

CONGRESS OF THE UNITED STATES
DELEGATION OFFICE
STATE OF NEW MEXICO
HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-3330

May 21, 2010

Jack Callaghan
NM Public Health Division
P.O. Box 26110
Santa Fe, NM 87502

Dear Mr. Callaghan:

In response to your request for assistance in identifying sources of federal funding for the community health councils, we have identified several areas of possible support and have compiled the enclosed information for your review. Please note that we have included several program descriptions from the Catalog of Federal Domestic Assistance. We do not expect that all of these resources will be suited for your project, but we have included those which we feel may offer possible funding opportunities or other relevant information. We encourage you to carefully review the information and contact those organizations or program directors which you feel may offer the best possibility of assistance.

You may notice that a few of the Federal grant programs only allow states to apply. We have included these so that you can be aware of the programs and contact the appropriate state agency to see if you are eligible to compete for those funds.

We hope this information will be helpful to you and we wish you success in this endeavor. If we can be of further assistance to you, please do not hesitate to contact us.

Sincerely,



Jeff Bingaman
United States Senator



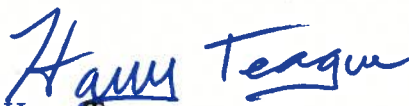
Tom Udall
United States Senator



Martin Heinrich
United States Representative



Ben Ray Luján
United States Representative



Harry Teague
United States Representative

offering training to faith-based and community organizations statewide. The project also offers day-long workshops open to all interested organizations. Organizations selected for subawards are assigned a direct technical assistance provider who develops a customized work plan to meet the organizations specific capacity building needs.

o Grantee provides training workshops open to FBCOs that serve high-need populations. In addition, grantees Leadership and Practice Committee provides complimentary capacity building resources to all eligible organizations. Through a competitive process, the grantee selects 18 organizations each year to receive subawards and guide-by-the-side technical assistance from mentors. The Leadership and Practice Committee also facilitates peer-to-peer learning and networking for FBCOs. Grantee distributes \$252,000 in subawards annually. Fiscal Year 2009: No Current Data Available. Fiscal Year 2010: No Current Data Available.

CRITERIA FOR SELECTING PROPOSALS:

Criteria used for selecting Intermediary Organizations: Intermediary organizations are evaluated on the following criteria: approach, objectives and need for assistance, organizational profiles, and budget and budget justification. The technical assistance strategy, sub-award strategy, and geographic location are all factors in evaluating the approach of the applicant. The needs of faith-based and community organizations to be served and the needs of communities served are factors for evaluating the objectives and need for assistance of the applicant. The staff and position data and past experience are factors used to evaluate the organizational profile of the applicant. Applicants will be evaluated under the budget and budget justification criteria on the extent to which they include a budget that is clear, easy to understand, and provides a detailed justification for the amount requested.

93.010 COMMUNITY-BASED ABSTINENCE EDUCATION (CBAE)

(CBAE)

FEDERAL AGENCY:

Administration for Children and Families, Department of Health and Human Services

AUTHORIZATION:

Title XI, Section 1110 of the Social Security Act.

OBJECTIVES:

The CBAE program supports programs that are designed to promote abstinence education, as defined by Section 510(b)(2) in Title V of the Social Security Act, for adolescents aged 12 through 18. The entire focus of these programs is to educate young people and create an environment within communities that supports teen decisions to postpone sexual activity until marriage.

TYPES OF ASSISTANCE:

PROJECT GRANTS

USES AND USE RESTRICTIONS:

Pursuant to Section 510(b)(2) of Title V of the Social Security Act, the term "abstinence education," for purposes of this program means an educational or motivational program that:

- (A) Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (B) Teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- (C) Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (D) Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- (E) Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- (F) Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- (G) Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- (H) Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Applicant Eligibility:

Public and private agencies responsible for the administration (or supervision of the administration) of projects under Section 1110 of the Social Security Act that teach abstinence, using the definitions contained in Section 510(b)(2) of the Act, to adolescents ages 12 through 18. Eligible applicants include: State governments; County governments; City or Township governments; independent school districts; private institutions of higher education; special district governments; public and State-controlled institutions of higher education; Native American Tribal governments (Federally recognized); public housing authorities/Indian housing authorities; Native American Tribal organizations (other than Federally recognized Tribal governments); non-profits having a 501(c)(3) status with the IRS, other than institutions of higher education; non-profits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education; for-profit organizations other than small businesses; and, small businesses. Faith-based and community organizations that meet the statutory eligibility requirements are eligible to apply under this announcement. Sex education programs that promote the use of contraceptives are not eligible for funding under this program.

Beneficiary Eligibility:

Adolescents ages 12 through 18.

Credentials/Documentation:

Nonprofit organizations must submit proof of nonprofit status. OMB Circular No. A-87 applies to this program.

Preapplication Coordination:

Preapplication coordination is required. Environmental impact information is not required for this program. This program is eligible for coverage under E.O. 12372, "Intergovernmental Review of Federal Programs." An applicant should consult the office or official designated as the single point of contact in his or her State for more information on the process the State requires to be followed in applying for assistance, if the State has selected the program for review.

Application Procedures:

OMB Circular No. A-102 applies to this program. OMB Circular No. A-110 applies to this program. Specific instructions are published in a program announcement made available through www.grants.gov.

Award Procedure:

All applications are reviewed by a panel of nonfederal experts that assigns scores according to the published criteria. The panel's scores are factored into the recommendations for funding. Scores and recommendations are reviewed by the Associate Commissioner of the Family and Youth Services Bureau. Recommendations are made to the ACYF Commissioner, who makes the final funding decisions.

Deadlines:

Contact the headquarters or regional office, as appropriate, for application deadlines.

Range of Approval/Disapproval Time:

From 60 to 90 days.

Appeals:

Other - Not Specified.

Renewals:

From 60 to 90 days. Awards are generally made for a 5-year project period. In the first year of the project, grants will be awarded on a competitive basis. Grant applications will be considered on a noncompetitive basis for years two through five subject to availability of funds, satisfactory progress of the grantee, and a determination that continued funding would be in the best interest of the Federal Government.

Formula and Matching Requirements:

This program has no statutory formula.
This program has no matching requirements.
This program does not have MOE requirements.

Length and Time Phasing of Assistance:

Awards are generally made for a 5-year project period. In the first year of the project, grants will be awarded on a competitive basis. Grant applications will be considered on a noncompetitive basis for years two through five subject to availability of funds, satisfactory progress of the grantee, and a determination

that continued funding would be in the best interest of the Federal Government. Grants will be awarded for 12-month budget periods with a five-year project period. Method of awarding/releasing assistance: quarterly.

Reports:

Grantees are required to submit cash transaction reports, progress reports, and expenditure reports. Grantees must submit Federal Cash Transaction Reports (SF-272) quarterly throughout the project period through the payment management system. Grantees are required to submit program progress reports semi-annually throughout the project period. Program progress reports are due 30 days after the reporting period. Final programmatic reports are due 90 days after the close of the project period. Grantees are required to submit financial reports (SF-269) semi-annually throughout the project period. Financial reports are due 30 days after the reporting period. Final financial reports are due 90 days after the close of the project period. Performance monitoring occurs by reviewing program progress reports, conducting monitoring phone calls and conducting monitoring site visits.

Audits:

In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133.

Records:

All financial records are to be maintained 3 years after termination of the project or until audit is completed, whichever occurs first.

Account Identification:

75-1536-0-1-506.

Obligations:

(Salaries) FY 08 \$113,197,000; FY 09 est \$99,114,000; FY 10 est \$0 - Fiscal Year 2008: In FY 2008, 171 grants were awarded and \$5,085,000 was awarded for contracts.

Fiscal Year 2009: In FY 2009, the program office estimates that 171 grants will be continued and \$7,575,000 will be awarded for contracts.

Fiscal Year 2010: The proposed budget for FY 2010 makes not provision for the CBAE program.

Range and Average of Financial Assistance:

\$250,000 to \$600,000; \$425,000.

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: Data has been aggregated for grants that were originally awarded funding in FY 2006 and FY 2007 and were in operation between September 30, 2007 - September 29, 2008. The 103 grantees that reported data combined to serve 551,478 youth aged 12 - 18. The average number of hours of service provided to youth was 5.6 hours. Fiscal Year 2009: No Current Data Available Fiscal Year 2010: No Current Data Available

REGULATIONS, GUIDELINES, AND LITERATURE:

Contact the Family and Youth Services Bureau central office for available literature. You may also get information on the Family and Youth Services Bureau website at the following address:
<http://www.acf.hhs.gov/programs/fysb>.

Regional or Local Office:

None.

Headquarters Office:

Curtis Porter 1250 Maryland Avenue, SW, Washington, District of Columbia 20447 Email: curtis.porter@acf.hhs.gov Phone: 202-205-8306

Website Address:

<http://www.acf.hhs.gov/programs/fysb>.

RELATED PROGRAMS:

93.111 Adolescent Family Life Research Grants; 93.235 Abstinence Education Program

EXAMPLES OF FUNDED PROJECTS:

Fiscal Year 2008: In fiscal year 2008, 171 grants were awarded. Grantees implement a wide range of program types including: in-class abstinence education, after-school abstinence education, parent education, training for abstinence educators, mentoring, assemblies, community retreats, conferences and other activities. Fiscal Year 2009: No Current Data Available Fiscal Year 2010: No Current Data Available

CRITERIA FOR SELECTING PROPOSALS:

Applications will be evaluated based upon the criteria published in the Funding Opportunity Announcement located on the following website address:
http://www.acf.hhs.gov/grants/grants_fy08.html.

93.061 INNOVATIONS IN APPLIED PUBLIC HEALTH RESEARCH

CDC Health Protection Research Initiative (HPRI)

FEDERAL AGENCY:

Centers for Disease Control and Prevention, Department of Health and Human Services

AUTHORIZATION:

Public Health Service Act, Title 42, Part 247b, Section 317(k)(2).

OBJECTIVES:

To foster the new knowledge necessary to develop, enhance, and disseminate effective public health services, programs, and policies that improve health and quality of life for the population.

TYPES OF ASSISTANCE:

Cooperative Agreements

USES AND USE RESTRICTIONS:

Applied public health research provides the critical new knowledge to address the CDC Health Protection Goals and identified priority research needs. Research is focused on improving public health practices to maximize positive health outcomes and impacts.

Applicant Eligibility:

Applications may be submitted by public and private nonprofit and for profit organizations and by governments and their agencies, such as: Public nonprofit organizations Private nonprofit organizations, For profit organizations, Small, minority, women-owned businesses, Universities, Colleges, Research institutions, Hospitals, Community-based organizations, Faith-based organizations, Federally Recognized Indian Tribal Governments, Indian tribes, Indian tribal organizations, State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), Political subdivisions of States (in consultation with States).

Beneficiary Eligibility:

Beneficiary will be to public and private nonprofit and for profit organizations and by governments and their agencies, such as: Public nonprofit organizations Private nonprofit organizations, For profit organizations, Small, minority, women-owned businesses, Universities, Colleges, Research institutions, Hospitals, Community-based organizations, Faith-based organizations, Federally Recognized Indian Tribal Governments, Indian tribes, Indian tribal organizations, State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), Political subdivisions of States (in consultation with States).

Credentials/Documentation:

Applicants should document the need for assistance, state the objectives of the project, present their approach to meeting the objectives, and outline the methods of operation. Costs will be determined in accordance with OMB Circular No. A-87 for State and local governments and Federally Recognized Indian Tribal Governments. OMB Circular No. A-87 applies to this program.

Preapplication Coordination:

Preapplication coordination is not applicable. Environmental impact information is not required for this program. This program is excluded from

officer identified in the application.

Deadlines:

Oct 01, 2009 Applications must be received in the CDC Procurement and Grants Office by 5:00 p.m. Eastern Time on the deadline date.

Range of Approval/Disapproval Time:

From 90 to 120 days. From 90 to 120 days.

Appeals:

Not Applicable.

Renewals:

From 60 to 90 days. Renewals are made by competitive applications and Reviews.

Formula and Matching Requirements:

Statutory formulas are not applicable to this program.

Matching requirements are not applicable to this program.

MOE requirements are not applicable to this program.

Length and Time Phasing of Assistance:

From one to five years. Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal Government. Method of awarding/releasing assistance: lump sum.

Reports:

No program reports are required. No cash reports are required. As specified in the Founding Opportunity Announcement. No expenditure reports are required. As specified in the Founding Opportunity Announcement.

Audits:

In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133. Foreign recipients are subject to audit requirements specified in 45 CFR 74.26(d). A non-Federal audit is required, if during the recipients fiscal year, the recipient expended a total of \$500,000.00 or more under one or more HHS awards (as a direct recipient and/or as a subrecipient). The recipient either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where the recipient receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133. Please forward a copy of the completed audit to the following address: Procurement and Grants Office, Centers for Disease Control and Prevention, Attn: Grants Management Officer, 2920 Brandywine Road, MS-K75, Atlanta, GA 30341. If your audit was completed in accordance with number two (2) above, in addition to the address listed above, you are required to send a copy of the audit report to: Department of Health & Human Services, National External Audit Review Center Lucas Place, Room 514, 323 West 8th Street, Kansas City, MO 64105.

Records:

Financial records, including documents to support entries on accounting records and to substantiate charges to each grant, must be kept readily available for review by personnel authorized to examine PHS grant accounts. Records must be maintained for three years after the end of a budget period. If questions still remain, such as those raised as a result of audit, related records should be retained until the matter is completely resolved.

Account Identification:

75-0943-0-1-550.

Obligations:

(Salaries) FY 08 not reported.; FY 09 est not reported.; FY 10 est not reported. - FY08- \$1,139,887,898; FY09- est \$1,310,871,083; FY10- est \$1,376,414,637.

Range and Average of Financial Assistance:

\$25,000 to \$134,000,000. Average \$3,650,000.

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: Progress achieved through the first phase of the President's Emergency Plan for AIDS Relief (through September 30, 2008) includes: prevention of mother-to-child HIV transmission during nearly 16 million pregnancies, antiretroviral prophylaxis for nearly 1.2 million pregnant women found to be HIV-positive, allowing nearly 240,000 infants to be born HIV-free; life-saving treatment for more than 2.1 million men, women and children worldwide, including more than 2 million in the 15 focus countries--treatment support is estimated to save nearly 3.28 million adult years of life; and care for more than 10.1 million people affected by HIV/AIDS worldwide, including more than 4 million orphans and vulnerable children. Fiscal Year 2009: No Current Data Available Fiscal Year 2010: No Current Data Available

REGULATIONS, GUIDELINES, AND LITERATURE:

45 CFR Part 74 and Part 92 For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

Regional or Local Office:

See Regional Agency Offices. Sherry Smallwood, Branch Chief, International Branch, (770)488-2632, 2920 Brandywine Road, Atlanta, GA 30341.

Headquarters Office:

Reginald Caronn 1600 Clifton Road, NE, Mailstop E-07, Atlanta, Georgia 30333 Email: rdc2@cdc.gov Phone: 4046390022

Website Address:

<http://www.cdc.gov>.

RELATED PROGRAMS:

93.283 Centers for Disease Control and Prevention_ Investigations and Technical Assistance

EXAMPLES OF FUNDED PROJECTS:

Fiscal Year 2008: GAP has almost 500 funded projects primarily supporting Prevention, Care, and Treatment of HIV/AIDS internationally. Fiscal Year 2009: No Current Data Available Fiscal Year 2010: No Current Data Available

CRITERIA FOR SELECTING PROPOSALS:

Applications will be reviewed for completeness by the Procurement and Grants Office (PGO) staff, and for responsiveness by the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP). Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified that their application did not meet submission requirements. An objective review panel will evaluate complete and responsive applications.

93.068 CHRONIC DISEASES: RESEARCH, CONTROL, AND PREVENTION

(Research, Control, and Prevention)

FEDERAL AGENCY:

Centers for Disease Control and Prevention, Department of Health and Human Services

AUTHORIZATION:

Public Health Service Act, Title 42, Part 247b(k)(2), Section 301(a), Public Law USC-2421(a) and (b).

OBJECTIVES:

To assist State and local health agencies, health related organizations, and other public and private organizations in their efforts to prevent and control chronic diseases and disorders through research, development, capacity building, and intervention. To utilize research data to improve detection, diagnosis, treatment, and care of chronic diseases and their complications. To generate new knowledge related to chronic diseases that will improve health and quality of life and eliminate health disparities among segments of the population.

TYPES OF ASSISTANCE:

Cooperative Agreements

USES AND USE RESTRICTIONS:

Funds may be used for costs associated with conducting research and surveillance of chronic diseases and their complications. Funds may also be used for program planning and development, to support capacity building, and for evaluation of chronic disease prevention and control programs. CDC will have substantial involvement with the award recipient during performance of the funded activity.

Applicant Eligibility:

Applications may be submitted by State or local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau). Eligible applicants also include public and private nonprofit organizations, for profit organizations, small, minority, women-owned businesses, universities, colleges, research institutions, hospitals, community-based organizations, faith-based organizations, Federally recognized Indian tribal governments, Indian tribes, and Indian tribal organizations. Foreign institutions may be eligible for some specific programs.

Beneficiary Eligibility:

The general public will benefit from the objectives of this program.

Credentials/Documentation:

Applicants should document the need for assistance, state the objectives of the project, outline the method of operation, describe the evaluation procedures and provide a budget justification of funds requested. Costs for nonprofit recipients will be determined in accordance with HHS Regulations, 45 CFR Part 74, Subpart Q. This program is excluded from coverage under OMB Circular No. A-87.

Preapplication Coordination:

Preapplication coordination is not applicable. Environmental impact information is not required for this program. This program is eligible for coverage under E.O. 12372, "Intergovernmental Review of Federal Programs." An applicant should consult the office or official designated as the single point of contact in his or her State for more information on the process the State requires to be followed in applying for assistance, if the State has selected the program for review.

Application Procedures:

This program is excluded from coverage under OMB Circular No. A-102. This program is excluded from coverage under OMB Circular No. A-110. Information on the submission of applications may be obtained from the Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention. Telephone: (770) 488-2700. The standard application forms must be used for this program as furnished by the Public Health Service and requirement by OMB Circular No. A-110 for nongovernmental applicants. This program is subject to the provisions of OMB Circular No. A-110 for nonprofit organization.

Award Procedure:

After review and approval of an application, a notice of award is prepared and processed, along with appropriate notification to the public.

Deadlines:

Contact the headquarters or regional office, as appropriate, for application deadlines.

Range of Approval/Disapproval Time:

From 120 to 180 days. From 3 to 6 months.

Appeals:

Not Applicable.

Renewals:

Project periods are for 1 to 5 years with 12-month budget periods. Applications must be obtained from Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention. Telephone: (770) 488-2700.

Formula and Matching Requirements:

Statutory formulas are not applicable to this program.

Matching requirements are not applicable to this program.

MOE requirements are not applicable to this program.

Length and Time Phasing of Assistance:

Project periods are for 1 to 5 years with 12-month budget periods. Method of awarding/releasing assistance: lump sum.

Reports:

Annual or semiannual progress reports are required. Cash reports are not applicable. Annual or semiannual progress reports are required. Final financial status and performance reports are required 90 days after the end of a project period. Annual or semiannual progress reports are required.

Audits:

In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133. In addition, grants and cooperative agreements are subject to inspection and audits by DHHS and other Federal government officials.

Records:

There is a 3-year record retention requirement; records shall be retained beyond the 3-year period if final audit has not been done or findings resolved. Property records must be retained in accordance with PHS Grants Policy Statement requirements.

Account Identification:

75-0943-0-1-550.

Obligations:

(Salaries) FY 08 \$3,227,030; FY 09 est \$3,227,030; FY 10 est \$3,227,030

Range and Average of Financial Assistance:

No Data Available.

PROGRAM ACCOMPLISHMENTS:

Not Applicable.

REGULATIONS, GUIDELINES, AND LITERATURE:

Not Applicable.

Regional or Local Office:

None.

Headquarters Office:

Brenda Colley Gilbert, 1600 Clifton Rd, Atlanta, Georgia 30333 Email: bjc4@cdc.gov Phone: (770) 488-8390.

Website Address:

<http://www.cdc.gov/>

RELATED PROGRAMS:

Not Applicable.

EXAMPLES OF FUNDED PROJECTS:

Not Applicable.

CRITERIA FOR SELECTING PROPOSALS:

Applications will be evaluated based on: (1) Agreements between all agencies providing professional and/or supportive care, either voluntarily or for fees; (2) a description of the approach that will be used to provide prevention case management services; and (3) a description of how services will complement/expand existing agency primary and secondary services and specific criteria published in program guidance. All applications will be peer reviewed.

93.069 PUBLIC HEALTH EMERGENCY PREPAREDNESS**PHEP****FEDERAL AGENCY:**

Centers for Disease Control and Prevention, Department of Health and Human Services

AUTHORIZATION:

All qualified applications will be forwarded to an objective review committee. Based on the advice of the objective review committee, the HRSA program official with delegated authority is responsible for final selection and funding decisions.

Award Procedure:

Notification is made in writing by a Notice of Grant Award.

Deadlines:

Contact the headquarters or regional office, as appropriate, for application deadlines.

Range of Approval/Disapproval Time:

From 90 to 120 days.

Appeals:

Not Applicable.

Renewals:

Grants may be made for up to 5-year project periods, subject to availability of funds. After initial awards, projects may be renewed contingent upon submission and approval of a continuation application.

Formula and Matching Requirements:

This program has no statutory formula. Matching requirements are not applicable to this program. MOE requirements are not applicable to this program.

Length and Time Phasing of Assistance:

Awards, on a competitive basis will be for a one year budget period, although project periods may be approved for up to five years. Continued support, beyond the first year, is contingent upon satisfactory performance and the availability of Federal funds. See the following for information on how assistance is awarded/released: Grantees drawdown funds, as necessary, from the Payment Management System (PMS). PMS is the centralized web based payment system for HHS awards.

Reports:

Annual program reports, annual program service reports and special reports must be submitted as required. No cash reports are required. Grantees must submit a Financial Status Report on SF 269 (long form) within 90 days after the end of the budget period. The grantee must also submit an annual program data report, due March 15 each year, covering the just ended Jan. 1 - Dec. 31 calendar year. Beginning in Fiscal Year 2009, grantees must submit an Allocations Report, 60 days after the notice of grant award, and an Expenditures Report within 90 days after the end of the budget period, (OMB 0915-0318). A final Financial Status Report and final progress report must be submitted 90 days after the end of the project period. No expenditure reports are required. No performance monitoring is required.

Audits:

In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133.

Records:

Grantees are required to maintain grant accounting records for 3 years after the date they submit the FSR. If any litigation, claim, negotiation, audit, or other action involving the award has been started before the expiration of the 3-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular 3-year period, whichever is later.

Account Identification:

75-0350-0-1-350.

Obligations:

(Project Grants) FY 08 \$68,578,587; FY 09 est \$68,578,587; FY 10 est \$70,667,771

Range and Average of Financial Assistance:

\$230,384 to \$2,569,004; \$766,222.

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: In FY 08, a total of 90 project grants were awarded, which included 17 Youth Services Initiative grants. Fiscal Year 2009: It is estimated that a total of 90 projects will be funded in FY 09. Fiscal Year 2010: Approx. 98 projects will be funded in FY 10.

REGULATIONS, GUIDELINES, AND LITERATURE:

This program is subject to the provisions of 45 CFR Part 92 for State, local and tribal governments and 45 CFR Part 74 for institutions of higher education, hospitals, other nonprofit organizations and commercial organizations, as applicable.

Regional or Local Office:

See Regional Agency Offices. Tola Life, Acting Branch Chief, Northeastern Region, Division of Community Based Programs/HIV/AIDS Bureau, Health Resources and Services Administration, Department of Health and Human Services, Room 7A-30, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-1019.

Headquarters Office:

Division of Community Based Programs 5600 Fishers Lane, Room 7-A30, Rockville, Maryland 20857 Phone: (301) 443-1019

Website Address:

www.hrsa.gov

RELATED PROGRAMS:

93.110 Maternal and Child Health Federal Consolidated Programs; 93.994 Maternal and Child Health Services Block Grant to the States

EXAMPLES OF FUNDED PROJECTS:

Fiscal Year 2008: A variety of agencies are funded under this grant program, but they all represent the collaboration of local health and social services agencies, both public and private, including faith-based and community-based organizations. All provide health service delivery to infected women, infants, children, and youth and provide family-centered case management and education regarding opportunities to participate in HIV/AIDS-related clinical research. Projects directly provide or arrange for a range of medical social, psychosocial and family support services. Features unique to each project demonstrate collectively a variety of strategies to meet the critical needs of HIV infected women, infants, children, and youth. Fiscal Year 2009: No Current Data Available Fiscal Year 2010: No Current Data Available

CRITERIA FOR SELECTING PROPOSALS:

Criteria are included in the program guidance materials provided with application kits. Contact the HRSA Grant Application Center for details.

93.155 RURAL HEALTH RESEARCH CENTERS

FEDERAL AGENCY:

Health Resources and Services Administration, Department of Health and Human Services

AUTHORIZATION:

Section 711 of the Social Security Act as amended by section 432 of the Medicare Prescription Drug Improvement and Modernization Act of 2003.

OBJECTIVES:

To support the operation of rural health research centers, research dissemination, rural policy analysis, rapid response to quick data turn around requests, and rural health best practices to provide an information base, research dissemination, and policy analysis capability on the full range of rural health services issues, including financing, recruitment and retention of health professionals, access to care, health disparities and rural delivery systems.

TYPES OF ASSISTANCE:

PROJECT GRANTS

USES AND USE RESTRICTIONS:

All funds awarded should be expended solely for carrying out the approved projects in accordance with the provisions of Section 711 of the Social Security Act as amended by section 432 of the Medicare Prescription Drug Improvement and Modernization Act of 2003.

Applicant Eligibility:

All public and private entities, nonprofit and for-profit, including faith-based and community-based organizations, and Federally recognized tribes and/or tribal organizations, are eligible to apply. Please see individual grant guidances at www.grants.gov for program-specific eligibility.

Beneficiary Eligibility:

The entities that will benefit from this program are health care personnel, health research personnel, and the general public.

Credentials/Documentation:

Applicants should review the individual HRSA Guidance documents issued under these CFDA programs for any required proof or certifications which must be submitted prior to or simultaneous with submission of an application package. OMB Circular No. A-87 applies to this program.

Preapplication Coordination:

Preapplication coordination is required. Environmental impact information is not required for this program. This program is eligible for coverage under E.O. 12372, "Intergovernmental Review of Federal Programs." An applicant should consult the office or official designated as the single point of contact in his or her State for more information on the process the State requires to be followed in applying for assistance, if the State has selected the program for review.

Application Procedures:

This program is excluded from coverage under OMB Circular No. A-102. OMB Circular No. A-110 applies to this program. HRSA requires all applicants to apply electronically through Grants.gov.

All qualified applications will be forwarded to an objective review committee. Based on the advice of the objective review committee, the HRSA program official with delegated authority is responsible for final selection and funding decisions.

Award Procedure:

Notification is made in writing by a Notice of Grant Award.

Deadlines:

Contact the headquarters or regional office, as appropriate, for application deadlines.

Range of Approval/Disapproval Time:

> 180 Days. Approximatley 6 months.

Appeals:

Not Applicable.

Renewals:

Research center awards may be made for up to 4-year project periods. Subject to availability of funds, after initial awards, projects may be renewed non-competitively contingent upon submission and approval of an application, availability of appropriated funds, and awardee's satisfactory performance. One-year research grants are only available for one year.

Formula and Matching Requirements:

This program has no statutory formula.

This program has no matching requirements.

This program does not have MOE requirements.

Length and Time Phasing of Assistance:

Awards are made annually. Awards are normally made in a lump sum for the entire budget period. Payments are made through an Electronic Transfer System or Cash Demand System. See the following for information on how assistance is awarded/released: Notification is made in writing by a Notice of Grant Award.

Reports:

Annual Report. No cash reports are required. FSR. Expenditure reports are not applicable. Performance monitoring is not applicable.

Audits:

In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000

or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133.

Records:

Grantees are required to maintain grant accounting records for 3 years after the date they submit the FSR. If any litigation, claim, negotiation, audit, or other action involving the award has been started before the expiration of the 3-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular 3-year period, whichever is later.

Account Identification:

75-0350-0-1-550.

Obligations:

(Project Grants) FY 08 \$4,208,000; FY 09 est \$4,740,000; FY 10 est \$4,740,000

Range and Average of Financial Assistance:

For Research Centers: (FY 09 \$600,000 to \$700,000 range and average is \$650,000 and for FY 10 \$600,000 to \$700,000 range and average is \$650,000.

For Research Dissemination FY 09 \$100,000 to \$140,000 range and average is \$120,000 and for FY 10 \$100,000 to \$140,000 range and average is \$120,000.

For Rural Policy Analysis FY09 \$225,000 and for FY 10 \$225,000.

For rapid response to quick data turn around requests FY09 \$350,000 and for FY 10 \$350,000.

For rural health best practices FY09 \$1,800,000 and for FY 10 \$1,800,000.

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: No Current Data Available Fiscal Year 2009: In FY 09 seven non-competitive research center grants and one competitive Research Dissemination, Rural Policy Analysis, Rapid Response, and Rural Health Best Practices grant were each awarded. Fiscal Year 2010: It is anticipated that in FY 10 and FY 11 there will be seven Research Center awards and one Research Dissemination award Rural Policy Analysis, Rapid Response, and Rural Health Best Practices grant awards.

REGULATIONS, GUIDELINES, AND LITERATURE:

This program is subject to the provisions of 45 CFR Part 92 for State, local and tribal governments and 45 CFR Part 74 for institutions of higher education, hospitals, other nonprofit organizations and commercial organizations, as applicable.

Regional or Local Office:

See Regional Agency Offices. Program Contact: Joan Van Nostrand, D.P.A. for Rural Health Research Center grants and Research Dissemination grant , Office of Rural Health Policy, Health Resources and Services Administration, Department of Health and Human Services, Parklawn Building, Room 9A-55, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-0835.

Program Contact: Michelle Goodman for Rural Policy Analysis awards, Office of Rural Health Policy, Health Resources and Services Administration, Department of Health and Human Services, Parklawn Building, Room 9A-55, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-0835.

Program Contact: Carrie Cochran for Rapid Response awards, Office of Rural Health Policy, Health Resources and Services Administration, Department of Health and Human Services, Parklawn Building, Room 9A-55, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-0835.

Program Contact: Karen Beckham for Rural Health Best Practices, Office of Rural Health Policy, Health Resources and Services Administration, Department of Health and Human Services, Parklawn Building, Room 9A-55, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-0835.

Headquarters Office:

Office of Rural Health Policy 5600 Fishers Lane, Room 9-A55, Rockville, Maryland 20857 Phone: (301) 443-0835

Website Address:

www.hrsa.gov .

From 90 to 120 days. Employees of the NIH who are not approved as a result of this process may ask for reconsideration through the standard appeal procedures available to employees.

Renewals:

From 90 to 120 days. At the conclusion of the initial 2-year contract, participants may apply and be recommended for subsequent 1-year continuation contracts under the application and approval procedures specified above.

Formula and Matching Requirements:

This program has no statutory formula. Matching requirements are not applicable to this program. MOE requirements are not applicable to this program.

Length and Time Phasing of Assistance:

Assistance is available for a minimum 2-year period. One-year, continuation contracts are available for individuals whose educational debt exceeds the maximum repayable amount for 2 years and whose renewal ranking scores within the funding range. Payments are made directly to lenders, following each quarter of the participant's satisfactory service, unless otherwise agreed upon by the participant and Secretary of Health and Human Services. Method of awarding/releasing assistance: quarterly.

Reports:

Program participants must be certified quarterly as to having satisfactorily performed their research assignments. Cash reports are not applicable. Progress reports are not applicable. Expenditure reports are not applicable. Performance monitoring is not applicable.

Audits:

No audits are required for this program.

Records:

The NIH will maintain applicant records for 3 years after rejection and participant records for 6 years after completion of final service obligation.

Grantees generally must retain financial and programmatic records, supporting documents, statistical records, and all other records that are required by the terms of a grant, or may reasonably be considered pertinent to a grant, for a period of 3 years from the date the annual FSR is submitted. For awards under SNAP (other than those to foreign organizations and Federal institutions), the 3-year retention period will be calculated from the date the FSR for the entire competitive segment is submitted. Those grantees must retain the records pertinent to the entire competitive segment for 3 years from the date the FSR is submitted to NIH. Foreign organizations and Federal institutions must retain records for 3 years from the date of submission of the annual FSR to NIH. See 45 CFR 74.53 and 92.42 for exceptions and qualifications to the 3-year retention requirement (e.g., if any litigation, claim, financial management review, or audit is started before the expiration of the 3-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken). Those sections also specify the retention period for other types of grant-related records, including F&A cost proposals and property records. See 45 CFR 74.48 and 92.36 for record retention and access requirements for contracts under grants. In accordance with 45 Code of Federal Regulations, Part 74.53(e), the HHS Inspector General, the U.S. Comptroller General, or any of their duly authorized representatives have the right of timely and unrestricted access to any books, documents, papers, or other records of recipients that are pertinent to awards in order to make audits, examinations, excerpts, transcripts, and copies of such documents. This right also includes timely and reasonable access to a recipient's personnel for the purpose of interview and discussion related to such documents. The rights of access are not limited to the required retention period, but shall last as long as records are retained.

Account Identification:

75-6846-0-1-552.

Obligations:

(Project Grants) FY 08 \$309,000; FY 09 est \$77,000; FY 10 est \$361,000

Range and Average of Financial Assistance:

For initial 2-year contracts, loan repayments range from \$4,000 to \$70,000, Tax

reimbursements range from \$1,977 to \$34,598. The average contract cost which includes loan and tax reimbursement is \$68,454.

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: Nine awards were made in fiscal year 2008. Fiscal Year 2009: Three awards were made in fiscal year 2009. Fiscal Year 2010: NIH projects that nine awards will be granted in 2010.

REGULATIONS, GUIDELINES, AND LITERATURE:

Pertinent information is contained in Public Law 103-43, Section 1631; Section 487E of Public Health Service Act (42 U.S.C. 288-5); Public Law 105-392; Federal Register, Volume 59, No. 201, October 19, 1994; 42 CFR Part 68a Federal Register, Volume 63, No. 210, October 30, 1998.

Regional or Local Office:

None.

Headquarters Office:

Patricia A. Cole, PhD Office of Intramural Training and Education
National Institutes of Health
U.S. Department of Health and Human Services
Building 2, Room 2E18
2 Center Drive
, Bethesda, Maryland 20892-0230 Email: colep@mail.nih.gov Phone:
3014021283 Fax: 3014802942

Website Address:

www.lrp.nih.gov .

RELATED PROGRAMS:

93.162 National Health Service Corps Loan Repayment Program; 93.164 Indian Health Service Educational Loan Repayment; 93.342 Health Professions Student Loans, Including Primary Care Loans/Loans for Disadvantaged Students; 93.364 Nursing Student Loans; 93.936 National Institutes of Health Acquired Immunodeficiency Syndrome Research Loan Repayment Program

EXAMPLES OF FUNDED PROJECTS:

Fiscal Year 2008: No Current Data Available Fiscal Year 2009: Cephalic phase of insulin secretion is a well documented physiological response that is regulated by autonomic and endocrine responses to food-related sensory stimulation such as sight, smell and taste. Human taste perception comprises of at least five distinct qualities: bitterness, saltiness, sourness, sweetness, and umami. Umami is a sensation elicited by glutamate, commonly found in protein such as meat, fish, and legumes as well as flavor enhancers such as monosodium glutamate (MSG). Both the sweet and umami taste stimuli had been shown to illicit cephalic-phase insulin release in rats. Oral sensory stimulation in human with modified sham feeding (MSF - where food is smelled, tasted, and chewed, but not swallowed) had been shown to elicit the same response. The loss of this cephalic phase in insulin response has been shown to impair glucose tolerance. Furthermore, patients with type 2 diabetes and their first degree relatives had been shown to have impairment of sweet taste. Fiscal Year 2010: No Current Data Available

CRITERIA FOR SELECTING PROPOSALS:

Applicants are approved for participation in the NIH Clinical Research Loan Repayment Program after the LRC determines that the applicant will conduct qualified clinical research and qualifies as being from a disadvantaged background. LRC approval, in part, is based upon the scientific merit of the research and the credentials of the applicant as they relate to performing qualified clinical research.

93.223 DEVELOPMENT AND COORDINATION OF RURAL HEALTH SERVICES

FEDERAL AGENCY:

Health Resources and Services Administration, Department of Health and Human Services

AUTHORIZATION:

Social Security Act, Section 711, as amended, (42 U.S.C. 912).

OBJECTIVES:

To (1) Build and sustain rural health infrastructure by providing technical assistance to rural communities , (2) provide guidance and best practices on

rural health networks (3) improve quality of rural health care.

TYPES OF ASSISTANCE:

PROJECT GRANTS

USES AND USE RESTRICTIONS:

All funds awarded are to be expended solely for carrying out the approved activities in accordance with the intent of the cooperative agreement as stipulated in the notice of grant award.

Applicant Eligibility:

Nonprofit private organizations that represent national, State and local rural health constituencies. The applicant must represent National, State, and local constituency groups who are interested in and committed to improvements in rural health care.

Beneficiary Eligibility:

Underserved populations in rural areas and rural health care providers wishing to expand their services. Rural health care advocacy groups and their constituents.

Credentials/Documentation:

Applicants should review the individual HRSA Guidance documents issued under this CFDA program for any required proof or certifications which must be submitted prior to or simultaneous with submission of an application package. OMB Circular No. A-87 applies to this program.

Preapplication Coordination:

Preapplication coordination is required. Environmental impact information is not required for this program. This program is eligible for coverage under E.O. 12372, "Intergovernmental Review of Federal Programs." An applicant should consult the office or official designated as the single point of contact in his or her State for more information on the process the State requires to be followed in applying for assistance, if the State has selected the program for review.

Application Procedures:

OMB Circular No. A-102 applies to this program. OMB Circular No. A-110 applies to this program. HRSA requires all applicants to apply electronically through Grants.gov.

All qualified applications will be forwarded to an objective review committee. Based on the advice of the objective review committee, the HRSA program official with delegated authority is responsible for final selection and funding decisions.

Award Procedure:

Notification is made in writing by a Notice of Grant Award.

Deadlines:

Contact the headquarters or regional office, as appropriate, for application deadlines.

Range of Approval/Disapproval Time:

From 3 to 4 months.

Appeals:

Not Applicable.

Renewals:

Not Applicable.

Formula and Matching Requirements:

This program has no statutory formula.

This program has no matching requirements.

This program does not have MOE requirements.

Length and Time Phasing of Assistance:

Awards are made annually for a project period of 5 years. See the following for information on how assistance is awarded/released: Grantees drawdown funds, as necessary, from the Payment Management System (PMS). PMS is the centralized web based payment system for HHS awards.

Reports:

A Final Performance Report and a financial status report are due 90 days following the end of the project period. No cash reports are required. A

progress report and a financial status report are to be submitted within 90 days after the close of the budget period. No expenditure reports are required. No performance monitoring is required.

Audits:

In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133.

Records:

Grantees are required to maintain grant accounting records for 3 years after the date they submit the FSR. If any litigation, claim, negotiation, audit, or other action involving the award has been started before the expiration of the 3-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular 3-year period, whichever is later.

Account Identification:

75-0350-0-1-550.

Obligations:

(Project Grants) FY 08 \$750,000; FY 09 est \$750,000; FY 10 est \$756,000

Range and Average of Financial Assistance:

Average award is \$750,000.

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: No Current Data Available Fiscal Year 2009: One non-competing continuation award was funded in FY 09. Fiscal Year 2010: No Current Data Available

REGULATIONS, GUIDELINES, AND LITERATURE:

This program is subject to the provisions of 45 CFR Part 92 for State, local and tribal governments and 45 CFR Part 74 for institutions of higher education, hospitals, other nonprofit organizations and commercial organizations, as applicable.

Regional or Local Office:

See Regional Agency Offices. The Office of Rural Health Policy, Health Resources and Services Administration, Parklawn Building, Room 9A-55, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-0835.

Headquarters Office:

The Office of Rural Health Policy 5600 Fishers Lane, Room 9-A55, Rockville, Maryland 20857 Phone: (301) 443-0835

Website Address:

www.hrsa.gov.

RELATED PROGRAMS:

93.913 Grants to States for Operation of Offices of Rural Health

EXAMPLES OF FUNDED PROJECTS:

Fiscal Year 2008: Preparation of rural health funding and resource guides. Rural Health and Human Services information dissemination. Fiscal Year 2009: No Current Data Available Fiscal Year 2010: No Current Data Available

CRITERIA FOR SELECTING PROPOSALS:

Applications will be reviewed and rated on the applicant's ability to address the following areas: To (1) Build and sustain rural health infrastructure by providing technical assistance to rural communities, (2) provide guidance and best practices on rural health networks (3) improve quality of rural health care.

93.224 CONSOLIDATED HEALTH CENTERS (COMMUNITY HEALTH CENTERS, MIGRANT HEALTH CENTERS, HEALTH CARE FOR THE HOMELESS, PUBLIC HOUSING PRIMARY CARE, AND SCHOOL BASED HEALTH CENTERS)

FEDERAL AGENCY:

Health Resources and Services Administration, Department of Health and Human Services

AUTHORIZATION:

beyond the three year period if audit findings have not been resolved. Records relating to individual payback obligations are retained for one year after the individual has fulfilled or has been excused from fulfilling the payback obligation.

Account Identification:

75-1700-0-1-552.

Obligations:

(Training) FY 08 \$7,820,000; FY 09 est \$7,902,000; FY 10 est \$7,902,000

Range and Average of Financial Assistance:

(Individuals) \$35,000 to \$65,000; \$45,000 average. (Institutions) \$250,000 to \$500,000; \$350,000 average. These figures are total costs.

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: In fiscal year 2008, 4 new and 2 continuing individual fellowships were funded and 28 institutional training grants were funded. Fiscal Year 2009: It is estimated that 6 individual fellowships and 28 institutional training grants will be awarded in fiscal year 2009. Fiscal Year 2010: In fiscal year 2010, it is estimated that the same number of fellowship and training grants will be awarded as in fiscal year 2009.

REGULATIONS, GUIDELINES, AND LITERATURE:

Title 42 CFR Part 66; HHS Grants Policy Statement, DHHS Publication No. (OASH) 94-50,000, (Rev.) April 1, 1994.

Regional or Local Office:

None.

Headquarters Office:

Shelley Benjamin 540 Gaither Road, Rockville, Maryland 20850 Phone: 301-427-1528

Website Address:

<http://www.ahrq.gov>.

RELATED PROGRAMS:

93.226 Research on Healthcare Costs, Quality and Outcomes

EXAMPLES OF FUNDED PROJECTS:

Fiscal Year 2008: Support is provided for training in the following areas: health services research, research methods (including qualitative research), epidemiology, biostatistics, geriatrics, health administration and public health, medical information sciences, health policy and management, organizational behavior, clinical outcomes and effectiveness, primary care, health care quality, health economics and financing, child health, and vulnerable populations. Fiscal Year 2009: No Current Data Available Fiscal Year 2010: No Current Data Available

CRITERIA FOR SELECTING PROPOSALS:

For Individual fellowship applications, the following review criteria will be used: (1) The applicant's past academic and research accomplishments; (2) research goals; (3) research training proposed; (4) qualifications of the sponsor; (5) appropriateness of training environment; and (6) reference reports. For Institutional training grant applications, the following review criteria will be used: (1) goals of the proposed training and probability of achievement; (2) substantive content, including courses offered; (3) qualifications and responsibilities of program director and faculty; (4) ability to recruit trainees; (5) extent of institutional participation through provision of necessary space, curriculum time, financial support, and appropriate facilities; (6) documented cooperation of related agencies in providing research experience; (7) proposed number of students; (8) methods for monitoring and evaluating trainees; and (9) reasonableness of budget. In all cases, AHRQ will consider the recommendations of the review committee, the Council program interests, and availability of funds in making the final selection of grantees.

93.226 RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES

FEDERAL AGENCY:

Agency for Healthcare Research and Quality, Department of Health and Human Services

AUTHORIZATION:

Public Health Service Act, Title IX, 42 U.S.C 299 ff.

OBJECTIVES:

To support research and evaluations, demonstration projects, research networks, and multidisciplinary centers and to disseminate information on health care and on systems for the delivery of such care involving: (1) The quality, effectiveness, efficiency, appropriateness and value of health care services; (2) quality measurement and improvement; (3) the outcomes, cost, cost-effectiveness, and use of health care services and access to such services; (4) clinical practice, including primary care and practice-oriented research; (5) health care technologies, facilities and equipment; (6) health care costs, productivity, organization, and market forces; (7) health promotion and disease prevention, including clinical preventive services; (8) health statistics, surveys, database development, and epidemiology; and (9) medical liability. In support of this research, the Agency has a special interest in health care and its delivery in the inner city, in rural areas, and for priority populations (low-income groups, minority groups, women, children, the elderly, and individuals with special health care needs).

TYPES OF ASSISTANCE:

PROJECT GRANTS

USES AND USE RESTRICTIONS:

The research should contribute to the health services knowledge base from which empirically based information can be derived by policymakers, both immediately and over the coming decades. Grants include funds for direct costs (such as personnel, travel, equipment, or supplies) necessary to carry out an approved project as well as funds for the reimbursement of applicable indirect costs (as referred to as facilities and administrative costs). Unallowable costs are indicated in the HHS Grants Policy Statement. Discretionary funds are available.

Applicant Eligibility:

Federal, State or local government agencies, federally-recognized Indian Tribal Governments, U.S. Territories, sponsored organizations, non-government organizations, minority groups, specialized groups, public or private institutions of higher education, and other public or nonprofit private agencies, institutions, or organizations. Research project grants may also be awarded to individuals. For-profit organizations are eligible to apply for these grants only if "cooperative agreement" is the designated funding mechanism. Organizations described in section 501(c)4 of the Internal Revenue Code that engage in lobbying are not eligible.

Beneficiary Eligibility:

Federal, State or local government agencies, federally-recognized Indian Tribal Governments, public or private nonprofit institutions, U.S. territories, Native American organizations, sponsored organizations, consumers, students, minority groups, specialized groups, health or education professionals, individuals, scientist/researchers, and the general public.

Credentials/Documentation:

Nonprofit organizations must submit proof of their nonprofit status when applying for grants. Costs will be determined in accordance with DHHS Regulations 45 CFR 74. OMB Circular No. A-87 applies to this program.

Preapplication Coordination:

Preapplication coordination is not applicable. Environmental impact information is not required for this program. This program is excluded from coverage under E.O. 12372.

Application Procedures:

OMB Circular No. A-102 applies to this program. OMB Circular No. A-110 applies to this program. Applications must be submitted in response to a Funding Opportunity Announcement (FOA). All FOAs are posted on www.Grants.gov. Refer to the FOA of interest for specific requirements regarding the application procedure as AHRQ is in the process of transitioning to the new SF-424 Research and Related (R&R) grant application form and to electronic submission through www.Grants.gov for competing awards. For FOAs that have not yet been transitioned to electronic submission through www.Grants.gov, nongovernmental applicants should submit using Form PHS-398 (Rev. November 2007); State and local governments may submit using the standard application forms, as furnished by PHS and required by 45 CFR Part 92. For State agencies, no State Plan is required. Applications are reviewed and

evaluated by a group composed primarily of nonfederal scientists. The review is conducted by a panel of experts in the specific study area proposed. This program is subject to the provisions of 45 CFR Part 92 for State and local governments.

Award Procedure:

Applications are reviewed for scientific merit by a committee including nonfederal consultants who are selected from appropriate scientific fields. AHRQ considers the recommendations of the review committee, program interest, and the availability of funds in the final selection of grantees. When such decisions are made, applicants are notified and a Notice of Award is issued.

Deadlines:

Contact the headquarters or regional office, as appropriate, for application deadlines.

Range of Approval/Disapproval Time:

> 180 Days.

Appeals:

Not Applicable.

Renewals:

If additional support is desired to continue a project beyond the approved project period, an application for competing continuation must be submitted for review in the same manner as a new application.

Formula and Matching Requirements:

This program has no statutory formula.
This program has no matching requirements.
MOE requirements are not applicable to this program.

Length and Time Phasing of Assistance:

Grants may be approved for project periods of up to 5 years, depending on the grant program. Refer to the FOA of interest for information regarding the maximum duration of the project period. Awards are made on an annual basis and it is expected that obligations will be made within the budget period awarded. After awards are issued, funds are released in accordance with the payment procedure established by the grantee institution with DHHS, which may be an Electronic Transfer System or a Monthly Cash Request System. Method of awarding/releasing assistance: lump sum.

Reports:

Program reports are not applicable. Grantees must submit quarterly SF272 reports to PSC. Progress reports are required on an annual basis. A final progress report must be submitted within 90 days after the end of a project. Inventions are to be reported immediately. A Financial Status Report (FSR) must be submitted within 90 days after the end of each budget period. A final FSR must be submitted within 90 days after the end of the project. Performance monitoring is not applicable.

Audits:

In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133. In addition, grants and cooperative agreements are subject to inspection and audits by DHHS and other Federal government officials.

Records:

Records must be retained for at least three years; records shall be retained beyond the three year period if audit findings have not been resolved.

Account Identification:

75-1700-0-1-552.

Obligations:

(Project Grants) FY 08 \$72,531,331; FY 09 est \$91,710,000; FY 10 est \$89,232,000

Range and Average of Financial Assistance:

\$2,900 to \$2,327,805; \$272,805 average. These are total cost figures (direct costs plus associated facilities and administrative costs, if appropriate).

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: 308 grants were provided to universities, hospitals, nonprofit private organizations, and State and local government agencies to conduct health services research and demonstration projects. Fiscal Year 2009: it is estimated that approximately 378 grants will be provided to similar organizations for the support of extramural health services research and demonstration and dissemination projects. Fiscal Year 2010: it is estimated that approximately 369 grants will be provided to similar organizations.

REGULATIONS, GUIDELINES, AND LITERATURE:

42 CFR 67, Regulations for Grants for Health Services Research, Evaluation, Demonstration, and Dissemination Projects as amended by Public Law 106-129; HHS Grants Policy Statement, DHHS Publication No. (OASH) 94-50,000 (Rev.) April 1, 1994.

Regional or Local Office:

None.

Headquarters Office:

George Gardner 540 Gaither Road, Rockville, Maryland 20850 Phone: 301-427-1447

Website Address:

<http://www.ahrq.gov>.

RELATED PROGRAMS:

93.225 National Research Service Awards_Health Services Research Training

EXAMPLES OF FUNDED PROJECTS:

Fiscal Year 2008: (1) Centers for Education and Research on Therapeutics (CERTs); (2) Improving Health Care Quality through Health Information Technology; (3) Ambulatory Care Patient Safety Proactive Risk Assessment; (4) Consumer Assessment of Healthcare Providers and Systems (CAHPS) III; (5) Risk Informed Intervention Development and Implementation of Safe Practices in Ambulatory Care. Fiscal Year 2009: It is anticipated that AHRQ will support projects such as the Centers for Education and Research on Therapeutics; Consumer Assessment of Healthcare Providers and Systems (CAHPS) III; Utilizing Health Information Technology; and Accelerating Development of Methods for the Study of Complex Patients, as well as other projects relevant to the identified program priority areas of AHRQ. Fiscal Year 2010: It is anticipated that AHRQ will continue to support projects such as the Centers for Education and Research on Therapeutics; Consumer Assessment of Healthcare Providers and Systems (CAHPS) III; and Utilizing Health Information Technology, as well as other projects relevant to the identified program priority areas of AHRQ.

CRITERIA FOR SELECTING PROPOSALS:

The proposals must first be reviewed by review groups of peers and recommended for approval on the basis of scientific and technical merit. This includes consideration of the qualifications of the principal investigator and staff to conduct the research using appropriate methodology and budget. Those approved proposals which are most relevant to the identified program priority issues of the AHRQ are funded to the extent that funds are available.

93.228 INDIAN HEALTH SERVICE_HEALTH MANAGEMENT DEVELOPMENT PROGRAM

(Indian Health)

FEDERAL AGENCY:

Indian Health Service, Department of Health and Human Services

AUTHORIZATION:

Public Law 83-568, 42 U.S.C. 2001-2004a; Indian Self-Determination and Education Assistance Act, Section 104 (b), Public Law 93-638, 25 U.S.C. 450, Section 9, Public Law 98-250; Public Law 100 - 472.

OBJECTIVES:

To improve the quality of the health of American Indians and Alaska Natives by providing a full range of curative, preventive and rehabilitative health services; and to improve the management capability of American Indians and Alaska Natives to assume operation of all or part of an existing Indian Health

Range and Average of Financial Assistance:

\$0 - \$80 Million.

PROGRAM ACCOMPLISHMENTS:

Not Applicable

REGULATIONS, GUIDELINES, AND LITERATURE:

ARRA, Public Law 111-5, ARRA OMB Guidance ; Public Law 93-638, as amended, Public Law 106-206; Internal Agency Procedures Manual for Contracting Under Title I of the Indian Self Determination and Education Assistance Act; Indian Health Circular No. 2000-01; 25 CFR 900; 42 CFR 36; and the terms and conditions on the HHS website at:

<http://www.hhs.gov/recovery/grantscontracts/recoverytermsconditions.html>

Regional or Local Office:

See Regional Agency Offices.

Headquarters Office:

: CAPT Randall J.F. Gardner, P.E., USPHS 12300 Twinbrook Parkway, Suite 600A, Rockville, Maryland 20852 Email: Randall.Gardner@ihs.gov Phone: (301) 443-1247.

Website Address:

<http://www.hhs.gov/recovery/> or <http://www.recovery.gov/>

RELATED PROGRAMS:

15.024 Indian Self-Determination Contract Support; 15.025 Services to Indian Children, Elderly and Families; 15.241 Indian Self-Determination Act Contracts, Grants and Cooperative Agreements

EXAMPLES OF FUNDED PROJECTS:

Fiscal Year 2008: Equipment, Health facilities construction, Sanitation facilities projects, Maintenance and improvements. Fiscal Year 2009: No Current Data Available Fiscal Year 2010: No Current Data Available

CRITERIA FOR SELECTING PROPOSALS:

Not Applicable.

93.723 ARRA - PREVENTION AND WELLNESS-STATE, TERRITORIES AND PACIFIC ISLANDS

Centers for Disease Control and Prevention - ARRA Prevention and Wellness - State, Territories and Pacific Islands Supplemental

FEDERAL AGENCY:

Centers for Disease Control and Prevention, Department of Health and Human Services

AUTHORIZATION:

This program is authorized under sections 301(a), 307, 310, 3111 and 317(k) (2) American Recovery and Reinvestment Act of 2009 (ARRA) [Public Law 111.5], Public Health Service Act, 42 U.S. Code 241(a) and 247b (k) 2, and the Comprehensive Smoking Education Act of 1984, Comprehensive Smokeless Tobacco Health Education Act of 1986.

OBJECTIVES:

This funding was appropriated under the American Recovery and Reinvestment Act of 2009 (Public Health Service Act, 42 U.S. Code 241(a) and 247b (k) 2). The ARRA funds are intended to reduce Chronic Disease risk factors, prevent and delay chronic disease, promote wellness, and better manage chronic conditions. There will be two program components included in the supplemental award announcement; Nutrition, Physical Activity, and Tobacco Control (component 1) and National Network of Tobacco Quitlines (component 2). This initiative will address the following areas in component 1: Increased levels of physical activity Improved nutrition (e.g. increased fruit/vegetable consumption, reduced salt and trans fats); decreased smoking prevalence and decreased teen smoking initiation; and Decreased exposure to secondhand smoke. and Component 2 Expand National Network of Tobacco Quitlines. States, Territories, Pacific Islands and the District of Columbia funded under this announcement will accomplish this by planning and implementing interventions and establishing evidence-based policies to support and institutionalize healthy behaviors related to nutrition, physical activity and tobacco prevention among state/territory residents. These strategies will ultimately help change social norms and make healthier choices easier and

more affordable to residents. Programs will focus on policy and environmental changes that both improve state- and territory-wide policies and support community efforts for chronic disease prevention and control.

TYPES OF ASSISTANCE:

Cooperative Agreements

USES AND USE RESTRICTIONS:

Of the \$650 million, \$128.1 million will support States and Territories in promoting wellness and preventing chronic disease through state-wide and local policy and environmental change for chronic disease prevention and to expand tobacco quit lines and tobacco counter advertising. This program will support evidence-based policies and interventions at the state and local levels which ultimately help change social norms and make healthier choices easier and more affordable. Programs will focus on policy and environmental changes that both improve statewide policies and support community efforts for chronic disease prevention and control described in Section 0.50 above. The use of and use restrictions are as follows: Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual to support policy and system changes to reduce chronic disease risk factors, prevent and delay chronic disease, promote wellness, and better manage chronic conditions in the following areas; to increased levels of physical activity, improved nutrition (e.g. increased fruit/vegetable consumption, reduced salt and trans fats); decreased smoking prevalence and decreased teen smoking initiation; and to decreased exposure to secondhand smoke. To support a core infrastructure for the delivery of quitline services which include proactive counseling and promotion/outreach. Proactive quitlines exist when a trained counselor telephones the smokers to provide support in initiating a quit attempt and maintaining prolonged abstinence. Funds may be used to expand and promote proactive counseling capacity, enhance and expand integration of online and other electronic information support technologies, expand media and marketing efforts, extend hours of service, expand outreach to specific populations, provide multiple language services, increase collaborations with healthcare systems and providers, and for evaluation. Purchase of Nicotine Replacement Therapy medications is authorized with these funds. FDA-approved Nicotine Replacement Therapy (e.g., nicotine patch, gum, nasal spray, inhaler, and lozenge) is proven effective in helping people quit smoking. Recipients may not use funds for research. Recipients may not use funds for clinical care. Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget. The recipient must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible. Recipients may not spend more than 10 percent of the total award on nicotine replacement therapy.

Applicant Eligibility:

Only applicants currently funded under Funding Opportunity Announcement DP09-901 and DP09-902 are eligible to apply for these supplemental funds.

Beneficiary Eligibility:

Only applicants currently funded under Funding Opportunity Announcement DP09-901 and DP09-902 are eligible to apply for these supplemental funds.

Credentials/Documentation:

Applicants should document the need for assistance, state the objectives of the project, outline the method of operation, describe the evaluation procedures, describe plans for sustaining the impact of ARRA investments beyond the federal funding provided in the next two years and provide a budget with justification of funds requested. Costs will be determined in accordance with OMB Circular No. A-87 for State and local governments. OMB Circular No. A-87 applies to this program.

Preapplication Coordination:

Preapplication coordination is not applicable. Environmental impact information is not required for this program. This program is excluded from coverage under E.O. 12372.

Application Procedures:

OMB Circular No. A-102 applies to this program. This program is excluded from coverage under OMB Circular No. A-110. Applicants must download the

SF424 application forms through Grants.gov/Apply. Only the forms package directly attached to a specific Funding Opportunity Announcement (FOA) can be used. If an applicant does not have access to the Internet, or if they have difficulty accessing the forms online, contact the CDC Procurement and Grants Office Technical Information Management Section (PGOTIMS) staff. For this, or further assistance, contact PGO TIMS: Telephone (770) 488-2700, Email: PGOTIM@cdc.gov. HHS/CDC Telecommunications for the hearing impaired: TTY (770) 488-2783.

Award Procedure:

All applications that are complete and responsive to non-competitive supplemental grant announcements will be evaluated for scientific and technical merit and receive support. Support will be need and formula based and demonstrated capacity to accomplish the activities listed in the supplemental announcement. Successful applicants will receive a Notice of Award (NOA) from the CDC Procurement and Grants Office. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized Grants Management Officer.

Deadlines:

Contact the headquarters or regional office, as appropriate, for application deadlines.

Range of Approval/Disapproval Time:

Not Applicable.

Appeals:

Not Applicable.

Renewals:

Not Applicable.

Formula and Matching Requirements:

This program has no statutory formula.

This program has no matching requirements.

This program does not have MOE requirements.

Length and Time Phasing of Assistance:

Project Period: until October 30, 2012. Method of awarding/releasing assistance: lump sum.

Reports:

Recipients of Federal awards from funds authorized under Division A of the ARRA must comply with all requirements specified in Division A of the ARRA (Public Law 111-5), including reporting requirements outlined in Section 1512 of

the Act. For purposes of reporting, ARRA recipients must report on ARRA sub-recipient (sub-grantee and sub-contractor) activities as specified below. Not later than 10 days after the end of each calendar quarter, starting with the quarter ending June 30, 2009 and reporting by July 10, 2009, the recipient must submit quarterly reports to HHS that will be posted to Recovery.gov, containing the following information: (a) The total amount of ARRA funds under this award; (b) The amount of ARRA

funds received under this award that were obligated and expended to projects or activities; (c) The amount of unobligated award balances; (d) A detailed list of all projects or activities for which ARRA funds under this award were obligated and expended, including: (1) the name of the project or activity; (2) a description of the project or activity; (3) an evaluation of the completion status of the project or

activity; (4) an estimate of the number of jobs created and the number of jobs retained by the project or activity; and (5) for infrastructure investments made by State and local governments, the purpose, total cost, and rationale of the agency for funding the infrastructure investment with funds made available under this Act, and the name of the person to contact at the agency if there are concerns with the infrastructure investment; (e) Detailed information on any sub-awards (sub-contracts or sub-grants) made by the grant recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282). For any sub-award equal to or larger than \$25,000, the following information will be required: (1) the name of the entity

receiving the sub-award; (2) the amount of the sub-award; (3) the transaction type; (4) the North American Industry Classification System code or Catalog of

Federal Domestic Assistance (CFDA) number; (5) program source; (6) an award title descriptive of the purpose of each funding action; (7) the location of the entity receiving the award; (8) the primary location of performance under the award, including the city, State, congressional district, and country; and (9) a unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity. (f) All sub-awards less than \$25,000 or to individuals may be reported in the aggregate, as prescribed by HHS.

(g) Recipients must account for each ARRA award and sub-award (sub-grant and sub-contract) separately. Recipients will draw down ARRA funds on an award-specific basis. Pooling of ARRA award funds with other funds for drawdown or other purposes is not permitted. (h) Recipients must account for each ARRA award separately by referencing the assigned CFDA number for each award. Additional reporting requirements will be detailed in Funding Opportunity Announcements and included in the award notice. Final financial status and performance reports are required 90 days after the end of the project period. No cash reports are required. No progress reports are required. No expenditure reports are required. No performance monitoring is required.

Audits:

In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133. An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with OMB Circular A-133.

Records:

Financial records, supporting documents, statistical records, and all other records pertinent to the grant program must be kept readily available for review by personnel authorized to examine PHS grant accounts. Financial records, supporting documentation, statistical records, and all other records pertinent to an award shall be retained for a minimum of 3 years, or until completion and resolution of any audit in process or pending resolution. In all cases records must be retained until resolution of any audit questions. Property records must be retained in accordance with 45 CFR 92.42 requirements.

Account Identification:

75-0144-0-1-550.

Obligations:

(Cooperative Agreements (Discretionary Grants)) FY 08 \$0; FY 09 est \$104,962,630; FY 10 est \$128,000,000

Range and Average of Financial Assistance:

Component 1 (State Chronic Disease Policy and System Change - \$300,000 to 3.9 million

Component 2 (Tobacco Quitline) - \$100,000 to 3.2 million.

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: No Current Data Available Fiscal Year 2009: No Current Data Available Fiscal Year 2010: In fiscal year 2010, projected to issue 53 awards to reduce Chronic Disease risk

factors, prevent and delay chronic disease, promote wellness, and better manage

chronic conditions. This initiative will address the following:

Increased levels of physical activity

Improved nutrition (e.g. increased fruit/vegetable consumption, reduced salt and trans fats);

Decreased smoking prevalence and decreased teen smoking initiation; and

Decreased exposure to secondhand smoke.

Expand National Network of Tobacco Quitlines.

REGULATIONS, GUIDELINES, AND LITERATURE:

Code of Federal Regulations 45 CFR Part 92

Regional or Local Office:

None.

Headquarters Office:

Kevin Collins 1600 Clifton Road, NE.
Mailstop K45
, Atlanta, Georgia 30333 Email: KTCollins@cdc.gov Phone: 770-488-1218
Fax: 770-488-1220

Website Address:

No Data Available

RELATED PROGRAMS:

93.283 Centers for Disease Control and Prevention_ Investigations and Technical Assistance

EXAMPLES OF FUNDED PROJECTS:

Not Applicable.

CRITERIA FOR SELECTING PROPOSALS:

Funding would be specifically directed to state and local health departments for Evidenced-Based Clinical and Community-Based Prevention and Wellness activities. CDC will require state applicants to specifically address in their applications state plans for sustaining the impact of ARRA investments beyond the federal funding provided in the next two years. Specifically, states will need to demonstrate a continued plan for progress toward meeting HHS Action Plan prevention targets as demonstrated through reporting metrics outlined in the Plan. Other criteria will be listed in individual funding opportunity announcements.

93.724 ARRA - PREVENTION AND WELLNESS COMMUNITIES PUTTING PREVENTION TO WORK FUNDING OPPORTUNITIES ANNOUNCEMENT (FOA)

Centers for Disease Control and Prevention ARRA Prevention and Wellness Communities Putting Prevention to Work

FEDERAL AGENCY:

Centers for Disease Control and Prevention, Department of Health and Human Services

AUTHORIZATION:

This program is authorized under section 301(a) and 317(k)
2) American Recovery and Reinvestment Act of 2009, Public Health Service Act,
42 U.S. Code 241(a) and 247b (k) 2
311.

OBJECTIVES:

This funding was appropriated under the American Recovery and Reinvestment Act of 2009 (Public Health Service Act, 42 U.S. Code 241(a) and 247b (k) 2) to reduce Chronic Disease risk factors, prevent and delay chronic disease, promote wellness, and better manage chronic conditions. This initiative will address the following:

- Increased levels of physical activity
- Improved nutrition (e.g. increased fruit/vegetable consumption, reduced salt and trans fats);
- Decreased smoking prevalence and decreased teen smoking initiation; and
- Decreased exposure to secondhand smoke.

Communities funded under this announcement will accomplish this by implementing population-based approaches such as policy, systems, and environmental changes across 5 evidence-based strategies access, media, point of decision information, social support services, and price in both schools and communities. Both components are necessary to achieve behavior change in youth that sustain from school settings into family and community settings, and supports sustaining healthy behavior into adulthood. Communities funded by this announcement will receive a menu of evidence-based interventions along with support and tools from the Centers for Disease Control

and Prevention (CDC) to strengthen and develop effective strategies tailored to their needs.

The cooperative agreements will address the Healthy People 2010 focus areas of obesity, cardiovascular disease, tobacco, and educational and community-based programs; the Health Protection Goals of Healthy People in Every Stage of Life which states that all people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best quality of health in every stage of life, and Healthy People in Healthy Places which states that the places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities..

TYPES OF ASSISTANCE:

Cooperative Agreements (Discretionary Grants)

USES AND USE RESTRICTIONS:

Of the \$650 million, \$409.9 million will support intensive community approaches to chronic disease prevention and control described in Section 0.50 above. The use of and use restrictions are as follows: Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual to reduce risk factors, prevent and delay chronic disease, promote wellness, and better manage chronic conditions in the following areas; to increased levels of physical activity, improved nutrition (e.g. increased fruit/vegetable consumption, reduced salt and trans fats); decreased smoking prevalence and decreased teen smoking initiation; and to decreased exposure to secondhand smoke.

Recipients may not use funds for research.

Recipients may not use funds for clinical care.

Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.

The recipient must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Recipients may not spend more than 10% of the total award on nicotine replacement therapy.

Applicant Eligibility:

See Index.

Beneficiary Eligibility:

See Index.

Credentials/Documentation:

Applicants will be required to provide the following information:

Demonstrate that they have a coalition in place with experience in promoting health promotion or prevention of chronic disease outcomes or experience that relates to improving chronic disease outcomes, including the capacity to influence policy, system and/or environmental changes in the community.

Demonstrate that they have an existing community action plan in place related to improving behaviors that lead to chronic diseases through changing policy, systems and/or environment.

Provide documentation that they have received a grant of sufficient size to indicate the ability to adhere to Federal ARRA requirements and to expend a large amount of funds in the project period outlined by the Communities Putting Prevention to Work Initiative.

Ensure that at least 50% of the total award is spent extramurally.

Provide letters of support from school districts indicating support for implementing the YRBS survey for baseline and follow-up data.

Successful applicants will also be required to meet quarterly benchmarks for the Communities Putting Prevention to Work Initiative. At the end of each quarter, the grantee will receive a score card that indicates the percentage of benchmarks being met (100%-70% of benchmarks = green; 70%-50% of benchmarks = yellow; less than 50% of benchmarks = red).

Costs will be determined in accordance with OMB Circular No A-87 for State and local governments. OMB Circular No. A-87 applies to this program.

Preapplication Coordination:

Preapplication coordination is not applicable. Environmental impact

information is not required for this program. This program is excluded from coverage under E.O. 12372.

Application Procedures:

This program is excluded from coverage under OMB Circular No. A-102. This program is excluded from coverage under OMB Circular No. A-110. Applicants must download the SF424 application forms through Grants.gov/Apply. Only the forms package directly attached to a specific Funding Opportunity Announcement (FOA) can be used.

If an applicant does not have access to the Internet, or if they have difficulty accessing the forms online, contact the CDC Procurement and Grants Office Technical Information Management Section (PGOTIMS) staff. For this, or further assistance, contact PGO TMS: Telephone (770) 488-2700, Email: PGOTIM@cdc.gov.

HHS/CDC Telecommunications for the hearing impaired: TTY 770-488-2783.

Award Procedure:

All applications that are complete and responsive to this competitive funding opportunity announcement will be evaluated for programmatic and technical merit. Applications will be reviewed for completeness by the Procurement and Grants Office (PGO) staff and for responsiveness jointly by the National Center for Chronic Disease Prevention and Health Promotion and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet submission requirements.

An objective review panel will evaluate complete and responsive applications according to the evaluation criteria listed in the funding opportunity announcement. The panel will be comprised of a primary, secondary, and tertiary reviewer that will score the applications and document their strengths and weaknesses. The applications will be scored against the criteria not against one another. Successful applicants will receive a Notice of Award (NOA) from the CDC Procurement and Grants Office. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized Grants Management Officer.

Deadlines:

Contact the headquarters or regional office, as appropriate, for application deadlines.

Range of Approval/Disapproval Time:

Not Applicable.

Appeals:

Not Applicable.

Renewals:

Not Applicable.

Formula and Matching Requirements:

This program has no statutory formula.

This program has no matching requirements. This program has no matching requirement.

This program does not have MOE requirements. This program does not have MOE requirements.

Length and Time Phasing of Assistance:

Project Period: until April 30, 2012. Method of awarding/releasing assistance: lump sum.

Reports:

Recipients of Federal awards from funds authorized under Division A of the ARRA must comply with all requirements specified in Division A of the ARRA (Public Law 111-5), including reporting requirements outlined in Section 1512 of the Act. For purposes of reporting, ARRA recipients must report on ARRA sub-recipient (sub-grantee and sub-contractor) activities as specified below. Not later than 10 days after the end of each calendar quarter, starting with the quarter ending June 30, 2009 and reporting by July 10, 2009, the recipient must submit quarterly reports to HHS that will be posted to Recovery.gov, containing the following information:

(a) The total amount of ARRA funds under this award; (b) The amount of ARRA funds received under this award that were obligated and expended to projects or activities; (c) The amount of unobligated award balances; (d) A detailed list of all projects or activities for which ARRA funds under this award were obligated and expended, including: (1) the name of the project or activity; (2) a description of the project or activity; (3) an evaluation of the completion status of the project or activity; (4) an estimate of the number of jobs created and the number of jobs retained by the project or activity; and (5) for infrastructure investments made by State and local governments, the purpose, total cost, and rationale of the agency for funding the infrastructure investment with funds made available under this Act, and the name of the person to contact at the agency if there are concerns with the infrastructure investment; (e) Detailed information on any sub-awards (sub-contracts or sub-grants) made by the grant recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282). For any sub-award equal to or larger than \$25,000, the following information will be required: (1) the name of the entity receiving the sub-award; (2) the amount of the sub-award; (3) the transaction type; (4) the North American Industry Classification System code or Catalog of Federal Domestic Assistance (CFDA) number; (5) program source; (6) an award title descriptive of the purpose of each funding action; (7) the location of the entity receiving the award; (8) the primary location of performance under the award, including the city, State, congressional district, and country; and (9) a unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity.

(f) All sub-awards less than \$25,000 or to individuals may be reported in the aggregate, as prescribed by HHS.

(g) Recipients must account for each ARRA award and sub-award (sub-grant and sub-contract) separately. Recipients will draw down ARRA funds on an award-specific basis. Pooling of ARRA award funds with other funds for drawdown or other purposes is not permitted. (h) Recipients must account for each ARRA award separately by referencing the assigned CFDA number for each award. Additional reporting requirements will be detailed in Funding Opportunity Announcements and included in the award notice. Final financial status and performance reports are required 90 days after the end of the project period. No cash reports are required. No progress reports are required. No expenditure reports are required. No cash reports are required. No progress reports are required. No expenditure reports are required. No performance monitoring is required.

Audits:

In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133. An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with OMB Circular A-133.

Records:

Financial records, supporting documents, statistical records, and all other records pertinent to the grant program must be kept readily available for review by personnel authorized to examine PHS grant accounts. Financial records, supporting documentation, statistical records, and all other records pertinent to an award shall be retained for a minimum of 3 years, or until completion and resolution of any audit in process or pending resolution. In all cases records must be retained until resolution of any audit questions. Property records must be retained in accordance with 45 CFR 92.42 requirements.

Account Identification:

75-0144-0-1-550.

Obligations:

(Cooperative Agreements (Discretionary Grants)) FY 08 not reported.; FY 09 est not reported.; FY 10 est \$409,000,000

Range and Average of Financial Assistance:

No Data Available.

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: No Current Data Available Fiscal Year 2009: No Current Data Available Fiscal Year 2010: In fiscal year 2010, projected to issue 40 awards to reduce Chronic Disease risk factors, prevent and delay chronic disease, promote wellness, and better manage chronic conditions. This initiative will address the following:

Increased levels of physical activity
Improved nutrition (e.g. increased fruit/vegetable consumption, reduced salt and trans fats);
Decreased smoking prevalence and decreased teen smoking initiation; and
Decreased exposure to secondhand smoke.

REGULATIONS, GUIDELINES, AND LITERATURE:

Code of Federal Regulations 45 CFR Part 92

Regional or Local Office:

None.

Headquarters Office:

Mike Waller 1600 Clifton Rd, Atlanta, Georgia 30333 Email: MNWI@cdc.gov
Phone: (770) 488-5264

Website Address:

No Data Available

RELATED PROGRAMS:

93.283 Centers for Disease Control and Prevention Investigations and Technical Assistance

EXAMPLES OF FUNDED PROJECTS:

Not Applicable.

CRITERIA FOR SELECTING PROPOSALS:

Funding would be specifically directed to state and local health departments for Evidenced-Based Clinical and Community-Based Prevention and Wellness activities. CDC will require state applicants to specifically address in their applications state plans for sustaining the impact of ARRA investments beyond the federal funding provided in the next two years. Specifically, states will need to demonstrate a continued plan for progress toward meeting HHS Action Plan prevention targets as demonstrated through reporting metrics outlined in the Plan. Other criteria will be listed in individual funding opportunity announcements.

93.725 ARRA - COMMUNITIES PUTTING PREVENTION TO WORK: CHRONIC DISEASE SELF-MANAGEMENT PROGRAM

CDSMP

FEDERAL AGENCY:

Administration on Aging, Department of Health and Human Services

AUTHORIZATION:

The statutory authority for cooperative agreements under this program announcement is contained in Division A, Title VIII of the American Recovery and Reinvestment Act (Recovery Act) of 2009 (Public Law 111.5), Title VIII, Public Law 111-5.

OBJECTIVES:

The American Recovery and Reinvestment Act of 2009 (Recovery Act), signed into law February 17, 2009, is designed to stimulate economic recovery in various ways: to preserve and create jobs; to promote economic recovery; to assist those most impacted by the recession, to stabilize state, territorial and local government budgets to minimize and avoid reductions in essential services and counterproductive state, territorial, and local tax increases; to strengthen the Nations healthcare infrastructure; and to reduce healthcare costs through prevention activities. The Recovery Act includes \$650 million for evidence-based clinical and community-based prevention and wellness strategies that deliver specific, measurable health outcomes. The legislation provides an important opportunity for communities, States, territories, cities, rural areas, and tribes to advance public health across the lifespan and to eliminate health disparities. Of the \$650 million appropriated for this initiative (Communities Putting Prevention to Work), \$32.5 million will support States and territories in promoting wellness by deploying evidence-based chronic

disease self-management programs targeted at older adults with chronic conditions. AoA, in collaboration with CDC, is providing Recovery Act funding under this announcement to support state efforts to deploy evidence-based chronic disease self-management (CDSMP) programs that empower older people with chronic diseases to maintain and improve their health status. The community-based collaborative networks setup through these efforts will provide the foundation for an infrastructure and statewide distribution system that States can use for delivering CDSMP and other evidence-based prevention programs to older adults. These statewide distribution systems will include a quality assurance component to ensure the evidence-based prevention programs are being delivered with fidelity and achieving results comparable to those produced in the original research. The ultimate goal is to have States and communities embed these structures into their statewide systems that provide community-based services and supports to older adults to help them maintain their health and independence in the community.

TYPES OF ASSISTANCE:

Cooperative Agreements (Discretionary Grants)

USES AND USE RESTRICTIONS:

In general, the use of these funds is to support state efforts to deploy evidence-based chronic disease self-management (CDSMP) programs that empower older people with chronic diseases to maintain and improve their health status. These funds are not to be used for free standing CDSMP programs that are not part of a states larger systems development effort to delivery community-based evidence-based prevention programs to older adults. In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of Recovery Act. Recipients shall also use grant funds in a manner that maximizes job creation and economic benefit (Recovery Act Sec. 1602). The following activities are not fundable: construction and/or major rehabilitation of buildings; basic research (e.g. scientific or medical experiments); and, continuation of existing projects without expansion. Furthermore, none of the funds appropriated or otherwise made available in the Recovery Act may be used by any State or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (Recovery Act Sec. 1604). These funds are not to be used for free standing CDSMP programs that are not part of a states larger systems development effort to delivery community-based evidence-based prevention programs to older adults. The following activities are not fundable: construction and/or major rehabilitation of buildings; basic research (e.g. scientific or medical experiments); and, continuation of existing projects without expansion. Furthermore, none of the funds appropriated or otherwise made available in the Recovery Act may be used by any State or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool.

Applicant Eligibility:

Eligible applicants include all 56 States and territories as follows: in the 24 States with existing AoA Evidence-Based Disease Prevention cooperative agreements, eligibility is limited to the recipient State agency of those existing cooperative agreements; in the 32 States and territories that do not have existing AoA Evidence-Based Disease Prevention cooperative agreements, only State units on aging and State health departments are eligible to apply. Regardless of which agency applies, both the State unit on aging and State health department must be full partners in the development and implementation of the proposed program. The State Medicaid Agency must also be involved in the development and implementation of the program. Only one application will be permitted for each State or territory.

Beneficiary Eligibility:

In general, older adults with chronic diseases. Within this population grantees will be asked to define how they will specifically target low-income, minority, and limited English speaking older adults with chronic diseases.

Credentials/Documentation:

The application must include a letter of support from the states Governor in support of the appointed lead agency (i.e. the State unit on aging or the State

health department). OMB Circular No. A-87 applies to this program.

Preapplication Coordination:

Only one application will be accepted from each State or territory, and a letter of support from the Governor must be included with the States application. States are expected to coordinate with tribal entities in their jurisdiction, and give special attention to serving low-income, minority and limited English speaking seniors. States are encouraged to link with other community-based efforts with special attention to leveraging other public and private sector resources, including federally funded (including Recovery Act, Older Americans Act, Public Health Services Act, Medicare, and Medicaid funded) activities, State revenue programs, and private philanthropy. This funding opportunity is an opportunity for State units on aging and State health departments to collaborate on the development of distribution and delivery systems for CDSMP and eventually other evidence-based prevention programs that have the potential to improve the quality of life for millions of seniors and reduce health care costs. A State governments State unit on aging or health department will be the lead agency for this cooperative agreement. Regardless of which agency is the lead, the entire grant application, including the work plan, should reflect substantial mutual effort, cooperation, and substantive contributions by both agencies throughout the grant period as well as a significant role for the State Medicaid agency. Environmental impact information is not required for this program. This program is excluded from coverage under E.O. 12372. Environmental impact information is not required for this program. This program is excluded from coverage under E.O. 12372.

Application Procedures:

OMB Circular No. A-102 applies to this program. This program is excluded from coverage under OMB Circular No. A-110. OMB Circular No. A-102 applies to this program. This program is excluded from coverage under OMB Circular No. A-110. Grant applications for federal assistance (Nonconstruction Programs) are in accordance with program announcements developed by the Administration on Aging (AoA) and will be simultaneously published on Grants.gov (www.grants.gov) and on the AoA web site at <http://www.aoa.gov/AoARoot/Grants/index.aspx> when funding is available. As specified in the program announcement, application forms and instructions may be obtained by writing to the U.S. Department of Health and Human Services, Administration on Aging, Grants Management Office, Washington, D.C., 20201

Award Procedure:

Notification of Award will be issued to the grantee.

Deadlines:

Contact the headquarters or regional office, as appropriate, for application deadlines.

Range of Approval/Disapproval Time:

From 60 to 90 days.

Appeals:

Not Applicable.

Renewals:

Not Applicable.

Formula and Matching Requirements:

Statutory formulas are not applicable to this program.

This program has no matching requirements. This program has no statutory formula or matching requirement.

MOE requirements are not applicable to this program.

Length and Time Phasing of Assistance:

Cooperative Agreements will be made for a 2 year period. Grant extensions are available and may be requested from the grantee's Program Officer. Method of awarding/releasing assistance: by letter of credit.

Reports:

Semi-annual program progress reports are required through the life of the award. Financial Reports are required on a quarterly basis through the life of the award. Final program progress reports and financial reports are due 90 days after the end of the project period. Semi-annual program progress reports are required through the life of the award. Financial Reports are required on a quarterly basis through the life of the award. Final program progress reports and

financial reports are due 90 days after the end of the project period. All grantees must also comply with all requirements specified in Division A of the Recovery Act, including the reporting requirements outlined in Section 1512. Section 1512 of the Recovery Act requires reports on the use of Recovery Act funding by grantees no later than the 10th day after the end of each calendar quarter and for the federal agency providing those funds to make the reports publicly available no later than the 30th day after the end of that quarter. A full list of the recipient reporting data elements is available at:

http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-21-supp2.pdf

and the HHS ARRA award terms and conditions are available at:

<http://www.hhs.gov/recovery/grantscontracts/recoverytermsconditions.html>.

Audits:

In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133. In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133.

Records:

Records must be maintained for 3 years after submission of the final financial report.

Account Identification:

75-0142-0-1-506.

Obligations:

(Salaries) FY 08 \$0; FY 09 est \$0; FY 10 est \$27,500,000

Range and Average of Financial Assistance:

\$50,000 to \$2,000,000.

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: N/A. Fiscal Year 2009: N/A. Fiscal Year 2010: This is a new program for FY 2010 therefore there are no program accomplishments to date. The agency anticipates up to 56 awards to states and territories. The key objectives of this 2-year funding opportunity are to: (a) Deliver CDSMP to 50,000 individuals; (b) Document the impact of CDSMP on participant behavior and health status; (c) Develop and test an approach for using Medicare claims data to track the impact of CDSMP on participant health care utilization; and (d) Strengthen the capacity of States and communities to systematically deploy CDSMP and other evidence-based prevention programs that benefit older adults.

REGULATIONS, GUIDELINES, AND LITERATURE:

All grantees must also comply with all requirements specified in Division A of the Recovery Act, including the reporting requirements outlined in Section 1512. Section 1512 of the Recovery Act requires reports on the use of Recovery Act funding by grantees no later than the 10th day after the end of each calendar quarter and for the federal agency providing those funds to make the reports publicly available no later than the 30th day after the end of that quarter. A full list of the recipient reporting data elements is available at:

http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-21-supp2.pdf

and the HHS ARRA award terms and conditions are available at:

<http://www.hhs.gov/recovery/grantscontracts/recoverytermsconditions.html>

Regional or Local Office:

See Regional Agency Offices. See Regional Agency Offices. Regional Administrator, Administration on Aging, Department of Health and Human Services, located at all HHS Federal Regional Offices. (See Appendix IV of the Catalog for addresses.)

Headquarters Office:

Jane Tilly, Administration on Aging
One Massachusetts Ave.

, Washington, District of Columbia 20001 Email: Jane.Tilly@aoa.hhs.gov
Phone: (202) 357-3438 Fax: (202) 357-3469.

Website Address:

<http://www.aoa.gov>

RELATED PROGRAMS:

93.048 Special Programs for the Aging Title IV and Title II Discretionary Projects; 93.724 ARRA - Prevention and Wellness Communities Putting Prevention to Work Funding Opportunities Announcement (FOA)

EXAMPLES OF FUNDED PROJECTS:

Not Applicable.

CRITERIA FOR SELECTING PROPOSALS:

Cooperative agreements will be awarded on a competitive basis. Specific details for evaluating applications are published as part of the program announcement. Major emphases are: (1) documented need; (2) expected outcomes and benefits; (3) innovative approach; (4) level of effort; (5) coordination and partnerships; and (6) projects that benefit disadvantaged groups, including low-income, minority and limited English speaking populations.

93.727 ARRA - HEALTH INFORMATION TECHNOLOGY - BEACON COMMUNITIES

Beacon Community Program

FEDERAL AGENCY:

Office of the Secretary, Department of Health and Human Services

AUTHORIZATION:

American Recovery and Reinvestment Act (ARRA) of 2009, Division A, Title XIII, Part HITECH Act, Section 3011, Public Law 111-5.

OBJECTIVES:

The Beacon Community Program will provide funding to communities to build and strengthen their health information technology (health IT) infrastructure and exchange capabilities to demonstrate the vision of the future where hospitals, clinicians and patients are meaningful users of health IT, and together the community achieves measurable improvements in health care quality, safety, efficiency, and population health.

TYPES OF ASSISTANCE:

Cooperative Agreements

USES AND USE RESTRICTIONS:

Awarded communities must use the funding provided under this program to support health IT and information exchange infrastructure, to achieve improvements in health care quality, safety, efficiency, and population health. Funding can build and strengthen existing health IT and information exchange infrastructure and support 1) the use of health information technology by public health departments, 2) adoption of certified electronic health records (by providers not currently eligible for HIT incentive payments or regional HIT extension center assistance), 3) training on and dissemination of information on best practices to integrate health information technology into providers delivery of care, 4) infrastructure and tools for the promotion of telemedicine, 5) community-wide quality reporting repositories and registries, and 6) the protection of health information by all holders of individually identifiable health information. None of the funds appropriated or otherwise made available in ARRA may be used by any state or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (ARRA Sec. 1604).

Applicant Eligibility:

The lead applicant which submits a Beacon Community application on behalf of their community must be a US-based non-profit organization or state, local, tribal or territorial government entity, but may represent a consortium of organizations and providers. Private providers and insurers will be encouraged to participate in the consortia.

Beneficiary Eligibility:

The identification and dissemination of best practices and lessons learned will directly benefit organizations and communities advancing health information technology and exchange. The knowledge attained by these awarded

communities will, in turn, benefit the nations communities as a whole.

Credentials/Documentation:

If an applicant is a US-based non-profit entity it must provide documentation of its 501C (3) status or IRS determination letter, IRS tax exemption certificate, or letter from state taxing body verifying tax-exempt status. If the proposal is on behalf of a consortium, there must be letters of commitment from all members of the consortium which include their tax status. OMB Circular No. A-87 applies to this program.

Preapplication Coordination:

Preapplication coordination is not applicable. Environmental impact information is not required for this program. This program is excluded from coverage under E.O. 12372.

Application Procedures:

OMB Circular No. A-102 applies to this program. OMB Circular No. A-110 applies to this program. This program is excluded from Executive Order 12372.

Applications are solicited by a program announcement. The availability of this announcement will be broadly published, including by posting on www.grants.gov.

All timely applications from eligible entities that conform to the requirements of the program announcement will be forwarded to an objective review committee which will make funding recommendations, based on the merits of the applications. The selection of awardees will be made by the Secretary of HHS, or designee.

Award Procedure:

Following objective review of applications, those applicants whose applications have been selected by the Secretary of HHS (or designee) for funding will receive a Notice of Award signed by an HHS Grants Management Officer. The Notice of Award, which is sent to the applicants Authorized Organizational Representative, is the only official notification of award. Unsuccessful applicants will be advised by letter.

Deadlines:

Contact the headquarters or regional office, as appropriate, for application deadlines.

Range of Approval/Disapproval Time:

From 60 to 90 days.

Appeals:

Not Applicable.

Renewals:

Not Applicable.

Formula and Matching Requirements:

This program has no statutory formula.

This program has no matching requirements. There is no match required for this program.

MOE requirements are not applicable to this program.

Length and Time Phasing of Assistance:

Awards will be made for a 36 month project period with one 36 month budget period. Method of awarding/releasing assistance: lump sum.

Reports:

Program report requirements, if applicable, will be identified in the Program Announcement. Cash report requirements, if applicable, will be identified in the Program Announcement. Progress report requirements, if applicable, will be identified in the Program Announcement. Recipients of Federal awards from funds authorized under Division A of the ARRA must comply with all requirements specified in Division A of the ARRA (Public Law 111-5), including reporting requirements outlined in Section 1512 of the Act. ARRA reports will be required quarterly. Reporting requirements for ARRA programs can be found at:

<http://www.hhs.gov/recovery/grantscontracts/recoverytermsconditions.html>.

Applicants will submit annual progress reports as outlined in the Program Announcement.

Audits:

Awards are made to the highest ranked applicants until funds are expended. Please review the HRSA Preview or BCRS website at www.hrsa.gov for important information regarding funding preferences.

93.912 RURAL HEALTH CARE SERVICES OUTREACH AND RURAL HEALTH NETWORK DEVELOPMENT PROGRAM

FEDERAL AGENCY:

Health Resources and Services Administration, Department of Health and Human Services

AUTHORIZATION:

Health Care Safety Net Amendment, Public Law 107-251.

OBJECTIVES:

To expand access to, coordinate, restrain the cost of, and improve the quality of essential health services, including preventive and emergency services, through the development of integrated health care delivery systems or networks in rural areas and frontier regions.

TYPES OF ASSISTANCE:

PROJECT GRANTS

USES AND USE RESTRICTIONS:

All funds awarded are to be expended solely for carrying out the approved projects.

Applicant Eligibility:

Rural Health Care Services Outreach and Rural Health Network Development Programs: Rural public or nonprofit private entities that include three or more health care providers that provide or support the delivery of health care services. The administrative headquarters of the organization must be located in a rural county or a rural zip code of an urban county; or an organization is constituted exclusively to provide services to migrant and seasonal farmworkers in rural areas and supported under Section 330G of the Public Health Service Act; or the applicant is a Tribal government whose grant-funded activities will be conducted within their Federally-recognized Tribal area. Small Health Care Provider Quality Improvement Program This program is available to support rural public, rural non-profit, or other providers of healthcare services, such as a critical access hospital or rural health clinic. (1) The applicant must be located in a rural area, as determined by eligible rural county or census tracts, and all services must be provided in a rural county or census tract. To ascertain rural eligibility, please refer to [ftp://ftp.hrsa.gov/ruralhealth/Eligibility2005.pdf](http://ftp.hrsa.gov/ruralhealth/Eligibility2005.pdf). This website lists eligibility by county and census tract and includes a hyperlink to the Federal Financial Institutions Examining Council's (FFIEC) Geocoding System to determine your census tract number and eligibility. (2) The applicant exists exclusively to provide services to migrant and seasonal farmworkers in rural areas and is supported under Section 330G of the Public Health Service Act. (3) The applicant is a Tribal government whose grant-funded activities will be conducted within their Federally-recognized Tribal area (documentation of status as a Federally-recognized Native American Tribe must be included). Frontier Extended Stay Cooperative Agreement Program Rural public or nonprofit private entities that include three or more health care providers that provide or support the delivery of health care services. The administrative headquarters of the organization must be located in a rural county or a rural zip code of an urban county; or an organization is constituted exclusively to provide services to migrant and seasonal farmworkers in rural areas and supported under Section 330G of the Public Health Service Act; or the applicant is a Tribal government whose grant-funded activities will be conducted within their Federally-recognized Tribal area. Delta States Rural Development Network Grant Program. Rural public or nonprofit private entities that include three or more health care providers that provide or support the delivery of health care services. Eligible organizations must be rural public or rural private nonprofit entities located within a rural Delta county/parish.

Beneficiary Eligibility:

Medically underserved populations in rural areas will receive expanded services in rural communities where they did not previously exist.

Credentials/Documentation:

Applicants should review the individual HRSA Guidance documents issued under this CFDA program for any required proof or certifications which must be submitted prior to or simultaneous with submission of an application

package. OMB Circular No. A-87 applies to this program.

Preapplication Coordination:

Preapplication coordination is required. Environmental impact information is not required for this program. This program is eligible for coverage under E.O. 12372, "Intergovernmental Review of Federal Programs." An applicant should consult the office or official designated as the single point of contact in his or her State for more information on the process the State requires to be followed in applying for assistance, if the State has selected the program for review.

Application Procedures:

OMB Circular No. A-102 applies to this program. OMB Circular No. A-110 applies to this program. HRSA requires all applicants to apply electronically through Grants.gov.

All qualified applications will be forwarded to an objective review committee. Based on the advice of the objective review committee, the HRSA program official with delegated authority is responsible for final selection and funding decisions

Award Procedure:

Notification is made in writing by a Notice of Grant Award.

Deadlines:

Contact the headquarters or regional office, as appropriate, for application deadlines.

Range of Approval/Disapproval Time:

From 6-9 months.

Appeals:

Not Applicable.

Renewals:

Rural Health Outreach and Rural Health Network awards may be made for up to 3-year project periods. Subject to availability of funds, after initial awards, projects may be renewed non-competitively contingent upon submission and approval of an application, availability of appropriated funds, and awardees satisfactory performance.

Rural Health Network Planning Awards are only available for one year.

The Small Healthcare Care Provider Quality awards may be up to two year project periods. Subject to availability of funds, after initial awards, may be renewed non-competitively contingent upon submission and availability of appropriated funds.

The Delta States Rural Development Network awards may be up to two year project periods. Subject to availability of funds, after initial awards, may be renewed non-competitively contingent upon submission and availability of appropriated funds

The Frontier Extended Stay Clinic award may be up to four year project period. Subject to availability of funds, after initial awards, may be renewed non-competitively contingent upon submission and availability of appropriated funds.

Formula and Matching Requirements:

This program has no statutory formula.

This program has no matching requirements.

This program does not have MOE requirements.

Length and Time Phasing of Assistance:

Awards are made annually. Funds are available to grantees on an as needed basis throughout the budget period and payments are made through the Payment Management System. See the following for information on how assistance is awarded/released: Grantee drawdown funds, as necessary, from the Payment Management System (PMS). PMS is the centralized web based payment system for HHS awards.

Reports:

A final Program report is to be submitted within 90 days after the close of the project period. No cash reports are required. A financial status report is to be submitted within 90 days after the close of the budget period. A Quarterly

payment report is due to PMS. No expenditure reports are required. A performance progress report is submitted with each noncompeting continuation application. Grantees will be required to submit a Performance Improvement Measurement System (PIMS) report through the Electronic HandBook (EHB) once a year throughout their project period.

Audits:

In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133.

Records:

Grantees are required to maintain grant accounting records 3 years after the date they submit the FSR. If any litigation, claim, negotiation, audit or other action involving the award has been started before the expiration of the 3-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular 3-year period, whichever is later.

Account Identification:

75-0350-0-1-550.

Obligations:

(Project Grants) FY 08 \$35,154,966; FY 09 est \$36,915,430; FY 10 est \$40,000,000

Range and Average of Financial Assistance:

A maximum of \$150,000 for the first year of funding for the Outreach Grant; A maximum of \$180,000 for the first year of funding for the Network Development Grant; A maximum of \$85,000 for funding for the Network Development Planning Grant; A maximum of \$75,000 for the Quality Grant; A maximum of \$510,000 for the Delta Network Grant; A maximum of \$1,500,000 for the Frontier Extended Stay Clinic demonstration.

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: For the Outreach Program, in FY 08, a total of 91 awards were made, in FY 09, a total of 121 awards were made, and in FY 10 it is estimated that 154 awards will be made

For the Network Development Grant Program, in FY 08 a total of 38 awards were made, in FY 09, a total of 79 awards were made, and in FY 10, it is estimated that 48 awards will be made.

For the Network Planning Grant Program, in FY 08, a total of 33 awards were made, in FY 09, a total of 18 awards were made, and in FY 10, it is estimated that 17 new awards will be made.

For the Quality Program, in FY 08, a total of 55 awards were made; in FY 09, a total of 55 awards were made; and in FY 10, it is estimated that 60 awards will be made.

For the Delta Network Program, in FY 08, a total of 12 awards were made; in FY 09, a total of 12 awards were made; and in FY 10, it is estimated that 12 awards will be made.

For the Frontier Extended Stay Clinic Demonstration, FY08, a total of 1 award was made; in FY09 it is estimated that 1 award will be made; and in FY10, it is estimated that 1 award will be made. Fiscal Year 2009: No Current Data Available Fiscal Year 2010: No Current Data Available

REGULATIONS, GUIDELINES, AND LITERATURE:

This program is subject to the provisions of 45 CFR Part 92 for State, local and tribal governments and 45 CFR Part 74 for institutions of higher education, hospitals, other nonprofit organizations and commercial organizations, as applicable.

Regional or Local Office:

See Regional Agency Offices. Program Contact: Ms. Ms. Kathryn Umali, Outreach Grant Program Coordinator, Office of Rural Health Policy, Health

Resources and Services Administration, Room 9A-55, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-0835.

Ms. Sherilyn Pruitt, Network Development Grant Program Coordinator, Office of Rural Health Policy, Health Resources and Services Administration, Room 9A-55, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-0835.

Ms. Eileen Holloran, Network Development Planning Grant Program Coordinator, Office of Rural Health Policy, Health Resources and Services Administration, Room 9A-55, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-0835.

Ms. Elizabeth Rezai-zadeh, Small Quality Program Coordinator, Office of Rural Health Policy, Health Resources and Services Administration, Room 9A-55, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-0835.

Ms. Valerie Darden, Delta States Network Development Grant Program Coordinator, Office of Rural Health Policy, Health Resources and Services Administration, Room 9A-55, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-0835.

Ms. Caroline Cochran, Frontier Extended Stay Clinic Demonstration, Office of Rural Health Policy, Health Resources and Services Administration, Room 9A-55, Parklawn Building, 5600 Fishers Lane, Rockville, MD 29857. Telephone: (301) 443-0835.

Headquarters Office:

Office of Rural Health Policy 5600 Fishers Lane, Room 9-A55, Rockville, Maryland 20857 Phone: (301) 443-0835

Website Address:

www.hrsa.gov

RELATED PROGRAMS:

93.224 Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public Housing Primary Care, and School Based Health Centers)

EXAMPLES OF FUNDED PROJECTS:

Fiscal Year 2008: Funded Outreach projects include efforts to provide primary care services in rural areas, including mental health services, oral health services, chronic diseases, prenatal care, free clinical services, HIT and preventive health services.

Funded Network projects include efforts to increase coordination of health care delivery systems in rural areas. More recently projects to develop or enhance vertically integrated networks have been supported. Both programs fund projects designed to increase the number of health professionals available to provide services in rural areas, and improve access to rural health services (such as transportation or services on mobile vans).

The Network Planning projects support strategic planning for rural communities interested in developing rural health networks and collaborative. The Small Quality program supports implementation of quality improvement initiatives on diabetes and cardiovascular disease.

The Delta States Network Program designed to encourage the development of new and innovative health care delivery systems

The Frontier Extended Stay Clinic Demonstration is designed examine the effectiveness and appropriateness of a new type of provider in providing health care services in certain remote clinic sites. Fiscal Year 2009: No Current Data Available Fiscal Year 2010: No Current Data Available

CRITERIA FOR SELECTING PROPOSALS:

Criteria are based on the need of the project, innovation, realistic and measurable goals and objectives, clearly defined roles of each network member, strength of applicant's management plan, community involvement, level of local commitment, costs, and program evaluation plan. Specific criteria will be included in the guidance for each program.

93.913 GRANTS TO STATES FOR OPERATION OF OFFICES OF RURAL HEALTH

World Heritage Site. FIC established an interagency, interdisciplinary research program in FY 2000 on ecology and infectious diseases. The first 12 projects supported by this interdisciplinary program will assess how large-scale man-made environmental events, such as habitat destruction, urban sprawl, water pollution, introduced species and agricultural intensification, all contribute to the emergence and spread of emerging infectious diseases in animals and humans. With FIC support, scientists at Case Western Reserve University and the Institute of Medical Research in Papua New Guinea have discovered a new mutation in a gene for the Duffy blood group that reduces susceptibility of red blood cells to malaria caused by *Plasmodium vivax* (*P. vivax*). This parasite must interact with the Duffy blood group factor on cells in order to infect them. Genetic epidemiologists have demonstrated that individuals with two copies of the mutant gene are resistant to *P. vivax* infection. Targeting the parasite's Duffy-binding protein and its interaction with the Duffy blood group may be a productive strategy for developing a vaccine for vivax malaria. The insights from this study not only suggest that it is feasible, but represent a conceptual model for addressing the more virulent malaria parasite, *Plasmodium falciparum*. Fiscal Year 2009: Funded projects for FY 2009 provided important support to the following goals in the Fogarty International Center's Strategic Plan for 2008-2012. " Goal I: Mobilize the scientific community to address the shifting global burden of disease and disability. Goal II: Bridge the training gap in implementation research. Goal III: Develop human capital to meet global health challenges. Goal IV: Foster a sustainable research environment in low- and middle-income countries. and Goal V: Build strategic alliances and partnerships in global health research and training.. Fiscal Year 2010: Examples of funded projects for FY 2010 will focus on projects which provides important support to the following goals in the Fogarty International Center's Strategic Plan for 2008-2012. " Goal I: Mobilize the scientific community to address the shifting global burden of disease and disability. Goal II: Bridge the training gap in implementation research. Goal III: Develop human capital to meet global health challenges. Goal IV: Foster a sustainable research environment in low- and middle-income countries. and Goal V: Build strategic alliances and partnerships in global health research and training..

CRITERIA FOR SELECTING PROPOSALS:

The major elements in evaluating proposals include assessment of: (1) the scientific merit and general significance of the proposed study or research training program and its objectives; (2) the technical adequacy of the experimental design and approach; (3) the competency of the proposed investigator or group to successfully pursue the project; (4) the adequacy of the available proposed facilities and resources; (5) the necessity of the budget components requested in relation to the proposed project; and (6) the relevance and importance to the announced program objectives. All pertinent evaluation criteria are provided in the RFAs and PAs.

93.991 PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

(PHHS Block Grants)

FEDERAL AGENCY:

Centers for Disease Control and Prevention, Department of Health and Human Services

AUTHORIZATION:

Public Health Service Act, as amended; Omnibus Budget Reconciliation Act of 1981, Title XIX, Section 1905, Public Law 97-35, as amended; Preventive Health Amendments of 1984, Public Law 98-555; Health Omnibus Programs Extension Act of 1988, Public Law 100-607; Preventive Health Amendments of 1992, Public Law 102-531.

OBJECTIVES:

To provide States with the resources to improve the health status of the population of each grantee by: (A) conducting activities leading to the accomplishment of the year 2010 objectives for the nation; (B) rapidly responding to emerging health threats; (C) providing emergency medical services excluding most equipment purchases; (D) providing services for sex offense victims including prevention activities; and (E) coordinating related administration, education, monitoring and evaluation activities.

TYPES OF ASSISTANCE:

Formula Grants

USES AND USE RESTRICTIONS:

Except as described below, Block Grant funds may be used for preventive health service programs for: (A) Activities to achieve improvements in the health status of populations through achievement of the year 2000/2010 health objectives for the nation; (B) preventive health service programs for the control of rodents and for community and school-based fluoridation programs; (C) feasibility studies and planning for emergency medical services systems and the establishment, expansion, and improvement of such systems; Funds may not be used to operate emergency medical services systems or to purchase more than 50 percent of the cost of communications equipment for such systems.(D) providing services to victims of sex offenses and prevention of sex offenses; (E) the establishment, operation, and coordination of effective and cost-efficient systems to reduce the prevalence of asthma and asthma related illnesses, especially among children; (F) related planning, administration, and educational activities; and (G) monitoring and evaluation activities related to (A) through (F).

Applicant Eligibility:

Only State and U.S. Pacific Territorial governments, the District of Columbia, the Kickapoo Tribe of Kansas and the Sante Sioux Tribe of Nebraska are eligible for Preventive Health and Health Services Block Grants.

Beneficiary Eligibility:

The general public will benefit from the objectives of this program with special attention to disparately affected populations.

Credentials/Documentation:

Applications shall contain certification by the CEO of the State that the State has complied with provisions of and will meet the requirements of PHS Act, Title XIX, Section 1905, and Title XVII, Chapter 2 of the Omnibus Reconciliation Act of 1981. This program is excluded from coverage under OMB Circular No. A-87.

Preapplication Coordination:

Preapplication coordination is not applicable. Environmental impact information is not required for this program. This program is excluded from coverage under E.O. 12372.

Application Procedures:

This program is excluded from coverage under OMB Circular No. A-102. This program is excluded from coverage under OMB Circular No. A-110. Each State shall submit an application to the funding agency. Specific format is required, and forms are provided.

Award Procedure:

Applications are reviewed for completeness and for compliance with legislative requirements. Award is made to the applicant by the Centers for Disease Control and Prevention.

Deadlines:

Oct 01, 2009 Applications will be accepted beginning on October 1 of the eligible fiscal year.

Range of Approval/Disapproval Time:

From 15 to 30 days. About 3 weeks.

Appeals:

Not Applicable.

Renewals:

Not Applicable.

Formula and Matching Requirements:

Statutory formulas are not applicable to this program. Matching requirements are not applicable to this program. MOE requirements are not applicable to this program.

Length and Time Phasing of Assistance:

Each allotment is available for obligations over a 24-month period; payments are made through the Electronic Transfer System. See the following for information on how assistance is awarded/released: Each allotment is available for obligations over a 24-month period; payments are made through the Electronic Transfer System.

Reports:**Audits:**

In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133.

Records:

Each State must maintain records which are consistent with their State laws and requirements.

Account Identification:

75-0943-0-1-551.

Obligations:

(Formula Grants) FY 08 \$91,651,300; FY 09 est \$95,892,759; FY 10 est not reported. - FY 10 est. not available.

Range and Average of Financial Assistance:

\$21,258 to \$7,026,219; \$1,572,013. (Note: A formula based on fiscal year 1981 allocations to States is used for the annual basic grant allocation.)

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: In Indiana, PHHSBG funds were used to support the School Physical Activity and Nutrition Survey to obtain baseline data on nutrition and physical activity habits of children. In Illinois, PHHSBG funds are supporting a new program called HI TRACK to screen all newborns for congenital hearing loss before they leave the hospital. In Kansas, the Center for Health and Wellness in northeast Wichita used PHHSBG funds to provide 9,649 blood pressure checks and referred 1,328 people for follow-up. In New York, PHHSBG funds support the Childhood Lead Poisoning Program, which found 2,568 children to have elevated blood lead levels. In Iowa, PHHSBG funds helped develop Lighten Up Iowa to encourage people to adopt better nutrition and physical activity habits. In Texas, PHHSBG funds were used to establish a Hearne Community Garden in Robertson County to increase awareness of the importance of eating fruits and vegetables. In Wisconsin, PHHSBG funds are helping rural health departments develop multicounty environmental coalitions to eliminate food and water contamination, radon, asbestos, and other human health hazards. In Nebraska, only 22 (24%) of the 93 counties have a local health department. PHHSBG funds were used to develop a strategic plan to increase awareness of the benefits of a strong public health system. As a result, the state legislature allocated funding to establish district health departments to provide services to the 71 counties that did not have a health department. In Ohio, PHHSBG funds launched 21 cardiovascular health projects to increase the number of heart-healthy communities in areas of Ohio at high risk for heart disease. In California, PHHSBG funds helped to create The California Asthma Among School-Aged Children Project. In Florida, the PHHSBG funds the Pasco Community Intervention Program, which provides health screenings to migrant farm workers of Mexican descent and promotes physical activity through programs such as Folklorico, an intergenerational dance program. In Minnesota, PHHSBG funds were used to develop teaching modules called the Core Essentials of Public Health: Applications for Public Health Nursing. CDC and PHHS Block Grantees worked cooperatively to develop the Grant Application and Reporting System (GARS). GARS is a dynamic accountability tool that formats basic PHHSBG information to identify the role that block grant dollars play in addressing health problems at state and local levels. GARS helps grantees establish health priorities and tie essential program activities to PHHSBG dollars that are spent on public health programs. The GARS applications and reports are submitted electronically to CDC via E-mail or a direct Internet connection. Fiscal Year 2009: Texas

Williamson County, Texas, faces a sizeable health crisis that puts a large portion of its residents at risk for developing life threatening diseases such as diabetes and heart disease. Community nutrition surveys show that residents of Williamson County are eating foods that are low in nutrition and high in calories. In addition to a higher risk of premature death, an unhealthy diet is also associated with the burden of high costs on the medical care system.

To promote a healthy diet, PHHS Block Grant funds were used to develop and implement the Community Garden and Nutrition Program, which encourages participants to grow and eat their own fresh seasonal fruits and vegetables. Williamson County and Cities Health District (WCCHD) formed partnerships with local volunteer organizations, cities, and school districts to establish the gardening program. Using PHHS Block Grant funds, WCCHD hired a horticulturalist to lead the Community Garden and Nutrition Program. Since 2005, the horticulturalist has designed the first Expert Gardener Certification course, created a gardening education curriculum, and developed and taught, From the Garden to the Table/Del Jard a la Mesa cooking and nutrition classes for both English- and Spanish-speaking participants. Participants are also benefiting from low impact physical activity through their gardening activities.

The Community Garden and Nutrition Program has been successful in raising awareness among county residents about community gardening, improving nutrition, and increasing physical activity. Additionally, the program has Certified 165 Expert Gardener volunteer; Provided gardening, cooking, and nutrition classes to more than 400 participants; Donated more than 5,000 pounds of fresh, organic produce to local food pantries, Meals on Wheels, nursing homes, retirement facilities, and free lunch programs at the senior center; and, Hosted fieldtrips for about 1,700 preschool children and 650 older children.

Virginia

Chronic diseases are the leading causes of death for Virginians. It is estimated that 2.2 million Virginians live with one or more of the following chronic diseases: heart disease, stroke, cancer, asthma, diabetes, and arthritis. In addition, chronic diseases account for approximately 75% of the nation's \$1.4 trillion health care costs each year; which is approximately \$24.6 billion for Virginia.

Virginia is proactive about chronic disease prevention and control. Programs such as the Chronic Disease Self-Management Program (CDSMP) are devoted to providing the information and resources needed to develop skills that reduce risks and promote healthier lifestyles. Since 2005, PHHS Block Grant funds have supported the delivery of this program to areas of the state that have a higher prevalence of heart disease, stroke, high blood pressure, and diabetes. In multiple health districts, the CDSMP coordinator recruits adults living with chronic diseases as well as persons caring for an adult who has a chronic disease. Program participants complete a six week course that teaches them self-management strategies such as medication management, pain management, and relaxation techniques.

Because the program offers strategies that promote self-management techniques, participants are reporting an increase in their skills and ability to manage their chronic diseases, utilization of self-management strategies, healthy lifestyle behaviors (e.g., more walking, better diet, and proper use of medications). Furthermore, participants are reporting a decrease in hospital visits, which could potentially save Virginia thousands of dollars in healthcare costs.

In 2006, CDSMP completed three leader trainings that resulted in 25 new leaders who are teaching CDSMP in two health districts. Some program participants have become leaders. With continued support, CDSMP will help Virginians spend less time in the hospital and more time practicing self-management strategies to improve their health.

Kansas

Lawrence and Douglas County in Kansas are working to reduce the number of overweight and inactive children and adolescents. In 2001, Wakarusa Valley Elementary school in Lawrence became the first Douglas County school to launch the Get Moving! Program. With PHHS Block Grant funds, the Get Moving! Program encourages additional exercise outside of the regular physical education program in schools, encourages families to exercise together, especially during the winter months, and increases the percentage of children and families who participate in regular physical activity. The program elements include

A supply of Get Moving! Cards. Participants use the cards to detail up to 12.5 hours of physical activity recorded in 30-minute increments. Any type of physical activity done outside of school time may be recorded on the card.

Participants receive extra points for involving a buddy (family or friend) in the activity.

Participants record the days they consumed at least five fruits and vegetables. Prizes are awarded for the first three cards returned during the year. A pool pass to the Indoor or Outdoor Lawrence Aquatic Center is awarded when the fourth card is turned in.

The class with the highest participation percentage wins a pool party. Over the past five years, the Get Moving! Program has grown to include all 26 schools and educational service centers in Lawrence and 20 additional elementary schools in surrounding communities. Between the 2004 and 2005 school year, a number of successes were noted: the number of students completing at least four cards jumped from 256 to 753; there was an increase in over 6,000 hours of physical activity, recorded in 30-minute increments, among participants in 1st-6th grades; and the number of cards turned in increased by 2,312 in just one year..

What began as an idea in one Douglas county school has become an effective and fun way to combat the growing epidemic of childhood obesity and the chronic health issues attributable to this condition. To save lives and health care dollars, prevention needs to start early and Get Moving! is a step in the right direction. Fiscal Year 2010: No Current Data Available

REGULATIONS, GUIDELINES, AND LITERATURE:

45 Code of Federal Regulations, Part 96 (Published in the Federal Register on July 6, 1982 and revised in the Federal Register, October 13, 1987).

Regional or Local Office:

None.

Headquarters Office:

Sakeena Smith 3005 Chamblee Tucker Road #30, Chamblee, Georgia 30341
Email: szs4@cdc.gov Phone: (770) 488-5426 Fax: (770) 488-5974

Website Address:

<http://www.cdc.gov/nccddp/blockgrant>

RELATED PROGRAMS:

Not Applicable.

EXAMPLES OF FUNDED PROJECTS:

Not Applicable.

CRITERIA FOR SELECTING PROPOSALS:

Not Applicable.

93.993 PUBLIC HEALTH RESEARCH ACCREDITATION PROJECT FEDERAL AGENCY:

Centers for Disease Control and Prevention, Department of Health and Human Services

AUTHORIZATION:

Sections 301 and 317(k)(2) of the Public Health Service Act, 42 U.S.C 241 and 247.

OBJECTIVES:

To assess the role of accreditation of human research protection programs to enhance protections afforded to persons involved in the full-range of public health research programs, e.g., epidemiologic research, health services research, and social and behavioral intervention research, as well as traditional biomedical research and clinical trials. Voluntary accreditation is one component of a national oversight system for protection of human subjects.

TYPES OF ASSISTANCE:

PROJECT GRANTS

USES AND USE RESTRICTIONS:

This project will result in the development of pilot measures that can be used to assess the improvement of the ability of the public health infrastructure (such as State and local public health departments, schools of public health, and other public health research partners) to assess and monitor research involving human

subjects. In year two, the pilot measures will be implemented in several locations, such as State or local health departments, schools of public health, or community-based organizations that engage in public health research, and will be evaluated for utility and feasibility in the public health setting. In year three, the measures will be refined and made available to public health research partners to document and evaluate the impact of accreditation as a process to improve protection of human subjects in public health research.

Applicant Eligibility:

Assistance will be provided only to a public, private, for-profit, or nonprofit organization that is currently actively engaged in the process of accrediting human research protection programs that represent the full range of activities, which are applicable to State, and local public health departments.

Beneficiary Eligibility:

Public, private, for-profit, or nonprofit organization that is currently actively engaged in the process of accrediting human research protection programs that represent the full-range of activities, which are applicable to State, and local public health departments.

Credentials/Documentation:

Applicants should document the need for assistance, state the objectives of the project, present their approach to meeting the objectives, and outline the methods of operating. Costs will be determined in accordance with HHS Regulations 45 CFR 74, Subpart Q. For-profit organizations' cost are determined in accordance with the Federal Acquisition Regulations, 48 CFR 31. OMB Circular No. A-87 applies to this program.

Preapplication Coordination:

Preapplication coordination is desired for research grants, but not required. This program is excluded from coverage under E.O. 12372. Environmental impact information is not required for this program. This program is excluded from coverage under E.O. 12372.

Application Procedures:

OMB Circular No. A-102 applies to this program. OMB Circular No. A-110 applies to this program. Submit the signed original and two copies of PHS form 398. (OMB Number 0925-0001); adhere to the instructions on the Errata Instruction Sheet for PHS 398. Submit the application to: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146. Applications may not be submitted electronically.

Award Procedure:

Approved grants are funded based on a priority score ranking from an independent review group as well as availability of funds, secondary review and such other significant programmatic factors deemed necessary and appropriate by the agency. Initial award provides funds for the first budget period (usually 12 months) and Notice of Grant Award (Form PHS 5152-1) indicates support recommended for remainder of project period (usually three to five years), allocations for Federal funds by budget categories, and special conditions, if any.

Deadlines:

Contact the headquarters or regional office, as appropriate, for application deadlines.

Range of Approval/Disapproval Time:

From 90 to 120 days. From 90 to 120 days.

Appeals:

Not Applicable.

Renewals:

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Formula and Matching Requirements:

Statutory formulas are not applicable to this program. This program has no matching requirements. MOE requirements are not applicable to this program.

Length and Time Phasing of Assistance:

Financial assistance is provided for a 12-month budget period with project

under this CFDA program for any required proof or certifications which must be submitted prior to or simultaneous with submission of an application package. This program is excluded from coverage under OMB Circular No. A-87.

Preapplication Coordination:

Preapplication coordination is required. Environmental impact information is not required for this program. This program is excluded from coverage under E.O. 12372.

Application Procedures:

This program is excluded from coverage under OMB Circular No. A-102. This program is excluded from coverage under OMB Circular No. A-110. HRSA requires all applicants to apply electronically through Grants.gov.

All qualified applications will be forwarded to an objective review committee. Based on the advice of the objective review committee, the HRSA program official with delegated authority is responsible for final selection and funding decisions.

Award Procedure:

Notification is made in writing by a Notice of Grant Award.

Deadlines:

Contact the headquarters or regional office, as appropriate, for application deadlines.

Range of Approval/Disapproval Time:

From one to two months.

Appeals:

Not Applicable.

Renewals:

Funds will be made available annually to any State submitting an acceptable application.

Formula and Matching Requirements:

Statutory Formula: Title Title V Section 502(c), Public Law Social Security Act. Subject to 45 CFR Part 96.

Matching Requirements: Percent: 45%.

This program has MOE requirements, see funding agency for further details.

Length and Time Phasing of Assistance:

Funds are awarded each fiscal year in quarterly installments and remain available for expenditure for the current and subsequent fiscal year. See the following for information on how assistance is awarded/released: Grantees drawdown funds, as necessary, from the Payment Management System (PMS). PMS is the centralized web based payment system for HHS awards.

Reports:

Annual Reports. No cash reports are required. FSR. No expenditure reports are required. No performance monitoring is required.

Audits:

In accordance with the provisions of OMB Circular No. A-133 (Revised, June 27, 2003), "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133.

Records:

Grantees are required to maintain grant accounting records for 3 years after the date they submit the FSR. If any litigation, claim, negotiation, audit, or other action involving the award has been started before the expiration of the 3-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular 3-year period, whichever is later.

Account Identification:

75-0350-0-1-550.

Obligations:

(Formula Grants) FY 08 \$556,580,363; FY 09 est \$559,170,000; FY 10 est \$559,170,000

Range and Average of Financial Assistance:

(FY 2009 Awards) \$149,560 to \$43,328,678; \$9,388,539.

PROGRAM ACCOMPLISHMENTS:

Fiscal Year 2008: All 59 States and jurisdictions were awarded grants in FY 08. The Maternal and Child Health Bureau has developed a web-based system of reporting that captures data contained in the States' Block Grant Application/Annual Reports. Designed initially to capture the qualitative programmatic information of the States, it has been modified according to the Bureau's performance measurement model to collect uniform quantitative data. Fiscal Year 2009: All 59 States and jurisdictions were awarded grants in FY 09. The Maternal and Child Health Bureau has developed a web-based system of reporting that captures data contained in the States' Block Grant Application/Annual Reports. Designed initially to capture the qualitative programmatic information of the States, it has been modified according to the Bureau's performance measurement model to collect uniform quantitative data. Fiscal Year 2010: No Current Data Available

REGULATIONS, GUIDELINES, AND LITERATURE:

This program is subject to the provisions of 45 CFR Part 96 as applicable and individual State Regulations.

Regional or Local Office:

See Regional Agency Offices. Program Contact: Division of State and Community Health, Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services, Room 18-31, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Telephone: (301) 443-2204.

Headquarters Office:

Division of State and Community Health 5600 Fishers Lane, Room 18-31, Rockville, Maryland 20857 Phone: (301) 443-2204

Website Address:

www.hrsa.gov.

RELATED PROGRAMS:

93.110 Maternal and Child Health Federal Consolidated Programs

EXAMPLES OF FUNDED PROJECTS:

Fiscal Year 2008: Each of the 59 States and jurisdictions determines its individual program priorities under its Block grant. Fiscal Year 2009: No Current Data Available Fiscal Year 2010: No Current Data Available

CRITERIA FOR SELECTING PROPOSALS:

Not Applicable.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

94.017 SENIOR DEMONSTRATION PROGRAM

FEDERAL AGENCY:

Corporation for National and Community Service

AUTHORIZATION:

Domestic Volunteer Service Act of 1973, as amended., 42 U.S.C 5028-5028(a).

OBJECTIVES:

To provide grants to qualified agencies for the purpose of conducting innovative activities involving older Americans as volunteers, including both volunteers receiving stipends and volunteers not receiving stipends.

TYPES OF ASSISTANCE:

Project Grants

USES AND USE RESTRICTIONS:

The following are illustrative activities cited in the authorizing legislation: (1) linking youth groups and older American organizations in volunteer activities; (2) involving older volunteers in programs and activities different from existing programs and activities supported in the community; and (3) testing whether older American volunteer programs may contribute to new objectives or certain national priorities. Volunteers must be age 55 or older. Volunteers may not

Con Alma Health Foundation, Inc.

144 Park Ave.
 Santa Fe, NM 87501-1833
 Telephone: (505) 438-0776
 Fax: (505) 438-6223

E-mail: staff@conalma.org

URL: www.conalma.org

Type of Grantmaker: Independent foundation

IRS Exemption Status: 501(c)(3)

Additional Descriptor: Health conversion foundation

EIN: 850484396

990-PF: [2008](#) [2007](#) [2006](#) [2005](#) [2004](#) [2003](#) [2002](#)

E-Grant Reporter

Last Updated: 2/18/2010

Online Communications: [Facebook](#)

Background: The foundation was established in 2001, through the sale of Blue Cross/Blue Shield of New Mexico. The conversion provided charitable assets of \$20 million for the foundation.

Limitations: Giving limited to NM. No support for lobbying. No grants to individuals, for scholarships/fellowships, or for bricks, mortar, or property.

Purpose and Activities: The foundation is organized to be aware of and respond to the health rights and needs of culturally and demographically diverse peoples and communities of New Mexico. The foundation seeks to address the health needs of underserved populations, to support and strengthen nonprofits that seek to improve the health of the underserved, to encourage leaders in the field, and to inform the development of public policies that promote wellness and access to preventive health care.

Fields of Interest: Subjects: Health care. **Population Groups:** Children/youth; Hispanics/Latinos; Homeless; Immigrants/refugees; Indigenous peoples; Infants/toddlers; Minorities; Native Americans/American Indians; Women; Youth.

Geographic Focus: New Mexico.

Types of Support: Conferences/seminars; General/operating support; Management development/capacity building; Program development; Program evaluation; Research; Seed money; Technical assistance.

Publications: Annual report; Application guidelines; Grants list; Informational brochure.

Application Information: Application form available on foundation Web site. See foundation Web site for guidelines and requirements.

Initial approach: Varies according to grant cycle

Board meeting date(s): Jan., Apr., July and Oct.

Deadline(s): Varies according to grant cycle

Final notification: Varies

Officers: Jose Fietze, President; Elaine Montano, Vice President; Patricia Montoya, Secretary; Eliu Romero, Treasurer; Robert Desiderio, Executive Director.

Trustees: Mike Anaya; Patrick Baca; Denise Madrid Boyea; Steven Gaber; Colleen Guengerich; McClellan Hall; Pamela Herndon; Charmaine Jackson-John; Raeburn Josey; Seferino Montano; J. "Bud" Mulcock; Sara Stevens; Nadine Tafoya; Michael Trujillo, M.D.; Facundo Valdez; Juan Vigil.

Number of Staff: 3 full-time professional; 3 part-time professional; 1 full-time support.

Memberships: Regional Associations of Grantmakers: New Mexico Association of Grantmakers. **Affinity Groups:** Association of Small Foundations; Grantmakers In Health; Grantmakers for Children, Youth and Families. **Associations and Other Philanthropic Organizations:** Council on Foundations.

Financial Data: Year ended 12/31/08: Assets: \$19,917,171 (market value); Gifts received: \$84,150; Expenditures: \$3,055,215; Total giving: \$2,111,606; Qualifying distributions: \$2,692,440; Giving activities include: \$2,111,606 for grants.

Additional Location Information: County: Santa Fe; Metropolitan area: Santa Fe, NM; Congressional district: New

Santa Fe Community Foundation

516 Alto St.

P.O. Box 1827

Santa Fe, NM 87504-1827

Telephone: (505) 988-9715

Contact: Christa Coggins, Prog. Dir.

Fax: (505) 988-1829

E-mail: foundation@santafecf.orgURL: www.santafecf.org**Type of Grantmaker:** Community foundation**IRS Exemption Status:** 501(c)(3)**EIN:** 850303044**990:** [2008](#) [2007](#) [2006](#) [2005](#) [2004](#) [2003](#) [2002](#)**Last Updated:** 3/26/2010**Additional Contact Information:** Additional E-mail: info@santafecf.org; Grant application E-mail: ccoggins@santafecf.org; Workshop registration E-mail: workshops@santafecf.org**Online Communications:** [Facebook](#)**Background:** Incorporated in 1981 in NM.**Limitations:** Giving limited to northern NM counties, including Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe and Taos. No support for religious purposes. No grants for capital campaigns, endowments, or technical assistance grants for travel, conferences, start-up costs, or staff salaries or functions.**Purpose and Activities:** The foundation improves the quality of life for people in Santa Fe and Northern New Mexico, now and for future generations, by: 1) building and managing endowment funds in order to award grants; 2) helping nonprofits operate more effectively; 3) convening area residents to discuss issues of critical importance to the community; and 4) providing leadership for key community initiatives.**Program Area(s):** The grantmaker has identified the following area(s) of interest:

Arts; Civic Affairs; Education; Environment; Health and Human Services; **Fields of Interest:** **Subjects:** AIDS; Adult education--literacy, basic skills & GED; Aging, centers/services; Alcoholism; Animals/wildlife, preservation/protection; Arts; Arts education; Cancer; Child development, education; Child development, services; Children/youth, services; Civil/human rights, LGBTQ; Civil/human rights, aging; Civil/human rights, disabled; Civil/human rights, immigrants; Civil/human rights, minorities; Civil/human rights, women; Civil rights, race/intergroup relations; Community/economic development; Community development, citizen coalitions; Crime/violence prevention, domestic violence; Economic development; Education; Education, drop-out prevention; Education, public education; Elementary school/education; Environment; Environment, natural resources; Family services, adolescent parents; Family services, domestic violence; Food services; Health care; Health organizations, association; Homeless, human services; Housing/shelter; Humanities; Human services; Mental health/crisis services; Nonprofit management; Performing arts; Performing arts, music; Public affairs; Public affairs, citizen participation; Science; Substance abuse, prevention; Visual arts. **Population Groups:** AIDS, people with; African Americans/Blacks; Aging; Asians/Pacific Islanders; Disabilities, people with; Economically disadvantaged; Hispanics/Latinos; Homeless; Immigrants/refugees; LGBTQ; Minorities; Native Americans/American Indians; Women.

Geographic Focus: New Mexico.**Types of Support:** Annual campaigns; Continuing support; Emergency funds; General/operating support; Management development/capacity building; Matching/challenge support; Program development; Publication; Scholarship funds; Seed money; Technical assistance.**Publications:** Annual report; Informational brochure (including application guidelines); Newsletter.**Application Information:** Visit foundation Web site for online application and guidelines. Free pre-proposal workshops are offered to assist perspective applicants with information on proposal guidelines and the application/grant process for the foundation's grant cycles; telephone or e-mail to register. Faxed proposals are not accepted. Application form required.

Initial approach: Complete online application

Copies of proposal: 1

The New Mexico Community Foundation

343 E. Alameda St.

Santa Fe, NM 87501-2229

Telephone: (505) 820-6860

Contact: Robert H. Stark, Exec. Dir.

Fax: (505) 820-7860

E-mail: nmcf@nmcf.orgURL: www.nmcf.org**Type of Grantmaker:** Community foundation**IRS Exemption Status:** 501(c)(3)**EIN:** 850311210**990:** [2008](#) [2007](#) [2006](#) [2005](#) [2004](#) [2003](#) [2002](#)**Last Updated:** 2/3/2010**Additional Contact Information:** Additional address: 303 Roma N.W., Ste. 400, Albuquerque, NM 87102, tel.: (505) 821-6735**Background:** Incorporated in 1983 in NM.**Limitations:** Giving limited to NM, with emphasis on rural communities. No support for religious purposes or the United Way or other federated giving organizations. No grants for endowment funds.**Purpose and Activities:** Giving primarily to build community resources and relationships, with special emphasis on rural communities, and issues important to communities such as water, kids, health, families, elderly, education, hardship, and livelihoods.**Fields of Interest: Subjects:** AIDS; Child development, services; Education; Family services; Health care; Health organizations, association; Rural development. **Population Groups:** Aging; Native Americans/American Indians.**Geographic Focus:** New Mexico.**Types of Support:** Annual campaigns; Conferences/seminars; Continuing support; Endowments; General/operating support; In-kind gifts; Internship funds; Matching/challenge support; Program development; Publication; Scholarship funds; Seed money; Technical assistance.**Publications:** Annual report; Newsletter; Occasional report.**Application Information:** Unsolicited requests for funds not accepted. Visit foundation Web site for a General Information Organization Profile Form.

Board meeting date(s): Quarterly

Officers and Directors: John P. Ulrich,* Chairperson; Jay Rosenblum,* Secretary; Michael Chamberlain, Chief Financial Officer and Chief Operating Officer; Rebeca Romero Rainey,* Treasurer; Robert J. Apodaca, Executive Director; Deborah Gallegos; Sarah Alley Manges; Irene Oliver-Lewis.**Number of Staff:** 6 full-time professional; 2 part-time professional.**Memberships: Regional Associations of Grantmakers:** New Mexico Association of Grantmakers. **Affinity Groups:** Environmental Grantmakers Association; Grantmakers for Education; Neighborhood Funders Group. **Associations and Other Philanthropic Organizations:** Council on Foundations.**Financial Data: Year ended 12/31/08:** Assets: \$32,344,741 (market value); Gifts received: \$13,740,948; Expenditures: \$11,665,676; Total giving: \$7,009,046; Giving activities include: \$7,009,046 for grants.**Additional Location Information:** County: Santa Fe; Metropolitan area: Santa Fe, NM; Congressional district: New Mexico District 3.**Selected Grants:** The following grants were reported in 2007:

\$492,960 to University of New Mexico Health Sciences Center, Albuquerque, NM, payable over 1 year.

\$241,920 to New Mexico Association of Community Action Agencies, Albuquerque, NM, payable over 1 year.

\$174,500 to New Mexico Forum for Youth in Community, Albuquerque, NM, payable over 1 year.

\$164,320 to New Mexico Department of Health, Santa Fe, NM. For Adolescent Services program in Las Cruces, payable over 1 year.

\$150,000 to University of New Mexico, Albuquerque, NM. For Community Learning and Public Service, payable over 1 year.

McCune Charitable Foundation

(formerly Marshall L. & Perrine D. McCune Charitable Foundation)

345 E. Alameda St.

Santa Fe, NM 87501-2229

Telephone: (505) 983-8300

Contact: Wendy Lewis, Assoc. Dir.

Fax: (505) 983-7887

E-mail: mccune@nmmccune.orgURL: www.nmmccune.org**Type of Grantmaker:** Independent foundation**IRS Exemption Status:** 501(c)(3)**Additional Descriptor:** Family foundation**EIN:** 850429439**990-PF:** 2008 2007 2006 2005 2004 2003 2002 2001**Last Updated:** 2/16/2010**Donor(s):** Perrine Dixon McCune‡; Marshall L. McCune‡.**Background:** Established in 1992 in NM. Marshall McCune died on December 13, 1975 making his widow, Perrine Dixon McCune, his heir. He left her strict terms for the continuance of his local philanthropic style and pattern, to which she adhered until her death on March 7, 1991 at the age of 87. In 1989, she established a foundation to continue this philanthropic legacy for their chosen home of New Mexico.**Limitations:** Giving limited to NM. No grants to individuals, or for endowments, research, operating or capital expenses, voter registration drives, or to cover deficits.**Purpose and Activities:** The mission of the foundation is to memorialize its benefactors through grants which enrich the cultural life, health, education, environment, and spiritual life of the citizens of New Mexico. The Foundation supports philanthropic programs which are responsive, flexible, and may be proven effective at aiding the people of New Mexico to reach their full human and spiritual potential. Primary areas of interest include the arts, education, youth, health, social services and environment.**Fields of Interest: Subjects:** AIDS; Adult/continuing education; Adult education--literacy, basic skills & GED; Aging, centers/services; Agriculture; Alcoholism; Animals/wildlife, preservation/protection; Animal welfare; Arts; Cancer; Child development, education; Child development, services; Children/youth, services; Community/economic development; Crime/law enforcement; Crime/violence prevention, youth; Education; Education, early childhood education; Education, reading; Elementary school/education; Employment; Environment; Environment, natural resources; Family services; Federated giving programs; Food services; Health care; Health organizations, association; Heart & circulatory diseases; Higher education; Historic preservation/historical societies; History/archaeology; Homeless, human services; Hospitals (general); Housing/shelter, development; Human services; Leadership development; Libraries/library science; Medical care, rehabilitation; Mental health/crisis services; Minorities/immigrants, centers/services; Museums; Nutrition; Performing arts; Performing arts, dance; Performing arts, music; Performing arts, theater; Public affairs; Public affairs, citizen participation; Reproductive health, family planning; Residential/custodial care, hospices; Rural development; Secondary school/education; Substance abuse, services; Visual arts; Vocational education; Women, centers/services; Youth development, citizenship; Youth development, services. **Population Groups:** Aging; Disabilities, people with; Economically disadvantaged; Homeless; LGBTQ; Minorities; Native Americans/American Indians; Women.**Geographic Focus:** New Mexico.**Types of Support:** Annual campaigns; Building/renovation; Conferences/seminars; Continuing support; Emergency funds; Equipment; General/operating support; Matching/challenge support; Program-related investments/loans; Program development; Scholarship funds; Seed money; Technical assistance.**Publications:** Application guidelines; Biennial report.**Application Information:** See foundation web site for current cycle dates for initial approach and deadlines; submissions received by fax not accepted. Application form not required.

Initial approach: Online application only

Copies of proposal: 1

The Kerr Foundation, Inc.

12501 N. May Ave.

Oklahoma City, OK 73120-1948

Telephone: (405) 749-7991

Contact: Cecilia Miller, Admin. Asst.

Fax: (405) 749-2877

E-mail: ccastle@thekerrfoundation.orgURL: www.thekerrfoundation.org**Type of Grantmaker:** Independent foundation**IRS Exemption Status:** 501(c)(3)**Additional Descriptor:** Family foundation**EIN:** 731256122**990-PF:** [2008](#) [2007](#) [2006](#) [2005](#) [2004](#) [2003](#) [2002](#) [2001](#)**Last Updated:** 12/16/2009**Additional Contact Information:** Application contact: Mrs. Robert S. Kerr, Jr., Chair. and Pres.**Donor(s):** Grayce B. Kerr Flynn†.**Background:** Incorporated in 1963 in OK, and reincorporated in 1985.**Limitations:** Giving primarily in AR, CO, Washington, DC, KS, MO, NM, OK, and TX. No grants to individuals, or generally for continuing support.**Purpose and Activities:** Giving primarily for 1) education, particularly higher learning and pre-collegiate organizations, including health science centers and medical research done by educational institutions, 2) arts and culture, particularly organizations in the visual and performing arts areas, as well as museums and libraries, 3) health, particularly institutions providing health care, medical research, or outreach organizations employing primarily professionals from the allied health area, 4) human services, particularly organizations providing services in diverse areas to the public, and specifically to the disadvantaged, people with special needs and the elderly, and 5) public affairs-related programs. Generally all grants are challenge grants.**Fields of Interest: Subjects:** Arts; Education; Government/public administration; Health care; Human services; Medical research, institute; Museums; Performing arts; Visual arts; Youth, services.**Geographic Focus:** Arkansas; Colorado; District of Columbia; Kansas; Missouri; New Mexico; Oklahoma; Texas.**Types of Support:** Building/renovation; Curriculum development; Equipment; Fellowships; In-kind gifts; Internship funds; Matching/challenge support; Professorships; Program development; Program evaluation; Research.**Publications:** Application guidelines; Grants list.**Application Information:** See foundation web site for full guidelines and downloadable application form. Application form required.

Initial approach: Application form on web site

Copies of proposal: 3

Board meeting date(s): Quarterly

Deadline(s): See web site for current deadline

Final notification: Next day following receipt of application

Officers: Lou C. Kerr, President; Laura Kerr Ogle, Vice President and Secretary; Steven. S. Kerr, Vice President.**Trustees:** Henry W. Browne, Jr.; Cody T. Kerr; Ray Kline; Ruth Leebron Levenson.**Number of Staff:** 4 full-time professional; 1 part-time professional.**Memberships: Affinity Groups:** Association of Small Foundations. **Associations and Other Philanthropic Organizations:** Independent Sector.**Financial Data: Year ended 12/31/08:** Assets: \$21,233,694 (market value); Expenditures: \$2,115,882; Total giving: \$784,800; Qualifying distributions: \$1,344,532; Giving activities include: \$784,800 for 71 grants (high: \$50,000; low: \$2,000).**Additional Location Information:** County: Oklahoma; Metropolitan area: Oklahoma City, OK; Congressional district: Oklahoma District 5.**Selected Grants:** The following grants were reported in 2008:

The R. D. & Joan Dale Hubbard Foundation

103 Sierra Blanca Dr.

P.O. Box 2498

Ruidoso, NM 88355-5503

Telephone: (505) 258-5919

Contact: James A. Stoddard, Exec. Dir.

Fax: (505) 258-3749

E-mail: info@hubbardfoundation.com**Type of Grantmaker:** Independent foundation**IRS Exemption Status:** 501(c)(3)**Additional Descriptor:** Family foundation**EIN:** 752266308**990-PF:** [2008](#) [2007](#) [2006](#) [2005](#) [2004](#) [2003](#) [2002](#) [2001](#)**Last Updated:** 6/9/2009**Donor(s):** R.D. Hubbard; ZIA Partners LLP.**Background:** Established in 1986 in CA as the R. Dee Hubbard Foundation, reincorporated in 1989 in TX.**Limitations:** Giving primarily in CA, KS, and NM. No grants to individuals (except from designated scholarship funds)**Purpose and Activities:** Giving primarily for education, children, youth, and social services, and health organizations, particularly to hospitals.**Fields of Interest: Subjects:** Children/youth, services; Education; Foundations (private grantmaking); Health organizations, association; Higher education; Hospitals (general); Hospitals (specialty); Human services; Museums; Residential/custodial care, hospices.**Geographic Focus:** California; Kansas; New Mexico.**Types of Support:** Annual campaigns; Building/renovation; Endowments; Matching/challenge support; Professorships; Scholarship funds; Scholarships--to individuals.**Publications:** Annual report; Application guidelines; Program policy statement.**Application Information:** Application form not required.

Initial approach: Letter

Copies of proposal: 1

Board meeting date(s): Varies

Deadline(s): None

Final notification: None for notice of acceptance; denials returned in 2 months

Officers and Directors: R.D. Hubbard,* President; Joan Dale Hubbard,* Vice President; Edward A. Burger,* Secretary-Treasurer; Robert P. Donaldson, Executive Director.**Number of Staff:** 1 full-time professional; 1 part-time support.**Memberships: Regional Associations of Grantmakers:** Conference of Southwest Foundations. **Affinity Groups:** Association of Small Foundations.**Financial Data: Year ended 12/31/07:** Assets: \$46,508,838 (market value); Gifts received: \$200,000; Expenditures: \$4,344,155; Total giving: \$1,852,951; Qualifying distributions: \$2,339,635; Giving activities include: \$1,852,951 for 117 grants (high: \$550,000; low: \$300).**Additional Location Information:** County: Lincoln; Congressional district: New Mexico District 2.**Selected Grants:** The following grants were reported in 2007:

\$550,000 to Butler County Community College, El Dorado, KS. For general support, payable over 1 year.

\$200,000 to Bighorn Golf Club Charities, Palm Desert, CA. For general support, payable over 1 year.

\$150,000 to California State University, San Bernardino, CA. For general support, payable over 1 year.

\$100,000 to Kansas State University Foundation, Manhattan, KS. For general support, payable over 1 year.

\$40,000 to Fort Hays State University Endowment Association, Hays, KS. For general support, payable over 1 year.

\$31,000 to Xavier College Preparatory High School, Palm Desert, CA. For general support, payable over 1 year.

\$27,500 to Smith Center High School, Smith Center, KS. For scholarships, payable over 1 year.

\$20,000 to Wichita Collegiate School, Wichita, KS. For general support, payable over 1 year.

Dr. Ezekiel R. and Edna Wattis Dumke Foundation

P.O. Box 776

Kaysville, UT 84037-0776

Telephone: (801) 497-9474

Contact: Denise R. Johnsen, Office Mgr.

E-mail: erd@fndtn.org**Type of Grantmaker:** Independent foundation**IRS Exemption Status:** 501(c)(3)**Additional Descriptor:** Family foundation**EIN:** 876199783**990-PF:** [2008](#) [2007](#) [2006](#) [2005](#) [2004](#) [2003](#) [2002](#) [2001](#)**Last Updated:** 3/19/2010**Background:** Incorporated in 1959 in UT.**Limitations:** Giving limited to the western region of the U.S., with emphasis on MT, NM, UT, and WY. No support for religious or political organizations. No grants to individuals or for scholarships.**Purpose and Activities:** Support for organizations involved with arts and culture, education, the environment, and health and human services.**Fields of Interest: Subjects:** Arts; Children/youth, services; Environment, natural resources; Health care; Higher education; Hospitals (general).**Geographic Focus:** Montana; New Mexico; Utah; Wyoming.**Types of Support:** Equipment; Land acquisition; Matching/challenge support; Technical assistance.**Publications:** Application guidelines.**Application Information:** Full proposals are by invitation only. Application form required.

Initial approach: Telephone, e-mail, or letter requesting application form and deadline

Copies of proposal: 4

Board meeting date(s): Approx. Apr. and Aug.

Deadline(s): Varies by year

Final notification: Within 6 weeks after board meeting

Officers and Directors: Claire Dumke Ryberg,* President; Andrea Dumke Manship,* Vice President; Nancy H. Schwanfelder,* Secretary; Ezekiel R. Dumke, Jr.,* Treasurer.**Financial Data: Year ended 12/31/08:** Assets: \$9,143,720 (market value); Expenditures: \$892,330; Total giving: \$754,000; Qualifying distributions: \$761,669; Giving activities include: \$754,000 for 9 grants (high: \$500,000; low: \$4,000).**Additional Location Information:** County: Davis; Metropolitan area: Ogden-Clearfield, UT; Congressional district: Utah District 1.**Selected Grants:** The following grants were reported in 2008:

\$500,000 to Weber State University, Ogden, UT, payable over 1 year.

\$100,000 to Midtown Community Health Center, Ogden, UT, payable over 1 year.

\$50,000 to University of Utah, Salt Lake City, UT, payable over 1 year.

\$40,000 to University of Utah, Salt Lake City, UT, payable over 1 year.

\$20,000 to Audubon Society, National, Santa Fe, NM, payable over 1 year.

\$4,000 to Friends of Great Salt Lake, Salt Lake City, UT, payable over 1 year.

Want to see more grants for this grantmaker? [Try our Search Grants database.](#)

Coleman Family Foundation

P.O. Drawer 3337

Farmington, NM 87499-3337

Telephone: (505) 327-0356

Contact: George E. Coleman, Pres.

Type of Grantmaker: Independent foundation

IRS Exemption Status: 501(c)(3)

EIN: 201716049

990-PF: 2009 2008 2007 2006 2005 2004

Last Updated: 8/30/2009

Donor(s): George E. Coleman; Barbara Mary Coleman; Coleman Oil & Gas, Inc.

Background: Established in 2004 in NM.

Limitations: Giving primarily in NM.

Fields of Interest: Subjects: American Red Cross; Catholic agencies & churches; Children/youth, services; Education, fund raising/fund distribution; Family services; Health organizations, association; Human services.

Geographic Focus: New Mexico.

Application Information: Initial approach: Letter

Deadline(s): None

Officers and Directors: George E. Coleman,* President; Barbara Mary Coleman,* Secretary; Jeffrey E. Coleman.

Financial Data: Year ended 12/31/08: Assets: \$581,683 (market value); Gifts received: \$700,000; Expenditures: \$511,747; Total giving: \$511,200; Qualifying distributions: \$511,200; Giving activities include: \$511,200 for grants.

Additional Location Information: County: San Juan; Metropolitan area: Farmington, NM; Congressional district: New Mexico District 3.

FOUNDATION
CENTER

Carl C. Anderson, Sr. and Marie Jo Anderson Charitable Foundation

c/o Bank of America, N.A.

P.O. Box 831041

Dallas, TX 75283-1041

Type of Grantmaker: Independent foundation**IRS Exemption Status:** 501(c)(3)**EIN:** 746078530**990-PF:** 2008 2007 2006 2005 2004 2003 2002 2001**Last Updated:** 7/17/2009**Additional Contact Information:** Application address: c/o Grant Admin., 1016 La Posada, Ste. 142, Austin, TX 78752, tel.: (512) 458-2285; fax: (512) 452-9055**Donor(s):** Carl C. Anderson, Sr.†; Marie Jo Anderson.**Limitations:** Giving primarily in NM, OK, and TX. No support for government agencies or municipalities, or advocacy of indirect support of organizations. No grants to individuals, or for events, seed money, endowments, staff development or for debt reduction.**Purpose and Activities:** The mission of the foundation is two-fold: 1) giving medical research grants to qualified institutions within the U.S., with a special emphasis on childhood diseases; 2) funding organizations that provide direct assistance for individuals with special needs, emphasizing organizations which serve children, youth, and elderly in NM, OK, and TX.**Fields of Interest: Subjects:** Aging, centers/services; Arts; Cancer research; Christian agencies & churches; Developmentally disabled, centers & services; Family services; Health care, infants; Health organizations, association; Homeless, human services; Hospitals (specialty); Human services; Medical research, institute; Youth development, centers/clubs.**Geographic Focus:** New Mexico; Oklahoma; Texas.**Types of Support:** Capital campaigns; General/operating support; Research.**Application Information:** Acknowledgment will be sent immediately upon receipt of application. Application form required.**Initial approach:** Letter, telephone, or fax requesting application form**Deadline(s):** None**Final notification:** 4- to 6-months after receipt of application**Trustees:** Charles R. Batte, III; Jennifer J. Bird; R. Russell Rager; Bank of America, N.A.**Memberships: Affinity Groups:** Association of Small Foundations. **Associations and Other Philanthropic Organizations:** Council on Foundations.**Financial Data: Year ended 12/31/07:** Assets: \$86,062,917 (market value); Gifts received: \$1,522,414; Expenditures: \$4,258,341; Total giving: \$3,215,354; Qualifying distributions: \$3,558,194; Giving activities include: \$3,215,354 for 88 grants (high: \$500,000; low: \$500).**Additional Location Information:** County: Dallas; Metropolitan area: Dallas-Fort Worth-Arlington, TX; Congressional district: Texas District 30.**Selected Grants:** The following grants were reported in 2006:

\$530,000 to Baylor College of Medicine, Houston, TX, payable over 1 year.

\$500,000 to Childrens Medical Center Foundation of Central Texas, Austin, TX, payable over 1 year.

\$275,000 to Baylor College of Medicine, Houston, TX, payable over 1 year.

\$125,000 to Saint Jude Childrens Research Hospital, Memphis, TN, payable over 1 year.

\$100,000 to University of New Mexico, Albuquerque, NM, payable over 1 year.

\$96,500 to Salvation Army of Austin, Austin, TX, payable over 1 year.

\$75,000 to Down Home Ranch, Elgin, TX, payable over 1 year.

\$75,000 to University of New Mexico, Albuquerque, NM, payable over 1 year.

\$45,000 to Casa Angelica, Albuquerque, NM, payable over 1 year.

\$25,000 to All Faiths Receiving Home, Albuquerque, NM, payable over 1 year.

Office of Health Promotion & Community Health Improvement
Public Health Division
New Mexico Department of Health

Potential Funding Sources Received from the
New Mexico Congressional Delegation:
Summary & Analysis

Ron Hale, Office of Health Promotion & Community Health Improvement

June 30, 2010

Program Title	Objectives	Eligible Applicants	Application Process	Deadline(s)	Notes/Next Steps
93.010 Community-Based Abstinence Education, ACF, DHHS	Promote abstinence education: educate young people and create an environment within communities that supports teen decisions to postpone sexual activity until marriage	Public and private entities	See program announcement	Contact appropriate office	Not included in FY10 budget request
93.066 Chronic Diseases: Research, Control, and Prevention, CDC	Assist state and local health agencies, health related organizations, and others to prevent and control chronic diseases and disorders through research, development, capacity building, and intervention. To utilize research data to improve detection, diagnosis, treatment, and care of chronic diseases and their complications. To generate new knowledge related to chronic diseases that will improve health and quality of life and eliminate health disparities.	State & local agencies, nonprofit and for profit organizations, universities, hospitals, etc.	Contact: Grants Management officer Grants Management Branch Procurement & Grants Office Centers for Disease Control & Prevention Tel. (770) 488-2700	Contact appropriate office	Grant announcements CDC-RFA-DP-10-1022E, RFA-DP10-009E limited to previous applicants.
93.155 Rural Health Research Centers, HRSA, DHHS	To support the operation of rural health research centers, research dissemination, rural policy analysis, rapid	All public and private entities, nonprofit and for-profit	Contact Office of Rural Health Policy, HRSA, DHHS, Parklawn Building, Room 9A-55, 5600 Fishers	Contact the headquarters or regional office, as appropriate, for	"It is anticipated that in FY 10 and FY 11 there will be seven Research Center awards and one Research Dissemination award..." There are

	response to quick data turn around requests, and rural health best practices...		Lane, Rockville, MD 20857, tel. (301) 443-0835	application deadlines.	currently six research centers and numerous research initiatives funded by the program.
93.223 Development & Coordination of Rural Health Services, HRSA, DHHS	To enhance the rural health infrastructure in each State by providing guidance and technical assistance to State Offices of Rural Health (SORHs) as well as their partners and to identify and promote best practices.	Nonprofit private organizations that represent national, state, and local constituency groups committed to improvements in rural health care	Pre-application coordination is required. All applications through Grants.gov	April 16, 2010	Deadline passed
93.226 Research on Healthcare Costs, Quality and Outcomes	To support research & evaluation, demonstration projects, research networks, and multidisciplinary centers, including health care, clinical practice, costs, health promotion & disease prevention, epidemiology, etc. Special interest in inner city, rural areas, & priority populations.	Federal, state, local gov. agencies, institutions, nonprofits.	Applications submitted in response to a FOA posted on Grants.gov.	Contact the headquarters or regional office, as appropriate, for application deadlines. Next cycle for R01 grants is October/November	Need to verify with NIH when next funding cycle will be occurring. It is likely that only R01 type research grants would be open to non-academic applicants.
93.723 ARRA – Prevention & Wellness – State, Territories & Pacific Islands	To reduce chronic disease risk factors, promote wellness, better manage chronic disease, etc. Two components: Nutrition, physical activity, & tobacco control, and (2) National Network of Tobacco Quitlines.	Only applicants currently funded under FOA DP09-901 and DP09-902 are eligible to apply.	NA	Contact the headquarters or regional office, as appropriate, for application deadlines.	Other related grant opportunities (need to be researched through Grants.gov): <ul style="list-style-type: none"> • Women's Mental Health in Pregnancy & Postpartum Period • Research on Emergency Medical Services for Children • Understanding & Promoting Health Literacy • Research on Improving Health Care for Obese Patients
93.724 ARRA – Prevention & Wellness Communities Putting Prevention to Work	To reduce, prevent, and delay chronic disease, promote wellness, better manage chronic conditions, by addressing physical activity, improving nutrition,	NA	This Funding Opportunity Announcement has been removed per HHS and OMB request. This Announcement will be published at a later date.	Applications to be submitted in response to future FOA(s).	

	decreasing smoking prevalence and teen smoking, and decreasing exposure to second hand smoke.					
93.725 ARRA – Communities Putting Prevention to Work: Chronic Disease Self-Management Program	To support evidence-based chronic disease self-management programs targeting older people. To set up collaborative networks to serve as statewide infrastructure and distribution systems.	All 56 states and territories; 24 states with existing Agency on Aging Evidence-Based Disease Prevention cooperative agreements; limited to current recipient state agencies. Also 32 states & territories without existing agreements: limited to state units on aging and state health departments.	Cooperative agreements			[Unable to locate information on Grants.gov; see above entry, CFDA 93.724.]
93.912 Rural Health Care Services Outreach & Rural Health Network Development Program	These grants support networks of rural health care providers (i.e., must be located in rural zip code areas).	Rural public and non-profit entities.	Not open at this time.	Contact HRSA for application deadlines, or monitor Grants.gov for FOA's.		
93.991 Preventive Health and Health Services Block Grant, CDC	Block grants to the states	State governments	Not open at this time.	Applications accepted beginning Oct. 1 of eligible fiscal year.		
93.994 Maternal & Child Health Services Block	Block grants to the states		Not open at this time.	Contact headquarters or regional office for		

Grant to the States, HRSA				application deadlines.	
Con Alma Health Foundation, Santa Fe	Small grants, Northern NM grants, and multi-year grants to support health projects and projects that reduce health disparities.	Non-profit organizations in NM	Application guidelines and forms available at www.conalma.org	Deadlines have passed for this year's funding cycle.	This year, multi-year grants were not available. Current funding severely limited.
Santa Fe Community Foundation, Santa Fe	Giving limited to northern NM counties: Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, and Taos. Two grant cycles in 2010: Community Grants and Lesbian & Gay Grants	Non-profit organizations in target areas	Application guidelines and forms available at www.Santafeef.org	Deadline for this year's grant cycle was May 24, 2010.	
New Mexico Community Foundation, Santa Fe	Giving primarily to build community resources and relationships, with special emphasis on rural communities: AIDS, child development, education, family, health, rural development.		Information on funding initiatives is available at www.nmcf.org	Review website and contact the foundation for information on appropriate initiatives.	Current grants available only through advised funds and foundation initiatives: Rural Livelihood, Border Region Project, Strengthening NM Families, Leadership in Diverse Communities, and Women Building Community Funders Collaborative.
McCune Charitable Foundation, Santa Fe	Giving in New Mexico in: arts, economic development, education, environment, health, and social services	Non-profit organizations in NM	Information on grants available at www.nmmccune.org	This year's funding cycle is closed. Applications will be received Aug. 15 through Sept. 30, 2010.	
Kerr Foundation, Inc., Oklahoma City	Giving in education, arts and culture, health (particularly institutions), human services, public affairs. Most grants are challenge grants. Giving in AR, CO, D.C., KA, MO, NM, OK, TX. Primary emphasis is on direct services in Oklahoma.	Non-profit organizations & institutions.	Application forms available at www.thekerrfoundation.org	July 16 deadline for September board of trustees meeting	Support capital projects, curriculum development, fellowships, internships, professorships, program development, evaluation, research
Dr. Ezekiel R. and	Giving in arts, children &	Non-profit	Full proposals are by	Deadlines vary;	Note: Nan Schwanfelder, Santa Fe

Edna Wattis Dumke Foundation	youth, environment, natural resources, education, health care, hospitals. Giving limited to Montana, New Mexico, Utah, Wyoming	organizations & institutions.	invitation only; application form required. Contact: Denise R. Johnson, Office Mgr., Dr. Ezekiel R. and Edna Wattis Dumke Fdn., P.O. Box 776, Kaysville, UT 84037-0776, tel. (801) 497-9474, e-mail: erd@hfdm.org	board meets April & August. Initial approach by telephone, e-mail, or letter requesting application form and deadline.	resident and head of the Brindle Foundation, is on the board.
Coleman Family Foundation, NM Farmington, NM	Giving primarily in San Juan Co., NM: primarily education, health care, human services, religion and spiritual development (catholic organizations)	Non-profit organizations and institutions.	Information at: www.colemanfoundation.org Initial approach: letter to George E. Colman, Pres., Coleman Family Foundation, P.O. Drawer 3337, Farmington, NM 87499-3337, tel. (505) 327-0356		