PART II. DATA BEARING ON ECONOMIC ASPECTS AND IMPACTS OF THE PROGRAM

9. Economic effects

Data available on formula grants do not readily provide information for specific response to this type of question. For this program, however, the level of support through expenditure of State and local funds clearly indicates increases in the employment of personnel and services to people. Federal appropriations, beginning with $1,370,000 in 1945, rose to $6,790,000 in 1948–50 and then decreased gradually to $3 million in fiscal years 1965 and 1966. Meanwhile, the State and local funds used to match the Federal funds increased from $902,000 in 1945 to $42,199,506 in fiscal year 1964. The combined Federal, State, and local expenditures for 1964 totaled $45,132,913 for preventive and outpatient services; of this total 60.1 percent was spent for local health services. Not included in this total is an additional reported expenditure of State and local funds amounting to $77,255,485 for hospitalization of tuberculosis patients.

10. Economic classification of program expenditures. (See table 2.)

Program: Tuberculosis control formula grants.
Department or agency, and office or bureau: Department of Health, Education, and Welfare; Public Health Service—Bureau of State Services (Community Health).

TABLE 2.—*Economic classification of program expenditures*

[In thousands of dollars]

Federal Government:[1] Grants to State and local governments	2,920
Total Federal expenditures	2,920
Non-Federal expenditures financed by: State, local governments	34,801
Total expenditures for program	37,721

[1] Expenditures here refer to obligations.

GENERAL STATEMENTS ON FORMULA GRANT PROGRAMS

4(e) Number of Federal Government employees administering, operating or supervising activities

Because of the organizational structure of the Bureau of State Services (CH) it is almost impossible to report how many personnel are working in the various programs supported by Federal formula grants. For example, the immediate Bureau staff provides administrative guidance to all activities in which the Bureau is engaged, the Office of Grants Management provides services related to fund control and disbursement, including the development of policies and procedures, and as an example within an example, the Division of Chronic Diseases in the Bureau is responsible for three formula grant programs, four project demonstration programs and is also engaged in contracts for services and training grants. This latter example is also true for the other divisions within the Bureau. Because of this multiplicity of program responsibility it would be impossible to