submit a document called the Congressional Justification.</p> <p><a href="#">More &gt;</a></p>	 <h3>Operating Plans</h3> <p>Once Congress passes an annual appropriations bill, agencies develop an operating plan based on the bill and conference report.</p> <p><a href="#">More &gt;</a></p>	 <h3>Budget Fact Sheets</h3> <p>The CDC budget fact sheets highlight CDC's priorities in the President's Budget request. They also provide an overview of each account's mission, activities, and performance highlights.</p> <p><a href="#">More &gt;</a></p>
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# FY 2020 Congressional Justification



**DEPARTMENT  
of HEALTH  
and HUMAN  
SERVICES**

**Fiscal Year  
2020**

Centers for Disease Control  
and Prevention

*Justification of  
Estimates for  
Appropriation Committees*



**DEPARTMENT  
of HEALTH  
and HUMAN  
SERVICES**

**Fiscal Year  
2020**

Agency for Toxic Substances and  
Disease Registry

*Justification of  
Estimates for  
Appropriation Committees*

APPROPRIATION ACTIVITY, CONTROL, AND PERFORMANCE BY PROGRAM ELEMENT	APPROPRIATION Account	FY 2019 Actual	FY 2020 Request	FY 2020 Change
<b>Agency for Toxic Substances and Disease Registry</b>		\$1,000,000	\$1,000,000	\$0
<b>Administrative</b>		\$1,000,000	\$1,000,000	\$0
Administrative Support		\$1,000,000	\$1,000,000	\$0
Information Systems		\$0	\$0	\$0
Travel		\$0	\$0	\$0
Telephone		\$0	\$0	\$0
Postage		\$0	\$0	\$0
Printing		\$0	\$0	\$0
Supplies		\$0	\$0	\$0
Miscellaneous		\$0	\$0	\$0
Contractual Services		\$0	\$0	\$0
Construction		\$0	\$0	\$0
Capital Equipment		\$0	\$0	\$0
Debt Service		\$0	\$0	\$0
Interest		\$0	\$0	\$0
Miscellaneous		\$0	\$0	\$0
Total		\$1,000,000	\$1,000,000	\$0
<b>Program Operations</b>		\$0	\$0	\$0
Administrative Support		\$0	\$0	\$0
Information Systems		\$0	\$0	\$0
Travel		\$0	\$0	\$0
Telephone		\$0	\$0	\$0
Postage		\$0	\$0	\$0
Printing		\$0	\$0	\$0
Supplies		\$0	\$0	\$0
Miscellaneous		\$0	\$0	\$0
Contractual Services		\$0	\$0	\$0
Construction		\$0	\$0	\$0
Capital Equipment		\$0	\$0	\$0
Debt Service		\$0	\$0	\$0
Interest		\$0	\$0	\$0
Miscellaneous		\$0	\$0	\$0
Total		\$0	\$0	\$0
<b>Research and Development</b>		\$0	\$0	\$0
Administrative Support		\$0	\$0	\$0
Information Systems		\$0	\$0	\$0
Travel		\$0	\$0	\$0
Telephone		\$0	\$0	\$0
Postage		\$0	\$0	\$0
Printing		\$0	\$0	\$0
Supplies		\$0	\$0	\$0
Miscellaneous		\$0	\$0	\$0
Contractual Services		\$0	\$0	\$0
Construction		\$0	\$0	\$0
Capital Equipment		\$0	\$0	\$0
Debt Service		\$0	\$0	\$0
Interest		\$0	\$0	\$0
Miscellaneous		\$0	\$0	\$0
Total		\$0	\$0	\$0
<b>Construction</b>		\$0	\$0	\$0
Construction		\$0	\$0	\$0
Capital Equipment		\$0	\$0	\$0
Debt Service		\$0	\$0	\$0
Interest		\$0	\$0	\$0
Miscellaneous		\$0	\$0	\$0
Total		\$0	\$0	\$0
<b>Total</b>		\$1,000,000	\$1,000,000	\$0

FY 2020 CDC  
Congressional Justification



FY 2020 ATSDR 

FY 2020 Budget Detail  
Table 

[www.cdc.gov/budget/fy2020/congressional-justification.html](http://www.cdc.gov/budget/fy2020/congressional-justification.html)

# FY 2020 CDC and ATSDR Final Appropriations

## ▪ H.R. 1865 (Further Consolidated Appropriations Act, 2020)

- <https://docs.house.gov/billsthisweek/20191216/BILLS-116HR1865SA-RCP116-44.PDF>
- Joint Explanatory Statement (Division A) funding CDC
  - <https://docs.house.gov/billsthisweek/20191216/BILLS-116HR1865SA-JES-DIVISION-A.pdf>
- Joint Explanatory Statement (Division D) funding ATSDR
  - <https://docs.house.gov/billsthisweek/20191216/BILLS-116HR1865SA-JES-DIVISION-D.pdf>

# FY 2020 CDC and ATSDR Final Appropriations

- **Report of the Committee on Appropriations, House of Representatives on FY 2020 LHHS Funding Bill (HR 116-62) (HHS [page 36]; CDC [page 56])**
  - [www.congress.gov/116/crpt/hrpt62/CRPT-116hrpt62.pdf](http://www.congress.gov/116/crpt/hrpt62/CRPT-116hrpt62.pdf)

# FY 2020 CDC Appropriations

- **Total program level:** \$7.97 billion (increase of \$636.81 million compared to FY2019)
- **Major increases**
  - +\$140 million to reduce new HIV infections
  - +\$85 million for the Infectious Disease Rapid Response Fund
  - +\$75 million for global health security
  - +\$50 million for the first year of a multi-year effort to support modernization of public health data and analytics at CDC and state and local health departments

Further Consolidated Appropriations Act, 2020 - <https://docs.house.gov/billsthisweek/20191216/BILLS-116HR1865SA-RCP116-44.PDF> and Joint Explanatory Statement (Division A) funding CDC - <https://docs.house.gov/billsthisweek/20191216/BILLS-116HR1865SA-JES-DIVISION-A.pdf>

# FY 2020 CDC Appropriations, Cont.

- **Major increases, Cont.**

- +\$20 million to combat the increase in youth e-cigarette use and continue momentum toward reducing tobacco use among all populations
- +\$12.5 million for Firearm Injury and Mortality Prevention Research
- +\$10 million for addressing the Infectious Diseases and the Opioid Epidemic
- +5 million for the Section 317 Immunization Program

Further Consolidated Appropriations Act, 2020 - <https://docs.house.gov/billsthisweek/20191216/BILLS-116HR1865SA-RCP116-44.PDF> and Joint Explanatory Statement (Division A) funding CDC - <https://docs.house.gov/billsthisweek/20191216/BILLS-116HR1865SA-JES-DIVISION-A.pdf>

# FY 2020 CDC Appropriations — Tribal Highlights

- **Racial and Ethnic Approaches to Community Health** — The Committee includes an increase of \$16,000,000 for Racial and Ethnic Approaches to Community Health for additional approved but unfunded organizations for the first year of a three-year cooperative agreement, with at least two additional grantees from each of the racial and ethnic target populations described in the funding announcement CDC–RFA–DP18–1813. The Committee continues funding for **Good Health and Wellness in Indian Country** at the fiscal year 2019 enacted level. (Note: \$21 million) (Committee report 116-62 on HR2740)

Further Consolidated Appropriations Act, 2020 - [https://docs.house.gov/billsthisweek/20191216/BILLS\\_116HR1865SA-RCP11644.PDF](https://docs.house.gov/billsthisweek/20191216/BILLS_116HR1865SA-RCP11644.PDF) and Joint Explanatory Statement (Division A) funding CDC - [https://docs.house.gov/billsthisweek/20191216/BILLS\\_116HR1865SA-JESDIVISION-A.pdf](https://docs.house.gov/billsthisweek/20191216/BILLS_116HR1865SA-JESDIVISION-A.pdf)

# FY 2020 CDC Appropriations — Tribal Highlights

- **Tribal Advisory Committee** — The agreement encourages the [CDC] Director, with guidance from Tribal Advisory Committee, to develop best practices around delivery of Tribal technical assistance and provide an update on written guidelines in the fiscal year 2021 Congressional Justification. (Joint Explanatory Statement, Division A, to HR1865)

Further Consolidated Appropriations Act, 2020 - [https://docs.house.gov/billsthisweek/20191216/BILLS\\_116HR1865SA-RCP11644.PDF](https://docs.house.gov/billsthisweek/20191216/BILLS_116HR1865SA-RCP11644.PDF) and Joint Explanatory Statement (Division A) funding CDC - [https://docs.house.gov/billsthisweek/20191216/BILLS\\_116HR1865SA-JESDIVISION-A.pdf](https://docs.house.gov/billsthisweek/20191216/BILLS_116HR1865SA-JESDIVISION-A.pdf)

# CDC Budget Structure (It's Complicated)

	FY18	FY19	+/-18
<b>Emerging and Zoonotic Infectious Diseases</b>	<b>\$612,672</b>	<b>\$620,372</b>	<b>\$7,700</b>
Emerging and Zoonotic Infectious Diseases - BA	\$560,672	\$568,372	\$7,700
Emerging and Zoonotic Infectious Diseases - PPHF	\$52,000	\$52,000	\$0
-- Antibiotic Resistance Initiative	\$167,364	\$168,000	\$636
-- Lab Safety and Quality	\$7,970	\$8,000	\$30
-- All Other Infectious Diseases	\$29,727	\$29,840	\$113
-- Vector-borne Diseases	\$38,457	\$38,603	\$146
-- Lyme Disease	\$10,700	\$12,000	\$1,300
-- Prion Disease	\$5,978	\$6,000	\$22
-- Chronic Fatigue Syndrome	\$5,380	\$5,400	\$20
-- Emerging Infectious Diseases	\$154,868	\$156,957	\$2,089
-- Food Safety	\$57,780	\$60,000	\$2,220
-- National HealthCare Safety Network	\$20,989	\$21,000	\$11
-- Quarantine	\$31,572	\$31,572	\$0
-- Advanced Molecular Detection (AMD)	\$29,887	\$30,000	\$113
-- Harmful Algal Blooms	\$0	\$1,000	\$1,000
-- <i>Epi and Lab Capacity program (PPHF)</i>	<i>\$40,000</i>	<i>\$40,000</i>	<i>\$0</i>
-- <i>Healthcare-Associated Infections (PPHF)</i>	<i>\$12,000</i>	<i>\$12,000</i>	<i>\$0</i>
<b>Chronic Disease Prevention and Health Promotion</b>	<b>\$1,159,857</b>	<b>\$1,187,771</b>	<b>\$27,914</b>
Chronic Disease Prevention and Health Promotion - BA	\$912,307	\$932,821	\$20,514
Chronic Disease Prevention and Health Promotion - PPHF	\$247,550	\$254,950	\$7,400
-- Tobacco	\$83,709	\$80,400	(\$3,309)
-- <i>Tobacco (PPHF)</i>	<i>\$126,000</i>	<i>\$129,600</i>	<i>\$3,600</i>
-- Nutrition, Physical Activity and Obesity	\$54,775	\$56,920	\$2,145
-- High Obesity Rate Counties	\$14,993	\$15,000	\$7
-- Farm to School	\$0	\$2,000	\$2,000
-- All Other Nutrition, Physical Activity and Obesity	\$39,782	\$39,920	\$138
-- School Health	\$15,347	\$15,400	\$53

Dollar amounts are in millions.

# CDC Grant Funding Profiles

## Grant Funding Profiles

### Grant Funding Profiles



The CDC Grant Funding Profiles site provides interactive data and summaries of CDC cooperative agreement and grant funding to recipients in U.S. states and territories, and the District of Columbia, starting with fiscal year (FY) 2010. The data is compiled in a format that allows users to view, sort, and analyze funding data by funding opportunity announcement, funding source (CDC funding category and sub-category), geography, and recipient name and type.



#### SUMMARY VIEW

The Summary View provides an interactive funding map and links to the data and summary reports in a list format. This view opens to information for the latest fiscal year for which data is available and provides links to prior fiscal year information.



#### FUNDING QUERY VIEW

Explore the data by fiscal year in an interactive table by sorting and filtering the funding data by one of 18 categories including funding source (CDC funding category and sub-category), geography, and recipient name and type.



#### FUNDING CATEGORY VIEW

Visualize the data through charts that represent the funding by category for states and territories and download the images. Selected data can be viewed in either a pie or bar chart providing a view of the amounts by category.

# CDC Tribal Health Budget, Grants, and Funding Site

## CDC Funding Profiles for Tribes and Tribal Organizations

These profiles provide information on direct funding from CDC to tribes and tribal organizations through grants and contracts.

- [Fiscal Year 2018](#)  [PPT-2 MB], [PDF Version](#)  [PDF-282 KB]
- [Fiscal Year 2017](#)  [PPT-2 MB], [PDF Version](#)  [PDF-278 KB]
- [Fiscal Year 2016](#)  [PPT-2 MB], [PDF Version](#)  [PDF-295 KB]
- [Fiscal Year 2015](#)  [PPT-4MB], [PDF Version](#)  [1MB]
- [Fiscal Year 2014](#)  [PPT-2.4MB], [PDF Version](#)  [271KB]

## CDC's Tribal-Specific Cooperative Agreements

These programs are those specifically designed for tribes or have tribal-only eligibility.

- [Good Health and Wellness in Indian Country](#)
- [Tribal Epidemiology Centers Public Health Infrastructure](#)
- [Tribal Practices for Wellness in Indian Country](#)
- [Tribal Public Health Capacity Building and Quality Improvement](#)

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# CDC Resources for Public Health Agencies

- Funding
- Assignees
- Data for action
- Workforce development resources
- Direct Assistance
- Short-Term Technical Assistance
- Communication Products

**Don't forget: Direct funding isn't the only resource CDC offers to affect public health.**

[www.cdc.gov/publichealthgateway/docs/healthdepartmentresources/stlt-agency-resources.pdf](http://www.cdc.gov/publichealthgateway/docs/healthdepartmentresources/stlt-agency-resources.pdf)  
[www.cdc.gov/publichealthgateway/healthdepartmentresources/health-official-support.html](http://www.cdc.gov/publichealthgateway/healthdepartmentresources/health-official-support.html)

# CDC Short-Term Technical Assistance

- **Epi-Aid, Lab-Aid, Informatics-Aid, and Econ-Aid**
- **Opioid Rapid Response Teams**
- **Health Hazard Evaluation**
- **Community Assessment for Public Health Emergency Response**
- **Assessment of Chemical Exposures**
- **Public Health Law Technical Assistance**
- **Center for State, Tribal, Local, and Territorial Support**

<https://www.cdc.gov/publichealthgateway/healthdepartmentresources/health-official-support.html>

# Examples of Factors CDC Considers in Budget and Program Planning

- Congressional legislation, appropriations, directives, and priorities
- Guidance and directives including priorities and funding levels—from White House (through the Office of Management and Budget or OMB), HHS, and CDC Director and other CDC leaders

# Examples of Factors CDC Considers in Budget and Program Planning, Cont.

- **Evidence base**
  - Health statistics
  - Research and program results
  - Known best practices and practice-based evidence
  - Results of surveys of public health system
- **National strategies and action plans**
- **Input from stakeholders (e.g., health departments, grantees, national organizations)**

# Communicate with CDC (and Others) Early and Often

- Community and health department status, needs, barriers, ideas, and success stories
- How federal (and even state and local) priorities, proposals, bills/legislation/regulation, and resource decisions will affect, or are affecting, your health department and the public's health
- How CDC can improve its public health programs, activities, services, processes, and resourcing

# Some Key Points in Time to Pay Attention

(“Which Way Is the Wind Blowing?” Moments)

- Release of President’s budget and federal agency budget materials (usually 1st Monday in February)
- Release of House and Senate budget resolutions (statements of priorities and intent)
- Release and markups of House and Senate bills
- Congressional press conferences
- Congressional appropriations hearings (usually webcast from House and Senate websites)

# Some Key Points in Time to Pay Attention

(“Which Way Is the Wind Blowing?” Moments)

- **Passage and content of final appropriations, including committee reports**
- **Release of funding opportunity announcements from federal agencies that put the appropriations into action**
  - Technical assistance webinars for potential applicants
- **Initiation of accountability activities and release of those results**

# Communication and Collaboration

- **Subscribe to CDC's email subscription service for news and updates ([www.cdc.gov/other/emailupdates/](http://www.cdc.gov/other/emailupdates/)), Facebook page, or Twitter feed**
  - What sources of tribal information would you recommend CDC staff subscribe to?
- **Subscribe to Grants.gov alerts for grant and cooperative agreement funding opportunities and FedBizOpps.gov for contract opportunities**

## Communication and Collaboration, Cont.

- **Serve on and/or attend meetings of CDC's advisory committees, provide input to committee members representing you, provide written statement or testimony (when applicable)**
  - CDC federal advisory committees
    - [www.cdc.gov/maso/facmcommitteeinformation.html](http://www.cdc.gov/maso/facmcommitteeinformation.html)
- **Share lessons learned with CDC and the field**

# Communication and Collaboration, Cont.

- **Communicate challenges and needs at anytime to CDC**
  - CSTLTS can connect you to the right person or source at CDC to help address your issue
  - If you are a current CDC funding recipient, tell your project officer about any specific challenges or issues that might be improved in the current or funding cycle

# Forecasted NOFO



Grantmaking Automated Systems  
CDC RFA-DD20-2001

Population-Based Rapid Surveillance of Birth Defects and Neonatal Abstinence Syndrome  
Department of Health and Human Services  
Centers for Disease Control - NCBDDD

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Apply

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FORECAST

VERSION HISTORY

RELATED DOCUMENTS

PACKAGE

Print Forecast Details



**NOTE:** This is a Forecasted Opportunity.

## General Information

<b>Document Type:</b> Grants Notice	<b>Version:</b> Forecast 1
<b>Opportunity Number:</b> CDC-RFA-DD20-2001	<b>Forecasted Date:</b> Apr 19, 2019
<b>Opportunity Title:</b> Population-Based Rapid Surveillance of Birth Defects and Neonatal Abstinence Syndrome	<b>Last Updated Date:</b> Apr 19, 2019
<b>Opportunity Category:</b> Discretionary	<b>Estimated Post Date:</b> Jun 28, 2019
<b>Opportunity Category Explanation:</b>	<b>Estimated Application Due Date:</b> Sep 06, 2019 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.
<b>Funding Instrument Type:</b> Cooperative Agreement	<b>Estimated Award Date:</b> Jan 01, 2020
<b>Category of Funding Activity:</b> Health	<b>Estimated Project Start Date:</b> Feb 01, 2020
<b>Category Explanation:</b>	<b>Fiscal Year:</b> 2020
<b>Expected Number of Awards:</b> 12	<b>Archive Date:</b> Oct 06, 2019
<b>CFDA Number(s):</b> 93.073 -- Birth Defects and Developmental Disabilities - Prevention and Surveillance	<b>Estimated Total Program Funding:</b> \$14,000,000

[www.grants.gov/web/grants/view-opportunity.html?oppld=315086](http://www.grants.gov/web/grants/view-opportunity.html?oppld=315086)

# Full Eligibility for Funding

- **Applicants must meet both basic and additional eligibility requirements**
  - **Title:** CDC-RFA-TP18-1802 - Cooperative Agreement for Emergency Response: Public Health Crisis Response
  - **Purpose:** Enhance the nation's ability to rapidly mobilize and respond to specific public health emergencies
  - **Eligible applicants:** County governments, state governments, city or township governments, Native American tribal governments (federally recognized)
  - **Additional information on eligibility**
    - Governmental public health departments constitutionally empowered to protect health and welfare of their communities
    - Functional public health emergency management programs, legal authority, and already existing public health emergency management capacity
    - For tribal governments meeting these requirements, must serve through their own infrastructure a population at least 50,000 people

# Funding Application Tips

- **Grant writing guidance and tips:**

[www.cdc.gov/publichealthgateway/grantsfunding/grant-writing.html](http://www.cdc.gov/publichealthgateway/grantsfunding/grant-writing.html)

- **Direct assistance for assigning CDC staff to state, tribal, local, and territorial health agencies:**

[www.cdc.gov/publichealthgateway/grantsfunding/direct\\_assistance.html](http://www.cdc.gov/publichealthgateway/grantsfunding/direct_assistance.html)

- **Expediting the federal grant process with an administrative partner:**

[www.cdc.gov/publichealthgateway/grantsfunding/expediting.html](http://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html)

## Alerts About Current & Projected Funding Opportunities



The federal government provides many funding opportunities for state, tribal, local, and territorial health agencies, but these opportunities are announced throughout the year and can be difficult to track. [Grants.gov](https://www.grants.gov) can help. The information below outlines how public health professionals can subscribe to receive email alerts about federal funding opportunities, search for forecasted opportunities, and receive email updates about a specific forecasted opportunity.

### Grants.gov Alerts

To set up email alerts for new, modified, and deleted grant and cooperative agreement opportunities from federal grant-making agencies, visit Grants.gov's [Manage Subscriptions](#) page. You can sign up for alerts under "Email Notifications"



Information continued at [www.cdc.gov/stltpublichealth/grantsfunding/alerts.html](https://www.cdc.gov/stltpublichealth/grantsfunding/alerts.html)

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