



Grants to the Outer Pacific in FY 2008

Federal Regional Council Outer Pacific Committee Region IX

February 2009

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FEDERAL REGIONAL COUNCIL Outer Pacific Committee 2008 Report

Introduction

The Federal Regional Council (FRC) is a consortium of nineteen federal Departments and Agencies representing nearly thirty program offices in Region IX working in partnership to better serve the public. Our goal is to work in a coordinated manner to make federal programs more effective and efficient in Region IX.

The FRC, which just celebrated its tenth anniversary, has six committees focused upon broad geographic areas and/or special populations in the vast expanse of Region IX. The six entities for 2009 are the **Border Committee**, the **Tribal Affairs Committee**, the **Faith-Based Committee**, the **Guam-CNMI Build-up Committee/Task Force**, the **Homelessness Committee (Region IX Interagency Council on Homelessness)**, and the **Outer Pacific Committee**. Executive Orders or Administration initiatives serve as the underlying authority to guide each committee's work in fulfilling Administration priorities.

The Outer Pacific Committee deals with issues related to the three U.S. Flag Territories of Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands (CNMI); and the three Freely Associated States of the Federated States of Micronesia (FSM), Republic of the Marshall Islands (RMI), and the Republic of Palau (ROP).

Committee Accomplishments

The Outer Pacific Committee (OPC) has met regularly since 1998. By convening the participating Federal agencies, the committee believes it can achieve better outcomes for the people in the Pacific Jurisdictions. The committee's work plan for 2008 included the following objectives: 1) Annual Grants report; 2) Improved communications between Federal agencies on Pacific issues; 3) Program planning and coordination; 4) Improving grants and financial management in the jurisdictions; 5) Central Office/Regional Office collaboration; and 6) Increasing committee membership.

For 2008 the committee is pleased to report accomplishments in the following areas:

- The OPC prepares an annual report on "Grants to the Outer Pacific" for use by Federal representatives but which is also widely requested by officials in the Pacific jurisdictions. The current report reflecting FY 2008 grants is the ninth year this document has been prepared. It outlines information for agencies that are represented either on the Federal Regional Council's Outer Pacific Committee or have a Regional Office presence. Copies of the report will be distributed for the third year in a row at the Interagency Group on Insular Areas (IGIA) meeting that is held after the National Governors Association Winter meeting in Washington, DC.
- The committee continued its past cooperative efforts with the HHS Office of Minority Health and the Asian Pacific Islander American Health Forum in addressing health disparities in the Pacific jurisdictions. We also continued working throughout the year with other governmental entities including the Department of the Interior's Office of

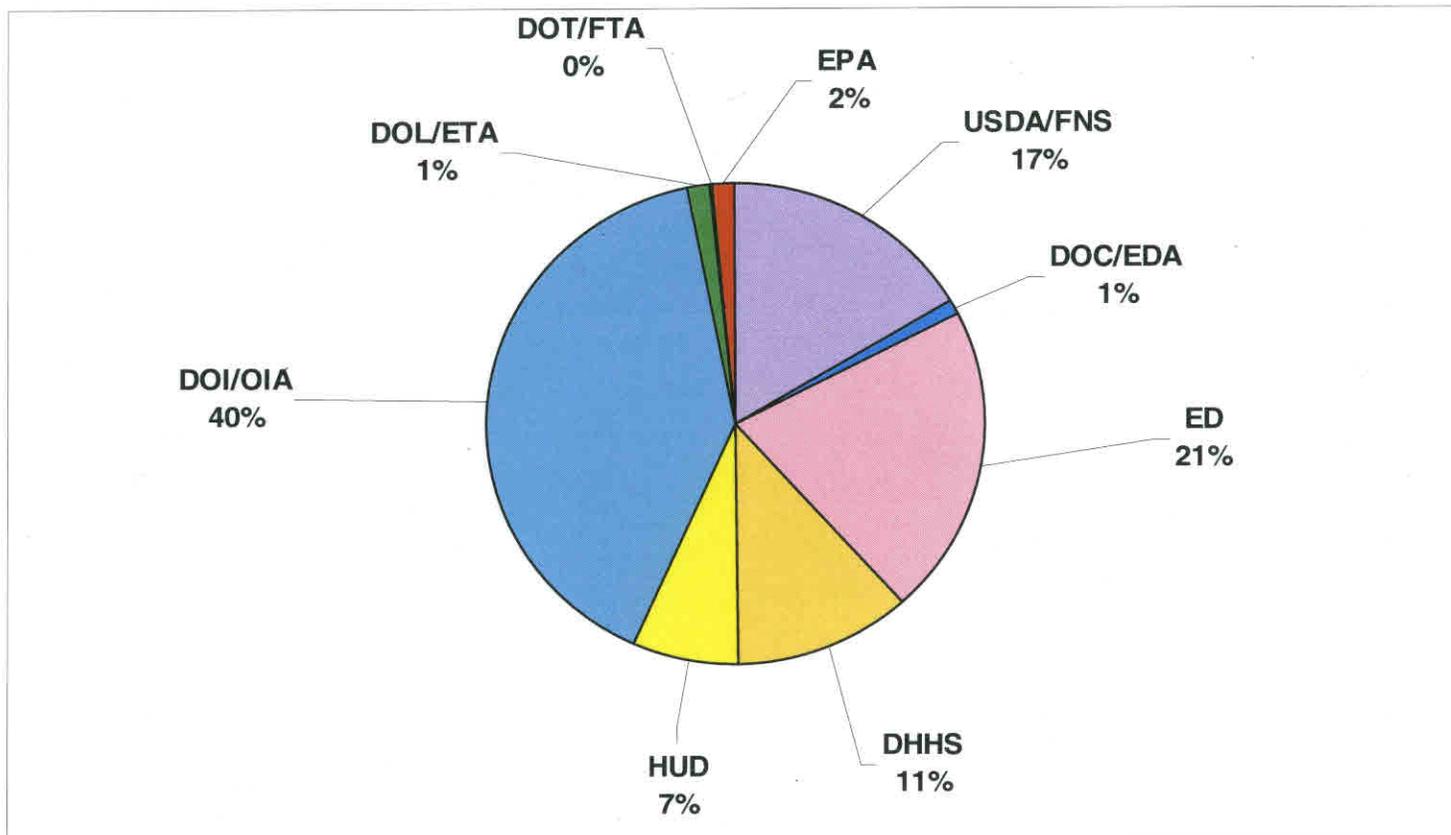
Insular Affairs (DOI/OIA) and the Government Accountability Office (GAO) to develop strategies to address inequities in health care access in the jurisdictions.

- Since the beginning days of the OPC, the issue of grants and financial management has always been a priority concern. The committee in 2008 continued its communications with the DOI/OIA and the USDA Graduate School on the development of strategies to provide training and mentorship in best practices for grants and financial management. The committee is promoting the groundbreaking fiscal training and mentoring work accomplished in the Pacific this year by one of its member agencies, the HHS Administration for Children and Families, as a model for other Federal agencies to emulate in improving grants and financial management practices in the jurisdictions.
- The committee continued to keep its membership abreast of developments in the field of telecommunications in the Pacific. With the rapid development of technologies and linkages in the Pacific, there have been major developments and impending improvements in telecommunications capabilities that are regularly brought to the attention of the OPC membership.
- The committee continues to be involved in deliberations and strategy development with the Federal effort to assist Guam in preparing for the arrival of approximately 8,000 US Marines and their dependents in 2014. Committee members' issues and concerns regarding the military buildup have been shared via the committee with the Interagency Group in IGIA. The OPC also participates at the Federal Regional Council (FRC) meetings when the Governor of Guam and his staff attend to share their concerns regarding the buildup. The OPC will continue to work closely with the FRC's new Guam-CNMI Build-Up Committee/Task Force on issues involving the Guam buildup.

The Outer Pacific Committee is pleased to be an integral part of the Federal Regional Council, proving that Federal agencies working together result in improved working relationships, stronger partnerships, and better communications and outcomes.

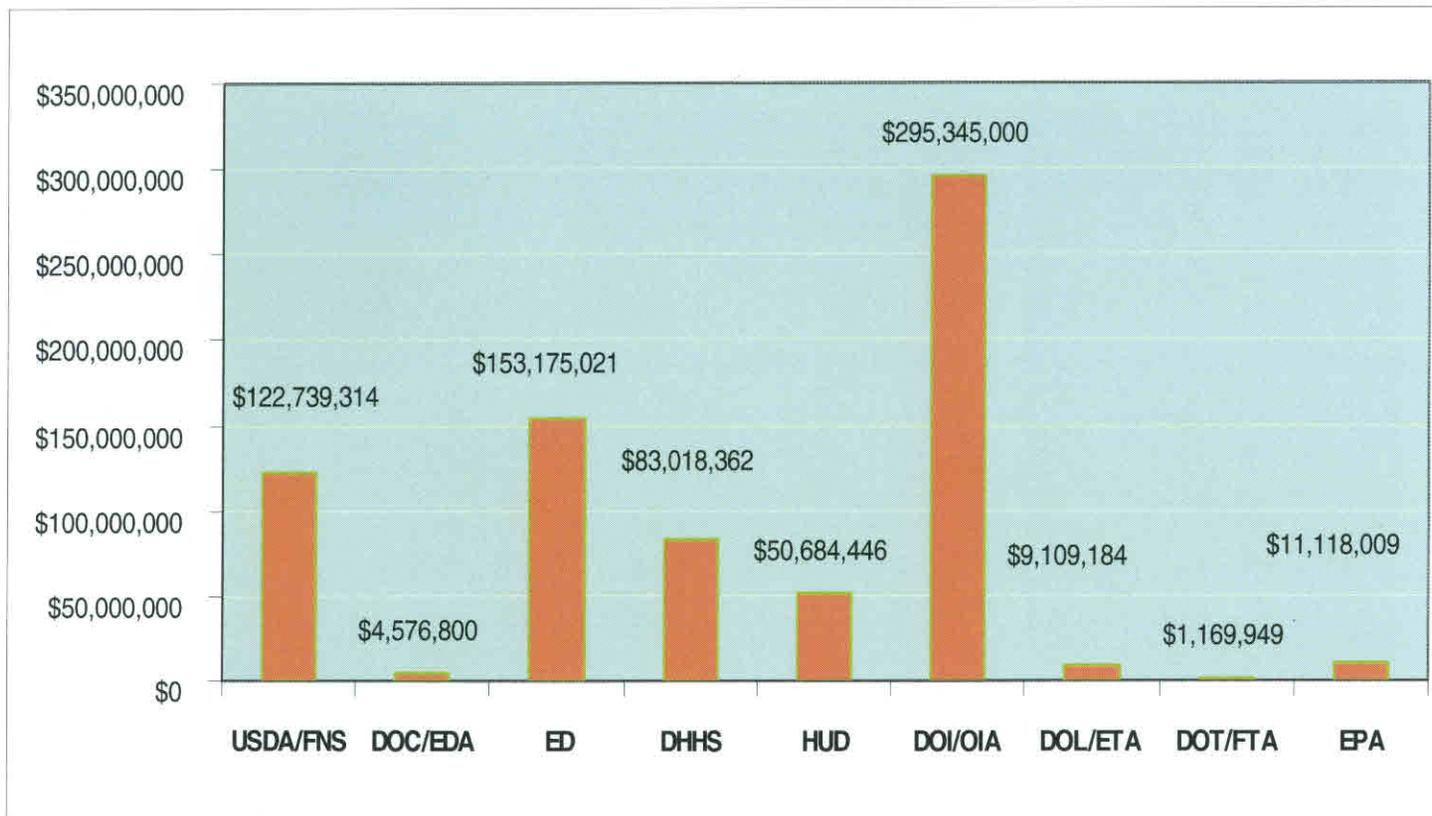
Federal Regional Council Region IX Grants to the Outer Pacific FY 2008

% per Department



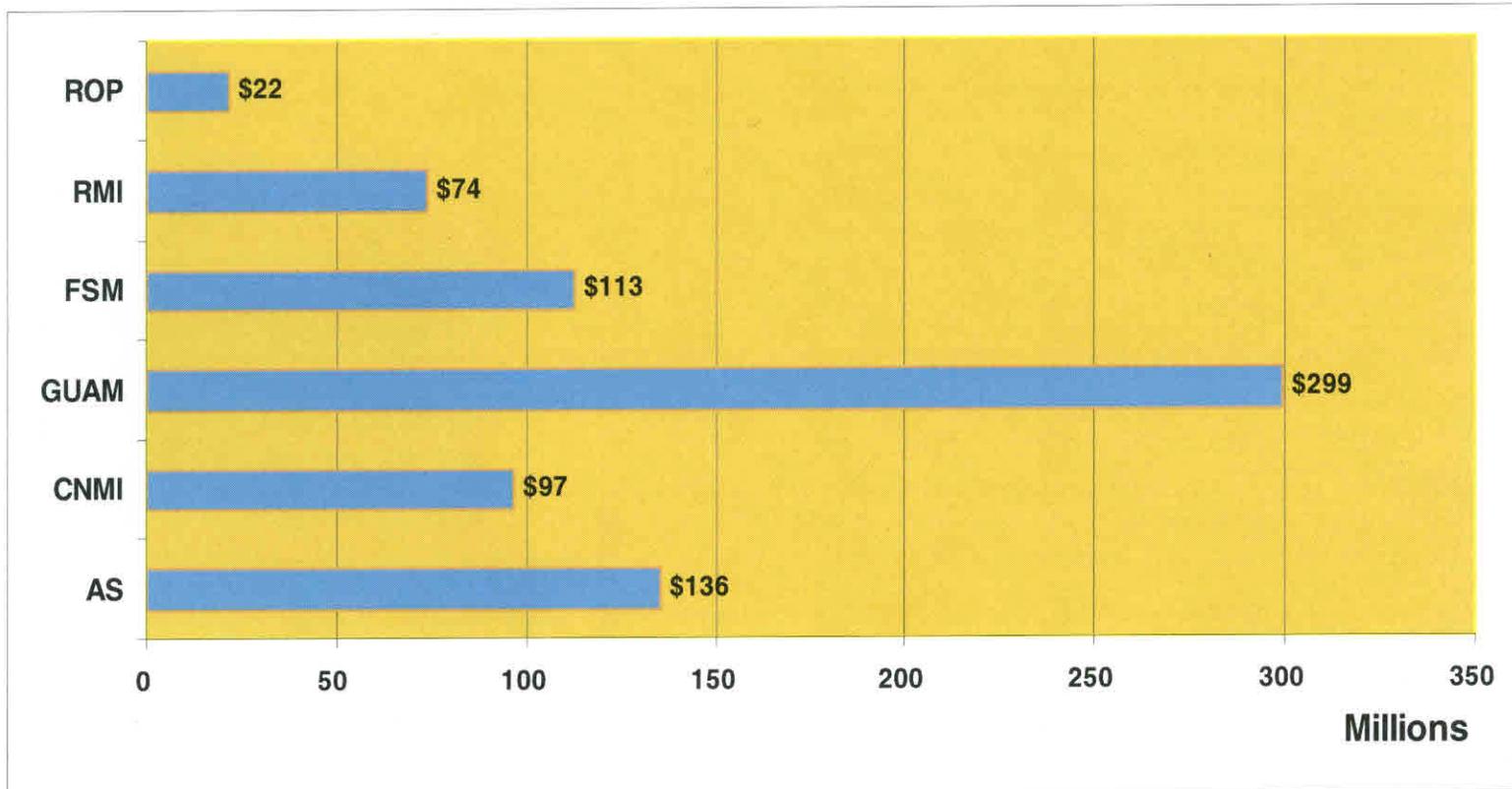
Federal Regional Council Region IX Grants to the Outer Pacific FY 2008

\$ Amount per Department



Federal Regional Council Region IX Grants to the Outer Pacific FY 2008

\$ Amount per Territory (in millions)



Federal Regional Council Outer Pacific Committee Grants and Programs in the Outer Pacific – FY 2008

Department of Agriculture - Food and Nutrition Service

Supplemental Nutrition Assistance

Program (SNAP): The Food Stamp Program is the cornerstone of the USDA nutrition assistance programs. Initiated as a pilot program in 1961 and made permanent in 1964, the program issues monthly allotments of coupons that are redeemable at retail food stores, or provides benefits through electronic benefit transfer (EBT). Eligibility and allotments are based on household size, income, assets, and other factors. The Food Stamp Program in Puerto Rico was replaced in 1982 by a block grant program. American Samoa and the Northern Mariana Islands in the Pacific also provide benefits under block grants. These territories (Guam is considered a state under the national Food Stamp Program) provide cash and coupons to participants rather than food stamps or food distribution. *For more information on this program, contact Dennis Stewart at 415-705-2333 x301, or dennis.stewart@fns.usda.gov*

Special Supplemental Nutrition Program for Women, Infants and Children (WIC):

WIC's goal is to improve the health of low-income pregnant, breastfeeding and non-breastfeeding postpartum women, and infants and children up to 5 years old. WIC provides supplemental foods, nutrition education, and access to health services. Participants receive vouchers that can be redeemed at retail food stores for specific foods that are rich sources of the nutrients frequently lacking in the diet of low-income mothers and children. *For more information on this program, contact Rich Proulx at 415-705-1313 x251, or rich.proulx@fns.usda.gov*

Child Nutrition Programs:

National School Lunch Program: The National School Lunch Program provides

cash reimbursements and commodity foods to help support non-profit food services in elementary and secondary schools, and in residential child care institutions. Every school day, more than 26 million children in 94,000 schools across the country eat a lunch provided through the National School Lunch Program. More than half of these children receive the meal free or at a reduced price. The National School Lunch Program also offers the *After School Snacks Program*.

School Breakfast Program: As in the school lunch program, low-income children may qualify to receive school breakfast free or at a reduced price and States are reimbursed according to the number of meals served in each category. Meals must meet nutritional standards similar to those in the National School Lunch Program.

Child and Adult Care Food Program: This program provides reimbursement for healthy meals served by participating family daycare providers, child care centers, after-school care programs, homeless shelters and adult daycare centers.

For more information on these programs, contact Jesus Mendoza at 415-705-1336 x431, or jesus.mendoza@fns.usda.gov

Child Nutrition Programs Block Grants:

FNS has separate memorandums of understanding (MOUs) with American Samoa and CNMI under which FNS provides cash block grants for operation of nutrition assistance programs in lieu of the traditional Child Nutrition Programs. The block grants provide flexibility for the territory and the commonwealth to meet their nutrition needs within certain broad parameters established in the MOUs. *For more information on this programs, contact*

Jesus Mendoza at 415-705-1336 x431, or jesus.mendoza@fns.usda.gov

The Emergency Food Assistance Program (TEFAP): TEFAP provides commodity foods to states for distribution to households, soup kitchens and food banks. First initiated in 1981, TEFAP was designed to reduce inventories and storage costs of surplus commodities through distribution to needy households. *For more information on this program, contact Stephen Pichel, Director of Field Operations at Stephen.Pichel@fns.usda.gov*

Emergency Food Program in the Federated States of Micronesia
On July 31, 2007, the President declared an emergency for the State of Chuuk, Federated States of Micronesia due to drought and subsequent crop damages caused by the EL Nino Southern Oscillation. The Food and Nutrition Service, Western Region, Field Operations coordinated with FEMA Region 9 and US Forest Service to provide food relief in the form of rice and flour as a substitute for the loss of taro and breadfruit. The

commodities were delivered in two phases; September and January and Forest Service staff worked with Chuuk officials to distribute approximately 130,000 pounds of food to six affected islands. In a letter dated January 18, 2008, FEMA officially closed the Emergency Food Assistance Program finding the feeding program met the critical needs of the population. The value of the commodities was approximately \$122,000. *For more information on this program, contact Stephen Pichel, Director of Field Operations at Stephen.Pichel@fns.usda.gov*

Special Food Assistance (SFA) Program: The SFA Program for the Republic of Marshall Islands was authorized under Public Law 99-239 and the Compact of Free Association. The program provides commodity assistance and administrative funds for the needy peoples of Kili, Ejit, Enewetak, Ujelang, Rongelap, and Utrix (the Nuclear Affected Areas). *For more information on this program, contact Jesus Mendoza at 415-705-1336 x431, or jesus.mendoza@fns.usda.gov*

Program	AS	CNMI	Guam	FSM	RMI	ROP
Food Stamps*	\$4,799,289	\$ 9,852,000	\$62,077,302			\$ -
WIC*	\$7,268,787	\$2,960,715	\$8,008,780			\$ -
Child Nut Prog Block, Cil, & SAE***			\$7,844,071			\$ -
TEFAP		\$39,938	\$97,941			\$ -
Child Nutrition Programs Block Grants*	\$12,104,516.00	\$7,115,000				\$ -
Special Food Assistance					\$570,975	\$ -
TOTAL	\$24,172,592	\$19,967,653	\$78,028,094		\$570,975	\$ -

TOTAL USDA FNS FUNDS FY 2008: \$122,739,314

* includes the value of food benefits and administrative funds
 **includes the value of meal reimbursements, administrative funds & commodities
 ***includes the value of administrative funds and commodities

NOTE: All amounts reflected above are funded amounts.

Department of Commerce - Economic Development Administration

For more information on the Department of Commerce, Economic Development Programs in the Outer Pacific, contact Gail Fujita at 808-541-3391 or gfujita@eda.doc.gov

Program	AS	CNMI	Guam	FSM	RMI	ROP
Public Works Grant	\$ 2,104,800	\$ 750,000	\$ 1,200,000	\$ -	\$ -	\$ -
Small Business Assistance	\$ 292,000 (for all jurisdictions)					
Technical Assistance	\$150,000 (1 grant for TA for Guam) and \$ 80,000 (AS, CNMI, Guam, Hawaii)					
TOTAL	\$	\$	\$	\$	\$	\$

TOTAL DOC EDA FUNDS FY 2008: \$4,576,800

Department of Education

Consolidated Grants to Insular Areas: The consolidated grant authority (in PL 95-134, Title V) permits the U.S. territories to consolidate Federal grants to simplify applying and reporting, and to provide flexibility in allocating grant funds. The territory may choose how to allocate the funds among the programs included in the consolidated grant. Nineteen programs are eligible for consolidation and programs eligible for consolidation including 21st Century Community Learning Centers, Improving Teacher Quality State Grants, English Language Acquisition State Grants, and Education for the Disadvantaged - Title I Part A LEA. Contact: Barbara Humes, (202) 260-7405, barbara.humes@ed.gov.

Education Grant Program for the Territories and Freely Associated States: This program is funded from a 1 percent set-aside from the appropriation for Title I, Part A Grants to Local Education Agencies (LEAs). Up to 5 million dollars may be reserved annually for discretionary grants to American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands and the Republic of Palau, for programs that assist all students with meeting challenging academic State standards. Authorized activities include programs for teacher training, curriculum development, instructional materials, or general school improvement and reform. Web site: www.ed.gov/programs/tfasegp. Contact: Valerie Rogers, (202) 260-2543, valerie.rogers@ed.gov.

English Language Acquisition: The National Professional Development program funds professional development activities intended to improve instruction for students with limited English proficiency (LEP) and assists education personnel working with such children to meet high professional standards. Projects are designed to increase the pool of highly qualified teachers prepared to serve LEP students and increase the skills of teachers already serving them. Web site:

www.ed.gov/programs/nfdp. For more information on this program, contact Cynthia Ryan, (202) 401-1436, Cynthia.Ryan@ed.gov.

Fund for the Improvement of Education (FIE) - Earmarks: These earmarks provide support for elementary and secondary education projects, including developing and implementing a language program and a college preparation mentoring program. Web Site: www.ed.gov/programs/fie. Contact: Linda Jones, (202) 205-4352, Linda.Jones@ed.gov

FIE - Partnerships in Character Education: This program supports character education projects that are integrated into regular classroom instruction, are consistent with State academic content Standards and with other educational reforms. Projects supported should help students develop good character by teaching character elements such as caring, civic virtue and citizenship, justice and fairness, respect, responsibility, trustworthiness, giving, or other elements of character. Projects must take into consideration the view of parents, students, students with disabilities, and other members of the community, including members of private and nonprofit organizations, in the design and implementation of the character education program(s). Web Site: www.ed.gov/programs/charactered. Contact: Sharon Burton, (202) 245-7867; sharon.burton@ed.gov.

Higher Education Programs: These programs increase access to postsecondary education for disadvantaged students and strengthen the capacity of colleges and universities that serve a high percentage of disadvantaged students by providing grants to improve higher education preparation, participation, and retention; scholarships for academic excellence; institutional development; and support to improve teacher quality. Programs target specific aspects of the higher education mission: Trio Upward

Bound/Talent Search/Student Support Services, Robert Byrd Scholarship, Strengthening Minority-Serving Institutions, College Access Challenge Grant, and others. Web site:

www.ed.gov/about/offices/list/ope/hep.html.

Contact: Vicki Payne (202) 502-7764, vicki.payne@ed.gov.

Improving Literacy Through School Libraries:

This funding is targeted to communities with 20 percent or more family poverty and allows these communities to update collections and technology in public school library media centers. Through the collaboration of school library media specialists, teachers, and administrators, this program works to improve literacy skills and academic achievement.

Web site: www.ed.gov/programs/lsl. Contact: Irene Harwarth, (202) 401-3751, irene.harwarth@ed.com.

Parent Information and Resource Centers:

This program helps implement effective parental involvement policies, programs, and activities to improve student academic achievement and to strengthen partnerships among parents, teachers, principals, administrators, and other school personnel in meeting the education needs of children.

Web site: www.ed.gov/programs/pirc.

Contact: Dean Kern, (202) 260-1882, dean.kern@ed.gov.

Rehabilitation Services and Disability

Research: These programs develop and implement, through research, training, and direct services, comprehensive and coordinated programs of vocational rehabilitation and independent living for individuals with disabilities. Programs include Vocational Rehabilitation Basic Support, Independent Living, Assistive Technology, Client Assistance, and others. Web site: www.ed.gov/about/offices/list/osers/rsa. Contact: David Esquith, (202) 245-7336, david.esquith@ed.gov.

Safe and Drug Free Schools and

Communities Grants: The program provides support to states for a variety of drug and violence prevention activities focused primarily on school-age youths. Web site: www.ed.gov/about/offices/list/osdfs. Contact: Paul Kesner, (202) 245-7889, paul.kesner@ed.gov.

Special Education: Special Education:

These programs provide grants to assist in paying for and improving special education and related services, and early intervention services, for infants, toddlers, children and youth with disabilities and their families. Includes Special Education Grants to States, Special Education - Grants to States for Preschool Children with Disabilities and Special Education - Grants to States for Infants and Toddlers with Disabilities and their Families, Technical Assistance, Personnel Development, and Parent Training and Information Centers. Web site: www.ed.gov/about/offices/list/osers/osep. Contact: Ruth Ryder, (202) 245-7629, ruth.ryder@ed.gov.

Vocational and Adult Education:

Vocational education programs support State and local efforts to improve career and technical education programs, to help secondary and postsecondary students develop the academic, career and technical skills necessary for further education and careers. Adult education programs support State and local efforts to improve the quality and capacity of adult education programs so that adults can acquire the basic education and literacy skills needed to function in today's society. Web site: www.ed.gov/about/offices/list/ovae. Contact: Edward Smith, (202) 245-7602, edward.smith@ed.gov.

Program	AS	CNMI	Guam	FSM	RMI	ROP
Consolidated Grants to Insular Areas	\$33,379,850	\$18,372,677	\$45,325,272			
Education Grant Program for the Territories and Freely Associated States	\$1,050,930	\$981,605	\$402,964			\$1,125,600
English Language Acquisition			\$300,000			
FIE - Earmarks	\$478,492		\$229,912			
FIE - Partnerships in Character Education			\$489,683			
Higher Education Programs	\$1,575,145	\$1,425,197	\$3,055,170	\$1,663,115	\$309,373	\$1,396,000
Improving Literacy Through School Libraries	\$26,494	\$10,001	\$23,626			
Parent Information and Resource Centers	\$434,634		\$383,926	\$400,617	\$399,020	
Rehabilitation Services and Disability Research	\$1,473,400	\$1,834,737	\$2,442,761			
Safe and Drug Free Schools	\$900,459		\$469,948			
Special Education	\$6,147,518	\$4,599,745	\$14,542,788	\$3,402,340	\$1,472,820	\$885,443
Vocational and Adult Education	\$214,478	\$332,803	\$1,021,609			\$194,869
TOTAL	\$45,681,400	\$27,556,765	\$68,687,659	\$5,466,072	\$2,181,213	\$3,601,912

TOTAL ED FUNDS AWARDED IN FY 2008: \$153,175,021

Department of Health and Human Services

Administration for Children and Families

Temporary Assistance for Needy Families (TANF): TANF provides assistance and work opportunities to needy families by granting states the federal funds and wide flexibility to develop and implement their own welfare programs. *For more information on this program, contact John Coakley, at 415-437-8554 or john.coakley@acf.hhs.gov*

Child Support Enforcement (CSE): The goal of the CSE program, established in 1975 under Title IV-D of the Social Security Act, is to ensure that children are supported financially by both parents. Designed as a joint federal, state, and local partnership, the program involves 54 separate state and territory systems, each with its own unique laws and procedures. The program is usually run by state and local human service agencies, often with the help of prosecuting attorneys and other law enforcement officials as well as officials of family or domestic relations courts. At the federal level, the Department of Health and Human Services provides technical assistance and funding to states through the Office of Child Support Enforcement and also operates the Federal Parent Locator System, a computer matching system that locates non-custodial parents who owe child support. *For more information on this program, contact JP Soden at 415-437-8421 or jp.soden@acf.hhs.gov*

Child Care Development Fund (CCDF): CCDF has made available \$3.2 billion to States and Territories in 1999. This program, authorized by the PRWORA, assists low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education. The CCDF program has changed federally subsidized child care programs in States, allowing them to serve families through a single, integrated

child care system. All child care funding is now combined under the Child Care and Development Block Grant (CCDBG) Act. *For more information on this program, contact Bob Garcia at 415-437-8439 or robert.garcia@acf.hhs.gov*

Low-Income Home Energy Assistance (LIHEAP): States, territories, and Indian tribes and tribal organizations that wish to assist low-income households in meeting the costs of home energy may apply for a LIHEAP block grant. Congress established the formula for distributing funds to states based on each state's share of home energy expenditures by low-income households.

Community Services Block Grant (CSBG): CSBG provides States and Territories with funds to provide a range of services to address the needs of low-income individuals to ameliorate the causes and conditions of poverty. CSBG is administered by the Office of Community Services, ACF.

Child Welfare Services (CWS IVB-1): The Child Welfare Services program helps State and Territory public welfare agencies improve child welfare services with the goal of keeping families together. Services include preventive intervention, so if possible, children will not have to be removed from their homes; services to develop alternative placements like foster care or adoption if children cannot remain at home; and reunification so that children can return home if at all possible. *For more information on this program, contact John Coakley at 415-437-8554 or john.coakley@acf.hhs.gov*

Promoting Safe and Stable Families (CWS IVB-2): The Title IV-B, subpart 2, Promoting Safe and Stable Families program provides funds to States and Territories to provide family support, family preservation, time-limited family

reunification services, and services to promote and support adoptions. These services are primarily aimed at preventing the risk of abuse and promoting nurturing families, assisting families at risk of having a child removed from their home, promoting the timely return of a child to his/her home, and if returning home is not an option, placement of a child in a permanent setting with services to support the family. This program was formerly the Family Preservation and Family Support Services program. *For more information on this program, contact Sally Flanzer at 415-437-8425 sally.flanzer@acf.hhs.gov.*

Office on Child Abuse and Neglect

Under the Community-Based Grants for the Prevention of Child Abuse and Neglect (formerly the Community-Based Family Resource and Support (CBFRS) program and now administratively known as the Community-Based Child Abuse Prevention Grants - CBCAP), discretionary grants may be awarded to selected Indian tribes, tribal organizations, and migrant programs to develop linkages with the statewide CBCAP program and/or to provide services otherwise consistent with the purposes of the CBCAP. These funds must support more effective and comprehensive child abuse prevention activities and family support services, including an emphasis on strengthening marriages and reaching out to fathers, that will enhance the lives and ensure the safety and well-being of migrant and Native American children and their families. *For more information on this program, contact Sally Flanzer at 415-437-8425 or sally.flanzer@acf.hhs.gov.*

Developmental Disabilities Councils

(DDC): The Developmental Disabilities Council program provides financial assistance to each State and Territory to support the activities of a Developmental Disabilities Council in that State or Territory. Councils are uniquely composed of individuals with significant disabilities, parents and family members of people with

developmental disabilities, and representatives of agencies that provide services to individuals with developmental disabilities. Together, this group of individuals develops and implements a statewide plan to address the Federally-mandated priority of employment, and optionally any of three other Federal priorities (case management, child development, and community living) as well as one optional priority.

Administration on Developmental Disabilities Protection and Advocacy (ADD P&A):

The Developmental Disabilities Assistance and Bill of Rights Act provides for each State or Territory to establish a P&A System to empower, protect, and advocate on behalf of persons with developmental disabilities. This system must be independent of service-providing agencies. The P&As are authorized to provide information and referral services and to exercise legal, administrative and other remedies to resolve problems for individuals and groups of clients. The P&As are also required to reach out to members of minority groups that historically have been underserved. In addition to the Protection and Advocacy of Developmental Disabilities (PADD) program, the P&A also includes components mandated by several other Federal programs to serve people with disabilities and mental illness.

Social Services Block Grant (SSBG):

SSBG funds States, Territories, and insular areas for the provision of social services directed at achieving economic self-sufficiency, preventing or remedying neglect, abuse, or the exploitation of children and adults, preventing or reducing inappropriate institutionalization, and securing referrals for institutional care, where appropriate. *For more information on this program, contact Emily Hughes at 415-437-8412 or emily.hughes@acf.hhs.gov*

Family Violence Prevention Grant: The Family Violence Prevention program assists States and Territories to support, establish,

maintain, and expand programs and projects to prevent incidents of family violence and provide immediate shelter and related assistance to for victims of family violence and their dependents.

Child Abuse and Neglect (CAN) Basic Grant Parts 1 and 2: Part 1 of the Basic Grant provides assistance for the developing, strengthening, and implementing of child abuse and neglect prevention and treatment programs. Part 2 of the Basic Grant helps States and Territories respond to cases of medical neglect, including the withholding of medically-indicated treatment from disabled infants with life-threatening conditions. *For more information on this program, contact Sally Flanzer at 415-437-8425 or sally.flanzer@acf.hhs.gov.*

Children's Justice Act (CJA). CJA helps States and Territories establish, develop, and operate programs designed to improve the investigation and prosecution of child abuse and neglect cases. *For more information on this program, contact Sally Flanzer at 415-437-8425 or sally.flanzer@acf.hhs.gov.*

Head Start: Head Start and Early Head Start are comprehensive child development programs which serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families. The Head Start program is administered by the Head Start Bureau, the Administration on Children, Youth and Families (ACYF), Administration for Children and Families, DHHS. Grants are awarded by the ACF Regional Offices and the Head Start Bureau's American Indian and Migrant Program Branches directly to local public agencies, private organizations, Indian Tribes and school systems for the purpose of operating Head Start programs at the community level. *For more information on this program, contact*

Richard Ybarra at 415-437-7996 or richard.ybarra@acf.hhs.gov

Runaway and Homeless Youth (RHY): Runaway and Homeless Youth (RHY) funds youth shelters that provide emergency shelter, food, clothing, outreach services, and crisis intervention for runaway and homeless youth. The shelters also help reunite youth with their families, whenever possible. *For more information on this program, contact Deborah Oppenheim at 415-437-8426 or deborah.oppenheim@acf.hhs.gov*

University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD): The University Affiliate Program (UAP) is a program to create liaisons between academic expertise and institutions of higher learning and service delivery systems to positively affect the lives of individuals with developmental disabilities and their families by increasing their independence, productivity, and integration into their communities.

Administration for Native Americans (ANA): The Administration for Native Americans (ANA) promotes the goal of social and economic self-sufficiency of American Indians, Alaska Natives, Native Hawaiians, and other Native American Pacific Islanders, including Native Samoans. Self-sufficiency is that level of development at which a Native American community can control and internally generate resources to provide for the needs of its members and meet its own economic and social goals.

Healthy Marriage Demonstration Grants: The Office of Family Assistance (OFA) supports innovative projects designed to strengthen existing marriages and to prepare unmarried couples for successful healthy marriages. Under this grant program, ACF funds healthy marriage education and enrichment activities, public awareness and education campaigns that

promote the benefits and elements of healthy marriage, and teen programs that explore positive relationship models and that teach the core skills necessary for healthy marriages.

Centers for Medicare and Medicaid Services

Medicaid: Medicaid is a jointly funded, Federal-State health insurance program for certain low-income and needy people. It covers approximately 40 million people including low-income children, pregnant women, and aged, blind, and disabled individuals. *For more information on this program, contact Mary Rydell at 808-541-2732 or mary.rydell@cms.hhs.gov*

State Children's Health Insurance Program (SCHIP): Enacted by the U.S. Congress in August 1997, the State Children's Health Insurance Program (SCHIP) is designed primarily to help children in low income families with incomes too high to qualify for Medicaid but too low to afford private family coverage. All states are now offering coverage through SCHIP and enrollment efforts are underway. Federal and State monies jointly fund SCHIP. *For more information on this program, contact Mary Rydell at 808-541-2732 or mary.rydell@cms.hhs.gov*

Health Resources and Services Administration

Maternal and Child Health Service Block Grant Program (MCH): State Title V programs engage in a range of core MCH program functions including: needs assessment; program planning and development; service delivery, coordination, and financing; standard setting and monitoring; technical assistance; information and education; and reporting. State programs also develop community-based, culturally competent networks of preventive and primary care that coordinate and integrate public and private sector

resources and programs for pregnant women, mothers, infants, children (includes children with special health care needs) and adolescents.

Traumatic Brain Injury Program (TBI):

The TBI program seeks to improve services for individuals with TBI. The purpose of the TBI program is to improve access, availability, appropriateness and acceptability of health and other services for individuals with traumatic brain injury and their families. The TBI program funds grants that support State TBI needs assessments, the development of action plans based on those needs assessments, and innovations in the TBI service system. The program also provides funds to 57 States and Territories for Protection and Advocacy services for individuals with TBI.

Emergency Medical Services for Children (EMSC) Program:

The goal of the EMSC program is the reduction of child and youth mortality and morbidity sustained as a result of severe illness or trauma. The EMSC grants support activities to state governments and academic medical centers designed to ensure that all children and adolescents, no matter where they live, attend school, or travel, receive appropriate care in a health emergency.

The contact information for the EMSC Project Mangers:

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Universal Newborn Hearing Screening Program (UNHS): The UNHS program funds grants that support hospitals and birthing facilities in choosing screening equipment, training newborn hearing professionals, managing data, and educating physicians, parents and hospital staff. Newborn screening programs underscore the importance of early diagnosis and treatment by pediatric health professionals, who urge that hearing diagnoses be made by the time an infant is 3 months of age. Although hundreds of hospitals operate hearing screening programs, just half of all newborns today are screened for hearing loss before being discharged.

Children's Oral Healthcare Program: These grants, administered by the Maternal and Child Health Bureau, are part of Targeted MCH Oral Health Service Systems (TOHSS) grant program. The program is part of a congressional earmark of one-year grants intended to promote the development and enhancement of statewide infrastructures that support oral health systems targeting children and families. For more information on this program, contact Pamella Vodicka at 301-443-2753 or pvodicka@hrsa.gov.

State Early Childhood Comprehensive Systems (SECCS) Grants: The purpose of the State Early Childhood Comprehensive Systems (ECCS) Grant Program is to assist States and Territories in their efforts to build and implement Statewide Early Childhood Comprehensive Systems that support families and communities in their

development of children that are healthy and ready to learn at school entry. These systems must be multi-agency and comprised of the key public and private agencies that provide services and resources to support families and communities in providing for the healthy physical, social, and emotional development of all young children.

State Early Childhood Comprehensive Systems (SECCS) Grants: The purpose of the State Early Childhood Comprehensive Systems (ECCS) Grant Program is to assist States and Territories in their efforts to build and implement Statewide Early Childhood Comprehensive Systems that support families and communities in their development of children that are healthy and ready to learn at school entry. These systems must be multi-agency and comprised of the key public and private agencies that provide services and resources to support families and communities in providing for the healthy physical, social, and emotional development of all young children.

State System Development Initiative (SSDI): The State Systems Development Initiative (SSDI) was launched in 1993 to facilitate the development of State level infrastructure which would, in turn, support the development of systems of care at the community level. The SSDI Program is designed to complement the Title V Maternal and Child Health Block Grant Program and to combine the efforts of State Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) Agencies. SSDI projects must concentrate on the Title V Block Grant ongoing needs assessment, performance/outcome measures, and Health Status Indicators.

These projects focus grant resources on the Title V Block Grant Health System Capacity Indicator #9(A) regarding Data Capacity. States will be expected to focus SSDI

resources on establishing or improving the data linkages between birth records and:

- 1) Infant death certificates;
- 2) Medicaid eligibility or paid claims files;
- 3) WIC eligibility files; and
- 4) Newborn screening files.

States should give first priority to the four data linkages, and then focus on establishing or improving access to:

- 1) Hospital discharge surveys;
- 2) A birth defects surveillance system;
- 3) Survey of recent mothers at least every two years (like PRAMS); and
- 4) Survey of adolescent health and behaviors at least every two years (like YRBS).

While States are expected to direct SSDI resources to addressing the Health System Capacity Indicator #9(A) with first priority on data linkages, they may continue to address ongoing needs assessment and improve the data for the performance/outcome measures. Any activity regarding needs assessment or performance/outcome measures should focus on deficiencies and specifics for improvement since SSDI project accountability will focus on Health System Capacity Indicator #9(A).

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Ryan White HIV/AIDS Treatment

Modernization Act of 2006: The Ryan White HIV/AIDS Treatment Modernization Act is Federal legislation that addresses the unmet health needs of persons living with HIV disease (PLWH) by funding primary health care and support services that enhance access to and retention in care. First enacted by Congress in 1990, it was amended and reauthorized in 1996, 2000 and again in 2006. The Ryan White HIV/AIDS Program reaches over 500,000 individuals each year, making it the Federal government's largest program specifically for people living with HIV disease. The Ryan White HIV/AIDS Program consists of four major funded programs, referred to as Parts (formerly referred to as Titles). Currently, the Ryan White program provides Part B funding to all six of the territories. As of FY2006, all Pacific Island Jurisdictions (PIJ) are providing anti-retroviral treatment to clients and treatment of opportunistic infections. Guam has been a Title II (Part B) Grantee since 1991, and is considered a minimum award state. The other PIJ received their first minimum base award in 2001. With the 2006 reauthorization, all PIJ that report AIDS cases receive ADAP, and are eligible to apply for any Part B Supplemental awards. *For more information on this program, please contact Karen Ingvaldstad at 301-443-4603 or kingvaldstad@hrsa.gov.*

Project Coordinators for HIV/AIDS **Part B grantees:**

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Pacific AIDS Education and Training Center (PAETC):

The AETCs Program is a network of 11 regional centers (and more than 70 associated sites) that train health care providers to treat persons with HIV/AIDS. The AETCs serve all 50 States, the District of Columbia, the Virgin Islands, Puerto Rico, and the six U.S. Pacific Jurisdictions. PAETC, an affiliate of the University of California, San Francisco, has 15 local sites in California, Arizona, Hawaii and Nevada that provide services in their local regions. The Hawaii AETC (HAETC) provides training and technical assistance in Hawaii and in six U.S. jurisdictions in the Asian Pacific Region. The HAETC collaborates with the Ayuda Foundation of Guam in order to support the AIDS Education and Training Center sub-site in Chuuk, an island state in the Federated States of Micronesia. Trainings include: one-hour didactic presentations, biannual

intensive training, satellite case conferences, and full-day seminars. The program goal is to increase the number of health care providers who are educated and motivated to counsel, diagnose, treat, and medically manage individuals with HIV infection and to help prevent high risk behaviors that lead to HIV transmission.

National Health Service Corps (NHSC): NHSC is committed to improving the health of the Nation's underserved. A unique group of dedicated and caring clinicians provide primary health care to adults and children in the communities of greatest need across the nation. Recruiting and retaining the right health professionals to deliver health care in underserved communities often involves developing and preparing sites and communities, and looking for innovative solutions. More than 28,000 health professionals have served with NHSC since 1972. Current field strength totals more than 3,800 clinicians/health care professionals whose careers are influencing the outcomes of underserved populations and communities. Many of these clinicians have remained in service after fulfilling their initial NHSC commitments.

Pacific Basin Area Health Education Center (AHEC): The Pacific Basin AHEC aims to improve the health of the underserved of Hawaii and the Pacific Basin by providing sensitive, well-trained medical professionals to the areas of need across the region.

The Pacific Basin AHEC depends upon a region-wide network of AHEC training sites and community learning centers to accomplish activities in five areas (all of which are interrelated in the overall picture of health): recruiting underrepresented minority students to health science careers; training students in rural and underserved areas, often in interdisciplinary teams; recruiting providers to rural areas and providing activities to improve retention (particularly continuing education and teaching opportunities); providing and

facilitating community-based health education; providing distance learning options across the region for health information and education.

University of Hawaii
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AHEC Program Manager
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Poison Control: The American Association of Poison Control Centers (AAPCC) is a nationwide organization of poison centers and interested individuals. The Association's objectives are to provide a forum for poison centers and interested individuals to promote the reduction of morbidity and mortality from poisonings through public and professional education and scientific research, and to set voluntary standards for poison center operations.

Guam funds are provided through Oregon Health and & Sciences University Poison Center to provide services to Guam; FSM funds are provided through Nebraska Regional Poison Center to establish poison control services in FSM and AS funds are provided through Nebraska Regional Poison Center to provide poison control services in FSM and AS.

Consolidated Health Centers Program: The term health center refers to all the diverse public and non-profit organizations and programs that receive federal funding under section 330 of the Public Health Service Act, as amended by the Health Centers Consolidated Act of 1996 (P.L. 104-299), the Safety Net Amendments of 2002, and the Health Care Safety Net Act of 2008.

Health Centers are community-based and patient-directed organizations that serve people with limited access to health care. These include low-income patients, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families

experiencing homelessness, and those living in public housing. HRSA-supported clinics provide comprehensive, culturally competent, quality primary health care to a broadly diverse patient base that includes increasing numbers of veterans.

Services include pharmacy, mental health, substance abuse and oral health treatment, as well as supportive services (education, translation, transportation and case management) that promote access to health care and ensure patient well-being. Health centers are required to be located in or serve a high-need community (a "medically underserved" area or population) — and to make their services available to all patients on a sliding scale, with fees based on ability to pay. By law, health centers must be governed by community boards with majority patient representation.

Primary Care Associations (PCAs): To assist HRSA-funded health centers in increasing access to comprehensive, culturally competent, quality primary health care services, the HRSA Bureau of Primary Health Care has developed partnerships with state, regional, and national organizations to provide

- Training and technical assistance in fiscal and program management (program requirements)
- Operational and administrative support (performance improvement)
- Program development/analysis

State/Regional Primary Care Associations (PCAs) are private, non-profit organizations that provide training and technical assistance to health centers and other safety-net providers, support the development of health centers in their state, and enhance the operations and performance of health centers.

Regional Collaborative for the Pacific Basin: The Regional Collaborative for the Pacific Basin serves as a regional health policy body for the six Pacific Basin jurisdictions. The Regional Collaborative is

intended to serve as a formal mechanism to discuss common health interests, problems and concerns; to promote and enhance a regional approach for cost-effective sharing of resources, information, and human expertise to advance health care improvements in the Pacific Basin; and to provide technical assistance to the Pacific Basin jurisdictions. This project is intended to provide support to conduct activities to further the Institute of Medicine strategic goals, such as addressing the needs of health care providers who serve vulnerable populations, strengthening the primary care delivery systems in the jurisdictions, supporting the efforts in the jurisdictions to develop and enhance their telehealth and distance education capacities, convening regional and jurisdictional policy meetings to address the health care needs of the underserved and vulnerable populations in the Pacific Basin.

Administration on Aging

Older Americans Act (OAA):

OAA provides funding to the Pacific jurisdictions to support the development and administration of comprehensive, coordinated programs that serve elderly persons and their spouses. Congregate nutrition, home delivered meals, nutrition education, and in American Samoa, food vouchers, are provided under Title IIIC of the Older Americans Act. Supportive services funded with Title IIIB OAA funds include: transportation, information and assistance, legal, health promotion, socialization, in home, pension counseling, adult day care, and elder abuse prevention. The National Family Caregiver Support Program under Title III-E was initiated in FY 2001 to provide assistance to families and caregivers of elderly persons. Services include information, assistance, caregiver training, counseling and support, respite care, and supplemental services. In 2004, the Commonwealth of Northern Mariana Islands' Department of Community & Cultural Affairs received a three-year grant

(\$200,000), to establish an Aging and Disabilities Resource Center (ADRC), where older people and people with disabilities can have access to clear and uniform information and counseling in all available long-term care services. Guam received an ADRC three-year grant (\$800,000) in 2005. The ADRCs are jointly funded by CMS and AoA. *For more information on these programs, contact Anna Cwirko-Godycki at 415-437-8788 or anna.cwirko-godycki@aoa.hhs.gov*

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Office of Population Affairs

Family Planning Grants: Funds are available to provide clinical services, technical assistance, and training. OPA priorities include an emphasis on providing a broad range of acceptable and effective family planning methods including natural family planning methods, services for adolescents, males, STD and cancer screening and prevention, HIV prevention counseling and testing, and extramarital abstinence education and counseling. The broad range of services does not include abortion as a method of family planning. *For more information on these programs, contact Nancy Mautone-Smith at 415-437-7984 or Nancy.Mautone-Smith@hhs.gov*

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**Office of the Assistant Secretary for
Preparedness and Response**

FY08 ASPR, Hospital Preparedness
Program Summary

Purpose: Improve surge capacity, capability
and enhance community and hospital
preparedness for public health
emergencies. The activities and funding
provided through this program are for the
purposes of exercising and improving
preparedness plans for all hazards including
pandemic influenza.

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**Substance Abuse and Mental Health
Services Administration**

**CMHS Projects for Assistance in
Transition from Homelessness (PATH) –**

This program provides community support
services to individuals with serious mental
illnesses that are homeless or at risk of
being homeless. Some of these services
include outreach, screening and diagnostic
treatment, community mental health
services, alcohol and drug treatment,
supervisory services in a residential setting,
and referrals to other needed services.

Contact: Fran Randolph, Director, Division
of Service and Systems Improvement,
SAMHSA Center for Mental Health Services
Fran.Randolph@samhsa.hhs.gov

**CMHS Community Mental Health
Services Block Grant (MHBG) –** This
program provides funds to States and
territories to support the provision of
comprehensive community-based mental
health services to adults with serious mental
illness and children with serious emotional
disturbances. It has helped States develop
and expand community-based systems of
care.

Contact: Joyce Berry, Director, Division of
State and Community Systems
Development, SAMHSA Center for Mental
Health Services

Joyce.berry@samhsa.hhs.gov

CMHS Protection and Advocacy for Individuals with Mental Illness (PAIMI) –

The purpose of this program is to protect and advocate for the rights of individuals with mental illnesses in public and private facilities. It also investigates and monitors incidents of abuse and neglect, while pursuing administrative, legal, or other remedies to redress complaints.

Contact: Joyce Berry, Director, Division of State and Community Systems Development, SAMHSA Center for Mental Health Services
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CMHS State Data Infrastructure Grant Program (DIG) – The program's purpose is to implement and strengthen the annual collection of the Uniform Reporting System (URS) measures, which include the National Outcome Measures (NOMs), and fund State Mental Health authorities to improve State and local data infrastructure for reporting and planning.

Contact: Joyce Berry, Director, Division of State and Community Systems Development, SAMHSA Center for Mental Health Services
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CMHS Campus Suicide Prevention Grantee Program (CSPG) – The CSPG program provides funding to support institutions of higher education to prevent suicide and suicide attempts. It also provides for the enhancement of services for students with mental health problems that put them at risk for school failure and suicidal behavior.

Contact: Anne Mathews-Younes, Director, Division of Prevention, Traumatic Stress and Special Programs, SAMHSA Center for Mental Health Services Anne.mathews-younes@samhsa.hhs.gov

Substance Abuse Prevention and Treatment Block Grant (SAPTBG) – This program targets at-risk individuals to prevent addiction problems in vulnerable populations. It is an integral part of the President's Drug Treatment initiative and a foundation of state substance abuse programs.

Contact: Anne Herron, Director, Division of State and Community Assistance SAMHSA Center for Substance Abuse Treatment
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Mike Lowther, Director, Division of State Programs SAMHSA Center for Substance Abuse Prevention
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CSAP Strategic Prevention Framework State Incentive Grants (SPF SIG) – The SPF SIG program provides funding to States and federally recognized Tribes and Tribal organizations to implement SAMHSA's Strategic Prevention Framework (SPF). Its purposes include to prevent the onset and reduce the progression of substance abuse, reduce substance abuse-related programs in communities, and build prevention capacity and infrastructure at the State/Tribal and community levels.

Contact: Mike Lowther, Director, Division of State Programs SAMHSA Center for Substance Abuse Prevention
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CSAP State Epidemiological Outcome Workgroups (SEOW) – The purpose of SEOW is to collect, analyze, report, and utilize the National Outcome Measures (NOMs) data in a manner aligned with the Strategic Prevention Framework (SPF), SAMHSA's guiding framework for prevention.

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**Centers for Disease Control and
Prevention**

The Preventive Health and Health Services (PHHS) Block Grant gives grantees the flexibility to prioritize the use of funds to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of food borne infections and water borne diseases. *Contact Audrey Williams at AKWilliams@cdc.gov*

The Sexual Violence Prevention and Education grant program strengthens sexual violence prevention efforts by supporting increased awareness, education and training, and the operation of hotlines. The purpose of this program is to award formula grants to States and Territories to be used for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities. *Contact Sandra Cashman at Scashman@cdc.gov*

The Epidemiology and Laboratory Capacity program (ELC) was formed in 1995 as a key component of CDC's national strategy to address emerging infectious disease threats. The program plays a critical role in strengthening national infectious disease infrastructure by providing funding to all 50 state health departments, 6 local health departments (Los Angeles County, Philadelphia, New York City, Chicago, Houston, and the District of Columbia), Puerto Rico, and the Republic of Palau to prevent, detect, and respond to new and emerging infectious diseases. *Contact Sandra Browning at Sbrowning@cdc.gov*

The Early Hearing Detection and Intervention (EHDI) program at CDC supports states and territories in developing and implementing EHDI tracking and surveillance systems. These systems help state EHDI programs make sure that babies

get the hearing screening, follow-up, and early intervention services they need. *Contact Bill Gallo at Bgallo@cdc.gov*

The Diabetes Prevention and Control Programs (DPCPs) grant program provides funding for state-based DPCPs in all 50 states, the District of Columbia, and eight U.S.-affiliated jurisdictions. *Core capacity-building* activities emphasize developing state health department expertise to plan, design, and coordinate diabetes control activities. Sixteen DPCPs receive expanded funding to establish *comprehensive programs*, so they can implement statewide, multilevel public health approaches to reduce the burden of diabetes. The primary goal of the state-based DPCPs is to improve access to affordable, high-quality diabetes care and services, with priority on reaching high-risk and disproportionately affected populations. *Contact Bernice Moore at BMoore1@cdc.gov*

The Chronic Disease Prevention and Health Promotion grant program supports a variety of activities that improve the nation's health by preventing chronic diseases and their risk factors. Program activities include one or more of our major functions: supporting states' implementation of public health programs; public health surveillance; translation research; and developing tools and resources for stakeholders at the national, state, and community levels. *Contact Sheryl Heard at Sheard@cdc.gov*

The Diabetes Today--Phase II grant program builds on the foundation developed through the initial Pacific Diabetes Today training, focusing on implementing multiple community-based interventions in several Pacific communities, and evaluating the impact of diabetes prevention and control activities for the Pacific region. This includes assessment of community capacity and infrastructure development and the identification and cataloguing of effective interventions unique for the Pacific Region.

Contact Bernice Moore at
BMoore1@cdc.gov

National Cancer Control and Prevention Program grant funding is to improve and to promote health among at-risk cancer populations and to reduce cancer morbidity and mortality. Contact Susan White at SWhite@cdc.gov

Improving Outcomes of Young People. This grant program to improve the health and educational outcomes of youth through coordinated school health programs directly supports the capacity building efforts of schools and education agencies for positive youth development and health promotion. Contact Carla White at Carlawhite@cdc.gov

This Health Communities Grant Program supports community efforts to improve the health and built environment of underserved populations is intended to build effective environmental health programs and enhance the delivery of environmental health services. Environmental health services may be defined as programs that ensure that communities have adequate air and water quality, access to safe food and shelter, effective vector control programs; and efficient or functional waste management systems, etc. Contact Bill Gallo at Bgallo@cdc.gov

Immunizations and Vaccines for Children. This Program supports efforts to plan, develop, and maintain a public health infrastructure that helps assure high immunization coverage levels and low incidence of vaccine-preventable diseases. As a part of this effort, the purpose of the VFC program is to increase access to vaccines for eligible children by supplying federal government-purchased pediatric vaccines to public and private health care providers registered with the program. Eligible children include newborns through 18 years of age who are Medicaid-eligible, not insured, American Indian/Alaska Natives, and children who are uninsured

with respect to the vaccine and who are served by a Federally Qualified Health Center or a Rural Health Clinic. Contact Mimi Larzelere at mlarzelere@cdc.gov

The HIV Prevention Projects for the Pacific Islands focus on delivering evidence-based HIV prevention interventions, including preventing perinatal HIV transmissions; increasing the proportion of HIV-infected persons who know they are infected by increasing the number of providers who routinely provide HIV screening in health care settings, increasing the proportion of HIV-infected people who are linked to appropriate prevention, care, and treatment services; and strengthening the capacity of health departments and community-based efforts to implement effective HIV prevention programs and evaluate them. Contact Vicky Rayle at Vrayle@cdc.gov

Tuberculosis (TB) Elimination Cooperative Agreement Program assists the current efforts of state and local TB programs to prevent, control, and eventually eliminate TB in the United States. Financial assistance is provided to TB programs to ensure that program needs for the core TB prevention and control activities are met. This program addresses the "Healthy People 2010" focus area of Immunization and Infectious Diseases in conjunction with the Government Performance and Results Act of 1993 (GPRA). Grant funding is intended to address the core TB prevention and control activities (i.e., completion of therapy, contact investigation, TB surveillance, TB public health laboratory, human resource development, and program evaluation). Contact Andy Heetderks at Aheetderks@cdc.gov

The Comprehensive STD Prevention Systems (CSPS) grants funds support the design, implementation, and evaluation of high quality, comprehensive interdisciplinary state and local STD prevention plans, and for integration of

STD/HIV prevention activities. The comprehensive services are targeted to prevent STDs among at-risk populations, including AI/AN and other minorities. CSPS awards include supplemental funds for Infertility Prevention Programs (IPP) and for Syphilis Elimination efforts. IPP funds support expansion of chlamydia and gonorrhea screening and treatment efforts at traditional and nontraditional health care settings for adolescent and young adult women 25 years old and younger. Chlamydia and gonorrhea are two leading causes of infertility among young women. Syphilis Elimination funds are provided to assure that the necessary infrastructure is in place to carry out the goals of syphilis elimination, including development of individual state plans (including behavior change, screening, diagnosis, treatment and follow-up) that must be in place to assure the reduction of early and congenital syphilis. *Contact Thom Cylar at tcylar@cdc.gov*

HIV/AIDS Surveillance funding supports cooperative agreements with health departments and ministries to conduct HIV/AIDS surveillance, serosurveillance, incidence, behavioral, and prevalence studies. These activities provide data that are critical to targeting the delivery of HIV prevention, care, and treatment. *Contact Vicky Rayle at Vrayle@cdc.gov*

Public Health Emergency Preparedness is intended to upgrade state and local public health jurisdictions' preparedness for and response to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. *Contact Janice McMichael at jmcmichael@cdc.gov*

Program	AS	CNMI	Guam	FSM	RMI	ROP
Temp. Assist. for Needy Families			\$3,819,630			
Child Support Enforcement			\$2,116,419			
OCSE Access & Visitation			\$100,000			
Child Care and Dev. Fund(CCDF)	\$2,535,971	\$1,887,360	\$4,022,522			
Low Income Home Energy Assistance	\$49,855	\$37,964	\$109,305			
Community Service Block Grant (CSBG)	\$900,952	\$534,164	\$852,681			
Children's Bureau (CB) Case Worker Visitation (PSSF)	\$2,224	\$1,630	\$4,865			
CB Child Welfare Service IVB-1	\$186,528	\$155,411	\$324,933			
CB Child Welfare Service IVB-2	\$218,177	\$178,609	\$394,174			
CB Community-Based Child Abuse Prev & Support	\$200,000	\$200,000	\$200,000			
Admin. On Dev Disabilities (ADD) Councils	\$240,761	\$240,761	\$240,761			
ADD Protection and Advocacy	\$26,394	\$195,775	\$195,775			
ADD University Affiliated Programs			\$520,000			

Program	AS	CNMI	Guam	FSM	RMI	ROP
ADD Projects of Nat'l Significance (NSP)		\$230,000	\$200,000			
Social Services Block Grant (SSBG)	\$48,518	\$58,621	\$293,103			
Family Violence Prevention Services	\$122,552	\$122,552	\$122,552			
National Center for Child Abuse and Neglect Basic Grants Program	\$58,091	\$55,618	\$67,379			
NCCAN/Children's Justice Act	\$55,037	\$53,498	\$60,819			
Head Start (OHS)	\$2,351,090	\$1,768,710	\$2,070,821			\$1,444,426
Family & Youth Serv Bureau(FYSB) Trans. Living Prog Basic Centers		\$45,000	\$200,000			
ADD Voting Access For Individuals w/ Disabilities	\$35,000		\$35,000			
ADD Voting Access Individuals w/ Disab. State & Loc gov't	\$100,000					
Runaway and Homeless Youth	\$45,000		\$245,000			
Centers for Excellence (ADD)	\$250,000	\$250,000	\$500,000			
Administration for Nat. Am (ANA) Soc & Economic Dev.	\$668,559	\$679,071	\$659,514			
ANA Grant Languages Program			\$4,200			
Office of Family Assist(OFA) Healthy Marriage Promotion	\$450,000					
Medicaid	\$8,620,000	\$4,760,000	\$12,760,000			
SCHIP	\$776,000	\$712,000	\$2,263,260			
MCH Block Grant	\$ 496,117	\$468,556	\$ 766,226	\$523,690	\$231,520	\$148,836
TBI Program	\$20,000	\$20,000	\$20,000			
EMSC	\$115,000	\$115,000	\$115,000			
UNHS	\$149,950	\$150,000	\$145,300	\$150,000		\$150,000
Targeted Oral Health Program (TOHSS)					\$160,000	
SECCS Grants		\$105,000	\$74,997			\$105,000
SSDI	\$94,644	\$ 94,644		\$ 94,644		\$ 94,644
Ryan White Care Acts Title II Grants	\$51,978	\$53,958	\$291,055	\$54,934	\$52,893	\$50,000
PAETC	\$ 169,407 (serves all jurisdictions)					

Program	AS	CNMI	Guam	FSM	RMI	ROP
NHSC	\$75,000	\$262,000	\$75,000	\$42,000		
Pacific Basin AHEC		\$164,220		\$164,220		\$164,220
Poison Control (HSB)	\$ 12,845		\$ 24,883	\$ 12,112		
300 Health Centers	\$520,495		\$1,077,180	\$196,295	\$498,415	\$686,552
Pacific Islands Primary Care PIPCA	\$383,579 (serves all jurisdictions)					
Region Collaborative for the Pacific Basin	\$ 192,825 (serves all jurisdictions)					
AoA Services	\$1,331,931	\$774,348	\$3,167,667			
Family Planning Grant	\$263,595	\$174,582	\$465,000	\$410,743	\$201,115	\$167,810
Hospital Preparedness	\$320,099	\$342,258	\$448,253	\$381,055	\$318,384	\$273,894
Pandemic Flu	\$57,844	\$76, 129		\$108,143	\$56,429	\$19,717
Public Health Block Grant	\$3,9027	\$3,8940	\$210,642	\$62,042	\$25,477	\$20,266
Sexual Violence Prev & Education		\$13,888	\$21,646	\$17,767	\$11,560	
EPI & Lab Capacity for Infectious Diseases						\$82,841
Early Hearing Detection & Intervention (EHDI)		\$142,735	\$150,782			\$150,000
Sys-Based Diabetes Prev&Control Programs (DPCPS)	\$51,537	\$72,478	\$51,537		\$67,867	\$67,630
Chronic Disease Prev& Health Promo Programs	\$114,712	\$134,776	\$244,300	\$171,891		\$108,353
Diabetes Today Phase II			\$29,123			
Nat'l Cancer Prev & Control Program	\$437,908	\$690,653	\$523,253	\$472,502	\$199,646	\$785,749
Improving Health & Ed Outcomes of Young People		\$102,500	\$101,800		\$100,000	\$95,000
Healthy People & HealthyCommunities						\$100,982
Immunization & Vaccines for Children	\$517,166	\$616,321	\$1,093,540	\$1,107,366	\$995,171	\$167,100
HIV Prevention Projects for the Pacific Islands	\$174,435	\$69,765	\$474,822	\$172,769	\$122,518	
Tuberculosis Eliminations & Lab	\$98,407	\$328,709	\$413,273	\$272,828	\$127,375	\$127,835
Comprehensive STD Prevention Systems (CSPS)	\$20,025	\$115,445	\$117,077	\$37,295	\$53,545	\$43,609
HIV/AIDS Surveillance	\$10,000	\$22,712	\$25,000	\$18,130	\$18,042	\$22,090

Program	AS	CNMI	Guam	FSM	RMI	ROP
Public Health Preparedness & Response for Bioterrorism	\$305,471	\$423,185	\$448,799	\$452,457	\$263,651	\$330,743
TOTAL	\$23,343,197	\$17,693,075	\$43,283,170	\$4,952,541	\$3,627,910	\$5,436,955

TOTAL HHS FUNDS FOR FY 2008: \$98,336,848

Department of Housing and Urban Development

Community Development Block Grants (CDBG): CDBG provides eligible metropolitan cities and urban counties (called "entitlement communities") with annual direct grants that they can use to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low- and moderate-income persons. *For more information on this program, contact Mark Chandler at 808-522-8180, extension 264 or by email at mark.a.chandler@hud.gov*

Home Investment Partnership Program (HOME): HOME provides formula grants to States and localities that communities use-often in partnership with local nonprofit groups-to fund a wide range of activities that build, buy, and/or rehabilitate affordable housing for rent or homeownership or provide direct rental assistance to low-income people. *For more information on this program, contact Mark Chandler at 808-522-8180, extension 264 or by email at mark.a.chandler@hud.gov*

Homeless Assistance: To provide applicants, potential applicants, grantees, and project sponsors for McKinney Act funded Emergency Shelter Grants, Supportive Housing Program, Section 8 Moderate Rehabilitation Single Room Occupancy and Shelter Plus Care projects with technical assistance to promote the development of housing and supportive services as part of the Continuum of Care approach, including innovative approaches to assist homeless persons in the transition from homelessness, and to enable them to live as independently as possible. *For more information, contact Mark Chandler at 808-522-8180, extension 264 or by email at mark.a.chandler@hud.gov*

Emergency Shelter Grants (ESG): ESG awards grants for the rehabilitation or conversion of buildings into homeless

shelters. It also funds certain related social services, operating expenses, homeless prevention activities, and administrative costs. *For more information on this program, contact Mark Chandler at 808-522-8180, extension 264 or by email at mark.a.chandler@hud.gov*

Section 8: Provide Housing Assistance Subsidies to Low Income Eligible Population to rent housing units in the private marketplace. *For more information on this program, contact Michael Flores at 808-522-8175, extension 226 or by email at michael.s.flores@hud.gov.*

Family Self-Sufficiency: Provides funds to Public Housing Agencies to hire staff and to provide services to assist low-income families living in public housing or receiving Section 8 vouchers to become self-sufficient. *For more information on this program, contact Michael Flores at 808-522-8175, extension 226 or by email at michael.s.flores@hud.gov*

Public Housing Operating Funds: By formula, provides Public Housing Agencies administering the low-income public housing program with operating subsidy to cover the difference between an allowable expenses level and total operating income. *For more information on this program, contact Michael Flores at 808-522-8175, extension 226 or by email at michael.s.flores@hud.gov*

Public Housing Capital Funds: Provides Public Housing Agencies administering the low-income public housing program with funds to help cover the annual cost of upgrading the public housing developments. *For more information on this program,*

contact Michael Flores at 808-522-8175, extension 226 or by email at michael.s.flores@hud.gov

Resident Opportunities and Self-Sufficiency (ROSS): Help public housing residents become economically self-sufficient by funding Public Housing Agencies, resident management corporations, resident councils, resident organizations, Intermediary Resident Organizations, City-Wide Resident organizations, and nonprofit entities supported by residents to provide supportive services and resident empowerment activities to residents. For more information on this program, contact Michael Flores at 808-522-8175, extension 226 or by email at michael.s.flores@hud.gov

Additional contact information for Section 8, Family Self-Sufficiency, Public Housing programs, and ROSS:

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Program	AS	CNMI	Guam	FSM	RMI	ROP
CDBG	\$ 963,516	\$ 1,374,719	\$ 2,851,151	\$ -	\$ -	\$ -
HOME	\$ 306,844	\$ 583,259	\$ 1,266,468	\$ -	\$ -	\$ -
Homeless Assistance	\$ -	\$ -	\$ 587,307	\$ -	\$ -	\$ -
ESG	\$ 44,047	\$ 62,844	\$ 130,338	\$ -	\$ -	\$ -
Section 8	\$ -	\$ 3,426,963	\$ 31,974,462	\$ -	\$ -	\$ -
Project Section 8		\$ 1,223,376	\$ 389,256			
Family Self-Sufficiency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Public Housing Operating Funds	\$ -	\$ -	\$ 3,932,377	\$ -	\$ -	\$ -
Public Housing Capital Funds	\$ -	\$ -	\$ 1,567,519	\$ -	\$ -	\$ -
Resident Opportunities for Self-Sufficiency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 1,314,407	\$ 6,671,161	\$ 42,698,878	\$ -	\$ -	\$ -

TOTAL HUD FUNDS FY 2008: \$50,684,446

U.S. Department of the Interior
Office of Insular Affairs
Office of Environmental Policy & Compliance

Capital Improvement Grants: The U.S. territories for which OIA has responsibilities may request capital improvement grants through the annual budget process. OIA budget justifications will spell out the intended recipients and the projects to be funded. Once the appropriation bill is enacted, the purposes of these funds can be changed only through the reprogramming process. A unique feature of these grants is that they may be used to meet the local matching requirement for capital improvement grants of other Federal agencies, subject to OIA's approval. *For more information on this program, contact Jon Dunn (American Samoa and Guam) at (202) 219-0614 or Faride Komisar (CNMI and U.S. Virgin Islands) at (202) 219-1335.*

Discretionary Technical Assistance

General Technical Assistance: This fund is not designated for any specific purpose and grant projects are determined through an application process. These grants are for short-term, non-capital projects, and are not intended to supplant local funding of regular and customary operating expenses of an insular government. *For more information on this program, contact Charlene Leizear at (202) 208-3239.*

Maintenance Assistance: This fund is used in promoting and developing insular institutions and capabilities that improve the operation and maintenance of island infrastructure. This is the only OIA program that has specific legislative authority to require a financial contribution from the insular government. *For more information on this program, contact Cheryl Jodoin at (202) 208-7718.*

Insular Management Control Initiative: This fund is used to promote and develop insular area institutions and capabilities that improve financial management and

accountability. Projects are identified through the Financial Management Improvement Program. *For more information on this program, contact Charlene Leizear at (202) 208-3239.*

Brown Tree Snake Control: This fund is used to control ecological and economic damage caused by the brown tree snake on Guam and prevent dispersal of the snake to other areas. *For more information on this program, contact Tiffany Taylor at (202) 208-5919.*

Coral Reef Initiative: This fund is used to promote sound management and conservation of coral reefs in the insular areas. *For more information on this program, contact Karen Koltes at (202) 208-5345.*

Water and Wastewater Projects are attachments to the Discretionary Technical Assistance Grants and are used to improve water and wastewater systems in the U.S. territories. *For more information on this program, contact Jon Dunn (American Samoa and Guam) at (202) 219-0614 or Faride Komisar (CNMI and U.S. Virgin Islands) at (202) 219-1335.*

Compacts of Free Association with the FSM and RMI In 2003, the U.S. signed with the FSM and with the RMI a second Compact or what is called the [Compact of Free Association Amendments Act of 2003 \(Public Law 108-188\)](#) for the next 20 years until 2023. Although the basic relationships as enshrined in the first Compact were unchanged, there were significant changes in the financial provisions of the amended Compact. The Amended Compact included creation of a Trust Fund to serve as an ongoing source of revenue after Fiscal Year 2023 and to contribute to the long-term budgetary self-reliance of the FSM and RMI. It also

provided for sector specific grant assistance in six primary sectors: Education; Health Care; Public Infrastructure; Environment; Public Sector Capacity Building; Environment; and Private Sector Development. The Department of the Interior continues to be responsible for oversight and coordination of U.S. funding assistance under the Amended Compact of Free Association.

Compacts of Free Association with Palau

Article I of Title Two of the Compact of Free Association describes the financial assistance committed to the Republic of Palau by the United States. Backed by the

full faith and credit of the United States, the financial assistance established in Article I is the most significant part of the economic relationship with Palau. Compact funding was appropriated on a permanent and indefinite basis in 1986 (Public Law 99-349). However, because of delays in the ratification process by the Republic of Palau, its Compact was not implemented until 1995, eight years after implementation for the other two freely associated states. The Department of the Interior is responsible for oversight and coordination of U.S. funding assistance under the Compact of Free Association.

Program	AS	CNMI	Guam	FSM	RMI	Palau
Compact - FSM				\$100,000,000		
Compact - RMI					\$63,639,000	
Compact - Federal Services				\$1,623,000	\$405,000	\$790,000
Compact - Palau						\$11,086,000
Enewetak Support					\$493,000	
Compact Impact	\$ 15,000	\$5,172,000	\$14,092,000			
Compact Judicial Training				\$217,000	\$107,000	
Technical Assistance	\$ 690,000	\$1,084,000	\$195,000	\$197,000	\$1,621,000	\$628,000
Judicial Program 9th Circuit	\$ 74,000	\$74,000	\$74,000			\$73,000
Prior Service Trust Fund		\$ 837,000				
Maintenance Assistance	\$ 659,000	\$ 1,030,000	\$444,000		\$174,000	\$184,000
Insular Management Controls						
Coral Reef Initiative			\$280,000	\$275,000	\$35,000	
Office of Insular Affairs	\$ 127,000	\$307,000		\$143,000	\$79,000	
Article II Compact Healthcare					\$984,000	
Brown Treesnake		\$260,000	\$260,000			
Am. Samoa Ops	\$22,523,000					
CIP Grants	\$10,429,000	\$10,286,000	\$4,169,000			
Water & Waste Water						
Payments to US Territories			\$40,000,000			
Total	\$34,517,000	\$19,050,000	\$59,234,000	\$102,455,000	\$67,328,000	\$12,761,000

TOTAL DOI FUNDS FY 2008: \$295,345,000

Department of Labor – Employment and Training Administration

Workforce Investment Act (WIA):

The purpose of Title 1B of the Workforce Investment Act (WIA) is to provide workforce investment activities through a comprehensive One Stop delivery system to increase vocational and occupational skill attainment of eligible participants to meet the needs of a demand driven workforce system, which will reduce welfare dependency, and enhance the productivity and competitiveness of the nation's economy.

Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program (SCSEP) is a community service and work based training program for older workers. It was authorized by Congress in Title V of the Older Americans Act of 1965 to provide subsidized, part-time, community service work based training for low-income persons age 55 or older who have poor employment prospects. Through this program, older workers have access to the SCSEP services as well as other employment assistance available through the [One-Stop Career Centers](#) of the workforce investment system. The goal of this program is to provide community services and part time work base training, of placing participants into unsubsidized jobs. It is intended that these community service experiences serve as a bridge to other employment positions that are not supported with Federal funds.

Disability Program Navigator Grants

The Disability Program Navigator Initiative was initially funded in 2003 to One Stop Career Center system to serve customers with disabilities by providing accessible, seamless, and integrated services. There are now over 400 Navigators in 42 states, DC, Puerto Rico and Guam. In addition to creating systemic change, the Navigators act as facilitators to bring together multiple partners in the One-Stop Career Centers to develop an

integrated resource team approach with the purpose of blending and braiding resources around an individual customer's employment needs.

WAGNER PEYSER ACT (WP)

This service is offered through States and local One Stop Career Centers, which provides funding to assist in the coordination and development of a nation-wide system of public labor exchange services, provide as part of the one-stop customer service system and ensure individuals otherwise eligible to receive unemployment compensation, the provision of reemployment services and other activities in which the individuals are required to participate to receive the compensation. Guam is the only jurisdiction in the outer Pacific that receives Wagner-Peyser funds.

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SCSEP

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WIA

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Programs	AS	CNMI	Guam	FSM	RMI	ROP
WIA Title 1B	\$ 458,886	\$ 1,382,212	\$ 3,735,205	\$ -0-		\$295,078
Wagner-Peyser	\$ -0-	\$ -0-	\$ 326,555	\$ -0-	-0-	-0-
Workforce Information Grant	-0-	-0-	\$ 92,716		-0-	-0-
Disability Program Navigator (DPN)		\$	\$ 80,000	\$ -0-	-0-	-0-
SCSEP	\$ 1,173,657	\$ 391,218	\$ 1,173,657	-0-	-0-	-0-
TOTAL	\$ 1,632,543	\$ 1,773,430	\$ 5,408,133	\$ -0-		\$295,078

TOTAL DOL ETA FUNDS FY 2008: \$ 9,109,184

For more information on the Department of Labor Employment and Training Administration programs in the outer Pacific, please contact John Jacobs at (415) 625-7940 or jacobs.john@dol.gov

Department of Transportation – Federal Transit Administration

Section 5310: Transportation for Elderly Persons and Persons with Disabilities Program

Section 5310 makes funds available to meet the special transportation needs of elderly persons and persons with disabilities. These funds are apportioned to the states and territories annually by a formula that is based on the number of elderly persons and persons with disabilities in each state. The program is administered through the states/territories and it is at that level that funding decisions are made. Funds for this program are consolidated with the Section 5311 grant.

Section 5311: Rural and Small Urban Areas Program

The Section 5311 program provides funding for public transportation in non-urbanized areas. FTA apportions funds for non-urbanized areas to the states according to a statutory formula based on each state's population in rural and small urban areas. The funds are available to the state for obligation for the year of apportionment plus two additional years. The states administer the program in accordance with State Management Plans.

Eligible recipients include public bodies and private non-profit organizations. Participation by private for-profit enterprises under contract to an eligible recipient is encouraged. Funds for this program are consolidated with the Section 5310 grant.

Rural Transit Assistance Program (RTAP)

The Rural Transit Assistance Program establishes a rural transportation assistance program in non-urbanized areas implemented by grants and contracts for transportation research, technical assistance, training, and related support services in non-urbanized areas. The goals of RTAP are to provide training and technical assistance for rural public

transportation operators, improve professionalism and safety of rural public transit services, and promote efficiency and effectiveness of rural transit services and support coordination with human service transportation.

Section 5316: Job Access and Reverse Commute Program

The Job Access and Reverse Commute (JARC) program was established to address the unique transportation challenges faced by welfare recipients and low-income persons seeking to obtain and maintain employment. Many new entry-level jobs are located in suburban areas, and low-income individuals have difficulty accessing these jobs from their inner city, urban, or rural neighborhoods. The JARC program funds transportation projects designed to help low-income individuals access to employment and related activities where existing transit is unavailable, inappropriate, or insufficient. The JARC program also funds reverse commute transit services available to the general public.

Section 5317: New Freedom Program

The New Freedom formula grant program aims to provide additional tools to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation in society. The New Freedom formula grant program seeks to reduce barriers to transportation services and expand the transportation mobility options available to people with disabilities beyond the requirements of the Americans with Disabilities Act (ADA) of 1990.

FTA points of contact in the Pacific:

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Commonwealth of the Northern Mariana Islands

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Program	AS	CNMI	Guam	FSM	RMI	ROP
5310, 5311, RTAP, 5316, 5317	\$ 330,107	\$ 122,303	\$ 717,539	\$ -	\$ -	\$ -
TOTAL	\$ 330,107	\$ 122,303	\$ 717,539	\$ -	\$ -	\$ -

TOTAL DOT FTA FUNDS FY 2008: \$1,169,949

Environmental Protection Agency

Consolidated environmental program grants: EPA supports local environmental agencies in American Samoa, CNMI and Guam through annual consolidated grants that combine individual allocations from a broad range of media programs including hazardous waste, non-point source water pollution, air, and pesticides. Local environmental agencies also receive contributions from local governments.

Wastewater construction grants: This program is more than a decade old. Grants awarded under this program are for the design and construction of wastewater collection, treatment and disposal facilities, as well as drinking water treatment and distribution systems.

LUST grants: The Underground Storage Tank (UST) and Leaking Underground Storage Tank (LUST) cooperative agreements provide support to the Pacific Island territories for the prevention, detection, and correction of releases from UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.

For more information on any of these EPA programs contact:

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Program	AS	CNMI	Guam	FSM	RMI	ROP
Brownfields	\$	\$400,000	\$			
Consolidated Environment	\$2,348,607	\$2,478,938	\$3,480,523	\$ -	\$ -	\$ -
Wastewater Construction	\$ 180,000	\$350,041	\$1,629,900	\$ -	\$ -	\$ -
LUST Grants		\$100,000	\$150,000	\$ -	\$ -	\$ -
TOTAL	\$2,528,607	\$3,328,979	\$5,260,423	\$ -	\$ -	\$ -

TOTAL EPA FUNDS FY 2008: \$ 11,118,009

Outer Pacific Committee

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Committee meets 2nd Wednesday of every month.