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4	Department: DHW					Fiscal Year: 2021										
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7	Councils		Criminal History	Licensing & Cert.	Behavioral Health											
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13	10.178	Formula Grants	Dept. of Agriculture	Trade Mitigation Program Eligible Recipient Agency Operational Funds	48,000	1,404	46,596	46,596	Y	N	N/A	N	N/A	Impacts local food banks and reduces their ability to distribute surplus food commodities in their communities as well as fewer food commodities available for low income families.		
14	10.557	Project Grants (Discretionary)	Dept. of Agriculture	WIC Special Supplemental Nutrition Program for Women, Infants, and Children	28,614,788	21,413,261	29,727,487	29,727,487	Y	N	N/A	N	N/A	Adjust food package to remove higher cost food options; limit travel to what is federally mandated by the grant; reduce eWIC communications expenses; reduce subgrants for local services.		
15	10.561	FORMULA GRANTS	Dept. of Agriculture	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	14,055,992	12,025,774	16,086,210	14,055,992	Y	N	N/A	Y	\$ 10,965,481	Funding reductions would impact the ability to determine eligibility for Food Stamps and lead to reductions in SR staff. The inability to meet federal performance requirements would result in financial penalties.	Majority of grants are 50% FFP. Some E&T funded at 100% but minimal amounts in comparison to overall grant funding. FFY19 Non-federal share of outlays = \$10,894,959 + Non-Federal share of unliquidated obligations \$488,331 = \$11,383,290. This comes from the 9/30 quarter end report; a final report is still due which will move the unliquidated obligations to expenditures.	
16	10.568	FORMULA GRANTS	Dept. of Agriculture	Emergency Food Assistance Program (Administrative Costs)	722,444	363,072	1,081,816	722,444	Y	N	N/A	Y	\$ 9,826	Impacts local food banks and reduces their ability to distribute surplus food commodities in their communities.	Funds may only be used for approved administrative expenses, and the State agency is required to pass through at least 40 percent of the funds to emergency feeding organizations or expend such funds on their behalf. In addition, the States must match, either in cash or in-kind, the amount of administrative funds not passed through to emergency feeding organizations.	
17	10.578	Project Grants (Cooperative Agreements); Project Grants (Discretionary)	Dept. of Agriculture	WIC Grants To States (WGS)	4,671,604	2,858,818	1,450,229	362,557	Y	N	N/A	N	N/A	Adjust the amount of time IT contractors are working on the project; limit travel for training and conferences.		
18	16.575	FORMULA GRANTS	Dept. of Justice	Crime Victim Assistance	36,995,247	8,576,578	42,203,928	13,785,259	Y	N	N/A	N	N/A	With a reduction in funding, a majority of the programs would have to reduce the types of services they offer, no longer having the staff or volunteers to accompany victims to the hospital or court. More victims would be put on a waiting list for counseling or shelter. Programs would be forced to cut training, including training for volunteers, further reducing their ability to provide direct services to victims.		
19	16.582	DIRECT PAYMENTS FOR A SPECIFIED USE; PROJECT GRANTS	Dept. of Justice	Crime Victim Assistance/Discretionary Grants	131,451	71,492	0	0	Y	N	N/A	N	N/A	This was one-time funding for training.		

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20	16.754	Project Grants	Dept. of Justice	Harold Rogers Prescription Drug Monitoring Program	To enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data through a centralized database administered by an authorized state agency and federally recognized Indian tribal governments. Objectives: •Implement and enhance prescription drug monitoring programs. • Develop and enhance public safety, behavioral health, and public health information sharing partnerships that leverage key public health and public safety data sets (e.g., identified PDMP data, naloxone administrations, fatal and non-fatal overdose data, drug arrests) and develop interventions based on this information.	1,000,000	48,619	951,381	0	Y	N	N/A	N	N/A	Adjust the amount of time program staff are coding to this grant, reduce travel, and reduce low-priority program operations.	
21	66.032	PROJECT GRANTS	EPA	State Indoor Radon Grants	Title III of the Toxic Substances Control Act (TSCA), the Indoor Radon Abatement Act (IRAA), Section 306, authorizes EPA to assist States and Federally Recognized Indian Tribes to develop and implement programs to assess and mitigate radon-related lung cancer risk.	55,594	52,591	58,003	55,000	Y	N	N/A	Y	\$ 50,000	Reduce low-priority program operations and training.	Per beta.sam.gov: EPA may provide States a maximum of 60% of allowable costs of approved SIRG Program activities. TSCA Section 306 requires a progressive match for states and tribes; 25% in the first year; 40% in the second year; and, 50% in the third and subsequent years of participation. However, in the FY 2006 appropriation, Congress permanently reduced the recipient match requirement from a maximum of 50% to 40% for participants with two or more years in the program. Per NOA: This award and the resulting federal funding share of 50.73% as shown under "Notice of Award" above is based on estimated costs requested in the recipient's application. While actual total costs may differ than those estimates, the recipient is required to provide no less than 40% of the final total allowable program/project costs (outlays). EPA's participation shall not exceed the total amount of federal funds awarded or the maximum federal share for this program of 60% of the final total allowable
22	81.042	FORMULA GRANTS	Dept. of Energy	Weatherization Assistance for Low-Income Persons	To improve home energy efficiency for low-income families through the most cost-effective measures possible.	4,387,359	2,246,344	4,438,319	2,297,304	Y	N	N/A	N	N/A	Reductions will result in fewer homes of low-income people being weatherized, which could have a long-term impact on future applications for public assistance. It also could result in loss of employment for weatherization employees who perform this service for each of the Community Action Agencies. It would lengthen the current waiting list of households eligible for weatherization.	
23	81.999	Formula Grants; Project Grants	DOE/BPA	Weatherization Conference	To improve home energy efficiency for low-income families through the most cost-effective measures possible.	939,695	608,045	1,629,078	1,297,428	Y	N	N/A	N	N/A	Reductions to this grant will result in fewer homes being weatherized, and could result in loss of employment for weatherization employees who perform this service for each of the Community Action Agencies. It would lengthen the waiting list of households eligible for weatherization.	
24	84.181	FORMULA GRANTS	Dept. of Education	Special Education-Grants for Infants and Families	To provide grants to States to assist them to implement and maintain a Statewide, comprehensive, coordinated, multidisciplinary, interagency system to make available early intervention services to infants and toddlers with disabilities and their families.	2,644,336	2,594,842	2,613,510	2,564,016	Y	Y	\$8,675,588 (\$986,375 was from ISDB)	N	N/A	Fewer children with delays and disabilities would be evaluated and served, with children not achieving their full potential.	Based on prior year expenditures - calculation maintained in grant workpapers
25	93.069	Cooperative Agreements	HHS	Public Health Emergency Preparedness	The PHEP program is a critical source of funding, guidance, and technical assistance for state, territorial, and local public health departments. Preparedness activities funded by the PHEP program are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable. These efforts support the National Response Framework (NRF), which guides how the nation responds to all types of hazards including infectious disease outbreaks; natural disasters; biological, chemical, and radiological incidents; and explosions.	5,860,429	4,762,315	6,046,787	4,948,673	Y	Y	\$ -	Y	\$504,763 (in-kind)	Reduce contracts for preparedness capacity building; reduce travel, and low-priority program operations.	A portion of the indirect costs incurred by the local Public Health Districts through implementation of their contracts with IDHW Public Health Preparedness Program are not reimbursed through the contract. These unreimbursed costs associated with carrying out the activities and capabilities of the PHEP grant and in-kind costs from their local partners will be used as the match amount claimed by Idaho.

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26	93.090	FORMULA GRANTS	HHS	Guardianship Assistance To provide Federal financial participation (FFP) to States, Indian Tribes, Tribal organizations and Tribal consortia (Tribes) who opt to provide guardianship assistance payments for the care of children by relatives who have assumed legal guardianship of eligible children for whom they previously cared as foster parents. This assistance is intended to prevent inappropriately long stays in foster care and to promote the healthy development of children through increased safety, permanency and well-being.	33,360	33,360	17,919	17,919	Y	N	N/A	Y	\$ 13,258	Fewer children would leave foster care for permanent living situations with family or others acting as guardians, jeopardizing their likelihood of realizing a stable family living environment. This often has long-term impacts on the ultimate success of an individual as they become adults.	Guardianship assistance payments at FMAP rate; Administrative costs at 50%	
27	93.092	FORMULA GRANTS; PROJECT GRANTS	HHS	Affordable Care Act (ACA) Personal Responsibility Education Program The purpose of this program is to educate adolescents and young adults on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS. The Affordable Care Act was established and provided funding for this program through FY 2014. The program was extended through September 30, 2017 in P.L. 114-110.	982,007	272,614	1,017,481	308,088	Y	Y	\$ -	N	N/A	Reduce contracts for local services and outreach.	CFDA states an MOE is required; however, to our knowledge DHW's requirement is \$0.	
28	93.103	Cooperative Agreements (Discretionary Grants); Project Grants (Discretionary)	HHS	Food and Drug Administration Research To assist institutions and organizations, to establish, expand, and improve research, demonstration, education and information dissemination activities; acquired immunodeficiency syndrome (AIDS), biologics, blood and blood products, therapeutics, vaccines and allergenic projects; drug hazards, human and veterinary drugs, clinical trials on drugs and devices for orphan products development; nutrition, sanitation and microbiological hazards; medical devices and diagnostic products, radiation emitting devices and materials; food safety and food additives. These programs are supported directly or indirectly by the following Centers and Offices: Center for Biologics Evaluation and Research (CBER); Center for Drug Evaluation and Research (CDER); Center for Devices and Radiological Health (CDRH); Center for Veterinary Medicine (CVM), Center for Food Safety and Applied Nutrition (CFSAN), National Center for Toxicological Research (NCTR), the Office of Orphan Products Development (OPD), the Center for Tobacco Products (CTP), and Office of Regulatory Affairs (ORA), and the Office of the Commissioner (OC). Small Business Innovation Research (SBIR) Programs: to stimulate technological innovation; to encourage the role of small business to meet Federal research and development needs; to increase private sector commercialization of innovations derived from Federal research and development; and to foster and encourage participation by minority and disadvantaged persons in technological innovation. Funding support for scientific conferences that are relevant to the FDA scientific mission and public health are also available.	83,125	64,159	88,903	69,937	Y	N	N/A	N	N/A	Reduce state-level personnel.		
29	93.110	Project Grants (Discretionary)	HHS	Maternal and Child Health Federal Consolidated Programs To carry out special maternal and child health (MCH) projects of regional and national significance; to conduct training and research; to conduct genetic disease testing, counseling, and information development and dissemination programs; for the screening of newborns for sickle cell anemia, and other genetic disorders; and to support comprehensive hemophilia diagnostic and treatment centers. These grants are funded with a set-aside from the MCH Block grant program. SPRANS grants are funded with 15 percent of the Block Grant appropriation of up to \$600 million. When the appropriation exceeds \$600 million, 12.75 percent of the amount over \$600 million is set aside for the Community Integrated Service Systems grants. 15 percent of the balance remaining over \$600 million is also for SPRANS. The CISS program is to develop and expand the following: (1) Home visitation; (2) increased participation of obstetricians and pediatricians; (3) integrated service delivery systems; (4) maternal and child health centers for women and infants, under the direction of a not-for-profit hospital; (5) services for rural populations; and (6) integrated state and community service systems for children and youth with special health care needs. First funded in 2004, the Heritable Disorders Program is established to improve the ability of States to provide newborn and child screening for heritable disorders and affect the lives of all of the nation's infants and children. Newborn and child screening occur at intervals across the life span of every child. Newborn screening universally provides early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal and/or functional conditions. It is expected that newborn and child screening will expand as the capacity to screen for genetic and congenital conditions expands.	146,811	103,500	143,311	100,000	Y	N	N/A	N	N/A	This grant pays the salary for one position. We would have to find other sources of funds to make up the difference.		

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30	93.116	Cooperative Agreements	HHS	Project Grants and Cooperative Agreements for Tuberculosis Control Programs To assist State and local health agencies in carrying out tuberculosis (TB) control activities designed to prevent transmission of infection and disease. Financial assistance is provided to TB programs to ensure that the program needs for the core TB prevention and control activities are met: finding all cases of active tuberculosis and ensuring completion of therapy; finding and screening persons who have had contact with TB patients, evaluating them for TB infection and disease, and ensuring completion of appropriate treatment, and conducting TB surveillance and TB public health laboratory activities that are essential to addressing these priorities. Each of these core activities (completion of therapy, contact investigation, TB surveillance, and TB laboratory activities) is essential to effective TB prevention and control, and they are mutually reinforcing. Thus, they constitute a "package" of core activities. These are the highest priority TB prevention and control activities and should be carried out by all State and local TB prevention and control programs.	339,855	166,835	360,540	187,520	Y	N	N/A	N	N/A	Reduce travel and training; reduce access to local services.		
31	93.127	Cooperative Agreements; Project Grants	HHS	Emergency Medical Services for Children To support demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care.	253,730	121,414	262,316	130,000	Y	N	N/A	N	N/A	Reduce travel and training; reduce access to local services.		
32	93.130	Cooperative Agreements	HHS	Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices To coordinate local, State, and Federal resources contributing to primary care service delivery and workforce issues in the State to meet the needs of medically-underserved populations through health centers and other community-based providers of comprehensive primary care and the retention, recruitment, and oversight of health professions for medically underserved populations.	323,880	171,956	315,354	163,430	Y	N	N/A	N	N/A	Reduce low priority program operations and training.		
33	93.136	Cooperative Agreements	HHS	Injury Prevention and Control Research and State and Community Based Programs STATE AND COMMUNITY PROGRAM GRANTS/COOPERATIVE AGREEMENTS: To develop, implement, and promote effective injury and violence prevention and control practices.	2,441,013	1,590,920	1,054,114	204,021	Y	N	N/A	N	N/A	Reduce contracts that provide local outreach. Operating expenses would be reduced (NVDRS).		
34	93.150	FORMULA GRANTS	HHS	Projects for Assistance in Transition from Homelessness (PATH) To provide financial assistance to States to support services for individuals who are suffering from serious mental illness or serious mental illness and substance abuse; and are homeless or at imminent risk of becoming homeless. Programs and activities include: (1) Outreach services; (2) screening and diagnostic treatment services; (3) habilitation and rehabilitation services; (4) community mental health services; (5) alcohol or drug treatment services; (6) staff training; (7) case management services; (8) supportive and supervisory services in residential settings; (9) referrals for primary health services, job training, educational services, and relevant housing services; and (10) prescribed set of housing services.	418,457	280,744	437,713	300,000	Y	N	N/A	Y	\$ 93,598	Would reduce the amount of outreach and short-term rental assistance provided to Idaho's homeless population living with serious mental illness, with negative impacts on their communities.		
35	93.165	Direct Payments for Specified Use; PROJECT GRANTS	HHS	Grants to States for Loan Repayment Program To increase the availability of primary health care in health professional shortage areas (HPSAs) by assisting States in operating programs for the repayment of educational loans of health professionals in return for their practice in HPSAs.	545,330	338,633	441,697	235,000	Y	N	N/A	Y	\$196,064 (in-kind)	Reduce contracts for healthcare practitioner loan repayment, impacting areas that have healthcare provider shortages, which are often rural.		
36	93.217	PROJECT GRANTS	HHS	Family Planning-Services To provide educational, counseling, comprehensive medical and social services necessary to enable individuals to freely determine the number and spacing of their children, and by so doing helping to reduce maternal and infant mortality, promote the health of mothers, families and children.	3,052,012	1,549,395	3,102,617	1,600,000	Y	N	N/A	Y	\$1,498,117 (in-kind)	Reduce travel; reduce non-mandatory training; reduce contracts for local services.		
37	93.235	Formula Grants	HHS	Title V State Sexual Risk Avoidance Education (Title V State SRAE) Program The purpose of the Title V State SRAE program is to provide messages to youth that normalizes the optimal health behavior of avoiding non-marital sexual activity. Title V SRAE is a prevention education program targeted to youth ages 10 to 19. Programmatic services must be medically accurate and complete; age-appropriate; based on adolescent learning and developmental theories for the age group receiving the education; and culturally appropriate, recognizing the experiences of youth from diverse communities, backgrounds, and experiences. Education on sexual risk avoidance must address each of the following topics: (A) The holistic individual and societal benefits associated with personal responsibility, self-regulation, goalsetting, healthy decision making, and a focus on the future. (B) The advantage of refraining from non-marital sexual activity in order to improve the future prospects and physical and emotional health of youth. (C) The increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity.(D) The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families.(E) How other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex. (F) How to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that even with consent teen sex remains a youth risk behavior.	306,479	47,761	565,197	306,479	Y	N	N/A	N	N/A	Reduce travel; reduce non-mandatory training; reduce contracts for local services.		

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38	93.236	Project Grants	HHS	Grants to States to Support Oral Health Workforce Activities	Grants to States to Support Oral Health Workforce Activities assists states to develop and implement innovative programs to address the dental workforce needs of designated Dental Health Professional Shortage Areas.	400,000	183,813	616,187	400,000	Y	N	N/A	Match	\$165,188 (in-kind)	Reduce subgrants to recipients delivering oral health care services in Dental Health Professional Shortage Areas.	\$36,125 from in-kind salaries; remainder from partnerships with Delta Dental and others
39	93.240	Cooperative Agreements	HHS	State Capacity Building	To fulfill the mandated objectives of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and the Superfund Amendments and Reauthorization Act (SARA) of 1986, as amended, in coordination with Agency for Toxic Substances and Disease Registry (ATSDR), by assisting public health agencies to build capacity to conduct (1) Health consultations, (2) public health assessments, (3) exposure investigations, (4) community involvement, (5) health education, and (6) public health studies.	388,815	222,989	377,899	212,073	Y	N	N/A	N	N/A	Reduce low priority program operations and training.	
40	93.241	PROJECT GRANTS	HHS	State Rural Hospital Flexibility Program	The Rural Hospital Flexibility Program (Flex) engages state designated entities in activities relating to planning and implementing rural health care plans and networks; designating facilities as Critical Access Hospitals (CAHs); providing support for CAHs for quality improvement, quality reporting, performance improvements, and benchmarking; and integrating rural emergency medical services (EMS). Specifically, the Flex program provides funding for states to support technical assistance activities to improve the quality of health care provided by CAHs, the financial stability and sustainability of CAHs, the integration of emergency medical services (EMS), and the health of rural communities. State Flex programs also assist in the conversion of qualified small rural hospitals to CAH status and support the integration of value based payment and innovative health care models in rural communities. State designated Flex Programs will act as a resource and focal point for these activities, ensuring people in rural communities have access to high quality health care services.	1,001,220	592,140	1,121,494	712,414	Y	N	N/A	N	N/A	Reduce subgrants to community healthcare parnters and Critical Access Hopsitals for healthcare quality and performance improvement initiatives.	
41	93.243	Project Grants	HHS	Substance Abuse and Mental Health Services Projects of Regional and National Significance	Substance Abuse and Mental Health Service Administration (SAMHSA) was reauthorized by the Children's Health Action of 2000, Public law 106-310. Under this reauthorization, SAMHSA was given the authority to address priority substance abuse treatment, prevention and mental health needs of regional and national significance through assistance (grants and cooperative agreements) to States, political subdivisions of States, Indian tribes and tribal organizations, and other public or nonprofit private entities. Under these sections, CSAT, CMHS and CSAP seek to expand the availability of effective substance abuse treatment and recovery services available to Americans to improve the lives of those affected by alcohol and drug additions, and to reduce the impact of alcohol and drug abuse on individuals, families, communities and societies and to address priority mental health needs of regional and national significance and assist children in dealing with violence and traumatic events through by funding grant and cooperative agreement projects. Grants and cooperative agreements may be for (1) knowledge and development and application projects for treatment and rehabilitation and the conduct or support of evaluations of such projects; (2) training and technical assistance; (3) targeted capacity response programs (4) systems change grants including statewide family network grants and client-oriented and consumer run self-help activities and (5) programs to foster health and development of children; (6) coordination and integration of primary care services into publicly-funded community mental health centers and other community-based behavioral health settings funded under Affordable Care Act (ACA).	1,000,000	76,589	923,411	0	Y	N	N/A	N	N/A	Would require contract reductions with two Idaho treatment providers and lead to a reduction in the services provided to Idahoans with co-occurring mental illness and substance use disorders.	
42	93.251	PROJECT GRANTS	HHS	Universal Newborn Hearing Screening	This program supports state and territory programs in developing a comprehensive and coordinated system of care targeted toward ensuring that newborns and infants receive appropriate timely services including continuous screening, evaluation, diagnosis and early intervention services. Additionally, family engagement and leadership is also a focus of this program, as families have a unique perspective on how the system currently affects them personally and can provide invaluable insight on the strategies that can be implemented to improve the system. The Universal Newborn Hearing Screening (UNHS) program also provides support to two organizations that assist the grantees/territories with technical assistance.	447,442	222,591	474,851	250,000	Y	N	N/A	N	N/A	Fewer children would be screened for hearing issues resulting in increased costs and poorer achievement when hearing deficits are left unidentified or identified later in life.	
43	93.268	Cooperative Agreements	HHS	Immunization Cooperative Agreements	To assist states and communities in establishing and maintaining preventive health service programs to immunize individuals against vaccine-preventable diseases (including measles, rubella, poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, hepatitis A, varicella, mumps, haemophilus influenza type b, influenza, and pneumococcal pneumonia).	2,262,601	1,952,529	2,607,035	2,296,963	Y	N	N/A	N	N/A	Reduce access to local outreach services for adults and reduce updates to immunization registry (IRIS).	

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44	93.270	Cooperative Agreements	HHS	Viral Hepatitis Prevention and Control	Program activities under this funding will allow for CDC to partner with multiple organizations to benefit individuals by substantially reducing viral hepatitis transmission, identifying those that are acutely and chronically infected, and linking infected individuals with treatment if appropriate.	202,493	126,389	194,127	118,023	Y	N	N/A	N	N/A	Reduce contracts for services.	
45	93.283	Cooperative Agreements	HHS	Centers For Disease Control and Prevention Investigations and Technical Assistance	To assist State and local health authorities and other health related organizations in controlling communicable diseases, chronic diseases and disorders, and other preventable health conditions. Investigations and evaluation of all methods of controlling or preventing disease and disability are carried out by providing epidemic aid, surveillance, technical assistance, consultation, and program support; and by providing leadership and coordination of joint national, State, and local efforts. STEPS- To enable communities to reduce the burden of chronic disease, including: preventing diabetes among populations with pre-diabetes; increasing the likelihood that persons with undiagnosed diabetes are diagnosed; reducing complications of diabetes; preventing overweight and obesity; reducing overweight and obesity; and reducing the complications of asthma. STEPS will achieve these outcomes by improving nutrition; increasing physical activity; preventing tobacco use and exposure, targeting adults who are diabetic or who live with persons with asthma; increasing tobacco cessation, targeting adults who are diabetic or who live with persons with asthma; increasing use of appropriate health care services; improving the quality of care; and increasing effective self-management of chronic diseases and associated risk factors. REACH - REACH U.S. supports community coalitions that design, implement, evaluate, and disseminate community-driven strategies to eliminate health disparities Racial and ethnic groups targeted include: African American/Black, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, and Hispanic/Latino. Health priority areas include: breast and cervical cancer; cardiovascular disease; diabetes mellitus; adult/older adult immunization, hepatitis B, and/or tuberculosis; asthma; and infant mortality.	407,237	234,674	474,336	301,773	Y	N	N/A	N	N/A	Reduce travel; reduce low priority program operations.	
46	93.301	PROJECT GRANTS	HHS	Small Rural Hospital Improvement Grant Program	To support small rural hospitals in their quality improvement efforts and with adapting to changing payment systems through investments in hardware, software, and related trainings. This includes focusing on delivering value in care as well as activities related to improving Prospective Payment Systems (PPS).	594,441	273,289	641,534	320,382	Y	N	N/A	N	N/A	Reduce grants to Critical Access Hospitals for infrastructure building and training.	
47	93.305	Cooperative Agreements	HHS	PPHF 2018: Office of Smoking and Health-National State-Based Tobacco Control Programs-Financed in part by 2018 Prevention and Public Health funds (PPHF)	This cooperative agreement program addresses tobacco use and secondhand smoke exposure in the United States and supports four National Tobacco Control Program goals to (1) Prevent initiation of tobacco use among youth and young adults; (2) Eliminate exposure to secondhand smoke; (3) Promote quitting among adults and youth; and (4) Identify and eliminate tobacco related disparities. Achievement of these goals will reduce chronic disease morbidity, mortality, and disability related to tobacco use and secondhand smoke exposure. This cooperative agreement program relates to Healthy People 2020 objectives in the topic area of Tobacco Use. In addition, this cooperative agreement program supports the Government Performance Results Modernization Act Long-term Objective 4.6: Reduce Death and Disability Due to Tobacco and the following measures: Tobacco Measure: 4.6 - Reduce death and disability due to tobacco use; 4.6.2 - Reduce per capita cigarette consumption in the U.S. per adult age 18+; 4.6.3 - Reduce the proportion of adults (age 18 and over) who are current cigarette smokers; 4.6.4 - Increase the proportion of the U.S. population covered by comprehensive state and/or local laws making workplaces, restaurants, and bars 100% smoke free (no smoking allowed, no exceptions); 4.6.5 - Reduce the proportion of adolescents (grade 9-12) who are current cigarette smokers. Furthermore, this cooperative agreement program supports national public health priorities and strategic plans including: (1) Centers for Disease Control's Winnable Battles; (2) Department of Health and Human Service's Ending the Tobacco Epidemic and Strategic Plan; (3) National Prevention Council's National Prevention Strategy; (4) Institute of Medicine's, Ending the Tobacco Problem; and (5) numerous Surgeon General Reports.	1,710,798	883,382	1,779,780	952,364	Y	N	N/A	Y	\$ 219,776	Media and QuitLine costs would be reduced, possibly shifted to Millennium funds.	

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9			Health	Medicaid												
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48	93.314	Cooperative Agreements	HHS	Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program The objective of this program is to assist EHDI programs in developing and maintaining a sustainable, centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data on all occurrent births that is unduplicated and individually identifiable. Additionally, for those program s with fully developed EHDI information systems, program will enhance the electronic system capacity to collect data, and exchange data accurately, effectively, securely, and consistently between the EHDI-IS and Electronic Health Record Systems (HER-S).	177,927	119,941	207,986	150,000	Y	N	N/A	N	N/A	Failure of the system to accurately track and follow up on children who failed screening tests will result in fewer hearing issues being addressed, leading to increased costs and poorer achievement when hearing deficits are left unidentified or identified later in life.		
49	93.323	Cooperative Agreements	HHS	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) The purpose of this program is to protect the public health and safety of the American people by enhancing the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging (or re-emerging) infectious diseases. This is accomplished by providing financial and technical resources to (1) strengthen epidemiologic capacity; (2) enhance laboratory capacity; (3) improve information systems; and (4) enhance collaboration among epidemiology, laboratory, and information systems components of public health departments.	1,160,658	911,854	1,101,304	852,501	Y	N	N/A	N	N/A	Reduce travel, reduce subgrants to PHDs for disease surveillance, reduce supplies purchases (laboratory supplies and mosquito speciation/testing supplies to local offices).		
50	93.354	Cooperative Agreements	HHS	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response The intent of this program is to fund state, local, and territorial public health departments for HHS Secretarial declared and non-declared public health emergencies having an overwhelming impact on jurisdictional resources. These emergencies require federal support to effectively respond to, manage, and address a significant public health threat. CDC seeks to enhance the Nation's ability to rapidly mobilize and respond to specific public health crises or emergencies. In addition to immediate response activities, this program provides a mechanism to accelerate readiness for an impending infectious disease threat or other public health crises identified on the event horizon.	2,073,077	1,888,775	184,302	0	Y	N	N/A	N	N/A	This was a one year grant which ends August 31, 2019. We received a 90 day no cost extension to finalize all program deliverables.		
51	93.366	Cooperative Agreements	HHS	State Actions to Improve Oral Health Outcomes and Partner Actions to Improve Oral Health Outcomes To establish oral health leadership and program guidance, oral health data collection and interpretation, multi-dimensional delivery system for oral and physical health, and to implement science-based programs (including dental sealants and community water fluoridation) to improve oral and physical health. To strengthen state oral health programs and public health core capacity to decrease dental caries and reduce inequalities in the oral health targeted populations.	370,000	236,025	503,975	370,000	Y	N	N/A	N	N/A	Reduce subgrants to public health districts delivering school-based dental sealant clinics.		
52	93.426	Project Grants	HHS	Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke The purpose of this program is to implement and evaluate evidence-based strategies to address the challenges and systemic barriers that contribute to prevention and management of cardiovascular disease and diabetes in high-burden populations. The Selection of high burden populations will be based on a robust analysis of diabetes and cardiovascular health burden across geographic areas and population subgroups. Population subgroups may be defined by factors such as race or ethnicity, gender, age [e.g. youth and older adults], education, income, disability, or sexual orientation, among others.	1,643,522	1,281,082	2,371,188	2,008,748	Y	N	N/A	N	N/A	Reduce subgrants to health systems, Diabetes Prevention Programs, Diabetes Self Management Education Support, Idaho State University, and program marketing efforts.		
53	93.506	Project Grants	HHS	ACA Nationwide Program for National & State Background Checks for Direct Patient Access Employees of Long Term Care Facilities & Providers The program is intended 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.	515,348	54,816	460,532	0	Y	N	N/A	Y	\$ 171,783	Reductions in funding of this grant impacts the ability for the Department to complete background checks for persons that care for children and vulnerable adults.		

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54	93.521	Cooperative Agreements	HHS		The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology and Laboratory Capacity for Infectious Disease (ELC) and Emerging Infections Program (EIP) Cooperative Agreements; PPHF The Prevention and Public Health Fund (Title IV, Section 4002) was established under the Patient Protection and Affordable Care Act to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs. The Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and Emerging Infections Program (EIP) cooperative agreements were formed in 1995 as key components of CDC's national strategy to address and reduce emerging infectious disease (EID) threats. The programs play a critical role in strengthening national infectious disease infrastructure by serving as collaborative platforms for state and local health departments, CDC programs, and academic and various other public health partners to improve the ability to detect and respond to EIDs and other public health threats. Specifically, the programs build epidemiology, laboratory, and information systems capacity, integrate epidemiology and laboratory practice, implement active surveillance, and conduct targeted research aimed at improving methods and informing national surveillance and response activities. Overall, additional funds from multiple sources including PPHF will allow ELC and EIP partner agencies to substantially address gaps in EID epidemiology and laboratory capacity (e.g. number and training level of epi and lab staff, efficient/functional information systems, etc).	32,742	32,742	0	0	Y	N	N/A	N	N/A	THIS FUNDING HAS EXPIRED.	
55	93.539	Cooperative Agreements	HHS		PPHF Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance financed in part by Prevention and Public Health Funds Program activities under this funding will support efforts to transition immunization programs supported by Section 317 funding to the healthcare environment being transformed by the Affordable Care Act (ACA). Section 317 grantees manage the public health force that implements and supports immunization practices in the public and private sectors. Additionally, the importance of monitoring the effectiveness and impact of vaccines is critical for maintaining an immunization program that is scientifically and programmatically sound. The specific objectives may include but are not limited to: 1. Enhance interoperability between electronic health records and immunization information systems and reception of Health Level 7 (HL7) standard messages into IIS. 2. Develop a vaccine ordering module in an immunization information system that interfaces with CDC's VTrckS vaccine ordering and management system. 3. Develop and/or implement strategic plans for billing for immunization services in health department clinics to enable programs to increase program revenue, reach additional populations, provide recommended vaccines that are not currently offered, and address under-vaccinated populations. 4. Plan and implement adult immunization programs to improve adult immunization rates by establishing collaborations with employers and pharmacies and other healthcare entities to expand adult vaccination activities. 5. Enhance the sustainability of school-located vaccination (SLV) to make SLV programs successful, efficient, and sustainable through new technologies and innovative systems and third-party payer billing to recover program costs. 6. Increase Human Papillomavirus (HPV) vaccination coverage rates among adolescents.	21,021	21,021	0	0	Y	N	N/A	N	N/A	THIS FUNDING HAS EXPIRED.	
56	93.556	Formula Grants; Cooperative Agreements (Discretionary Grants)	HHS		Promoting Safe and Stable Families The objectives of the Promoting Safe and Stable Families program are 1) to prevent child maltreatment among families at risk through the provision of supportive family services; 2) to assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively; 3) to address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner; 4) to support adoptive families by providing support services as necessary to that they can make a lifetime commitment to their children. This is accomplished through issuance of grants to State child welfare agencies, territories, and eligible Indian Tribes to serve families at risk or in crisis, to develop or expand and operate coordinated programs of community-based family support services, family preservation services, time-limited reunification services, and adoption promotion and support services.	2,718,112	1,372,752	2,440,392	1,095,032	Y	Y	\$ -	Y	\$ 500,042	Fewer families with child welfare issues would be provided in-home services to assure the safety of their children, resulting in more children being removed from their homes for safety reasons and placed in foster care, resulting in higher costs and poorer outcomes.	

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57	93.558	FORMULA GRANTS	HHS	Temporary Assistance For Needy Families To provide grants to States, Territories, the District of Columbia, and Federally-recognized Indian Tribes operating their own Tribal TANF programs to assist needy families with children so that children can be cared for in their own homes; to reduce dependency by promoting job preparation, work, and marriage; to reduce and prevent out-of-wedlock pregnancies; and to encourage the formation and maintenance of two-parent families.	37,987,525	27,605,554	31,913,599	21,531,628	Y	Y	\$13M	N	N/A	<p>SR Operations - Reductions in this grant impact the ability to determine eligibility for cash assistance for families as well as the ability to offer employment and training services for the TANF and Food Stamp program, which is currently contracted. The inability to meet federal performance requirements for the TANF Work Participation Rates and Food Stamps Program would result in financial penalties. Reductions in this grant also impact the ability to process child support payments for Receiving Services Only (RSO), or non-enforcement cases.</p> <p>SR Benefits - Reductions to this grant impacts the actual cash subsidy to low-income families, as well as child care benefits to working families and students attending college/university.</p> <p>Child Welfare - This grant funds child welfare staff and contracts that 1) receive the initial report of child abuse and/or neglect; and 2) provide the initial emergency response to a referral of child abuse and/or neglect. A reduction in this grant would require other funding sources because emergency work to keep children safe cannot be reduced or limited.</p> <p>Foster Care & Assistance - A reduction to this grant would impact the partnership with Idaho schools who work with families who have distinct potential to enter the child welfare system. A reduction would result in higher number of child welfare referrals and foster care cases.</p>		
58	93.563	FORMULA GRANTS	HHS	Child Support Enforcement To enforce the support obligations owed by absent parents to their children, locate absent parents, establish paternity, and obtain child, spousal and medical support.	20,195,316	18,465,873	22,231,022	20,501,579	Y	N	N/A	Y	\$13,239,699 (\$4,015,887 from Program Income)	Impacts processing & enforcing Child Support applications, which involves establishing support orders & paternity orders, as well as the collection, processing, & distribution of Child Support payments. Funding loss would lead to reductions in SR staff & the inability to meet federal performance requirements, which could result in penalties/sanctions to the TANF block grant.	66% FFP with the exception of Incentive Payments	
59	93.566	FORMULA GRANTS	HHS	Refugee and Entrant Assistance State/Replacement Designee Administered Programs The Refugee Cash and Medical Assistance program reimburses states for the cost of cash and medical assistance provided to refugees, certain Amerasians from Viet Nam, Cuban and Haitian entrants, asylees, victims of a severe form of trafficking, and Iraqi and Afghan Special Immigrants during the first eight months after their arrival in this country or grant of asylum. Reimbursement is also provided for care of unaccompanied refugee minors and grantee administrative costs. Social Services formula funding may be used for employment and other social services for same population for five years after their date of arrival or grant of asylum.	1,945,013	854,369	2,116,120	1,028,476	Y	N	N/A	N	N/A	Reductions impact the ability to process medical and cash assistance for refugees who are not eligible for Medicaid and TAFI. It also impacts the ability to perform health screenings and immunizations for refugees when they enter Idaho. These screenings are necessary to prevent disease outbreaks such as tuberculosis or measles.		
60	93.568	FORMULA GRANTS	HHS	Low-Income Home Energy Assistance To make Low Income Home Energy Assistance Program (LIHEAP) grants available to States and other jurisdictions to assist eligible households to meet the costs of home energy. Supplemental Leveraging Incentive funds may be awarded to reward States and other jurisdictions that provide additional benefits and services to LIHEAP-eligible households beyond what could be provided with Federal funds. The leveraging incentive funds may be set aside for LIHEAP grantees that provide services through community-based nonprofit organizations to help LIHEAP-eligible households reduce their energy vulnerability under the Residential Energy Assistance Challenge Program (REACH). Training and Technical Assistance funds are authorized to provide training and technical assistance to States and other jurisdictions administering the LIHEAP block grant program.	38,710,655	18,279,679	40,928,277	20,497,301	Y	N	N/A	N	N/A	Impacts the ability for Community Action Agencies to process applications for heating assistance. Reductions to this grant could result in the reduction of CAP agency staffing levels, impacting their ability to provide this benefit to their local communities.		

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61	93.569	Formula Grants; Project Grants (Discretionary)	HHS	Community Services Block Grant To provide assistance to States and local communities, working through a network of community action agencies and other neighborhood-based organizations, for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals in rural and urban areas to become fully self-sufficient (particularly families who are attempting to transition off a State program carried out under part A of title IV of the Social Security Act) and (1) To provide services and activities having a measurable and potential major impact on causes of poverty in the community or those areas of the community where poverty is a particularly acute problem; (2) to provide activities designed to assist low-income participants, including the elderly poor, to: (a) secure and retain meaningful employment; (b) attain an adequate education; (c) make better use of available income; (d) obtain and maintain adequate housing and a suitable living environment; (e) obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs, including health services, nutritious food, housing, and employment-related assistance; (f) remove obstacles and solve problems which block the achievement of self-sufficiency; (g) achieve greater participation in the affairs of the community; and (h) make more effective use of other related programs; (3) to provide on an emergency basis for the provision of such supplies and services, nutritious foodstuffs, and related services, as may be necessary to counteract conditions of starvation and malnutrition among the poor; and (4) to coordinate and establish linkages between governmental and other social services programs to assure the effective delivery of such services to low-income individuals.	6,692,070	3,563,486	6,819,902	3,691,318	Y	N	N/A	N	N/A	Reductions in funding of this grant impacts the ability for Community Action Agencies to assist low-income families with a variety of services. Reducing this grant would possibly result in a reduction of CAP agency staffing levels and their ability to provide support at the community level.		
62	93.575	FORMULA GRANTS	HHS	Child Care and Development Block Grant The Child Care and Development Fund (CCDF) is the primary federal funding source dedicated to providing child care assistance to low-income families. As a block grant, CCDF gives funding to states, territories, and tribes to provide child care subsidies through grants and contracts with providers, as well as vouchers or certificates to low-income families. CCDF provides access to child care services for low-income families so they can work, attend school, or enroll in training. At the same time, it also promotes the healthy development of children by improving the quality of early learning and afterschool experiences. The Child Care and Development Block Grant (CCDBG) is the discretionary portion of the CCDF program .CCDBG was created under the Omnibus Budget Reconciliation Act of 1990, and is subject to annual appropriations. In 2014, Congress acted on a bipartisan basis to pass the Child Care and Development Block Grant Act of 2014 (P.L. 113-186) into law and reauthorize the CCDF program for the first time since 1996. The CCDBG Act of 2014 renews authority for the CCDF program through FY 2020. The law makes significant changes by defining health and safety requirements for child care providers, outlining family-friendly eligibility policies, and ensuring parents and the general public have transparent information about the child care choices available to them. The Child Care Mandatory and Matching Funds (see CFDA 93.596) is the entitlement portion of the CCDF program , which consists of "matching funds," that require a state match and maintenance of effort, and "mandatory funds." Entitlement funds are made available under section 418 of the Social Security Act. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193) consolidated funding for child care under section 418 of the Social Security Act and made such funding subject to the requirements of the CCDBG Act, as amended. The U.S. Department of HHS (HHS) designated the combined	53,059,528	30,926,734	53,591,827	31,459,033	Y	N	N/A	N	N/A	Impacts the ability to process applications and redeterminations for the Child Care program, as well as the mandatory requirement of improving the quality of services delivered. Reductions in funding would result in reductions in staffing levels and reductions in work completed through contracts for quality improvement and child care facility inspections. This could also result in waiting lists or reductions in child care subsidies available to Idaho families who are working or attending college.		

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63				entitlement and discretionary funding as the Child Care and Development Fund (CCDF) program. The purposes of the CCDF program are to: (1) allow each State maximum flexibility in developing child care programs and policies that best suit the needs of children and parents within that State; (2) promote parental choice to empower working parents to make their own decisions regarding the child care services that best suits their family's needs; (3) encourage States to provide consumer education information to help parents make informed choices about child care services and to promote involvement by parents and family members in the development of their children in child care settings; (4) assist States in delivering high-quality, coordinated early childhood care and education services to maximize parents' options and support parents trying to achieve independence from public assistance; (5) assist States in improving the overall quality of child care services and programs by implementing the health, safety, licensing, training, and oversight standards; (6) improve child care and development of participating children; and (7) increase the number and percentage of low-income												
64	93.576	Project Grants (Discretionary); Project Grants	HHS	Refugee and Entrant Assistance Discretionary Grants The objectives of the discretionary grant programs include: (1) decreasing the numbers of refugees on public assistance and the length of time refugees require such assistance; (2) encouraging the placement of refugees in locations with good job opportunities and specialized case management for vulnerable cases; (3) assisting low-income refugees with matching funds for individual development accounts and with financial literacy classes; (4) providing micro-credit to refugees interested in starting new businesses but unable to access commercial sources of capital; (5) providing services to refugees in rural areas; (6) promoting integration.	89,800	60,822	104,478	75,500	Y	N	N/A	N	N/A	Reduce funding to refugee service agencies for mental health and navigation services.		
65	93.590	FORMULA GRANTS	HHS	Community-Based Child Abuse Prevention Grants (1) to support community-based efforts to develop, operate, expand, and enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and (2) to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.	427,086	236,227	393,678	202,819	Y	N	N/A	Y	\$50,748 (based on 2017 Grant Year -- most recent available)	It would reduce Idaho's efforts to prevent child abuse and collaborative efforts between system's partners.		
66	93.596	FORMULA GRANTS	HHS	Child Care Mandatory and Matching Funds of the Child Care and Development Fund The Child Care and Development Fund (CCDF) is the primary federal funding source dedicated to providing child care assistance to low-income families. As a block grant, CCDF gives funding to states, territories, and tribes to provide child care subsidies through grants and contracts with providers, as well as vouchers or certificates to low-income families. CCDF provides access to child care services for low-income families so they can work, attend school, or enroll in training. At the same time, it also promotes the healthy development and school success children by improving the quality of early learning and afterschool experiences. The Child Care Mandatory and Matching Funds is the mandatory portion of the CCDF program, which consists of "matching funds," that require a state match and maintenance of effort, and "mandatory funds." These funds are made available under section 418 of the Social Security Act. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193) consolidated funding for child care under section 418 of the Social Security Act and made such funding subject to the requirements of the CCDBG Act, as amended. The Child Care and Development Block Grant (CCDBG) is the discretionary portion of the CCDF program (see CFDA 93.575), CCDBG was created under the Omnibus Budget Reconciliation Act of 1990, and is subject to annual appropriations. The Department of HHS (HHS) designated the combined entitlement and discretionary funding as the Child Care and Development Fund (CCDF) program. In 2014, Congress acted on a bipartisan basis to pass the Child Care and Development Block Grant Act of 2014 (P.L. 113-186) into law and reauthorize the CCDF program for the first time since 1996. The CCDBG Act of 2014 renews authority for CCDF program through FY 2020. The law makes significant changes by defining health and safety requirements for child care providers, outlining family-friendly eligibility policies, and ensuring parents	21,453,042	7,979,430	24,356,671	10,883,059	Y	Y	\$ 1,175,820	Y	\$ 3,002,881	Impacts the ability to process applications and redeterminations for the Child Care program, as well as the mandatory requirement of improving the quality of services delivered. Reductions in funding would result in reductions in staffing levels and reductions in work completed through contracts for quality improvement and child care facility inspections that help keep children safe while in child care.		

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67				and the general public have transparent information about the child care choices available to them. The purposes of the CCDF program are to: 1) allow each State maximum flexibility in developing child care programs and policies that best suit the needs of children and parents within that State; (2) promote parental choice to empower working parents to make their own decisions regarding the child care services that best suits their family's needs; (3) encourage States to provide consumer education information to help parents make informed choices about child care services and to promote involvement by parents and family members in the development of their children in child care settings; (4) assist States in delivering high-quality, coordinated early childhood care and education services to maximize parents' options and support parents trying to achieve independence from public assistance; (5) assist States in improving the overall quality of child care services and programs by implementing the health, safety, licensing, training, and oversight standards; (6) improve child care and development of participating children; and (7) increase the number and percentage of low-income children in high-quality child care settings.												
68	93.597	FORMULA GRANTS	HHS	Grants To States For Access and Visitation Programs	249,844	125,057	224,787	100,000	Y	N	N/A	Y	\$11,111 (in-kind)	Fewer low-income families would have access to mediation, visitation, and counseling as they go through divorce.		
69	93.599	FORMULA GRANTS	HHS	Chafee Education and Training Vouchers Program (ETV)	352,072	93,728	372,312	113,968	Y	N	N/A	Y	\$21,742 (in-kind) (based on 2017 Grant Year as that is the most recent available)	Fewer children who age out of foster care will attend college and vocational programs.		
70	93.600	PROJECT GRANTS	HHS	Head Start	225,060	117,024	233,036	125,000	Y	N	N/A	Y	\$39,691	The Head Start system's ability to collaborate with other systems would be curtailed, leading to less comprehensive services for low-income individuals.		
71	93.603	FORMULA GRANTS	HHS	Adoption and Legal Guardianship Incentive Payments	826,415	279,803	809,362	262,750	Y	N	N/A	N	N/A	It would reduce the amount of funding for adoption stipend payments. General funds will be needed to replace this funding or the amount of the stipend provided to adoptive families would need to be reduced.		
72	93.624	Cooperative Agreements	HHS	ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	13,877,382	10,182,667			Y	N	N/A	N	N/A	This federal cooperative agreement has concluded effective 1/31/2019. No mitigation strategies required at this time.		
73	93.630	FORMULA GRANTS	HHS	Developmental Disabilities Basic Support and Advocacy Grants	1,240,624	519,460	1,227,464	506,300	Y	N	N/A	N	N/A	This would result in a 50% reduction in Partners in Policymaking, reduce Community Development activities, and reduce funding to support leadership development for families and Disability Mentoring Day projects.		

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9			Health	Medicaid												
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74	93.631	Cooperative Agreements (Discretionary Grants)	HHS	Developmental Disabilities Projects of National Significance To provide for grants, contracts and cooperative agreements for projects of national significance that create opportunities for individuals with intellectual and developmental disabilities to directly and fully contribute to, and participate in, all facets of community life; and support the development of national and State policies that reinforce, promote the self-determination, independence, productivity, and integration and inclusion of individuals with intellectual and developmental disabilities in all facets of community life.	88,269	48,972	127,566	88,269	Y	N	N/A	N	N/A	The scope of the project would be reduced to align with the available funding.		
75	93.643	FORMULA GRANTS	HHS	Children's Justice Grants To States To encourage States to enact reforms which are designed to improve (1) the assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family; (2) the assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities; (3) the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and (4) the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect.	335,253	130,053	338,574	133,374	Y	N	N/A	N	N/A	Reduction in efforts to support the investigation and judicial handling of child abuse cases, including limiting activities of Children at Risk Task Force and training of community-based multi-disciplinary teams focused on the handling of child abuse cases.		
76	93.645	Formula Grants (Apportionments)	HHS	Stephanie Tubbs Jones Child Welfare Services Program The purpose of the Stephanie Tubbs Jones Child Welfare Services program is to promote State and Tribal flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families.	4,215,631	1,479,861	4,591,818	1,856,048	Y	N	N/A	Y	\$604,661 (based on 2017 Grant Year --most recent available)	Reduction in the amount of funding for foster care payments of children who are not Title IV-E eligible. Difference would need to be made up in state general funds.		
77	93.658	Formula Grants; Project Grants (Discretionary)	HHS	Foster Care Title IV-E The Title IV-E Foster Care program helps States, Indian Tribes, Tribal organizations and Tribal consortia (Tribes) to provide safe and stable out-of-home care for children under the jurisdiction of the State or Tribal child welfare agency until the children are returned home safely, placed with adoptive families, or placed in other planned arrangements for permanency. The program provides funds to assist with the costs of foster care maintenance for eligible children; administrative costs to manage the program; and training for public agency staff, foster parents and certain private agency staff. In addition, \$3 million is reserved for technical assistance and plan development/implementation grants to eligible Tribes, beginning in fiscal year 09.	17,924,896	17,666,548	14,710,954	14,452,606	Y	N	N/A	Y	\$ 9,043,715	Reduction in the amount of funding for foster care payments of children who are Title IV-E eligible. The difference would need to be made up in state general funds or a reduction in foster care payments.	Maintenance assistance payments at FMAP; Training costs at 75% FFP; remainder at 50% FFP	
78	93.659	FORMULA GRANTS	HHS	Adoption Assistance To provide Federal Financial Participation (FFP) to States, Indian Tribes, Tribal organizations and Tribal consortia (Tribes) in adoption subsidy costs for the adoption of children with special needs who cannot be reunited with their families and who meet certain eligibility tests. This assistance is intended to prevent inappropriately long stays in foster care and to promote the healthy development of children through increased safety, permanency and well-being.	8,954,600	8,855,680	6,763,739	6,664,819	Y	N	N/A	Y	\$ 4,213,172	Reduction in the amount of funding available for adoption assistance stipends. The difference would need to be made up in state general funds or a reduction in stipend payments for adoptive children with special needs.	Adoption Assistance payments at FMAP; Training costs at 75% FFP; remainder at 50% FFP	

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79	93.667	FORMULA GRANTS	HHS		Social Services Block Grant To enable each State to furnish social services best suited to the needs of the individuals residing in the State. Federal block grant funds may be used to provide services directed toward one of the following five goals specified in the law: (1) To prevent, reduce, or eliminate dependency; (2) to achieve or maintain self-sufficiency; (3) to prevent neglect, abuse, or exploitation of children and adults; (4) to prevent or reduce inappropriate institutional care; and (5) to secure admission or referral for institutional care when other forms of care are not appropriate.	9,884,322	7,952,972	10,155,836	8,224,486	Y	N	N/A	N	N/A	Reduction to this grant would result in fewer services to foster families related to: Drug tests, substance abuse treatment, foster care cases, and in-home cases. Results would be longer length of stays for children in foster care, a greater number of children placed in foster care, and fewer children remaining in their homes with parents. Reduction in funds would also impact the maintenance of the automated child welfare information system which is required to report and track abuse and neglect in Idaho as well as the progress of children in foster care. Reduction would also impact the ability to fund foster care in Idaho, resulting in a greater reliance on state general funds to provide foster care payments to families. The grant also provides much of the funding for crisis services and placements for individuals who have developmental disabilities. Reduction in the grant would result in an increase in reliance on state general funds to provide placement and crisis services. The grant also provides funding for 211 CareLine staff and operations. Reduction in the funding will result in longer wait times for calls and less thorough responses to calls resulting in fewer Idahoans receiving health information and having their needs met by connecting with the right social services.	
80	93.669	FORMULA GRANTS	HHS		Child Abuse and Neglect State Grants To assist States in the support and improvement of their child protective services systems.	1,214,090	259,612	1,327,055	372,577	Y	N	N/A	N	N/A	Reduction in multi-agency and jurisdictional system efforts to address child abuse and adopt system changes to prevent future abuse. It would also reduce the ability to conduct child fatality reviews.	
81	93.671	FORMULA GRANTS	HHS		Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services To assist States and Native American Tribes (including Alaska Native Villages) and Tribal Organizations [Tribes] in efforts to increase public awareness about, and primary and secondary prevention of family violence, domestic violence, and dating violence; and assist States and Tribes in efforts to provide immediate shelter and supportive services for victims of family violence, domestic violence, or dating violence, and their dependents.	2,132,134	943,235	2,172,699	983,800	Y	N	N/A	N	N/A	Family Violence funds provide the funded programs with the ability to conduct prevention and education services that statistically reduce future victimizations. A reduction in funding would result in a majority of the programs reducing the types of services they offer.	
82	93.674	FORMULA GRANTS	HHS		Chafee Foster Care Independence Program To assist States and eligible Indian Tribes in establishing and carrying out programs designed to assist foster youth likely to remain in foster care until 18 years of age, youth who leave foster care for adoption or kinship guardianship after attaining age 16, and youth who have left foster care because they attained 18 years of age and have not yet attained 21 years of age, to make the transition from foster care to self-sufficiency.	957,603	525,601	932,002	500,000	Y	N	N/A	Y	\$125,000 (in-kind) (based on 2017 Grant Year -- most recent available)	Activities and services that support children transitioning from foster care to adulthood would be limited.	

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83	93.735	Cooperative Agreements (Discretionary Grants)	HHS	State Public Health Approaches for Ensuring Quitline Capacity – Funded in part by Prevention and Public Health Funds (PPHF) 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 funds to ensure and support state quitline capacity, in order to respond to upcoming federal initiatives such as the National Tobacco Education Campaign. http://www.cdc.gov/tobacco . This program addresses the “Healthy People 2020” focus area of tobacco use and the goal of reducing illness, disability, and death related to tobacco use and secondhand smoke exposure. Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age. This FOA will be a new, 2-year cooperative agreement for all states and territories that currently have a quitline. Funds will be used for the following: <ul style="list-style-type: none"> • Address the anticipated increase in calls • Expand capacity and eligibility to ensure all callers receive some form of assistance • Increase efficiencies of quitline operations, such as demonstrating how they will connect to or incorporate an interactive voice recording system (IVR) at the state or federal level • Incorporate technological enhancements to provide additional forms of assistance to callers who want to quit • Expand paid and earned media to promote the quitline and increase quit attempts • Develop and/or implement private/public partnerships or other strategies to sustain quitline capacity. 	111,392	71,763	39,629	0	Y	N	N/A	N	N/A	Reduce funding to the Idaho quitline.		
84	93.745	Cooperative Agreements	HHS	PPHF: Health Care Surveillance/Health Statistics – Surveillance Program Announcement: Behavioral Risk Factor Surveillance System Financed in Part by Prevention and Public Health Fund The purpose of this program is to provide assistance to State and Territorial Health Departments to maintain and expand: 1) Specific health surveillance using telephone and multi-mode survey methodology for the behaviors of the general population that contribute to the occurrences and prevention of chronic diseases, injuries, and other public health threats; 2) The collection, analysis, and dissemination of BRFSS data to State and Territorial Health Department Categorical Programs for their use in assessing trends, directing program planning, evaluating program priorities, developing policy, and targeting relevant population groups. Specifically, this program will: A. Add questions specifically on health care access and use to the 2013 and 2014 Behavioral Risk Factor Surveillance System (BRFSS) questionnaires to measure the effect of ACA on the population; B. Increase the BRFSS landline sample size to restore the number of completed interviews achieved to 2011 levels. BRFSS programs should develop plans for increasing their sample size of their 2013 surveys which will increase the number of completed interviews achieved which will increase the precision of estimates in small areas and sub-populations; C. Increase the proportion of cell phone interviews completed on the 2013 BRFSS survey to maintain coverage and validity – achieving at least a 25% completed interview rate by cell phone mode.	492,365	196,447	544,443	248,525	Y	N	N/A	N	N/A	Reduce the surveys completed and/or the number of questions asked on the survey.		
85	93.757	Cooperative Agreements	HHS	State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (PPHF) The purpose of this program is to support statewide implementation of cross-cutting, evidence-based approaches to promote health and prevent and control chronic diseases and their risk factors. The focus of this effort involves primary prevention efforts aimed at diabetes and heart disease/stroke prevention efforts. Grantees are required to assure that a percentage of their resources are redirected to local entities to accomplish their objectives. Logic models will be developed for targeted components building on existing evidence-based strategies.	519,012	465,011	1,633,636	1,579,635	Y	N	N/A	N	N/A	Reduce media and marketing contract, Reduce contracts for local services and outreach, reduce low-priority program operations and training.		
86	93.758	Formula Grants	HHS	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF) 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 most current Healthy People 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.	152,774	152,774	580,000	580,000	Y	Y	\$ 150,000	N	N/A	Reduce program operations; reduce contracts for local services and outreach.		

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87	93.767	Formula Grants (Apportionments)	HHS	Children's Health Insurance Program To provide funds to States to enable them to maintain and expand child health assistance to uninsured, low- income children, and at a state option, low-income pregnant women and legal immigrants, primarily by three methods: (1) obtain health insurance coverage that meets the requirements in Section 2103 relating to the amount, duration, and scope of benefits; (2) expand eligibility for children under the State's Medicaid program; and (3) reduce the number of children eligible for Medicaid, CHIP and insurance affordability programs under the ACA, who are not enrolled and improve retention of those who are already enrolled.	128,422,892	82,820,272	85,200,000	82,100,000	Y	Y	\$ -	Y	\$ -	In January 2018, Congress passed a six-year extension of CHIP funding, with 100% federal funds through 9/30/2019. For FFY 2020, the matching percentage will be 93.5%, which means that for nine months in SFY 2020 there will be a reduced matching percentage. This reduced matching percentage represents approximately \$4 million. For SFY 2021, the matching percentage will be approximately 80% with a general fund impact of approximately \$10.7 million.	Enhanced FMAP. Grant was 100% federally funded through 9/30/19 under special legislation.	
88	93.777	FORMULA GRANTS	HHS	State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare To provide financial assistance to any State which is able and willing to determine through its State health agency or other appropriate State agency that providers and suppliers of health care services are in compliance with Federal regulatory health and safety standards and conditions of participation.	2,154,873	2,102,783	1,847,905	1,795,815	Y	N	N/A	N	N/A	A reduction in funding will create delays in completing surveys needed to open new facilities, assure quality in existing facilities, and investigate complaints. Also, if there are no federal matching Medicaid funds or appropriate state general funds to complete the work, 100% of Medicare funding is in jeopardy. In addition, Medicaid payments to facilities that are not surveyed at the appropriate time frames would be at risk.		
89	93.778	Formula Grants (Apportionments); Formula Grants	HHS	Medical Assistance Program To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically-eligible groups. In certain States that elect to provide such coverage, medically-needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes.	1,645,250,648	1,577,006,269	1,504,493,970	1,436,249,591	Y	N	N/A	Y	\$ 546,378,176	This grant funds benefits administration and provider payments for participants in the Idaho Medicaid program. A funding reduction could have multiple ramifications that could include: 1. An increased contribution of state funds to replace federal funds; 2. A reduction in benefits to participants; 3. A reduction in participants; 4. Reduced payments to providers; and/or 5. Affect the program's ability to successfully manage the program and benefits.	Majority of funding is at FMAP.	
90	93.788	Formula Grants	HHS	Opioid STR Addressing the opioid abuse crisis within such States, used for carrying out activities that supplement activities pertaining to opioids undertaken by the State agency responsible for administering the substance abuse prevention and treatment block grant under subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x-21 et seq.).	8,317,905	2,372,755	10,056,315	4,111,165	Y	N	N/A	N	N/A	IF the IROC grant were reduced by 10%, this would result in a reduction of services. The primary service delivered under IROC is medication assisted treatment (MAT). There would be less MAT and less recovery support services available to Idahoans being treated for opioid addiction.		
91	93.791	Formula Grants (Apportionments)	HHS	Money Follows the Person Rebalancing Demonstration The Money Follows the Person (MFP) Rebalancing Demonstration, authorized by section 6071 of the Deficit Reduction Act of 2005 (P.L. 109-171), was designed to assist States to balance their long-term care systems and help Medicaid enrollees transition from institutions to the community. Congress initially authorized up to \$1.75 billion in Federal funds through Fiscal Year (FFY) 2011. With the subsequent passage of the Patient Protection and Affordable Care Act (P.L. 111-148) in 2010, Section 2403 extended the program through September 30, 2016. An additional \$2.25 billion in Federal funds was appropriated through FFY 2016. Any funds remaining at the end of each fiscal year carry over to the next fiscal year, and can be used to make grant awards to current grantees until FY 2016. Any unused grant funds in 2016 can be used until 2020. No additional funding will be available after the final 2016-2020 awards are made; however, grantees will submit documentation to identify projected costs and justify expenditures on an annual basis. Grantees can request to continue transitioning MFP participants until December 31, 2018 with services being provided and eligible for enhanced match through December 31, 2019. All claiming of services must be finalized by September 30, 2020. The MFP Demonstration supports State efforts to rebalance their long-term support system so that individuals have a choice of where they live and receive services. MFP program goals are (1) increase the use of home and community-based services (HCBS) and reduce the use of institutionally-based services; (2) eliminate barriers in State law, State Medicaid plans, and State budgets that restrict the use of Medicaid funds to let people get long-term care in the settings of their choice (3) strengthen the ability of Medicaid programs to provide HCBS to people who choose to transition out of institutions, and (4) put procedures in place to provide quality assurance and improvement of HCBS. The demonstration provides for enhanced Federal Medical Assistance Percentage (FMAP) for 12 months for qualified home and community-based services for each person transitioned from an institution.	5,778,503	1,305,115	4,473,388		Y	Y	\$186,523,644 (total 2010 HCBS expenditures - FMAP 79.18%)	Y	\$ 316,208	This grant supports the Idaho Home Choice – Money Follows the Person program, which provides resources for participants to transition from institutions to community settings. A funding reduction would result in participants being unable to transition out of more expensive institutional settings to more cost-effective community-based settings. This benefit is now also available through the Medicaid waiver program but the grant continues to support people with disabilities who do not qualify for Medicaid waiver coverage. There will not be the resources to assist participants to transition from institutions to community settings. Individuals who may otherwise be able to move back into their community will remain in an institution, costing the state more for their care.		

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92					Community based services for each person transitioned from an institution to the community during the demonstration period. Eligibility for transition is dependent upon residence in a qualified institution for more than 90 consecutive days. However, days that an individual was residing in the institution for the sole purpose of receiving short-term rehabilitation services that are reimbursed under Medicare are excluded and will not be counted toward the 90-day requirement. The State must continue to provide community-based services after the 12-month period for as long as the person needs community services and is Medicaid eligible. Under the demonstration, the State must propose a system of Medicaid home and community-based care that will be sustained after the demonstration period and is deemed qualified by the Secretary. Specifically, the program must be conducted in conjunction with a "qualified HCBS program" which is a program that is in operation (or approved) in the State for such individuals in a manner that assures continuity of Medicaid coverage of services in the qualified HCBS program for eligible individuals. States may also propose to enhance the services they will provide during the demonstration period to achieve greater success with transition. States will be required to participate in a national qualitative and quantitative evaluation conducted by CMS. Data collected on a national level will help evaluate the core objectives of the statute.											
93	93.796	Formula Grants	HHS	State Survey and Certification of Health Care Providers and Suppliers (Title XIX) Medicaid	To provide (Medicaid) financial assistance to any State which is able and willing to determine through its State health agency or other appropriate State agency that providers and suppliers of health care services are in compliance with Federal regulatory health and safety standards and conditions of participation.	1,444,937	1,415,724	1,017,401	988,188	Y	N	N/A	Y	\$ 498,558	A reduction in funding will create delays in completing surveys needed to open new facilities, assure quality in existing facilities, and investigate complaints. Also, if there are no federal matching Medicaid funds or appropriate state general funds to complete the work, 100% of Medicare funding is in jeopardy. In addition, Medicaid payments to facilities that are not surveyed at the appropriate time frames would be at risk.	
94	93.800	Cooperative Agreements	HHS	Organized Approaches to Increase Colorectal Cancer Screening	The purpose of the program is to increase CRC screening rates among an applicant-defined target population of persons 50-75 years of age within partner health system(s), defined geographical areas, or disparate populations. This program will fund implementation of EBIs and other strategies in partnership with health systems with the goal of instituting organized screening programs. In addition, this program will fund a small number of awardees to pay for direct screening and follow-up services for a limited number of individuals that belong to the Program Priority Population.	572,903	501,640	551,901	480,638	Y	N	N/A	N	N/A	Reduce operating expenses and possibly contracted work with local agencies.	
95	93.815	Cooperative Agreements	HHS	Domestic Ebola Supplement to the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	This ELC Competing Supplement addresses priority domestic capacity building around Ebola and other emerging and highly-infectious diseases. The Competing Supplement (1) provides additional resources to accelerate ELC activities around infection control assessment and response, laboratory safety, and global migration, border interventions, and migrant health; and (2) aligns with ELC's existing purpose which is to protect the public health and safety of the American people by enhancing the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging (or re-emerging) infectious diseases. This is accomplished by providing financial and technical resources to (1) strengthen epidemiologic capacity; (2) enhance laboratory capacity; (3) improve information systems; and (4) enhance collaboration among epidemiology, laboratory, and information systems components of public health departments.	163,164	160,608	2,556	0	Y	N	N/A	N	N/A	THIS FUNDING HAS EXPIRED.	
96	93.817	Formula Grants (Cooperative Agreements)	HHS	Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	This program covers two separate, but related projects: Part A – Health Care System Preparedness for Ebola and Part B – Development of a Regional Network for Ebola Patient Care. The purpose of this program is to (1) improve healthcare system preparedness for Ebola and (2) develop a regional hospital network for Ebola patient care.	774,775	241,628	533,147	0	Y	N	N/A	N	N/A	The total amount of funding for the grant was awarded in FY18 to be spent out over the five-year period.	

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12	CFDA#	Grant Type (Per beta.sam.gov)	Federal Granting Agency (Per SEFA Schedule)	Description (Per CFDA.gov)	FY 2019 Available Funds	FY 2019 Expenditures	FY 2020 Est Funds	FY 2021 Est Funds	JFAC [Y] or [C] Continuous	Current MOE [Y] Yes or [N] No	2018 Grant MOE requirement	Current Match [Y] Yes or [N] No	2018 Grant match requirement	Known Reductions; Plan for 10% or More Reduction	Notes re: MOE/Match requirements	
97	93.870	Formula Grants; Project Grans	HHS	Maternal, Infant and Early Childhood Home Visiting Grant Program The goals of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program) are to: (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for eligible families who reside in at-risk communities. The MIECHV Program was created to support voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry. The MIECHV Program builds upon decades of scientific research that shows home visits conducted by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life improves the lives of children and families. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness. The investment provides coordinated and comprehensive high-quality voluntary, evidence-based home visiting services with a national reach. The MIECHV Program plays a crucial role in building high-quality, comprehensive statewide early childhood systems to support pregnant women, parents and caregivers, and children from birth to kindergarten entry and ultimately, to improve health and development outcomes.	5,886,097	2,752,605	6,387,709	3,254,217	Y	Y	\$ -	N	N/A	Reduce subgrants with local implementing agencies for delivery of home visiting services.	CFDA states an MOE is required; however, to our knowledge DHW's requirement is \$0.	
98	93.889	Formula Grants (Cooperative Agreements)	HHS	National Bioterrorism Hospital Preparedness Program To ready hospitals and other healthcare systems, in collaboration with other partners, to deliver coordinated and effective care to victims of terrorism and other public health emergencies.	1,519,922	1,193,664	1,560,722	1,234,464	Y	Y	\$ -	Y	\$113,274 (in-kind)	Reduce contracts for preparedness capacity building; reduce travel, and program operations.	CFDA states an MOE is required; however, to our knowledge DHW's requirement is \$0.	
99	93.898	Cooperative Agreements	HHS	Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations The purpose of this FOIA is to transition this highly-functional public health infrastructure for cancer prevention and control into new roles and functions to anticipate the nation's needs over the next decade. The goals are to (1) seek efficiencies across the management and operations of cancer prevention and control programs, (2) focus on high-burden cancers with evidence-based, scalable interventions that already exist and can be broadly implemented, (3) develop organized screening programs that are more effective and efficient than current opportunistic approaches, and (4) maintain high-quality cancer registries and expand their application in prevention and screening.	1,944,401	1,624,361	2,200,966	1,880,926	Y	Y	\$ 76,700	Y	\$497,833 (in-kind)	Reduce the number of individuals served with screening services.		
100	93.913	PROJECT GRANTS	HHS	Grants to States for Operation of State Offices of Rural Health The purpose of the State Offices of Rural Health (SORH) grant program is to assist states in strengthening rural health care delivery systems by maintaining a focal point for rural health within each state. The program provides funding for an institutional framework that links small rural communities with state and federal resources to help develop long-term solutions to rural health problems.	202,330	166,545	215,055	179,270	Y	N	N/A	Y	\$ 493,502	Reduce peer-to-peer mentoring program, reduce travel for non-required meetings, and reduce program operations for lower priority initiatives.	\$164,501	
101	93.917	Project Grants	HHS	HIV Care Formula Grants To enable States and Territories to improve the quality, availability, and organization of a comprehensive continuum of HIV/AIDS health care and support services for individuals and families living with Human Immunodeficiency Virus (HIV) disease.	11,072,660	5,417,038	12,931,255	7,275,633	Y	Y	\$ 801,800	Y	\$ 100,000	Reduce local services and pharmaceuticals.	\$241,904	
102	93.940	Cooperative Agreements	HHS	HIV Prevention Activities Health Department Based To assist States and political subdivisions of States in meeting the cost of establishing and maintaining Human Immunodeficiency Virus (HIV) prevention programs.	1,720,432	975,176	1,799,274	1,054,018	Y	N	N/A	N	N/A	Reduce contracts for local services and outreach.	\$406,405	
103	93.945	Cooperative Agreements	HHS	Assistance Programs for Chronic Disease Prevention and Control To work with State health agencies and other public and private nonprofit organizations in planning, developing, integrating, coordinating, or evaluating programs to prevent and control chronic diseases; assist in monitoring the major behavioral risks associated with the 10 leading causes of premature death and disability in the United States including cardiovascular diseases; and, establish new chronic disease prevention programs like Racial and Ethnic Approaches to Community Health (REACH), State Nutrition, Physical Activity and Obesity Programs (NPAO).	195,551	195,551	0	0	Y	N	N/A	N	N/A	Reduce program operations and training; reduce contracts for local services and outreach.		
104	93.958	FORMULA GRANTS	HHS	Block Grants For Community Mental Health Services To provide financial assistance to States and Territories to enable them to carry out the State's plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance; monitor the progress in implementing a comprehensive community based mental health system; provide technical assistance to States and the Mental Health Planning Council that will assist the States in planning and implementing a comprehensive community based mental health system.	4,377,182	3,641,959	2,689,105	1,953,882	Y	Y	\$17,987,835 (based on 2017 Grant Year -- most recent available)	N	N/A	A reduction of 10% or more in this grant would reduce the services the department can provide to Idahoans suffering from serious mental illness.		
105	93.959	FORMULA GRANTS	HHS	Block Grants For Prevention and Treatment of Substance Abuse To provide financial assistance to States and Territories to support projects for the development and implementation of prevention, treatment and rehabilitation activities directed to the diseases of alcohol and drug abuse.	8,054,597	7,221,459	9,634,876	8,801,737	Y	Y	\$4,149,323 (based on 2017 Grant Year --most recent available)	N	N/A	Would reduce the amount of substance use disorders (SUD) treatment available to Idahoans with addictions and dependence on alcohol and drugs.		

	A	B	C	D	E	G	H	I	J	K	L	M	N	O	P	Q
7		Councils	Criminal History	Licensing & Cert.	Behavioral Health											
8		FACS	Healthcare Policy	Multiple Programs	Self-Reliance											
9			Health	Medicaid												
11																
12	CFDA#	Grant Type (Per beta.sam.gov)	Federal Granting Agency (Per SEFA Schedule)	Description (Per CFDA.gov)	FY 2019 Available Funds	FY 2019 Expenditures	FY 2020 Est Funds	FY 2021 Est Funds	JFAC [Y] or [C] Continuous	Current MOE [Y] Yes or [N] No	2018 Grant MOE requirement	Current Match [Y] Yes or [N] No	2018 Grant match requirement	Known Reductions; Plan for 10% or More Reduction	Notes re: MOE/Match requirements	
106	93.977	Cooperative Agreements	HHS	Sexually Transmitted Diseases (STD) Prevention and Control Grants Project grants under Section 318 awarded to State and local health departments, academic and public health organizations emphasize the development and implementation of nationally uniform prevention and control programs which focus on the core public health functions of assessment, assurance and policy development. This includes surveillance activities, including the reporting, screening, and follow up of persons diagnosed with STDs, and disease intervention activities to find cases, and notify and refer exposed partners to STD into care.	520,547	379,520	483,532	342,505	Y	N	N/A	N	N/A	Reduce travel and training; reduce contracts for local services.		
107	93.991	Formula Grants	HHS	Preventive Health and Health Services Block Grant 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 most current Healthy People 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.	624,608	449,192	800,024	624,608	Y	N	N/A	N	N/A	Reduce the amount in public health district subgrants and community walkability assessments.		
108	93.994	FORMULA GRANTS	HHS	Maternal and Child Health Services Block Grant to the States To enable States to improve the health and well-being of the Nation's mothers, children and families by supporting and promoting the development and coordination of systems of care for the maternal and child health population, particularly vulnerable populations who do not have access to adequate health care.	5,735,692	3,127,954	5,883,247	3,275,509	Y	Y	\$ 2,141,219	Y	\$ 2,456,632	Reduce operating budget for core MCH programming, reduce funding to all partner programs, and reduce MCH contracts and subgrants.		
109		Federal Contract	HHS	Clinical Laboratory Improvement Amendments Registration and inspection of clinical laboratories. The clinical laboratory inspections are performed as part of the Centers for Medicare and Medicaid Services (CMS) Clinical Laboratory Improvement Amendment (CLIA) program.	159,898	163,742	157,484	161,328	Y	N	N/A	N	N/A	Federal contract funds - paid per deliverable as specified in the contract.		
110		Federal Contract	SSA	VITAL STATISTICS BIRTH RECORDS DATA Provide birth certificate information to SSA to generate new SSNs.	172,149	79,680	182,854	90,384	Y	N	N/A	N	N/A	Federal contract funds - paid per deliverable as specified in the contract.		
111		Federal Contract	SSA	VITAL STATISTICS COOPERATIVE PROGRAM (NCHS) Provide data from vital records to National Centers for Health Statistics	375,770	143,556	473,477	241,264	Y	N	N/A	N	N/A	Federal contract funds - paid per deliverable as specified in the contract.		
112		Federal Contract	SSA	Social Security Birth and Death Reports Provide death certificate information to SSA to mark SSA records as deceased.	146,686	48,510	150,995	52,818	Y	N	N/A	N	N/A	Federal contract funds - paid per deliverable as specified in the contract.		
113	Total				2,206,083,348	16,426,300	1,670,455,046	1,670,302,032								
114																
115	Total FY 2019 All Funds Appropriation (DU 1.00)															
116	Federal Funds as Percentage of Funds															
117																
118	10.551	Project Grants; Formula Grants	Dept. of Agriculture	Supplemental Nutrition Assistance Program Improve nutrition of low-income households by ensuring access to nutritious, healthful diets through the provision of nutrition education and nutrition assistance through the issuance of monthly benefits for the purchase of food at authorized retailers.	193,575,174	193,575,174	193,575,174	193,575,174	C	N	N/A	N	N/A	Reductions in this grant impact the ability to distribute SNAP benefits to Idahoans. Failure to meet federal performance requirements would result in significant financial penalties.		
119	10.569	FORMULA GRANTS	Dept. of Agriculture	Emergency Food Assistance Program (Food Commodities) To help supplement the diets of low-income persons by making USDA Foods available to the State agencies that are responsible for the distribution of USDA Foods within the States.	3,435,212	3,435,212	3,435,212	3,435,212	C	N	N/A	N	N/A	Impacts include fewer food commodities available for low-income families.		
120	93.268	Cooperative Agreements	HHS	Immunization Cooperative Agreements-NON CASH To assist states and communities in establishing and maintaining preventive health service programs to immunize individuals against vaccine-preventable diseases (including measles, rubella, poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, hepatitis A, varicella, mumps, haemophilus influenza type b, influenza, and pneumococcal pneumonia).	23,972,383	23,972,383	23,972,383	23,972,383	C	N	N/A	N	N/A	This would reduce access to vaccines for children who are on Medicaid, uninsured, underinsured, and of Native American/Alaskan Native descent and certain adults who are uninsured. Lack of access to vaccines could result in possible outbreaks and the spread of preventable diseases, and possibly affect schools, businesses and communities.		