



Northwest Portland Area Indian Health Board

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www.npaihb.org

Federal Novel Coronavirus 2019(COVID-19) Funding for Tribes

June 16, 2020

KEY	Funding Application Available Now	New Funding Opportunity
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HEALTHCARE

AGENCY	AMOUNT	PURPOSE	Funding Opportunity & Distribution Information
IHS	<p>\$1.032 billion</p> <p>PHASE 3- S.3548 CARES Act</p>	<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/theme/s/responsive2017/display_objects/document/s/2020 Letters/DTLL DUIOLL CARES 042320 20.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. 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/theme/s/responsive2017/display_objects/document/s/2020 Letters/DTLL DUIOLL 05192020.pdf</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.

	<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>	<ul style="list-style-type: none"> • 6/15 update: CDC is planning to issue updated NOAs with final award amounts by 6/30 • Awardees will then have 60 days to respond with a revised work plan and budget; they are planning another call on July 14th to provide additional guidance on the revisions and how to respond to technical review <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 Posted: April 1 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</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.</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.

	Supplemental Appropriations Act, 2020	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.	http://www.npaihb.org/wpfb-file/fy2020-npaihb-funding-application-covid-19-docx/ <ul style="list-style-type: none"> • CDC Listening Session: 3/31
	<p>\$125 million minimum</p> <p>PHASE 3- S.3548 CARES Act</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, 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>TBD</p> <ul style="list-style-type: none"> • May be same mechanism used to distribute \$40 million in non-competitive grants.
HHS	<p>\$175 billion Provider Relief Fund (including \$15B for Medicaid and CHIP Providers)</p> <p>PHASE 3- S.3548 CARES Act</p>	<p>Targeted Allocation. Applications Due July 20. On June 9, HHS announced three new pots of enhanced funding being made available to providers from the Provider Relief Fund. Funding is available to entities who did not receive funding from the \$50 Billion General Distribution, which was allocated proportional to providers’ Medicare share of 2018 net patient revenue (initial \$30B and the additional \$20 billion pots of funds). The funding will go to three provider types: (1) \$15 billion for providers enrolled in Medicaid and CHIP that have not yet received any funds from the Provider Relief Fund; (2) \$10 billion for Safety Net Hospitals; and (3) \$10 billion for Hospitals in Coronavirus Hotspots.</p> <p>HHS is making \$15 billion in funding available for certain Medicaid and CHIP providers who billed those programs between January 1, 2018, to May 31, 2020. This funding is for any provider enrolled in Medicaid and CHIP that has not already received funding from the first \$50 billion distributed to providers based on Medicare billing from the Provider Relief Fund. The payment to each provider will be at least 2 percent of reported gross revenue from patient care and providers will be required to submit information to receive funding.</p>	<p>**We are working on getting clarification from HHS if tribes are eligible for these funds**</p> <ul style="list-style-type: none"> • Applications are due July 20. • HHS ADDITIONAL INFORMATION https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/index.html • INSTRUCTIONS: https://www.hhs.gov/sites/default/files/medicaid-provider-distribution-instructions.pdf • APPLICATION: https://cares.linkhealth.com • APPLICATION FORM: https://www.hhs.gov/sites/default/files/medicaid-provider-distribution-application-form.pdf • HHS PRESS RELEASE: https://www.hhs.gov/about/leadership/eric-d-hargan/speeches/remarks-to-the-press-on-medicaid-and-safety-net-hospital-provider-relief-fund-distribution.html

<p>\$500 million to IHS and Tribal facilities from Provider Relief Fund</p> <p>PHASE 3- S.3548 CARES Act</p>	<p>Targeted Allocation. 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. Payments cannot be used for expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.</p> <p>HHS identified the service population for most service units, and estimated an operating cost of \$3,943 per person per year based on actual IHS spending per user from a 2019 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita report.</p>	<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 • 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.
<p>\$100 billion</p> <p>PHASE 3- S.3548 CARES Act</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. • \$10 billion to hospitals in areas hit hard by the outbreak • \$10 billion to rural hospitals (non-tribal) 	<ul style="list-style-type: none"> • Provider Relief Fund: https://www.hhs.gov/coronavirus/care-act-provider-relief-fund/index.html • 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 hhs.gov/providerrelief.

		<ul style="list-style-type: none"> \$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>\$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	<p>\$40 million</p>	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>
	<p>\$15 million</p> <p>PHASE 3- S.3548 CARES Act</p>	Health Surveillance and Program Support Resources funding for mental and behavioral health services, as well as the systematic collection and analysis of public health related data for community wellness planning.	<ul style="list-style-type: none"> Announcement: https://www.samhsa.gov/newsroom/press-announcements/202005011645 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

			<p>meet the increased mental and substance use disorders needs among tribes.</p> <ul style="list-style-type: none"> 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
HRSA	<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 respond to the coronavirus and the evolving needs in rural communities.</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
	<p>Reimbursement for Testing and Treatment of Uninsured Individuals</p>	<p>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.</p>	<p>Submit patient information and claims beginning 5/6: https://coviduninsuredclaim.linkhealth.com</p>

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/newsreleases/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.	<p>EPA-OP-OEJ-20-02 https://www.grants.gov/web/grants/view-opportunity.html?oppld=326650</p> <p>Posted: 04/30/20 Closing Date: 06/30/20 Awards: 5 Award Ceiling: \$200,000</p>

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 • \$10 million has already been disbursed • More information: https://acl.gov/about-acl/older-americans-act-oaa
	\$20 million PHASE 3- S.3548 CARES Act		
	\$250 million		

		amounts are determined based on the population-based formulas defined in the Older Americans Act	
USDA	\$500 million PHASE 2- H.R. 6201 Families First Coronavirus Response Act	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"	<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
	\$100 million PHASE 3- S.3548 CARES Act	Funding for the Food Distribution Program for Indians Reservations (FDPIR).	TBD <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.
	\$25 million PHASE 3- S.3548 CARES Act	Telemedicine and distance learning services in rural areas	RUS-20-02-DLT https://www.grants.gov/web/grants/search-grants.html 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
ACF	\$4.5 million <i>Family Violence and Prevention Services</i> PHASE 3- S.3548 CARES Act	Family Violence and Prevention Services formula grants to provide temporary housing and in-person assistance to victims of family, domestic, and dating violence	<ul style="list-style-type: none"> Eligible: Existing FVPSA Tribal formula grantees. Should be automatically awarded via existing formula grant.
	\$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	<ul style="list-style-type: none"> For existing Tribal Child Care and Development Fund (CCDF) Lead Agencies.

		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"> • Allocation will most likely be based on current percentage share of funding with some adjustments. • More information: https://www.acf.hhs.gov/occ/resource/su-mmmary-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/st-ate-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 for costs incurred prior to the date of enactment of this Act.	<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) • \$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

AGENCY	AMOUNT	PURPOSE	FUNDING OPPORTUNITY & DISTRIBUTION INFORMATION
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. • Title I Tribes can spend funds now but will have to work with BIA on a budget later. • Consultation: 4/15
Treasury	\$8 billion PHASE 3- S.3548 CARES Act	Coronavirus Relief Fund for tribes for increased expenditures related to the COVID-19 public health emergency. For increased expenditures related to COVID-19	<ul style="list-style-type: none"> • 6/15 Update: Treasury initiated payments for an additional \$2.2 billion. https://mcusercontent.com/5fdaa92d88375a474b912b0f3/files/8

		<p>public health emergency incurred between march 1-December 20, 2020.</p> <p>Treasury will distribute 60% of the \$8 billion (\$4.8 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 (\$3.2 billion) with \$2.4 billion reserved for Tribal governments based on employee count and \$800 million based on 2019 expenditure 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. <p>A portion of the remaining allocation is behind held in reserve until pending litigation is resolved.</p>	<p>a3b21df-92b0-4911-8f09-6656acac0a91/Aqua Caliente Doc. 42 Order.pdf?utm_source=Nafqa+Mailing+List&utm_campaign=47724d56d4-treasury to disburse 679m CRF &utm_medium=email&utm_term=0 dcdb537bb2-47724d56d4-76097547&ct=t(treasury to disburse 679m CRF)</p> <ul style="list-style-type: none"> June 12 Press Release: https://home.treasury.gov/news/press-releases/sm1029 Allocation Methodology: https://home.treasury.gov/system/files/136/Tribal-Allocation-Methodology-for-Second-Distribution.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>\$474 billion For loans, loan guarantees, and other investments</p> <p>PHASE 3- S.3548 CARES Act</p>	<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.</p>	<p>TBD</p>
<p>SBA</p>	<p>\$100 billion eligible health care providers</p>	<p>For eligible health care providers to respond to coronavirus, including facilities construction.</p>	<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 Emergency Income Disaster Loans (EIDL)</p>	<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</p>	<p>Ongoing</p> <p>Application: https://covid19relief.sba.gov/#/</p>

	PHASE 2- H.R. 6201 Families First Coronavirus Response Act	advance. May be coupled with Paycheck Protection Program, but may reduce forgiveness amount. Small dollar loans available.	More information https://www.sba.gov/disaster-assistance/coronavirus-covid-19
DOL	\$345 million	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	\$1.5 billion PHASE 3- S.3548 CARES Act	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-Pager.pdf
IRS	PHASE 3- S.3548 CARES Act	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%. FAQs: Employee Retention Credit https://www.irs.gov/newsroom/faqs-employee-retention-credit-under-the-cares-act	<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
DOJ	\$850 million PHASE 3- S.3548 CARES Act	Must be used for PPE, inmates' medical needs, hire personnel, overtime costs, distribution of resources. Solicitation: https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/bja-2020-18553.pdf?utm_medium=email&utm_source=govdelivery	<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>