



NPAIHB

Member Tribes of  
the Northwest  
Portland Area  
Indian Health  
Board:

Burns Paiute Tribe  
Chehalis Tribe  
Coeur d'Alene Tribe  
Colville Tribe  
Coos, Siuslaw & Lower  
Umpqua Tribe  
Coquille Tribe  
Cow Creek Tribe  
Cowlitz Tribe  
Grand Ronde Tribe  
Hoh Tribe  
Jamestown S'Klallam  
Tribe  
Kalispel Tribe  
Klamath Tribe  
Kootenai Tribe  
Lower Elwha  
Klallam Tribe  
Lummi Tribe  
Makah Tribe  
Muckleshoot Tribe  
Nez Perce Tribe  
Nisqually Tribe  
Nooksack Tribe  
N.W. Band of  
Shoshoni Tribe  
Port Gamble S'Klallam  
Tribe  
Puyallup Tribe  
Quileute Tribe  
Quinalt Tribe  
Samish Indian Nation  
Sauk-Suiattle Tribe  
Shoalwater Bay Tribe  
Shoshone-Bannock  
Tribe  
Siletz Tribe  
Skokomish Tribe  
Snoqualmie Tribe  
Spokane Tribe  
Squaxin Island Tribe  
Stillaguamish Tribe  
Suquamish Tribe  
Swinomish Tribe  
Tulalip Tribe  
Umatilla Tribe  
Upper Skagit Tribe  
Warm Springs Tribe  
Yakama Nation

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## RESOLUTION # 21-03-12

### **“Option to Exclude All One-Time, Non-Recurring COVID-19 Funds from Direct Cost Base When Negotiating New Indirect Cost Rate”**

**WHEREAS**, the Northwest Portland Area Indian Health Board (hereinafter “NPAIHB” or the “Board”) was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

**WHEREAS**, the Northwest Portland Area Indian Health Board is a “tribal organization” as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

**WHEREAS**, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

**WHEREAS**, the Northwest Portland Area Indian Health Board is dedicated to assisting and promoting the health needs and concerns of Indian people; and

**WHEREAS**, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

**WHEREAS**, American Indian/Alaska Native (AI/AN) people have been disproportionately impacted by COVID-19 with significantly higher rates of COVID-19 cases (3.5x), hospitalizations (5.3x), and deaths (1.8x) than non-Hispanic whites; and

**WHEREAS**, Tribes and Tribal Organizations that enter into contracts and compacts with the United States government operate programs funded under the Indian Self-Determination and Education Assistance Act are required to negotiate with the Secretary of Health and Human Services or other federal agencies an indirect cost rate for administrative costs associated with carrying out their contractual requirements; and

**WHEREAS**, Tribes and Tribal Organizations have received a historical level of one-time, non-recurring funding in Fiscal Years 2020 and 2021 to respond to the COVID-19 pandemic in order to help mitigate the health and economic impacts during this public health emergency; and

**WHEREAS**, the impact of such a large influx of one-time, non-recurring funding can destabilize and drive down indirect cost rates that are negotiated with the federal government in future years, and result in a decreased amount of contract support costs (CSC) payments provided to Tribes and Tribal Organizations in future years; and

**WHEREAS**, Treasury guidance explains that Tribes and Tribal Organizations may not apply their indirect cost rates to Coronavirus Relief Fund amounts, while at the same time such funds will significantly expand a tribal program's direct cost base—this will cause tribal indirect cost rates to drop (and therefore CSC payments to decrease) unless both the direct and indirect pool amounts increase proportionately; and

**WHEREAS**, this will result in large swings in CSC payments made to Tribes and Tribal Organizations when their indirect cost rates are driven down by COVID-19 funds and when indirect cost rates swing back up in future years without the COVID-19 funding; and

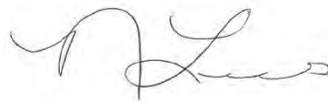
**WHEREAS**, this will wreak havoc on ISDEAA contractors who rely on CSC payments to support the administrative costs in carrying out their contractual requirements with the United States government.

**THEREFORE, BE IT RESOLVED** that the Northwest Portland Area Indian Health Board calls on the Indian Health Service and Office of Management and Budget to issue instructions permitting Tribes and Tribal Organizations to exclude all one-time, non-recurring COVID-19 funds from their direct cost base when negotiating new indirect cost rates; and

**BE IT FURTHER RESOLVED**, that the Northwest Portland Area Indian Health Board calls on the Indian Health Service to convene the Contract Support Costs (CSC) Workgroup to update its Indian Health Manual, Part 6 – Services to Tribal Governments and Organizations, Chapter 3 – Contract Support Costs (CSC), also referred to as the “CSC policy” to develop a provision to address such one-time funding anomalies on a permanent basis.

### **CERTIFICATION**

The foregoing resolution was adopted by the Board of Directors at the April Quarterly Board Meeting, held virtually April 20, 2021 – April 22, 2021, with a quorum present.



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Nickolaus D. Lewis  
Chair, Northwest Portland Area Indian Health Board  
Councilman, Lummi Indian Business Council

ATTEST:

A handwritten signature in cursive script, appearing to read "Greg Abrahamson", written over a horizontal line.

Greg Abrahamson, NPAIHB Secretary