



Northwest Portland Area Indian Health Board

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Federal Novel Coronavirus 2019(COVID-19) Funding for Tribes June 3, 2020

KEY	Funding Application Available Now	New Funding Opportunity
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HEALTHCARE

AGENCY	AMOUNT	PURPOSE	Funding Opportunity & Distribution Information
IHS	\$1.032 billion PHASE 3- S.3548 CARES Act	<p>COVID-19 response efforts may include treatment, supplies, education, electronic health records improvement, telehealth, etc. \$125 million will be transferred to the Facilities Account to support COVID-19 facilities-type activities at IHS and Tribal health programs. \$172 million will be allocated and managed centrally by IHS.</p> <p>Negotiations of Contract Support Costs will be made after the first award has been made.</p> <p>https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2020 Letters/DTLL DUIOLL CARES 04232020.pdf</p>	<ul style="list-style-type: none"> • Should be distributed by 5/8. • \$570 million to federal health programs and Tribal Health Programs • \$30 million to UIOs • \$65 million for RPMS electronic health record support • Distributed through Funding Agreements using existing distribution methodologies for program increases in hospitals and health clinics, PRC, alcohol and substance abuse, and mental health funding. • \$74 million will support medical equipment needs • \$41 million will support maintenance and improvement needs • \$10 million will support sanitation and potable water needs. • \$50 million to IHS health programs and THPs for CHR program increases. • \$95 million to support the expansion of telehealth activities • \$6 million for public health support activities • \$5 million to provide additional test kits and materials

			<ul style="list-style-type: none"> • \$10 million to non-clinical federal staff support • \$30 million to address unanticipated needs • \$26 million to Tribal Epi Centers
	<p>\$750 million</p> <p>PHASE 3.5 – H.R. 266 Paycheck Protection Program and Health Care Enhancement Act</p>	<p>Set aside for tribes, tribal organizations, UIOs, and Indian health care providers to the Public Health and Social Services Emergency Fund.</p> <p>The purpose is for use to purchase, administer, and expand capacity for COVID-19 testing; to procure and distribute COVID-19 tests and PPE for administering COVID-19 tests; to support surveillance and contact tracing; and to support other COVID-19 related activities.</p> <p>Recipients must submit a plan for COVID-19 funding to the HHS Secretary. The plan must include the number of tests needed month to month as well as the description of how the recipient intends to use support for testing and how it will relate to COVID-19 community mitigation policy.</p> <ul style="list-style-type: none"> • \$550 million will be allocated to IHS federal health programs and THPs using existing distribution methodologies for program increases in Hospitals and Health Clinics, PRC, Alcohol and Substance Abuse, Mental Health, Community Health Representatives, and Public Health Nursing. • \$50 million is allocated using the PRC distribution formula for new PRC funds. • \$50 million for Urban Indian Organizations. • \$100 million is allocated to purchase tests, test kits, testing supplies, and related PPE through the IHS National Supply Service Center • \$50 million for nation-wide coordination, epidemiological, surveillance, and public health support to bolster the expansion of testing across Indian Country. <p>IHS DTLL: https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/docume</p>	<ul style="list-style-type: none"> • 5/28 COVID-19 Testing Plan template was circulated by IHS • The IHS Area Office will be reaching out to you to initiate actions necessary for transferring resources, and may have already been in contact with you. • Tribal Health Programs will receive these one-time, non-recurring funds through bilateral modifications/amendments to your existing ISDEAA agreements. • Tribal Health Programs will be required to provide the statutorily-required COVID-19 Testing Plan, and an all-inclusive budget, as a condition of receiving these funds. • Budget submitted by Tribes must be all inclusive with Direct and Indirect costs for the activity. There will be no additional CSC costs calculated on these funds. • Executed amendment will include terms that they provide a “Testing Plan” within 30-days of award to fully describe the activities that will be under taken.

		nts/2020 Letters/DTLL DUIOLL 05192020.pdf	
	<p>\$64 million</p> <p>PHASE 2- H.R. 6201 Families First Coronavirus Response Act</p>	<p>Funds to be utilized to cover the costs of COVID-19 diagnostic testing supplies and services (including PPE for testing staff). https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2020 Letters/DTLL DUIOLL 03272020.pdf</p>	<ul style="list-style-type: none"> • \$3 million will support UIOS • \$61 million will be allocated to IHS federal health programs, and THPs • Uses the existing distribution methodology. • Distributed through existing funding agreements using methodology for hospitals and health clinic program increases.
	<p>\$70 million</p> <p>PHASE 2- H.R. 6201 Families First Coronavirus Response Act</p>	<p>To prevent prepare for, and respond to the spread of COVID-19 in AI/AN communities. May include medical supplies, treatment costs, patient transport, etc. PPE /supplies provided to IHS facilities, Tribal Health Programs, and UIOs at no cost. https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2020 Letters/DTLL DUIOLL 03272020.pdf</p>	<ul style="list-style-type: none"> • \$40 million to purchase PPE and medical supplies through the IHS National Supply Service Center. • \$30 million to direct service tribes (DSTs) • Funds distributed through existing methodology that use recurring federal hospitals and health clinics base funding levels.
CDC	<p>\$40 million</p> <p>PHASE 1- HR. 6074 Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020</p>	<p>Tribal set-aside to support preventing, preparing for, and responding to the coronavirus. Non-competitive funding opportunity to Title I and Title V tribes to strengthen the tribal public health system to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. Expenses will be reimbursed dating back to January 20.</p>	<p>CDC-RFA-OT20-2004 https://www.grants.gov/web/grants/view-opportunity.html?oppld=325942</p> <p>CDC FAQs for this announcement: https://www.cdc.gov/tribal/documents/cooperative-agreements/OT20-2004-FAQs-508.pdf</p> <p>Posted: April 1 NEW Closing Date: June 3 Awards: 574</p> <ul style="list-style-type: none"> • CDC Calls: 4/2 and 4/8
	<p>\$30 million</p> <p>PHASE 1- HR. 6074 Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020</p>	<p>Supplemental funding to the existing OT18-1803: Tribal Public Health Capacity Building and Quality Improvement Umbrella cooperative agreement to directly fund the three largest tribal nation recipients. The nine regionally designated tribal organizations recipients (NPAIHB) will receive funding which includes resources for sub-awards to tribal nations with the greatest burden and needs in their region.</p>	<ul style="list-style-type: none"> • NPAIHB application form for the 1803 subawards (the \$61,062-\$63,000 available now). • Applications are rolling, due ASAP. http://www.npaihb.org/wpfb-file/fy2020-npaihb-funding-application-covid-19-docx/ • CDC Listening Session: 3/31
	<p>\$125 million minimum</p> <p>PHASE 3- S.3548 CARES Act</p>	<p>Established under the CDC-wide Activities and Program Support account, which is used to carry out the agency's public health service authorities like surveillance, epidemiology, diagnostics, laboratory support, infection control, mitigation,</p>	<p>TBD</p> <ul style="list-style-type: none"> • May be same mechanism used to distribute \$40 million in non-competitive grants.

		<p>communications, guidance, and other preparedness and response activities. It can also be used to reimburse expenditures during a public health emergency like the current pandemic.</p>	
<p>HHS</p>	<p>\$100 billion <i>(includes \$500 million to IHS and Tribal facilities)</i></p> <p>PHASE 3- S.3548 CARES Act</p>	<p>https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/index.html</p> <p>HHS is now requiring providers to apply for the next \$20 billion in funding for Medicare providers using a new General Distribution Portal.</p> <p>In order to be eligible, you must have received funding from the first \$30 billion, and report that amount to HRSA. You must also report estimated lost revenues from March and April of this year. You will also have to submit your tax identification number and tax returns, and agree to meet the following terms and conditions: https://www.hhs.gov/sites/default/files/terms-and-conditions-provider-relief-20-b.pdf</p> <p>CARES Provider Relief Fund Payment Portal: https://covid19.linkhealth.com/#/step/1</p> <p>Application Guide: https://chameleoncloud.io/review/2977-5ea0af98f0fd0/prod</p> <p>General Distribution Portal FAQs: https://www.hhs.gov/sites/default/files/20200425-general-distribution-portal-faqs.pdf</p> <ul style="list-style-type: none"> • \$30 billion proportional to providers' share of 2018 Medicare net patient revenue (distributed April 10 and April 17) • \$20 billion will be dispersed to providers to build on the initial \$30B. distribution based on CMS cost reports or incurred losses on April 24. • \$50 billion to areas particularly impacted by COVID-19 outbreak, rural providers, providers of services with lower shares of Medicare reimbursement or who predominantly serve the Medicaid population. 	<ul style="list-style-type: none"> • 5/22 Update: https://www.hhs.gov/about/news/2020/05/22/hhs-announces-500-million-distribution-to-tribal-hospitals-clinics-and-urban-health-centers.html • <i>The payments can be used to prevent, prepare for, and respond to coronavirus, and shall reimburse only for health care related expenses or lost revenues that are attributable to coronavirus.</i> • <i>Payments cannot be used for expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.</i> • Distribution: IHS and tribal clinics and programs will receive a \$187,000 base payment plus 5% of the estimated service population multiplied by the average cost per user. • IHS and tribal hospitals will receive a \$2.81 million base payment plus 3% of their total operating expenses. • IHS urban programs will receive a \$181,000 base payment plus 6% of the estimated service population multiplied by the average cost per user. • Provider Relief Fund: https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html • <i>In order to qualify for the additional \$20 billion based on Medicare Reimbursements from 2018, HHS is requiring providers who received funding from the Provide Relief Fund before April 24th to submit their EIN and</i>

		<ul style="list-style-type: none"> • \$10 billion to hospitals in areas hit hard by the outbreak • \$10 billion to rural hospitals (non-tribal) • \$500 million to IHS, Tribes, and urban Indian Health Centers based on operating expenses. • \$12 billion to 395 hospitals who provided inpatient care for 100 or more COVID-19 patients through April 10. • \$4.9 billion to skilled nursing facilities (SNFs) 	<p>financial information to a portal by June 3.</p> <p>https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund-for-providers/index.html</p> <ul style="list-style-type: none"> • Providers will be paid via Automated Clearing House account information on file with UHG, UnitedHealthcare, or Optum Bank, or used for reimbursements from CMS. • Within 30 days of receiving the payment, providers must sign an attestation confirming receipt of the funds and agreeing to the terms and conditions of payment. The portal for signing the attestation will be open the week of April 13, 2020 and will be linked from https://www.hhs.gov/providerrelief.
	<p>\$15 million minimum</p> <p>PHASE 3- S.3548 CARES Act</p>	Public Health Service and Social Services Emergency Fund can be used for essential preparedness and health center needs, as well as reimbursements of expenses incurred in response to the pandemic prior to the CARES Act enactment date.	TBD
SAMHSA	\$40 million	FY 2020 COVID-19 Emergency Response for Suicide Prevention (COVID-19 ERSP) The purpose of this program is to support states and communities during the COVID-19 pandemic in advancing efforts to prevent suicide and suicide attempts among adults age 25 and older in order to reduce the overall suicide rate and number of suicides in the U.S. SAMHSA is requiring that a minimum of 25 percent of direct services funding for this program be used to support domestic violence victims	<p>FG-20-007</p> <p>https://www.grants.gov/web/grants/view-opportunity.html?oppld=327024</p> <p>Posted: May 12 Closing Date: May 22 Awards: 50 Award Ceiling: \$800,000</p> <p>https://www.samhsa.gov/newsroom/press-announcements/202005131138</p>
	<p>\$110 million</p> <p>\$500,000 for territories and tribes in total costs (direct and indirect) for the proposed project</p>	FY 2020 Emergency Grants to Address Mental and Substance Use Disorders. The purpose of this program is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic.	<p>FG-20-006</p> <p>https://www.grants.gov/web/grants/view-opportunity.html?oppld=325993</p> <p>Posted: April 2 Closing Date: April 10 Awards: 60</p>
	\$15 million	Health Surveillance and Program Support Resources funding for mental and behavioral	<ul style="list-style-type: none"> • Announcement: https://www.samhsa.gov/newsroo

	<p>PHASE 3- S.3548 CARES Act</p>	<p>health services, as well as the systematic collection and analysis of public health related data for community wellness planning.</p>	<p>m/press-announcements/202005011645</p> <ul style="list-style-type: none"> • DTLL: https://files.constantcontact.com/c2394f27001/765dac03-4a52-4e0f-bf54-91321b089eab.pdf • SAMHSA is releasing supplemental grant awards to 154 current Tribal Behavioral Health (TBH) grant recipients in the amount of \$97,402 each to meet the increased mental and substance use disorders needs among tribes. • The purpose of the TBH program is to prevent suicide and substance misuse to reduce the impact of trauma, and to promote mental health among AI/AN youths up to 24 years old. • SAMHSA Listening Session: 4/1
	<p>\$50 million</p> <p>PHASE 3- S.3548 CARES Act</p>	<p>Build national capacity for preventing suicide by providing technical assistance, training, and resources to assist states, tribes, communities, providers, and members of the public on suicide prevention strategies and best practices to address the issue of suicide.</p>	<p>TBD</p> <ul style="list-style-type: none"> • Updates: https://www.samhsa.gov/coronavirus • Program information: https://www.samhsa.gov/grants/grant-announcements/sm-20-011
	<p>\$250 million</p> <p>PHASE 3- S.3548 CARES Act</p>	<p>Certified Community Behavioral Health Clinics (CCBHCs) to increase access to and improve the quality of community mental health and substance use disorder treatment services through the expansion of CCBHCs.</p>	<ul style="list-style-type: none"> • Update: grants awarded: https://www.samhsa.gov/newsroom/press-announcements/202004271200 • Program information: https://www.samhsa.gov/grants/grant-announcements/sm-20-012
<p>HRSA</p>	<p>\$15 million minimum</p> <p>PHASE 3- S.3548 CARES Act</p>	<p>Telehealth and rural health activities set-aside funding for Tribes, Tribal organizations, and urban Indian health organizations, or health service providers under HRSA. Funding is for health surveillance and other needs under the HRSA Rural Health program. The purpose is to provide maximum flexibility to assist tribes, tribal organizations, urban Indian health organizations, and health service providers to tribes to prevent, prepare for, and</p>	<p>HRSA-20-135 https://www.grants.gov/web/grants/search-grants.html?keywords=hrsa-20-135</p> <p>Posted: 4/21 Closing Date: 5/6 Awards: 50 Award Ceiling: \$300,000</p> <ul style="list-style-type: none"> • HRSA Consultation: 4/14 & 4/17

		respond to the coronavirus and the evolving needs in rural communities.	
	Reimbursement for Testing and Treatment of Uninsured Individuals	HRSA will begin to provide claims reimbursement to health care providers for testing uninsured individuals for COVID-19 and treating uninsured individuals with a COVID-19 diagnosis at Medicare rates. Includes providing treatment for uninsured individuals with a COVID-19 diagnosis on or after February 4, 2020 can electronically request claims.	Submit patient information and claims beginning 5/6: https://coviduninsuredclaim.linkhealth.com
FEMA	COVID-19 National Emergency Declaration	Emergency protective measures, such as medical care, medial sheltering, operation costs, etc.	<ul style="list-style-type: none"> • Details on how to apply: https://www.fema.gov/newsrelease/2020/03/23/coronavirus-covid-19-pandemic-public-assistance-simplifiedapplication • Tribal specific information: https://www.fema.gov/newsrelease/2020/03/26/coronavirus-covid-19-femaassistance-tribal-governments <ul style="list-style-type: none"> • ISSUE: 25% cost sharing, even if Tribe is sub-awardee with the state.
EPA	\$1,000,000	This notice announces EPA re-opening the State Environmental Justice Cooperative Agreement Program (SEJCA) and the availability of funds for US States, Territories, Tribal Governments, and local governments to propose projects focusing on COVID-19 and other areas.	EPA-OP-OEJ-20-02 https://www.grants.gov/web/grants/view-opportunity.html?oppld=326650 Posted: 04/30/20 Closing Date: 06/30/20 Awards: 5 Award Ceiling: \$200,000

COMMUNITY SUPPORT SERVICES (NUTRITION, CHILDCARE, AFFORDABLE HOUSING)

AGENCY	AMOUNT	PURPOSE	Funding Opportunity & Distribution Information
ACL	\$10 million PHASE 2- H.R. 6201 Families First Coronavirus Response Act	Supplemental funding for nutrition and related services for Native American Programs to help tribes and tribal organizations provide meals and supportive services directly to Native American elders.	<ul style="list-style-type: none"> • Eligibility: Existing tribal grantees. • Idaho OAA Title VI Tribes: \$232,080 • Oregon OAA Title VI Tribes: \$509,250 • Washington OAA Title VI Tribes: \$1,871,860 • ACL connecting services for older adults and their families: https://eldercare.acl.gov

	<p>\$20 million</p> <p>PHASE 3- S.3548 CARES Act</p>		<ul style="list-style-type: none"> • \$10 million has already been disbursed • More information: https://acl.gov/about-acl/older-americans-act-oaa
	<p>\$250 million</p>	<p>Senior Nutrition Program to provide additional home-delivered and pre-packaged meals to low-income seniors. Funding has been provided to states, territories, and tribes for subsequent allocation to local meal providers. Grant amounts are determined based on the population-based formulas defined in the Older Americans Act</p>	<p>Funding Allocation Tables https://acl.gov/about-acl/older-americans-act-oaa</p>
USDA	<p>\$500 million</p> <p>PHASE 2- H.R. 6201 Families First Coronavirus Response Act</p>	<p>Special Supplemental Nutrition Program for low-income pregnant women or mothers with young children (WIC) who lose their jobs or are laid off due to COVID-19. Funding “...to remain available through Sept. 30, 2021 for increases in program participation. FNS will work with state to ensure funding is available to state agencies that require additional funds based on enrollment”</p>	<ul style="list-style-type: none"> • Intended to cover increases in program participants. • For more information: https://www.fns.usda.gov/disaster/pandemic/covid-19
	<p>\$100 million</p> <p>PHASE 3- S.3548 CARES Act</p>	<p>Funding for the Food Distribution Program for Indians Reservations (FDPIR).</p>	<p>TBD</p> <ul style="list-style-type: none"> • \$50 million shall be for facility improvements and equipment upgrades. • \$50 million shall be for the costs relating to additional food purchases.
	<p>\$25 million</p> <p>PHASE 3- S.3548 CARES Act</p>	<p>Telemedicine and distance learning services in rural areas</p>	<p>RUS-20-02-DLT https://www.grants.gov/web/grants/search-grants.html</p> <p>Posted: 04/15/20 Closing Date: 07/13/20 Awards: 200 Award Ceiling: \$1,000,000 https://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants Round 2 – Applications accepted beginning April 14, due no later than July 13 at grants.gov</p>
ACF	<p>\$4.5 million</p> <p><i>Family Violence and Prevention Services</i></p>	<p>Family Violence and Prevention Services formula grants to provide temporary housing and in-person assistance to victims of family, domestic, and dating violence</p>	<ul style="list-style-type: none"> • Eligible: Existing FVPSA Tribal formula grantees. • Should be automatically awarded via existing formula grant.

	PHASE 3- S.3548 CARES Act		
	\$900 million PHASE 3- S.3548 CARES Act	Low Income Home Energy Assistance	TBD <ul style="list-style-type: none"> • For tribes and tribal organizations
	\$96.25 million PHASE 3- S.3548 CARES Act	Supplemental Child Care and Development Block Grant (CCDBG) funding for tribes to provide immediate assistance to child care providers to prevent them from going out of business and to otherwise support child care for families, including for healthcare workers, first responders, and other essential workers.	<ul style="list-style-type: none"> • For existing Tribal Child Care and Development Fund (CCDF) Lead Agencies. • Allocation will most likely be based on current percentage share of funding with some adjustments. • More information: https://www.acf.hhs.gov/occ/resource/supply-of-child-care-provisions-of-cares-act
	\$750 million PHASE 3- S.3548 CARES Act	Head Start funding to meet emergency staffing needs, address added operational costs, and provide summer learning opportunities.	<ul style="list-style-type: none"> • Eligible: Existing Head Start programs. • Up to \$500 million for summer Head Start programs. • More information: https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/responding-covid-19
	\$45 million PHASE 3- S.3548 CARES Act	Supplemental Title VI-B Child Welfare Services Grant funding to support the child welfare needs of families during the COVID-19 crisis and to help keep families together.	TBD <ul style="list-style-type: none"> • Eligible: Existing tribal grantees. • Should be automatically awarded via existing formula grant
	\$1 billion Supplemental Community Services Block Grant PHASE 3- S.3548 CARES Act	Funding for wide range of social services and emergency assistance to serve individuals up to 200% of the federal poverty line	<ul style="list-style-type: none"> • Supplemental funding to existing block grant recipients. • More information: https://www.acf.hhs.gov/ocs/resource/state-officials-and-program-contacts
HUD	\$300 minimum Native American Block Grants program PHASE 3- S.3548 CARES Act	Funds will be allocated using the same formula used for the FY 2020 Indian Housing Block Grants. Funds shall be used by recipients to “prevent, prepare for, and respond to coronavirus, including to maintain normal operations and fund eligible affordable housing activities under NAHASDA during the period that the program is impacted by coronavirus. May be “used to cover or reimburse allowable costs to prevent, prepare for, and respond to coronavirus that are incurred by a recipient, including	<ul style="list-style-type: none"> • ICDBG-CARES Implementation • May 15 Update: https://www.hud.gov/sites/dfiles/OCHCO/documents/2020-11pihn.pdf?utm_medium=email&utm_source=govdelivery • The Office of Native American Programs will begin accepting applications on Monday June 1 at 3PM. • Purpose: for activities, projects, or programs tied to preventing, preparing for, and/or responding to COVID-19. • \$200 million for Indian Housing Block Grants (IHBG)

		for costs incurred prior to the date of enactment of this Act.	<ul style="list-style-type: none"> • \$100 million Indian Community Development Block Grants (ICDBG) • Indian Housing Block Grant distributed to tribes and tribally-designated housing entities via same formula for FY 2020 awards. • Statutory and Regulatory Waiver Notice 2020-05 – issued 4/10/20, defines the authority provided under the CARES Act, to waive and establish alternative requirements.
FCC	Rural Tribal Priority Window	The Federal Communications Commission (FCC) began accepting applications as part of the Rural Tribal Priority Window to obtain spectrum licenses in the 2.5GHz band. As part of the Rural Tribal Priority Window, eligible applicants may obtain available licenses in the 2.5GHz band free of any auction bidding costs. The window will allow federally recognized tribal nations, a consortium of federally recognized tribal nations, or an entity majority owned and controlled by a federally recognized tribal nation or consortium of tribal nations to apply for unlicensed portions of the 2.5GHz band.	<p>Public Notice: https://docs.fcc.gov/public/attachments/DA-20-18A1.pdf</p> <p>Additional Information: https://www.fcc.gov/25-ghz-rural-tribal-window</p> <p>The Rural Tribal Priority Window for 2.5GHz band licenses will close on Monday, August 3, 2020, at 6:00 p.m. EST.</p>

ECONOMIC ASSISTANCE

<i>AGENCY</i>	<i>AMOUNT</i>	<i>PURPOSE</i>	<i>FUNDING OPPORTUNITY & DISTRIBUTION INFORMATION</i>
BIA	\$453 million PHASE 3- S.3548 CARES Act	Aid to tribal governments; welfare assistance and social service programs; public safety and emergency response.	<ul style="list-style-type: none"> • \$380 million for aid to Tribal Governments (ATG/OATG) • \$20 million to welfare assistance. • \$20 million held until end of April for unexpected needs. • \$33 million for purchasing PPE for law enforcement/detention center staff, overtime for law enforcement and essential workers, inmate quarantine, cleaning facilities, and telework. • Funding will go under existing funding agreements, unless an amendment is needed.

			<ul style="list-style-type: none"> Title I Tribes can spend funds now but will have to work with BIA on a budget later. Consultation: 4/15
<p>Treasury</p>	<p>\$8 billion</p> <p>PHASE 3- S.3548 CARES Act</p>	<p>Coronavirus Relief Fund for tribes for increased expenditures related to the COVID-19 public health emergency. For increased expenditures related to COVID-19 public health emergency incurred between march 1-December 20, 2020.</p> <p>Treasury will distribute 60% of the \$8 billion reserved for Tribal governments immediately based on population.</p> <ul style="list-style-type: none"> Treasury will refer to the Tribal population data used by HUD in connection with the Indian Housing Block Grant (IHBG) program. <p>Treasury will distribute the remaining 40 percent of the \$8 billion reserved for Tribal governments based on employment and expenditures data of Tribes and tribally-owned entities.</p> <ul style="list-style-type: none"> The use of employment data is expected to correlate reasonably well with expenditures related to effects of the emergency, such as the provision of economic support to those experiencing unemployment or business interruptions due to COVID-19-related business closures. 	<ul style="list-style-type: none"> 5/19 Update: Department of Treasury should be posting a tribal employment/expenditures form up on their website today and the deadline to submit will be 5/26. Treasury Secretary Mnuchin told a D.C. federal judge that they plan to send out the \$3.2 billion it still owe tribal governments under the CARES Act by June 5. Methodology: https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Tribal-Allocation-Methodology.pdf 5/5 Update: https://www.indianz.com/covid19/?p=4247 https://www.quarles.com/publications/treasury-issues-guidelines-for-use-of-cares-act-title-v-funding-how-tribes-can-prepare-to-spend-these-funds/ Chehalis, et.al. v. Mnuchin litigation: Judge preliminarily enjoined the Treasury from disbursing to ANCs any of the \$8 billion <p>Population-based component of allocation formula:</p> <ul style="list-style-type: none"> Step 1. Calculate the pro-rata payment for each Tribal government based on single-race and then multi-race data for each Tribe's IHBG formula area, and use the larger result for each Tribal government. Step 2. Assign a minimum payment of \$100,000 to those Tribal government that would otherwise receive less than that amount under step 1. Step 3. For Tribal governments that would receive a payment greater than the minimum, a

			pro-rata reduction is made for those amounts above the minimum for each Tribe so that the total amount for all Tribes does not exceed \$4.8 billion.
	<p>\$474 billion</p> <p>For loans, loan guarantees, and other investments</p> <p>PHASE 3- S.3548 CARES Act</p>	For loans, loan guarantees, and other investments to eligible businesses, municipalities, and states – the definition expressly includes Indian tribes. This fund includes the ability of the Secretary of Treasury to make direct loans to tribes and other governments.	TBD
SBA	<p>\$100 billion</p> <p>eligible health care providers</p>	For eligible health care providers to respond to coronavirus, including facilities construction.	<p>TBD</p> <ul style="list-style-type: none"> Guidance forthcoming. Tribes are working to clarify Indian health care providers qualify.
	<p>\$2 million each</p> <p>Emergency Income Disaster Loans (EIDL)</p> <p>PHASE 2- H.R. 6201 Families First Coronavirus Response Act</p>	Tribal small business concerns, non-profits (under IRS code sections 501(c), 501(d), and 501(e)0 and non-profit veterans' organizations) are eligible for EIDL loans up to \$2 million, with up to \$10,000 immediate advance. May be coupled with Paycheck Protection Program, but may reduce forgiveness amount. Small dollar loans available.	<p>Ongoing</p> <p>Application: https://covid19relief.sba.gov/#/</p> <p>More information https://www.sba.gov/disaster-assistance/coronavirus-covid-19</p>
DOL	<p>\$345 million</p>	Grants to provide employment-related services for dislocated workers, including funding to create temporary employment opportunities and funding to meet the increased demand for employment and training services.	<ul style="list-style-type: none"> Eligible applicants for Disaster Recovery grants include Indian tribal governments. Eligible applicants for Employment Recovery grants are entities eligible for funding through the Indian and Native American program in WIOA Section 166(c) https://www.dol.gov/newsroom/releases/eta/eta20200415-0
EDA	<p>\$1.5 billion</p> <p>PHASE 3- S.3548 CARES Act</p>	Economic Adjustment Assistance (EAA) program grants to plan and implement economic recovery strategies in response to the coronavirus pandemic.	<ul style="list-style-type: none"> For tribes and tribal organizations. Application: https://www.grants.gov/web/grants/view-opportunity.html?oppld=321695 More information: https://www.eda.gov/pdf/about/Economic-Adjustment-Assistance-Program-1-Page.pdf

<p>IRS</p>	<p>PHASE 3- S.3548 CARES Act</p>	<p>Refundable payroll tax credit of 50% of qualifying wages paid by employers. Tribes and other employers whose operations were suspended due to shutdown order or whose gross receipts declined by more than 50%.</p> <p>FAQs: Employee Retention Credit https://www.irs.gov/newsroom/faqs-employee-retention-credit-under-the-cares-act</p>	<ul style="list-style-type: none"> • Request Form 7200 in advance: https://www.irs.gov/forms-pubs/about-form-7200 • More information: https://www.irs.gov/newsroom/irs-employee-retention-credit-available-for-many-businesses-financially-impacted-by-covid-19
<p>DOJ</p>	<p>\$850 million</p> <p>PHASE 3- S.3548 CARES Act</p>	<p>Must be used for PPE, inmates’ medical needs, hire personnel, overtime costs, distribution of resources.</p> <p>Solicitation: https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/bja-2020-18553.pdf?utm_medium=email&utm_source=govdelivery</p>	<ul style="list-style-type: none"> • Application Deadline: 5/29 • Eligible applicants of the Byrne-Justice Assistance Grant Program eligible agencies <p>State and Local Allocations: https://bja.ojp.gov/program/cesf/state-and-local-allocations</p>