

GrantName	CFDA	Grant Description	Release Date	Application Due	Eligible Applicants	Grant Amount	Cost Sharing Matching	Apply Yes No	Partners	Grant Submitted	Date Grant Awarded	Amount of Grant Awarded	Webpage
Workforce Grants													
Affordable Care Act: State Health Care Workforce Planning Grants	93.509	The State Health Care Workforce Development Grant program authorizes the Secretary of Health and Human Services (HHS), acting through the Administrator of the Health Resources and Service Administration (HRSA), to administer planning and implementation grants for the purposes of enabling State partnerships (1) to complete comprehensive health care workforce development planning and (2) to implement those plans or carry out activities as defined by the State application in order to address current and projected workforce demands within the State.	6/17/10	7/19/10	Planning Grant Eligibility To be eligible to receive a planning grant, an applicant must be an eligible State partnership. Generally, an eligible partnership will be a State Workforce Investment Board	\$2,000,000 Grant total with a ceiling of \$150,000 with 30 total awards	Yes Cost Sharing Ratio (Federal:Non-Federal): 15:1	YES DOL/DWS	DOH and NMHR	7/19/2010	9/24/2010	\$150,000	https://grants.hrsa.gov/webExternal/FundingCycleId=70332C9D-C405-4199-BFE2-78FBF3C52CD3&ViewMode=EU&GoBack=&PrintMode=&OnlineAvailabilityFlag=&pageNumber=&version=&NC=&Popup=
Affordable Care Act State Health Care Workforce Development Implementation Grants:	93.509	The State Health Care Workforce Development Grant program authorizes the Secretary of Health and Human Services (HHS), acting through the Administrator of the Health Resources and Service Administration (HRSA), to administer planning and implementation grants for the purposes of enabling State partnerships (1) to complete comprehensive health care workforce development planning and (2) to implement those plans or carry out activities as defined by the State application in order to address current and projected workforce demands within the State.	6/17/10	7/19/10	To be eligible to receive a planning grant, an applicant must be an eligible State partnership. Generally, an eligible partnership will be a State Workforce Investment Board	\$3,000,000 Grant total with only one grant given	Yes Cost Sharing Ratio (Federal:Non-Federal): 25:1	None known at this time					http://www07.grants.gov/search/search.do;jsessionid=s9J1MfNQbT3kffnJF3G04GGp1LL9l0wvvFFxZHK5yyY3nTDv3j1g!-2026516818?oppld=55288&mode=VIEW

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Affordable Care Act Primary Care Residency Expansion (PCRE) Program	93.510	Title VII, Section 747, of the Public Health Service Act supports projects that improve the nation's access to well trained primary care physicians by supporting primary care residency training. The Primary Care Residency Expansion Program is aimed at increasing the number of residents trained in primary care specialty - family medicine, general internal and general pediatric medicine. Funding may only be used to increase the enrollment in an accredited primary care residency program through resident stipend support. Eligible applicants include public or nonprofit private hospitals, schools of medicine or osteopathic medicine or a public or private nonprofit entity of which the Secretary has determined is capable of carrying out such grants. Applicants may request support for only one residency program/discipline per application.	6/17/10	7/19/10	Public or nonprofit private hospitals, schools of medicine or osteopathic medicine, or a public or private nonprofit. Must be Accredited	\$168,000,000 with 105 expected awards	None	YES UNM- HSC Others ?					http://www07.grants.gov/search/search.do;jsessionid=wN5mMf0ThHzkPylzDyDCBkNBTRWBzCQnd0zs2ZmY9QG2PG7R91Sp!-491952003?oppld=55287&mode=VIEW
Affordable Care Act Advanced Nursing Education Expansion (ANEE)	93.513	The Advanced Nurse Education Expansion initiative's two purposes are to increase the number of students enrolled full time in accredited primary care Nurse Practitioner and Nurse Midwifery programs and to accelerate the graduation of part time students.	6/17/10	7/19/10	Eligible applicants are collegiate schools of nursing, academic health centers, and other private or public entities accredited by a national nursing accrediting agency	\$30,000,000 total with approximately 40 awards	None	YES UNM- HSC	None	Unknown	8/5/2010	\$38,333	http://www07.grants.gov/search/search.do;jsessionid=hDHtMfCJfhvK2ylCkvjg1QBFQGKXjDT2Ws8HDQvFZDyYJdlPSBGZ!-491952003?oppld=55280&mode=VIEW

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Nurse Education, Practice, Quality and Retention	N/A	supports 108 infrastructure grants to expand the capacity of the nursing pipeline, promote career mobility for individuals in nursing, prepare more nurses at the baccalaureate level, and provide continuing education training to enhance the quality of patient care.	N/A	N/A	Eligible applicants are collegiate schools of nursing, academic health centers, and other private or public entities accredited by a national nursing accrediting agency	Total of \$29,900,000 with variable awards. There are 108 infrastructure grants	None	Yes-UNM-HSC	None	Unknown	8/5/2010	\$406,078	N/A
Nurse Education, Practice, Quality and Retention	N/A	supports 108 infrastructure grants to expand the capacity of the nursing pipeline, promote career mobility for individuals in nursing, prepare more nurses at the baccalaureate level, and provide continuing education training to enhance the quality of patient care.	N/A	N/A	Eligible applicants are collegiate schools of nursing, academic health centers, and other private or public entities accredited by a national nursing accrediting agency	Total of \$29,900,000 with variable awards. There are 108 infrastructure grants	None	Yes Western NM University	None	Unknown	8/5/2010	\$249,740	N/A
Affordable Care Act Expansion of Physician Assistant Training Program (EPAT)	93.514	As the need for primary care is growing due to the expansion of the health care coverage by the Affordable Care Act, the Expansion of Physician Assistants Training (EPAT) will help meet this need by improving the access to primary care services through increased supply of primary care physician assistants. The program purpose is to increase student enrollment in primary care physician assistant programs and graduates planning to practice primary care specialties. Eligible entities are public or private academically affiliated physician assistant training programs that have as their objective the education of individuals who, upon completion of their studies in the program, will be qualified to provide primary care medical services with the supervision of a physician.	6/17/10	7/19/10	Eligible entities are public or private academically affiliated physician assistant training programs that have as their objective the education of individuals. Mainly Primary Care	\$32,000,000 with 40 awards	None	Yes UNM-HSC	None	Unknown	9/28/2010	\$204,239	http://www07.grants.gov/search/search.do;jsessionid=JmDCMf3K21QJVw5zgSHTmGqyQVqNc2HvysBmQXTxGnG7DDRpW448!-491952003?oppld=55283&mode=VIEW

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Affordable Care Act (ACA) Nurse Managed Health Clinics	93.515	The purpose of this initiative will be to provide federal funding to support the development and operation of Nurse-Managed Health Clinics (NMHC) to: 1) improve access to primary health care, disease prevention and health promotion in medically underserved areas (including enhancements of outreach strategies); 2) enhance nursing practice by increasing the number of structured clinical teaching sites for undergraduate and graduate nursing students; and 3) enhance electronic processes for establishing effective patient and workforce data collection systems. Under this program, the focus would support the training and practice development site for nurse practitioners to build the capacity of primary care provider workforce.	6/17/10	7/19/10	Eligible applicants must be nurse-practice arrangements managed by advanced practice nurses, which provide primary care or wellness services to underserved or vulnerable populations, and have an association with a school, college, university	\$15,000,000 with 10 expected awards	None	YES UNM- HSC Others ?					http://www07.grants.gov/search/search.do;jsessionid=lp7BMfLXz0QZQ8spflZQkLGBjpTvydmjT84XQH2NycVIJJ8y5b1Z!-2026516818?oppld=55281&mode=VIEW

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Health Profession Opportunity Grants for Tribes, Tribal Organizations or Tribal College or University	93.093	Cooperative agreements, awarded under this Funding Opportunity Announcement, will support demonstration projects that are designed to provide eligible individuals with the opportunity to obtain education and training for occupations in the health care field that pay well and are expected to either experience labor shortages or be in high demand. Eligible applicants are Indian Tribes, Tribal organizations, defined by Section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b), are eligible applicants under this announcement. Tribal Colleges or universities defined by Section 316(b) of the Higher Education Act of 1965, 20 U.S.C. 1059 c(b), are eligible under this announcement. Applicants are required to consult with, and implement their projects in coordination with, the entities identified in Section 2008(a)(2)(B) of the Social Security Act.	6/21/10	8/5/10	The only eligible applicants are Indian Tribes, tribal organizations, and Tribal Colleges and Universities	\$7,500,000 with an award ceiling of \$5,000,000 and an award floor of \$1,000,000. With a total of 3 awards expected.	None	** It is unknown if anyone applied for this grant. There was no response from UNM and IAD did not know of any entities.					http://www07.grants.gov/search/search.do;jsessionid=0JKhMhrf231TMZkwwWSB61k29ITNhg0kyYp4MyWqkhl0jy9GnhyP!1386858017?oppId=55371&mode=VIEW

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Health Profession Opportunity Grants to Serve TANF Recipients and Other Low-Income Individuals	93.093	Office of Family Assistance is announcing the solicitation of applications to competitively award cooperative agreements for demonstration projects that support the establishment and maintenance of training, education, and career advancement programs to address health care professions workforce needs. [Section 2008 of the Social Security Act as enacted by Section 5507 of the Patient Protection and Affordable Care Act Cooperative agreements, awarded under this Funding Opportunity Announcement, will support demonstration projects that are designed to provide eligible individuals with the opportunity to obtain education and training for occupations in the health care field that pay well and are expected to either experience labor shortages or be in high demand. Individuals who are eligible to participate in funded programs are those receiving	6/21/10	8/5/10	States, including each of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, and American Samoa. Local Workforce Investment Boards,	\$51,000,000 total for grants. Award ceiling is \$5,000,000 with award floor of \$1,000,000. A total of 17 awards will be released.	None	Yes	NM Direct Caregivers, Golden Mentors				http://www07.grants.gov/search/search.do;jsessionid=0JKhMhrf231TMZkwwWSB61k29ITNhg0kyYp4MyWqkhl0jy9GnhyP!1386858017?oppId=55372&mode=VIEW

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Affordable Care Act (ACA) Nursing Assistant and Home Health Aide Program	93.503	The purpose of the Nursing Assistant and Home Health Aide (NAHHA) program is to provide infrastructure support for the development, evaluation, and demonstration of a competency based uniform-curriculum to train qualified nursing assistants and home health aides. The NAHHA program will strengthen the direct care workforce by providing nursing assistants and home health aides with the necessary skills that can be transportable to any job market in the nation. Grants will be made to state-approved community colleges or community-based training programs for the development, evaluation and demonstration of training programs for nursing home aides and home health aides on-campus, at alternative sites, and through telehealth methodologies.	6/18/10	7/22/10	State-approved community colleges or community-based training programs	\$2,500,000 with an award ceiling of \$250,000 with 10 awards	None	**It is unknown of any nursing assistant program applied for this grant.					http://www.grants.gov/search/search.do;jsessionid=CVm1MfyC9sJLwjYv12vn7nfn5nYhcZhWXdL92CdJfsG6TGY9YRL6!-491952003?oppld=55338&mode=VIEW

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Affordable Care Act Personal and Home Care Aide State Training (PHCAST) Program	93.512	This announcement solicits agrant applications for the Personal and Home Care Aide Training (PHCAST) Program, a new demonstration grant program in collaboration with the Administration for Children and Farnilies (ACF) to establish a program to recruit low-income individuals and recipients of public assistance to train as qualified personal and home care aides. Grants may be awarded to the States (as defined in the funding opportunity announcement) to conduct demonstration projects for purposes of developing core training competencies and certification programs for personal or home care aides. It is expected that the training standards established under these State grants would be utilized as a "Gold Standard" for future training of personal and home care aides.	6/17/10	7/19/10	Grants shall be awarded to eligible applicants from any of the 50 States of the United States of America, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, and American Samoa	\$5,000,000 with an award ceiling of \$750,000 and a total of 6 awards.	None	**It is unknwn of any nursing assista nt progra m applied for this grant.					http://www07.grants.gov/search/search.do;jsessionid=fj9MMfTJn2311Nnhp1PWZ5G5kTkCkBTIL7nf7fLGCwKXF6nTWHsY!-2026516818?oppld=55289&mode=VIEW
Start of Insurance HCR Grants													

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"Grants to States for Health Insurance Premium Review-Cycle I" Office of Consumer Information and Insurance Oversight (OCIIO)	93.511	Key components of this oversight require insurers to report certain health insurance rate information to both the Secretary and the States in which they operate, including:1. All increases in rates for health insurance over the prior year that meet the established unreasonable threshold (currently under development);2. Justifications for unreasonable increases in rates prior to their implementation.Public disclosure of this information and insurers will be required to prominently post the information on their respective Internet websites.Section 2794 also provides for a program of grants to states to help them improve the health insurance rate review and reporting process. Congress has appropriated \$250 million for this grant program for the federal fiscal years (FFYs) of 2010-2014. HHS is authorized to award this money during multiple award cycles to eligible States beginning in FFY 2010. Federal regulatory guidance is currently under development to establish	6/7/10	7/7/10	State governments	\$51,000,000 there will be approximately 51 awards with \$1,000,000 award ceiling.	Awardees are not required to provide matching contributions. However, the state share of funds expended for rate review activities under the state's proposed plan for rate review shall not be less than the	Yes, PRC/Insurance Division	None	7/7/2010	8/16/2010	\$1,000,000	http://www07.grants.gov/search/search.do;jsessionid=NDgpMhnSXgmt7BBMqmFHz1sy46kY7wI22P09N1h2cGTQCcCL2hyF!1386858017?opId=55029&mode=VIEW
Early Retiree Reinsurance Program	NA	The Early Retiree Reinsurance Program will reimburse employers for medical claims for retirees age 55 and older who are not eligible for Medicare and their spouses, surviving spouses and dependents. Employers who provide health coverage for early retirees are eligible to apply. Program participants will be able to submit claims for medical care back to June 1, 2010. This program is intended as bridge coverage until insurance exchanges become operational in 2014.	6/29/10	This grant is based on a first come first serve basis	businesses, unions, state and local governments who provide health insurance for early retirement	This is a variable amount to be distributed.		Yes NMRH CA			9/16/2010		www.hhs.gov/ociio/regulations/index.html

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Affordable Care Act Medicare Beneficiary Outreach and Assistance Program Funding for Title VI Native American Programs	93.071	AoA will provide a grant of \$1,000 to each Older Americans Act Title VI Native American program. The purpose of these grants will be for the coordination of at least one community announcement and at least one outreach event to inform eligible Native American elders about the benefits available to them through Medicare Part D, the Low Income Subsidy, the Medicare Savings Program or Medicare prevention benefits and screenings. The example of \$1000 per event is for illustrative purposes only. There is data available from the National Association of Area Agencies on Aging (n4a) and studies performed by the National Council on Aging (NCOA) that reflect these costs for planning and implementing a community event for Medicare Part D and LIS outreach activities.	6/7/10	7/30/10	Only current Title VI Native American Program awardees are eligible to apply for this funding opportunity.	\$246,000 with an expected 246 grants to be awarded	None	None known at this time					http://www.grants.gov/search/search.do?mode=VIEW&oppld=55023
Affordable Care Act (ACA) - Consumer Assistance Program Grants	93.519	These are grants to States to assist consumers with filing complaints and appeals, assist consumers with enrollment into health coverage, and educate consumers on their rights and responsibilities. In addition, by law they will collect data on consumer inquires and complaints to help the Secretary identify problems in the marketplace and strengthen enforcement. Starting in 2014, programs must also help resolve problems with premium credits for Exchange coverage.	7/22/10	9/10/10	State governments	\$29,000,000 total with a ceiling of \$3,400,000 and floor \$120,00 a total of 56 awards	PRC/DOI	SW Women's Law Center and the AG's Office of Consumer Protection					http://www.grants.gov/search/search.do;jsessionid=THbqMLpZyhIYTWQSSWn0cxYyXwN2xdpsFTptWtXfdPQxVJnM1Prh!-832749192?oppld=56058&mode=VIEW

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Money Follows the Person Rebalancing Grant Demonstration Patient Protection and Affordable Healthcare Act Section 2403	93.791	Building and strengthening their MFP Demonstration Programs and for additional States to participate. The law amends section 6071 of the DRA to make the following changes: 1) Extends the MFP Demonstration Program through September 30, 2016, and appropriates an additional \$450 million for each FY 2012-2016, totaling an additional \$2.25 billion. Any remaining MFP appropriation at the end of each FY carries over to subsequent FYs and is available to make grant awards to current and new grantees until FY 2016. Grant awards shall be made available to the State for the FY in which the award was received and for additional FYs. As such, any unused portion of a State grant award made in 2016 would be available to the State until 2020. Under the Affordable Care Act, individuals that reside in an institution for more than 90 consecutive days are now eligible to participate in the demonstration. However, one exception applies in the expanded definition of	7/23/10	1/7/11	State governments	\$22,500,000 total funds with 20 awards	None	Yes HSD will submit application	HSD with collaboration with ALTSD and DOH				http://www.grants.gov/search/search.do;jsessionid=drc5MJ5K1Y5QWQfmvQ80vLZkv292cYhrTjv9RLjXv4bbyl6CYv2b!-169038256?oppld=56091&mode=VIEW

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State Planning and Establishment Grants for the Affordable Care Act's Exchanges	93.525	Section 1311 of the Affordable Care Act provides funding assistance to the States for the planning and establishment of American Health Benefit Exchanges (?Exchanges?). The Affordable Care Act provides that each State may elect to establish an Exchange that would: 1) facilitate the purchase of qualified health plans; 2) provide for the establishment of a Small Business Health Options Program (?SHOP Exchange?) designed to assist qualified employers in facilitating the enrollment of their employees in QHPs offered in the SHOP exchange; and 3) meet other requirements specified in the Act. The funding awarded pursuant to this Funding Opportunity Announcement is intended to assist States with initial planning activities related to the potential implementation of the Exchanges. Grants will be awarded in amounts up to a	7/29/10	9/1/10	State Governments	Total of \$51,000,000 with a ceiling of \$1,000,000. 51 Awards are Anticipated	None	Yes HSD		9/1/2010	9/30/2010	\$1,000,000	http://www.grants.gov/search/search.do;jsessionid=yFPDMR6BhZ1nWvWdFfh4ZIPxh6Jc2znhwj8628sQk98jht0PIK1!1087699643?oppld=56204&mode=VIEW

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Planning Grant: The Money Follows the Person Rebalancing Demonstration Program	93.791	On July 26, 2010, the Centers for Medicare & Medicaid Services (CMS) issued a new grant solicitation to encourage states not yet part of the Money Follows the Person Rebalancing (MFP) Demonstration to apply for grant funds. The Affordable Care Act included an extension of the MFP demonstration program for an additional 5 years (the funding was scheduled to expire at the end of FY 2011). The extension of the MFP Demonstration Program through 2016 offers States substantial resources and additional program flexibilities to remove barriers and improve people's access to community supports and independent living arrangements.	8/3/10	9/7/10	State Governments	5-20 awards to states. Grant maximum will be \$200,000	None	HSD will submit application					http://www07.grants.gov/search/search.do;jsessionid=DrTrMZfJ4ZnLwnt4SsjLyIK1xZc0ysbnyq9PpSyQtHLqT2qFX34X!-357751914?oppld=56311&mode=VIEW

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Grants to States for Health Insurance Premium Review - Cycle I	93.511	Provide awards to states to enhance their current rate review process for health insurance premiums. States will be required to either develop or enhance their current capacity to review and to the extent permitted by law, approve or deny rate increases in the individual and group markets. States will be required to provide the HHS Secretary with information about rate trends in health insurance coverage and may utilize grant funds to develop procedures and/or the infrastructure to enable them to report in the future.	9/1/10	10/1/10	Five US territories and the 5 states that did not previously apply - Departments of Insurance or state entity with primary statutory and regulatory authority for the regulation of private health insurance; <u>New Mexico received grant under original announcement of 6/7/10</u>	\$1,000,000	None	NM Insurance division received grant from original announcement		7/7/2010	8/16/2010	\$1,000,000	http://www07.grants.gov/search/search.do;jsessionid=hJZM1yHzrGKGqzXt3yIHcc1Znp5YByyrJ2Zdf2Zg4SGM4DyTRHh!97035526?oppld=57031&mode=VIEW
Start of MCH Grants													

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Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program	93.505	The Maternal, Infant, and Early Childhood Home Visiting Program is designed : (1) to strengthen and improve the programs and activities carried out under Title V; (2) to improve coordination of services for at risk communities; and (3) to identify and provide evidence-based home visiting programs to improve outcomes for families who reside in at risk communities. At-risk communities will be identified through a statewide assessment of needs and of existing resources to meet those needs. HRSA and the Administration for Children and Families (ACF) intend that the home visiting program will result in a coordinated system of early childhood home visiting in every State that has the capacity and commitment to provide infrastructure and supports to assure high-quality, evidence-based practice.	6/10/10	7/9/10	State Governments	\$90,000,000 with 56 total grant awards of various amounts	None	CYFD Requested Amount:\$951,952	DOH	7/9/2010	7/21/2010	\$951,952	https://grants.hrsa.gov/webExternal/FundingOppDetails.asp?FundingCycleId=E24F384A-7290-49D0-A393-EED7F542B618&ViewMode=EU&GoBack=&PrintMode=&OnlineAvailabilityFlag=&pageNumber=&version=&NC=&Popup=

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Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program	93.508	Funds will support 5-year demonstration grants (cooperative agreements) between ACF and Federally-recognized Indian Tribes (or a consortium of Indian Tribes), Tribal Organizations, or Urban Indian Organizations to conduct needs assessments; develop the infrastructure needed for the widespread planning, adoption, implementation, and sustainability of evidence-based maternal, infant, and early childhood home visiting programs; and provide high-quality, evidence-based home visiting services to pregnant women and families with young children aged birth to kindergarten entry. Home visiting programs are intended to promote outcomes such as improvements in maternal and prenatal health, infant health, and child health and development; reduced child maltreatment; improved parenting practices related to child development outcomes; improved school readiness; improved family socio-economic status; improved coordination of referrals to community resources and supports; and reduced incidence	6/25/10	7/26/2010	Native American tribal governments (Federally recognized) Native American tribal organizations (other than Federally recognized tribal governments) Others (see text field entitled "Additional Information on Eligibility" for clarification)	\$3,000,000 with an award ceiling of \$500,000 and award floor of \$100,000 with an award total of 15.	None	Native American Professional Parent Resources, Inc.	None	Unknown	9/29/2010	\$330,000	https://www.cfda.gov/?s=program&mode=form&tab=step1&id=788d6ac24971c92c3580fda2894431ba

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Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program	93.508	Funds will support 5-year demonstration grants (cooperative agreements) between ACF and Federally-recognized Indian Tribes (or a consortium of Indian Tribes), Tribal Organizations, or Urban Indian Organizations to conduct needs assessments; develop the infrastructure needed for the widespread planning, adoption, implementation, and sustainability of evidence-based maternal, infant, and early childhood home visiting programs; and provide high-quality, evidence-based home visiting services to pregnant women and families with young children aged birth to kindergarten entry. Home visiting programs are intended to promote outcomes such as improvements in maternal and prenatal health, infant health, and child health and development; reduced child maltreatment; improved parenting practices related to child development outcomes; improved school readiness; improved family socio-economic status; improved coordination of referrals to community resources and supports; and reduced incidence	6/25/10	7/26/2010	Native American tribal governments (Federally recognized) Native American tribal organizations (other than Federally recognized tribal governments) Others (see text field entitled "Additional Information on Eligibility" for clarification)	\$3,000,000 with an award ceiling of \$500,000 and award floor of \$100,000 with an award total of 15.	None	Pueblo of San Felipe	None	Unknown	9/29/2010	\$100,000	https://www.cfda.gov/?s=program&mode=form&tab=step1&id=788d6ac24971c92c3580fda2894431ba

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FY10 Support for Pregnant and Parenting Teens and Women FOA	93.500	The Act appropriates \$25 million for each of fiscal years 2010 through 2019 and authorizes the Secretary of HHS, in collaboration and coordination with the Secretary of Education (as appropriate) to establish and administer a Pregnancy Assistance Fund for the purpose of awarding competitive grants to States to assist pregnant and parenting teens and women. Grants will not exceed three years (and funding for years 2-3 is subject to the availability of funds). OAH anticipates funding a broad range of projects both in the size and scope of activities. The authorized State representative must make application for grant funds available through this announcement to assist pregnant and parenting teens and women. A signed letter from the authorized State representative must accompany the application; it should include documentation establishing the authorized representative's authority to apply for and administer the grant funds on behalf of the State. The application may be developed solely by the authorized representative or in consultation with other relevant State agencies such as state education,	7/1/10	8/2/10	State governments Native American tribal governments (Federally recognized) Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education	\$2,000,000 total funding for the grant with a Ceiling of \$500,000 and a total of 25 awards.	Yes funding an amount from non-Federal funds equal to 25 percent of the amount of the funding provided	Yes PED	DOH	8/2/2010	9/29/2010	\$1,300,000	http://www07.grants.gov/search/search.do;jsessionid=tyKWMnNYjbjvygcVtX64HpnL5M79ZtynKtgr7phNt3HStRbH9W!404589083?oppId=55579&mode=VIEW
Affordable Care Act (ACA) School-Based Health Centers Capital Program (This is a re-issue of a previous grant that was pulled at an earlier date)	93.501	The goal of the program is to award funds made available by the Patient Protection and Affordable Care Act that will support school-based health center efforts to expand capacity to provide primary healthcare services to school-aged children. (This is a re-issue of a previous grant that was pulled at an earlier date)	10/4/10	12/1/10	Eligible organizations shall be a school-based health center or a sponsoring facility of a school-based health center: A school-based health center is defined as a health clinic	\$50,000,000 with an expected 1000 awards total	None	Currently individual SBHC's	DOH				http://www.grants.gov/search/search.do;jsessionid=sB7IMrzTwnLYRQKvvy0LghTwnTL21BLhhMvBDkmp1r2mTbxpjhG0y!-228465525?oppId=58278&mode=VIEW

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State Personal Responsibility Education Program (PREP)	93.092	The Patient Protection and Affordable Care Act, 2010 (Pub.L. 111-148) amends Title V of the Social Security Act (42 U.S.C. 701 et seq.) by adding section 513, Personal Responsibility Education. The Administration for Children and Families' (ACF) Family and Youth Services Bureau (FYSB) is accepting applications from States and Territories for the development and implementation of the Personal Responsibility Education Program (PREP). The purpose of this program is to educate youth between the ages of 10 and 19 on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS.	7/30/10	8/30/10	State Governments	Each state will be awarded a minimum of \$250,000	None	DOH Family Planning Program	DOH	8/30/2010	9/30/2010	\$346,571	http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-ACYF-PREP-0125
Title V State Abstinence Education Grant Program	93.235	The Administration for Children and Families (ACF)/Family and Youth Services Bureau (FYSB) is accepting applications from States and Territories for the development and implementation of the State Abstinence Education Grant Program also known as Title V. The purpose of this program is to support decisions to abstain from sexual activity until marriage by providing abstinence education as defined by Section 510(b)(2) of the Social Security Act with a focus on those groups that are most likely to bear children out-of-wedlock.	7/30/10	8/30/10	State Governments	Variable	Will require a match of 43%.	No					http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-ACYF-AEGP-0123

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Family-to-Family Health Information Centers in each state and the District of Columbia	N/A	Created in 2005, the centers are state-wide, family-run organizations that provide information, education, training, outreach, and peer support to families of children and youth with special health care needs and the professionals who serve them. Funding for the centers was extended through 2012 by the Affordable Care Act.	N/A	N/A	Existing Family to Family Information Centers	A total of \$4,900,000 for existing center a total of 51 with variable award amounts	None	Parents Reaching Out to Help	None	Unknown	7/27/2010	\$95,700	N/A
Implementing the Affordable Care Act: Making it Easier for Individuals to Navigate their Health and Long-Term Care through Person-Centered Systems of Information, Counseling and Access													

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Option A Medicare Improvement for Patients and Providers Act (MIPPA) Affordable Care Act Medicare Beneficiary Outreach and Assistance Program Funding for Title VI Native American Programs	93.071	Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) was amended in Section 3306 to provide additional funding for Medicare outreach and enrollment activities. This legislation builds upon 2008 MIPPA legislation which provided for beneficiary outreach and included funding to State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs) and Title VI Native American Programs, Aging and Disability Resource Center programs (ADRCs), and for a resource center to help coordinate efforts to inform older Americans about available Federal and State benefits available.	6/7/10	7/30/10	State agency or instrument of a State from a State that: 1) received an award to implement ADRCs through the AoA and CMS ADRC grants funded in fiscal years 2003, 2004, 2005 and 2009	\$246,000 available with a total award of \$1,000. A total of 246 is anticipated	None	Several Tribes	N/A	7/30/2010	9/27/2010	\$1,000 per Tribe (Pueblo de Cochiti, Pueblo of Jemez, Pueblo of San Felipe, Pueblo of Taos, Pueblo of Zuni, San Juan Pueblo, Santa Clara Pueblo, Santo Domingo Pueblo Tribe)	http://www07.grants.gov/search/search.do;jsessionid=g3rmMQLChpxyVQ4YLG4SnLZJ2515H6mdy216VGjQXxzqLLynzyT!!-228465525?oppld=55023&mode=VIEW
Option A Medicare Improvement for Patients and Providers Act (MIPPA) Affordable Care Act Medicare Beneficiary Outreach and Assistance Program	93.071	Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) was amended in Section 3306 to provide additional funding for Medicare outreach and enrollment activities. This legislation builds upon 2008 MIPPA legislation which provided for beneficiary outreach and included funding to State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), Aging and Disability Resource Center programs (ADRCs), and for a resource center to help coordinate efforts to inform older Americans about available Federal and State benefits available.	N/A	N/A	State agency or instrument of a State from a State that: 1) received an award to implement ADRCs through the AoA(Formula Funding)	Variable Amounts	ALTSD		N/A	N/A	N/A	\$371,358	N/A

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Option B. Options Counseling ADRC Options Counseling and Assistance Programs	93.048	To serve as visible and trusted sources of information on the full range of long-term care options that are available in the community, including both institutional and home and community-based care; to provide personalized and consumer friendly assistance to empower people to make informed decisions about their care options; to provide coordinated and streamlined access to all publicly supported long-term care options so that consumers can obtain the care they need through a single intake, assessment and eligibility determination process; to help people to plan ahead for their future long-term care needs; and to assist, in coordination with the State Health Insurance Assistance Program, Medicare beneficiaries in understanding and accessing the Prescription Drug Coverage and prevention health benefits available under the Medicare Modernization Act.	6/3/10	7/30/10	Only a State agency or instrument of a State from a State that: 1) received an award to implement ADRCs through the AoA and CMS ADRC grants funded in fiscal years 2003, 2004, 2005 and 2009, and/or the CMS Person-Centered Hospital Discharge Planning Model Grants funded in fiscal years 2008 and 2009 may apply for this funding opportunity; and 2) continues to implement and operate the ADRC activities funded through their grant award(s), may apply for this funding opportunity. AoA will accept only one application per State. The applicant agency must have the support and active participation of the State Unit on Aging,	\$10,000,000 total available with award ceiling of \$600,000 and floor of \$400,000. It is anticipated there will be a total of 25 awards.	None	ALTSD	None	7/29/2010	9/27/2010	\$500,000	http://www07.grants.gov/search/search.do;jsessionid=gx4WMQC hpwsQS1tTx6Q1hF9vJyBnTw0QhQ327kRfTB9ZnyfqNTf3!-228465525?oppld=54948&mode=VIEW
Option C. Money Follows the person (MFP)	93.779	No description at this time	6/3/10	7/30/10				NM is not eligible					

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Option D. Aging and Disability Resource Center Evidence-Based Care Transition Programs ADRC Evidence-Based Care Transition Programs	93.048	Under this Program Announcement, AoA is making funds available for states to significantly strengthen the role of ADRCs in implementing evidence-based care transition models that meaningfully engage older adults and individuals with disabilities (and their informal caregivers).	6/3/10	7/30/10	Only a state agency or instrument of a state from a State that: 1) received an award to implement ADRCs through the AoA and CMS ADRC grants funded in fiscal years 2003, 2004, 2005 and 2009, and/or the CMS Person-Centered Hospital Discharge Planning Model Grants funded in fiscal years 2008 and 2009 may apply for this funding opportunity; and 2) continues to implement and operate the ADRC activities funded through their grant award(s), may apply for this funding opportunity. AoA will accept only one application per state. The applicant agency must have the support and active participation of the State Unit on Aging.	A total of \$2,500,000 with an award ceiling of \$500,000 and award floor of \$300,000. A total of 6 awards is anticipated.	None	None at this time					http://www07.grants.gov/search/search.do;jsessionid=2WdfMQGdfZ41w1CkPYdf92rM9NZh4HKxzQfG6Q1mZNggZh2LW1yb!-228465525?oppld=54947&mode=VIEW
Epidemiology Grants													

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EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC) BUILDING AND STRENGTHENING EPIDEMIOLOGY, LABORATORY AND HEALTH INFORMATION SYSTEMS CAPACITY IN STATE AND LOCAL HEALTH DEPARTMENTS	93.521	The overall purpose of the ELC cooperative agreement program is to assist state public health agencies improve surveillance for, and response to, infectious diseases and other public health threats by (1) strengthening epidemiologic capacity; (2) enhancing laboratory practice; (3) improving information systems; and (4) developing and implementing prevention and control strategies. ELC aims to enhance the ability of public health agencies to identify and monitor the occurrence of known infectious diseases of public health importance; detect new and emerging infectious disease threats, identify and respond to disease outbreaks; and use public health data for priority setting, policy development, and prevention and control. The purpose of this Affordable Care Act funding through the ELC is to enhance public health programs to improve health and help restrain the rate of growth of health care costs through building epidemiology, laboratory, and health	8/3/10	8/27/10	Mainly State Governments. New Mexico is named in the RFP	A total of \$39,500,000 is allocated with variable award amounts. Appears to be formula. A total of 58 award	None	DOH ERD					http://www07.grants.gov/search/search.do;jsessionid=DrTrMZfJ4ZnLwnt4SsjLyIK1xZc0ysbnyq9PpSyQtHLgT2qFX34X!-357751914?oppld=56320&mode=VIEW

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Patient Protection and Affordable Care Act (PPACA); Emerging Infections Program (EIP); Enhancing Epidemiology and Laboratory Capacity (U01)	93.521	The purpose of this EIP-ACA FOA is to support state and local health departments' surveillance infrastructure through enhancement of the epidemiology and laboratory capacity of the existing EIP network. Over the past 15 years, the EIP network has proved to be a national resource for conducting active, population-based surveillance and special studies for invasive bacterial diseases, foodborne pathogens, healthcare associated infections (HAIs), influenza, and many other infectious diseases. The network has been instrumental in measuring the impact of the 7-valent pneumococcal conjugate vaccine, informing and evaluating treatment guidelines for Group B Streptococcus, estimating the burden of foodborne illness, documenting the emergence of community-associated methicillin-resistant Staphylococcus aureus, and monitoring the safety of the 2009 H1N1 vaccine as part of the influenza vaccine safety network	8/3/10	8/27/10	Mainly State Governments. New Mexico is named in the RFP	A total of \$4,500,000 with ceiling of \$650,000 and a total of 10 awards.	None	DOH ERD		8/25/2010	9/30/2010	\$327,379	http://www07.grants.gov/search/search.do;jsessionid=DrTrMZfJ4ZnLwnt4SsjLyk1xZc0ysbnyq9PpSyQtHLqT2qFX34X!-357751914?oppld=56319&mode=VIEW

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State Competitive Supplemental Funding for Behavioral Risk Factor Surveillance System	93.520	The purpose of this supplement is to provide State Health Departments with resources to maintain previous projections in sample size, enhance and expand the utility of BRFSS, and support ongoing state-based public health surveillance infrastructure. Resources are needed specifically to collect BRFSS data to assess the prevalence of Influenza Like Illness (ILI) at state and local levels to support Pandemic Influenza response and preparedness activities as well as to support optional modules of public health significance at the state level (Components IA, IB, and IC). Financial support will be provided for activities related to data collection for the evaluation of interventions and assessment of the effectiveness of activities funded with Affordable Care Act through the Communities Putting Prevention to Work (ACA CPPW) (Component II). Those states eligible to apply for Component II will be notified individually. The amount of funding for individual states will be determined through a competitive evaluation.	8/13/10	9/8/10	Component I: Financial assistance is available to the 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands, funded under CDC RFA-DP09-901. Component II: Eligible applicants are limited to State health departments in which a CPPW funded grantee resides within the state health agency jurisdictional boundary. The states that can apply for this funding opportunity will be notified prior to the closing of this announcement.	A total of \$9,000,000 will be awarded with 53 awards anticipated (Appears to be a supplemental grant to a non-HCR grant)	None	DOH will apply with ERD being the lead					http://www.grants.gov/search/search.do;jsessionid=D24vMpNQJZprygtLT1y39MHPRJFGpwBYQpLhh4pffRMpRJ3dT4k8!-743945508?oppld=56638&mode=VIEW

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EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC) BUILDING AND STRENGTHENING EPIDEMIOLOGY, LABORATORY AND HEALTH INFORMATION SYSTEMS CAPACITY IN STATE AND LOCAL HEALTH DEPARTMENTS	93.521	The purpose of this Affordable Care Act funding through the ELC is to enhance public health programs to improve health and help restrain the rate of growth of health care costs through building epidemiology, laboratory, and health information systems capacity in state and local public health departments. Specifically, the Affordable Care Act funding is being made available via this FOA to enhance the ability of state, local, and territorial ELC grantees to strengthen and integrate capacity for detecting and responding to infectious disease and other public health threats in state and local public health departments. The purpose of these enhancements is to provide flexible and multi-purpose resources to address current high-priority infectious disease problems within grantee jurisdictions, as well as new threats as they emerge. This FOA addresses the following three inter-related areas which are fully consistent with and build upon the existing ELC activities: a. Epidemiology Capacity - To ensure staff are well-trained and well-equipped to provide rapid, effective, and flexible response to infectious	8/16/10	8/27/10	ELIGIBILITY Funding under this FOA is intended to continue and enhance capacity for epidemiology, laboratory and health information systems for infectious diseases and other public health threats through the existing ELC program. Eligible applicants that can apply for this funding opportunity are all current ELC grantees and are listed below. These 58 ELC grantees are currently funded under the following ELC Funding Opportunity Numbers: CI04-040: Alabama, Arizona, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Houston TX, Iowa, Illinois, Indiana, Kansas, Kentucky, Los Angeles County CA, Louisiana, Maine, Massachusetts, Michigan, Missouri, Mississippi, Montana, Nebraska, New Jersey, New Mexico, New York, New York City NY, North Carolina, Ohio, Oklahoma, Pennsylvania, Philadelphia PA, Republic of Palau, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming. CI07-701: Alaska, Arkansas, Chicago IL, Commonwealth of Puerto Rico, Delaware, District of Columbia, Idaho, Maryland, Minnesota, Nevada, North Dakota, Oregon,	This has a total of \$35,900,000 with approximately 58 awards	None	NM DOH is applying for this grant. ERD and SLD Divisions will work on this jointly.					http://www07.grants.gov/search/search.do;jsessionid=3VJmMqvWM6nKj0BXffJJ1CBb4HV0cTvG0NCX4GyTXYKvk2NJRZvt!97035526?opId=56320&mode=VIEW

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Patient Protection and Affordable Care Act (PPACA); Emerging Infections Program (EIP); Enhancing Epidemiology and Laboratory Capacity (U01)	93.521	The purpose of this EIP-ACA FOA is to support state and local health departments' surveillance infrastructure through enhancement of the epidemiology and laboratory capacity of the existing EIP network. Over the past 15 years, the EIP network has proved to be a national resource for conducting active, population-based surveillance and special studies for invasive bacterial diseases, foodborne pathogens, healthcare associated infections (HAIs), influenza, and many other infectious diseases. The network has been instrumental in measuring the impact of the 7-valent pneumococcal conjugate vaccine, informing and evaluating treatment guidelines for Group B Streptococcus, estimating the burden of foodborne illness, documenting the emergence of community-associated methicillin-resistant Staphylococcus aureus, and monitoring the safety of the 2009 H1N1 vaccine as part of the influenza vaccine safety network (http://www.cdc.gov/ncpcid/d/eiss/eip/publications.html). EIP	8/17/10	8/27/10	Eligible Institutions You may submit an application(s) if your organization has any of the following characteristics: Eligibility for these awards is limited to current grantees under the EIP cooperative agreement program which are the health departments of California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New Mexico, New York, Tennessee, and Oregon or their Bona Fide Agents. These 10 grantees are currently funded under EIP Funding Opportunity Announcement numbers CI02-174 (NM) and CI05-026 (CA, CO, CT, GA, MD, MN, NM, NY, TN, OR).	A total of \$4,500,000 with ceiling of \$650,000 and a total of 10 awards.	None	DOH and ERD					http://www.grants.gov/search/search.do;jsessionid=NW7MMr4h0vjR22sGQhLQ9Ylpq2vtRcYsKJTSpFd2x9cpKyY2bFtN!520440642?oppId=56319&mode=VIEW

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CDC Epidemiology & Laboratory Capacity/Emerging Infections Program Grant	N/A	Hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases. Increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments.	N/A	N/A	Supplemental funding	N/A	Formula funding no application was required	DOH	N/A	N/A	9/24/2010	\$380,081	N/A
Start of Miscellaneous Grants													
Strengthening the Aging Network: An Opportunity for Training and Evaluation	93.048	Developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.	6/28/10	8/13/2010	State governments County governments City or township governments Public and State controlled institutions of higher education Native American tribal governments (Federally recognized) Native American tribal organizations	\$500,000 only one grant will be awarded	Yes. This information has not yet been released	No ALTSD has declined to apply for this grant. Very competitive					http://www07.grants.gov/search/search.do;jsessionid=3CYbMyTBGPq1LFwNsrDbvLD1xQ04pL1nd398nfQFLLcDsW6r4qWy!1757025235?oppld=55505&mode=VIEW

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Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long Term Care Facilities and Providers	93.506	Title VI, Subtitle B, Part III, Subtitle C, Section 6201 of the Affordable Care Act (ACA) directs the Secretary of Health and Human Services (HHS), to establish a nationwide program to identify efficient, effective, and economical procedures for long term care facilities and providers to conduct background checks on a statewide basis on all prospective direct patient access employees. CMS is inviting proposals from all States and U.S. territories to be considered for inclusion in this National Background Check Program which will be in effect through 2013. Federal matching funds are available to all States and U.S. territories that meet the requirements described in section 6201 of the ACA and that provide an application that is scored at 69.5 points or greater by the Federal technical panel. The national program will be evaluated by the HHS Office of Inspector General (OIG). CMS will award a technical support contract to support the States that are	6/4/10	9/9/10	State Governments	There is no grant amount total. There is a ceiling of \$3,000,000 and floor of \$1,500,000.	Yes depends on amount of grant awarded	Yes DOH (DHI)	None	8/9/2010		\$1,500,000	http://www07.grants.gov/search/search.do;jsessionid=d1HpMbHQvs40vHj0MpxTzZpsN8H9nftFGC1pHKGrnSxyPcFD2NQ8!1680187280?mode=VIEWS&revision=0

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Strengthening Public Health Infrastructure for Improved Health Outcomes	93.507	The goal of the "Strengthening Public Health Infrastructure for Improved Health Outcomes" program is to systematically increase the performance management capacity of public health departments in order to ensure that public health goals are effectively and efficiently met. This program will increase the capacity and ability of health departments to meet national public health standards, such as those of the National Public Health Performance Standard Program (http://www.cdc.gov/od/ocphp/nphsp/index.htm), Public Health Accreditation Board (http://www.phaboard.org/), and National Quality Forum (http://www.qualityforum.org/).	7/8/2010	8/9/2010	eligible applicants include all 50 states, Washington, D.C., 9 large local health departments supporting cities with populations of 1 million or more inhabitants (Chicago, Illinois; Dallas, Texas; Houston Texas; Los Angeles, California; New York City, New York; Philadelphia, Pennsylvania; Phoenix, Arizona; San Antonio, Texas; San Diego, California), 5 U.S. Territories, 3 U.S. Affiliated Pacific Islands and up to 7 federally-recognized tribes with an established public health department structure (or their equivalent) that provide public health services to their tribal members, or bona fide agents of any of the eligible entities.	\$212,500,000 total. There will be 85 awards with a ceiling of \$3,100,000 and a floor of \$1,100,000.	None	DOH PHD will be the lead and IT will be a partner	None	8/8/2010	9/20/2010	\$199,877	http://www.grants.gov/search/search.do;jsessionid=LTp0M15hGSDyZRPPhn0QvrWnt7bLwY5VJMFJfgK0kxLZjV02plm51931914360?oppld=55684&mode=VIEW	
Affordable Care Act (ACA): Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance	93.524	This project is an expansion of CDC-RFA-HM08-805: Strengthen and Improve the Nation's Public Health Capacity through National, Non-Profit, Professional Public Health Organizations to Increase Health Protection and Health Equity.	8/4/2010	8/24/2010	Eligible applicants are limited to the following national, non-profit, public health professional organizations funded through the competitive funding opportunity announcement CDC-RFA-HM08-805: 1. American Public Health Association (APHA) 2. Association of Maternal and Child Health Programs (AMCHP) 3. Association of State and Territorial Health Officials (ASTHO) 4. Council of State and Territorial Epidemiologists (CSTE) 5. National Association of County and City Health Officials (NACCHO) 6. National Association of Local Boards of Health (NALBOH) 7. National Network of Public Health Institutes (NNPHI) 8. Public Health Accreditation Board (PHAB) 9. Public Health Data Standards Consortium (PHDSC) 10. Public Health	Total of \$6,685,000 with a ceiling of \$1,396,000 and a floor of \$75,000. They anticipate 15 awards total	None is required	Will not apply for this as eligible entities are not based in New Mexico						http://www07.grants.gov/search/search.do;jsessionid=Cg1yMvyp69NY1Tt4122p1jSv7JnkkSsJkYLHVsP1MrTpntNn7Cgs!-1941321387?oppld=56343&mode=VIEW

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Expansion of the Rural Community Hospital Demonstration under the Affordable Care Act	None	Section 10313 of the Patient Protection and Affordable Care Act of 2010 mandates an extension of the Rural Community Hospital Demonstration Program for an additional 5 years. The law allows additional hospitals to participate in the demonstration program. Since 10 hospitals are currently participating in the program, the Centers for Medicare & Medicaid Services (CMS) is conducting a new solicitation that will allow up to 20 new hospitals to participate in the demonstration for a period of 5 years.	8/27/2010	10/14/2010	The following eligibility requirements must be met for a hospital to be considered for participation in the demonstration. These requirements are specified in the authorizing legislation. An applicant must be a hospital that: 1. Is located in a rural area [as defined in Section 1886(d)(2)(D) of the Social Security Act (42 U.S.C. 1395ww(d)(2)(D)) or treated as being so located pursuant to section 1886(d)(8)(E) of the Act (42 U.S.C. 1395 ww(d)(8)(E))]; 2. Has fewer than 51 acute care inpatient beds, as reported in its most recent cost report; 3. Makes available 24-hour emergency care services; and 4. Is not designated or eligible for designation as a Critical Access Hospital (CAH) under Section 1820 of the Social Security Act. The authorizing legislation requires that the demonstration be conducted in States with low population densities, as determined by the Secretary. For this demonstration, hospitals must be located in one of the 20 least densely populated States: Alaska, Arizona, Arkansas,	\$32,000,000 with 20 awards anticipated	No information on this could be found on the application	NM DOH Office of Primary Care and Rural Health has send the announcement to 6 qualifying hospital						http://www.cms.gov/DemoProjectsEvalRpts/downloads/2004_Rural_Community_Hospital_Demonstration_Program.pdf
Prevention Grants														

GrantName	CFDA	Grant Description	Release Date	Application Due	Eligible Applicants	Grant Amount	Cost Sharing Matching	Apply Yes No	Partners	Grant Submitted	Date Grant Awarded	Amount of Grant Awarded	Webpage
Affordable Care Act (ACA) Prevention Center for Healthy Weight	93.522	The Health Resources and Services Administration Office of Planning, Analysis and Evaluation (HRSA/OPAE) will provide funding to support a Prevention Center for Healthy Weight (PC). The PC will plan, implement, and manage a nation-wide Healthy Weight Collaborative (HWC) as well as recruit and support communities and teams participating in the HWC. The PC will also serve as a gateway to quality information on the prevention and treatment of overweight and obesity in the context of integration of public and community health and primary care. This program seeks to provide and promote family-centered, community-based, coordinated care for children and families, and facilitate the development of community-based systems of services for such children and their families for the prevention and treatment of overweight and obesity.	7/16/2010	8/16/2010	Any public or private nonprofit entity, including state and local government agencies, institutions of higher education, and an Indian tribe or tribal organization (as those terms are defined at 25 USC 450(b)) is eligible to apply.	One award at \$5,000,000	None is required	No it was determined to be a very competitive grant and will not apply for this grant.					http://www07.grants.gov/search/search.do?jsessionid=h71sMGkHht1TnNTGpFGLBm84rJWdYR7P8LhTH1BbhypnD10Q26jY!1680187280?mode=VIEWREVISIONS&revNum=0

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Patient Protection and Affordable Care Act (Affordable Care Act) State Supplemental Funding for Healthy Communities, Tobacco Prevention and Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System	93.520	As part of the overall effort to reduce the burden of chronic diseases and chronic disease risk factors, the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Office on Smoking and Health (OSH), announces the opportunity to apply for Affordable Care Act funds to create additional tobacco quitters, beyond what states and jurisdictions have projected to achieve in Recovery Act funded programs.	8/3/2010	9/3/2010	Mainly State Governments. New Mexico is named in the RFP	A total of \$4,250,000 is available funding will be per capita basis	None	DOH PHD will be the lead					http://www07.grants.gov/search/search.do;jsessionid=DrTrMZfJ4ZnLwnt4SsjLyk1xZc0ysbnyq9PpSyQtHLqT2qFX34X!-357751914?oppld=56289&mode=VIEW

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Health Center New Access Points Funded Under the Affordable Care Act of 2010	93.527	A new access point is a new full-time service delivery site(s) for the provision of comprehensive primary and preventive health care services that will improve the health status and decrease health disparities of the medically underserved and vulnerable populations to be served. New access points will address the unique and significant barriers to affordable and accessible primary health care services for the specific population and/or community targeted by the application. Every NAP application is expected to demonstrate compliance (or have a plan for compliance within 120 days of a grant award) with the requirements of section 330 of the PHS Act, as amended and applicable regulations.	8/9/2010	11/17/2010	1) All Applicants: Applicant is a public or private, nonprofit entity, including tribal, faith-based, and community-based organizations. 2) All Applicants: Only one application is submitted for consideration from the same applicant organization under HRSA-11-017 'New Access Points' in FY 2011. If more than one NAP application is submitted for consideration under HRSA-11-017, HRSA will only accept the last application received in grants.gov. 3) All Applicants: Application requests section 330 funds to establish a new access point(s) for the provision of required comprehensive primary, preventive, enabling and additional health care services (see Terms and Definitions available at http://www.hrsa.gov/grants/apply/assistance/nap) including oral health care, mental health care and substance abuse services, either directly on-site or through established arrangements without regard to ability to pay. An applicant may not propose a new access point application to provide only a single service, such as dental, mental health or prenatal services.	\$250,000,000 total funding. \$650,000 ceiling with 650 awards anticipated	None	Has been emailed to various agencies that may apply.					http://www.grants.gov/search/search.do;jsessionid=ynB7MhVRX051vbmVLfJDxLlpK4Z2MbzyTYrKd2bn4rvDsKPqD4IJ!513373427?oppld=56499&mode=VIEW

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CDC Tobacco Quitlines Grants	N/A	State supplemental funding for healthy communities totaling \$3.8 million is being divided among 46 locations. The funds will be used to help states implement plans to reduce tobacco use through regulatory and educational arenas, as well as enhance and expand the national network of tobacco cessation quit lines to significantly increase the number of tobacco users who quit. This funding is possible under the new Prevention and Public Health Fund created by the Affordable Care Act.	N/A	N/A	Supplemental funding	Supplemental Funding from CDC	None	DOH was awarded Formula funds	None	N/A	9/24/2010	\$60,340	N/A
Access to Care Grants													

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Affordable Care Act (ACA) Infrastructure to Expand Access to Care Program	93.502	Institutions of Higher Education shall be affiliated with an academic health center at a public research university in the United States that contains a State's sole public academic medical and dental school. Governor must certify that: 1. The new health care facility is critical for the provision of greater access to health care within the State; 2. Such facility is essential for the continued financial viability of the State's sole public medical and dental school and its academic health center; 3. The request for Federal support represents not more than 40 percent of the total cost of the proposed new facility; and 4. The State has established a dedicated funding mechanism to provide all remaining funds necessary to complete the construction or renovation of the propose facility. Institutions of Higher Education shall be affiliated with an academic health center at a public research university in the United States that contains a State's sole public academic medical and dental school. Governor must certify that: 1. The new health care facility is critical for the provision of greater access to health care	8/18/2010	10/4/2010	The purpose of this program is to provide funding for the debt service on, or direct construction or renovation of a health care facility that provides research, inpatient tertiary care, or outpatient clinical services. The program supports the Affordable Care Act (ACA) by expanding access to care through the debt service on, or construction, or renovation of infrastucture.	One Award at \$100,000,000	Cost Sharing Ratio (Federal:Non-Federal): 40:60	No					http://www07.grants.gov/search/search.do;jsessionid=TqQYMt4hX1Jt01TqnJHFHJQFtLWPhZh4JNTwzNcxT81Y2JSts3L8!2049803271?mode=VIEWREVISIONS&revNum=7































































