# COVID-19 TRIBAL HEALTH CARE FUNDING CHART 6-25-2021

| American Rescue Plan Act, IHS funding - $6.094 billion | | | |
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| **Source:** American Rescue Plan Act 2021 (P.L. 117-2)<br><br>**Enacted:** March 22, 2021 | **Administering Agency:** Department of Health and Human Services/ Indian Health Service | **Expenditure Deadline:** Funds available until expended. | **Distribution:** On April 16, 2021, IHS released a Dear Tribal Leader Letter outlining how funds would be distributed for six of the ten authorized categories of funding and issued a subsequent Dear Tribal Leader Letter on June 22, 2021. |
| **Purpose and Permitted uses:**<br>• $2 billion for lost reimbursements<br>• $500 million for additional health care services, including PRC<br>• $84 million for urban Indian organization operations<br>• $140 million for IT, telehealth infrastructure, and electronic health records<br>• $600 million for COVID-19 vaccine-related activities<br>• $1.5 billion for COVID-19 surveillance, diagnosis, and mitigation<br>• $240 million for public health workforce and related activities for COVID-19<br>• $420 million for mental health and substance abuse<br>• $600 million for construction, maintenance, equipment, and related activities including:<br>  ○ $357 million for lease, purchase, construction, alteration, renovation, and maintenance and improvement of facilities<br>  ○ $167 million for Sanitation facilities Construction<br>  ○ $23 million for equipment needs<br>  ○ $29 million for support and environmental health activities | **Terms and Conditions:**<br>Tribal Health Programs will receive most funds as one-time, non-recurring funds through unilateral modifications and/or amendments to their exiting ISDEAA agreements. As noted above, these funds must be used for the purposes for which they are appropriated, and must be used consistent with the conditions established by law and the modifications/ amendments.<br><br>In their distribution letters, IHS does not discuss the permissible use of funds. The IHS acknowledges that, in general, the comments it received from tribal leaders on these allocations recommended maximum flexibility in permissible uses to allow tribal nations and tribal organizations "to respond to the unique needs of the patients they serve."<br><br>Funding for Sanitation Facility Construction projects will be allocated in accordance with the Sanitation Deficiency System. The IHS will centrally manage and allocate $10 million to IHS Federal health programs and THPs on a case-by-case basis for potable water delivery. | **Reporting Requirements:**<br>None specified at this time. | **Other Notes:**<br><br>Contract Support Cost (CSC) funds are available for the following pots of funding: additional health services including PRC funding; Health IT funding; COVID-19 vaccine funding; funding to detect, diagnose, trace, monitor and mitigate COVID-19 infection; Public Health Workforce Activities; funding for Mental Health Substance abuse Prevention and Treatment; and certain COVID-19 Facilities Activities. IHS and each Tribal Health Program will negotiate these amounts after these payments are made. |

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| ○ $24 million to urban Indian Organizations<br>• $10 million for potable water delivery | Some of these funds must be used for COVID-related activities, but other do not. As discussed below, if funds that are not required to be used for COVID-19 related activities are used retroactively, they must be used to prevent, prepare for and respond to COVID-19.<br><br>All of these funds may be used retroactively from January 31, 2020 to March 11, 2020, but if so must be used to prevent, prepare for, and respond to COVID–19. | | |
| **Testing and Other COVID-19 Response Activities- $790 million** | | | |
| **Source:** Consolidated Appropriations Act, 2021 (also referred to as the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA), Div. M, Title III) (P.L. 116-260)<br><br>**Enacted:** December 27, 2020 | **Administering Agency:** HHS through a transfer to IHS | **Expenditure Deadline:** September 30, 2022 | **Distribution**: On January 15, IHS announced a distribution for these funds as follows:<br><br>$550 million: to IHS Federal health programs and THPs, using existing distribution methodologies for program increases in Hospitals and Health Clinics, Purchased/Referred Care, Alcohol and Substance Abuse, Mental Health, Community Health Representatives, and Public Health Nursing.<br><br>$50 million: Urban Indian Organizations<br><br>$190 million to purchase COVID-19 tests, test kits, testing supplies, therapeutics, and related personal protective equipment through the IHS National Supply Service Center<br><br>Distributed through ISDEAA agreements |
| **Purpose and Permitted Uses:** | **Terms and Conditions:** | **Reporting Requirements:** | **Other Notes:**<br>For more information see the DTLL. |

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| Testing, contact tracing, surveillance, containment, and mitigation to monitor and suppress COVID–19 Including tests for both active infection and prior exposure, including molecular, antigen, and serological tests, the manufacturing, procurement and distribution of tests, testing equipment and testing supplies<br><br>Including personal protective equipment needed for administering tests, the development and validation of rapid, molecular point-of- care tests, and other tests<br><br>Support for workforce, epidemiology, to scale up academic, commercial, public health, and hospital laboratories, to conduct surveillance and contact tracing, support development of COVID–19 testing plans, and other related activities related to COVID–19 testing and mitigation<br><br>For necessary expenses for testing, contact tracing, surveillance, containment, and mitigation, including<br><br>Support for workforce, epidemiology, use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, mobile testing | Tribes receiving funds shall update their testing plans as required under the Paycheck Protection Program and Health Care Enhancement Act (PL 116-139)<br><br>HHS will make these plans publicly available. | Funding recipients (including tribes and tribal organizations) shall update their plans for COVID-19 testing and contact tracing submitted pursuant to the requirements of Paycheck Protection Program and Health Care Enhancement Act (Public Law 116–139) and submit updates to HHS every 60 days.<br><br>Every quarter, recipients shall report on uses of funding, detailing current commitments and obligations broken out by the coronavirus supplemental appropriations Act that provided the source of funds. Plans shall be made publicly available by HHS. | |

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| units, health care facilities, and other entities engaged in COVID–19 testing,<br><br>Other related activities related to COVID–19 testing, contact tracing, surveillance, containment, and mitigation which may include interstate compacts or other mutual aid agreements for such purposes<br><br>May also be used for the rent, lease, purchase, acquisition, construction, alteration, renovation, or equipping of non-federally owned facilities to improve coronavirus preparedness and response capability at the State and local level | | | |
| **Vaccine Distribution and Planning - $210 million tribal set aside** | | | |
| **Source: Consolidated Appropriations Act, 2021** (also referred to as the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA), Div. M, Title III) (P.L. 116-260)<br><br>**Enacted:** December 27, 2020 | **Administering Agency:** CDC through a transfer to IHS | **Expenditure Deadline:** September 30, 2024 | **Distribution**: On February 2, 2021, IHS announced a distribution for these funds as follows:<br><br>$190 million – for IHS and tribal health programs to support Hospitals and Health Clinics, Purchased/Referred Care, Community Health Representatives, and Public Health Nursing<br><br>$10 million – for urban Indian organizations<br><br>$10 million – to support miscellaneous public health activities related to the vaccine effort<br><br>Distributed through ISDEAA agreements |
| **Purpose and Permitted Uses:** Activities to plan, prepare for, promote, distribute, administer, | **Terms and Conditions:** | **Reporting Requirements:** | **Other Notes:**<br><br>See IHS DTLL here. |

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| monitor, and track coronavirus vaccines to ensure broad-based distribution, access, and vaccine coverage<br><br>Funds may be used to restore, either directly or through reimbursement, obligations incurred for coronavirus vaccine promotion, preparedness, tracking, and distribution prior to the enactment of this Act<br><br>May be used for grants for the construction, alteration, or renovation of non-Federally owned facilities to improve preparedness and response capability at the State and local level | That the Director of the CDC shall provide an updated and comprehensive coronavirus vaccine distribution strategy and a spend plan, to include funds already allocated for distribution, to Congress within 30 days of enactment.<br><br>That such strategy and plan shall include how existing infrastructure will be leveraged, enhancements or new infrastructure that may be built, considerations for moving and storing vaccines, **guidance for how States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes, and health care providers should prepare for, store, and administer vaccines**, nationwide vaccination targets, funding that will be distributed to States, localities, and territories, how an informational campaign to inform both the public and health care providers will be executed, and how the strategy and plan will focus efforts on high-risk and underserved populations, including racial and ethnic minority populations | CDC shall update its vaccine strategy and plan every 90 days through the end of the fiscal year to include outreach to tribes and tribal organizations. | |
| **IHS Supplemental Testing Funds—$750 million** | | | |
| **Source**: Paycheck Protection Program and Health Care Enhancement Act, P.L. 116-139<br><br>**Enacted:** April 24, 2020 | **Administering Agency:** IHS | **Expenditure Deadline:** None. | **Distribution:** Funds began to be distributed in May 2020 and are distributed through bilateral modifications to existing ISDEAA agreements. Tribes will need to sign these modifications. |
| **Purpose and Permitted Uses:**<br>For necessary expenses to develop, purchase, administer, process, and analyze COVID-19 tests, including | **Terms and Conditions:**<br>Tribal health programs must provide a one-time spend plan, including an all- | **Reporting Requirements:**<br>Must submit a spend plan, including an all-inclusive budget, as a condition of receiving funds. | **Other notes:**<br>This is a narrow source of funding that can only be used for testing, contact tracing, and other testing-related expenses. |

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| support for workforce, epidemiology, use by employers or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, health care facilities, and other entities engaged in COVID-19 testing, conduct surveillance, trace contacts, and other related activities related to COVID-19 testing. | inclusive budget, as a condition of receiving the funds.<br><br>Funds must be used for statutory purpose of testing-related activities.<br><br>Recipients must also meet the requirements of their Annual Funding Agreements or Funding Agreements. | According to the statute, the plan should include goals for the remainder of calendar year 2020, to include: (1) the number of tests needed, month-by-month, to include diagnostic, serological, and other tests, as appropriate; (2) month-by-month estimates of laboratory and testing capacity, including related to workforce, equipment and supplies, and available tests; and (3) a description of how tribe or tribal organization will use its resources for testing, including as it relates to easing any COVID-19 community mitigation policies. | For more information, see IHS's May 19, 2020 DTLL. |
| **CARES Act IHS Direct Appropriation—$1.032 billion** | | | |
| **Source: Coronavirus Aid, Relief, and Economic Security (CARES) Act, P.L 116-136**<br><br>**Enacted: March 25, 2020** | **Administering Agency:** IHS | **Expenditure Deadline:**<br>Facilities-type funding available to IHS until expended.<br><br>All other funding must be spent by September 30, 2021 | **Distribution:** Funds have been distributed |
| **Purpose and Permitted Use:**<br>To prevent, prepare for, and respond to COVID-19<br><br>Permissible uses include for public health support, electronic health record modernization, telehealth and other information technology upgrades, Purchased/Referred Care, Catastrophic Health Emergency Fund, Urban Indian Organizations, Tribal Epidemiology Centers, Community Health Representatives, and other activities to protect the safety of patients and staff. | **Terms and Conditions:**<br>Funds were distributed through Annual Funding Agreements (for Title I) and Funding Agreements (for Title V).<br><br>Funds must be used for the COVID-19-related purposes for which they were appropriated.<br><br>Funds must also meet the requirements of Annual Funding Agreements or Funding Agreements. If the COVID-19 related activities are not part of the scope of work of your annual funding agreement or funding | **Reporting requirements:**<br>IHS guidance requires these funds to be tracked separately from other revenue. | **Other notes:**<br>For more information, see IHS's April 3, 2020 DTLL and April 23, 2020 DTLL.<br><br>IHS Guidance is available here. |

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| The statute allowed IHS to transfer $125 million to the Facilities Account, and tribes may use those funds for medical equipment needs and maintenance and improvement according to IHS's April 23, 2020 DTLL. | agreement, you will need to amend your scope of work to cover the activity. IHS will also negotiate contract support costs for this funding, as applicable. | | |
| **Provider Relief Fund—$186.5 billion** | | | |
| **Source: Coronavirus Aid, Relief, and Economic Security (CARES) Act, P.L 116-136**<br><br>**Enacted:** March 25, 2020<br><br>*Funds Supplemented*: Paycheck Protection Program and Health Care Enhancement Act, P.L. 116-139 (April 24, 2020) (+$75 billion)<br><br>*Funds Supplemented*: Consolidated Appropriations Act, 2021 (P.L. 116-260) (December 27, 2020) (+$3 billion)<br><br>*Funds Supplemented*: American Rescue Plan Act (P.L. 117-2) (March 11, 2021) (+$8.5 billion, for rural providers) | **Administering Agency:** HHS | **Expenditure Deadline:** Dependent on when funds are received as follows:<br><br>1. Funds received April 10-June 30, 2020 – Must use by **June 30, 2021**<br>2. Funds received July 1-December 31, 2020 – Must **use December 31, 2021**<br>3. Funds received January 1-June 30, 2021– Must use **June 30, 2022**<br>4. Funds received July 1-December 31, 2021 – Must use **December 31, 2022** | **Distribution:** $117.7 billion has been distributed to providers as of June 14, 2021 through general and targeted distributions and on a rolling basis. Click here for more information on PRF funding distribution amounts.<br><br>The remainder of the fund is being distributed on a rolling basis through targeted distributions as discussed below. |
| **Purposes and Permitted Uses:**<br>To prevent, prepare for, and respond to coronavirus, for necessary expenses to reimburse, eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus; for health care related expenses or lost revenues that are attributable to coronavirus; building or construction of temporary structures; leasing of properties; medical supplies and equipment; increased workforce and trainings; | **Terms and Conditions:**<br>Recipient provides or provided after January 31, 2020 diagnoses, testing, or care for individuals with possible or actual cases of COVID-19; is not currently terminated from participation in Medicare or precluded from receiving payment through Medicare Advantage or Part D; is not currently excluded from participation in Medicare, Medicaid, and other Federal health programs; and does not currently have Medicare billing privileges revoked. | **Reporting Requirements:**<br>Using the Attestation Portal, recipients must attest within 90 days that funds have been received.<br><br>Full reporting requirements for the Provider Relief Fund are available here. (June 2021)<br><br>Recipients of funds over $10,000 during a specific time period must report via the PRF reporting portal where providers must register and report for each time period in which | **Other Notes:**<br>Reporting deadlines are based on when funding was received as follows:<br>1. Funds received April 10-June 30, 2020 – Must report between **July 1-September 30, 2021**<br>2. Funds received July 1-December 31, 2020 – Must report between **January 1- March 31, 2022**<br>3. Funds received January 1-June 30, 2021– Must report between **July 1-September 30, 2022** |

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| emergency operation centers; retrofitting facilities; and surge capacity.<br><br>**According to HHS's FAQs:**<br>• Every patient is considered a possible or actual case of coronavirus. Therefore, provider relief fund dollars can be used for all patients and are not limited to those who test positive for or are suspected of having COVID-19<br>• Healthcare related expenses attributable to coronavirus is a broad term and can include:<br>○ supplies used to provide healthcare services for possible or actual COVID-19 patients;<br>○ equipment used to provide healthcare services for possible or actual COVID-19 patients;<br>○ workforce training;<br>○ developing and staffing emergency operation centers;<br>○ reporting COVID-19 test results to federal, state, or local governments;<br>○ building or constructing temporary structures to expand capacity for COVID-19 patient care or to provide healthcare services to non-COVID-19 patients in a separate area from where COVID-19 patients are being treated; and | Payment will only be used to prevent, prepare for, and respond to coronavirus and shall reimburse the recipient only for health care related expenses or lost revenues attributable to coronavirus.<br><br>Recipient will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.<br><br>All information is true, accurate, and complete to the best of its knowledge.<br><br>Any deliberate omission, misrepresentation, or falsification of any information contained in this Payment application or future reports may be punishable by criminal, civil, or administrative penalties, including but not limited to revocation of Medicare billing privileges, exclusion from federal health care programs, and/or the imposition of fines, civil damages, and/or imprisonment.<br><br>Recipient consents to HHS publicly disclosing payment.<br><br>Recipient will not seek to collect out-of-pocket expenses greater than patient would have to pay if care was provided in-networks.<br><br>Retaining payment for at least 90 days without contacting HHS regarding remittance of funds is deemed to be | funds were received. Recipients must report on use of Funds (including interest earned on PRF payments, other assistance received, use of Skilled Nursing Facility and nursing home infection control payments (if applicable), use of General or other targeted distribution payments, net unreimbursed expenses attributable to coronavirus)<br><br>Reporting elements include:<br>1. Demographic information<br>2. Subsidiary information<br>3. Acquired/ Divested Subsidiaries<br>4. Interest earned on PRF payments<br>5. Tax and Single Audit Information<br>6. Other assistance received<br>7. SNF and Nursing home infection control distribution payments (if applicable)<br>8. Use of general and other targeted distribution payments<br>9. Net Unreimbursed Expenses Attributable to Coronavirus<br>10. Lost Revenues Attributable to Coronavirus<br>11. Personnel, Patient and Facility Metrics<br>12. Survey regarding the impact of payments<br><br>Providers who receive between $10,001 and $499,999 in PRF payments are subject to less detailed reporting requirements on use of payments section. They will be required to report net health care related expenses attributable to coronavirus in two categories: (1) | 4. Funds received July 1-December 31, 2021 – Must report between **January 1- March 31, 2023**<br><br>Deliberate false information on an application may be punishable by criminal, civil, or administrative penalties.<br><br>Failure to comply with terms and conditions can make funds subject to recoupment.<br><br>For more information, see HHS's FAQs. |

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| ○ acquiring additional resources, including facilities, equipment, supplies, healthcare practices, staffing, and technology to expand or preserve care delivery.<br>• Lost revenues attributable to coronavirus may include revenues losses associated with fewer outpatient visits, cancelled elective procedures or services, increased uncompensated care.<br>• May be used to cover any cost the lost revenue would have covered. This can include, without limitation: employee or contractor payroll; employee health insurance; rent or mortgage payments; equipment lease payments; electronic health record licensing fees | acceptance of the Terms and Conditions. | general & administrative expenses; and (2) health care related expenses. Recipients of over $500,000 in PRF funds are required to provide more detailed information about their expenses.<br><br>Lost revenue reporting is defined as follows:<br>a) the difference between 2019 and 2020 actual patient revenue;<br>b) the difference between 2020 budgeted and 2020 actual patient care revenue. Budgets in this case must have been established before March 27, 2020. There will likely be additional documentation associated with this method.<br>c) Calculated by any reasonable method of estimating revenue. With this approach, the recipient must explain why this method is reasonable. | |
| ***General Provider Relief Distribution—$50 billion***<br>• Initial distribution $30 billion (April 10–17)<br>• Additional distribution $20 billion (started April 24) for eligible providers who submitted tax documents and financial loss estimates by June 3<br>For providers that billed Medicare FFS in CY 2019 | | • Must meet Provider Relief Fund Terms and Conditions above and must also certify that the provider billed Medicare fee-for-service in 2019.<br>All providers who automatically received funds prior to 5:00pm, Friday, April 24, 2020 must provide an accounting of their annual revenues by submitting tax forms or financial statements and must agree to Terms and Conditions, both of which can be done through the General Distribution Portal. | |
| ***IHS Relief Fund—$500 million***<br>• Allocated May 29<br>Hospitals: $2.81 million + 3% of total operating expenses | | • Clinics: $187,000 + 5% (estimated service pop x avg cost per user)<br>• UIOs: $181,000 + 6% (estimated service pop x avg cost per user)<br>• Must meet Provider Relief Fund Terms and Conditions above<br>Funding automatically transferred based on formula. | |
| ***Uninsured Relief Fund—no set amount***<br>• For providers who treated uninsured COVID-19 patients on or after February 4, 2020 | | • Must meet Provider Relief Fund Terms and Conditions above as well as certifying that:<br>○ Recipient will not engage in "balance billing" or charge any type of cost sharing for any items or services provided to Uninsured Individuals receiving care or treatment for a positive diagnosis of | |

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| • HRSA's FAQs currently state that individuals who receive services through the Indian health system are not uninsured individuals for the purposes of this targeted allocation.<br>• Reimbursement will be made for: specimen collection, diagnostic and antibody testing; testing-related visits; treatment; an FDA-approved vaccine once available.<br>• Reimbursement must be requested through the COVID-19 Uninsured Program Portal.<br>• For more information, see HRSA's FAQs. | COVID-19 for which the Recipient receives a Payment from the Relief Fund. The Recipient shall consider Payment received from the Relief Fund to be payment in full for such care or treatment; and<br>If Recipient, prior to signing the Terms and Conditions, charged any Uninsured Individuals a fee for COVID-19-related care or treatment for which the Recipient subsequently received a Payment from the Relief Fund, the Recipient will communicate to the Uninsured Individuals that they do not owe Recipient any money for that care or treatment and will timely return the payment. |
| ***High Impact Relief Fund—$12 billion***<br>Distributed May 7 to hospitals with 100 or more COVID-19 admissions Jan 1–Apr 10 | • June 15 deadline for submissions for consideration for second round of distributions based on admissions Jan 1–June 10.<br>• Must meet Provider Relief Fund Terms and Conditions above |
| ***Rural Relief Fund—$10 billion***<br>• Distributed May 6<br>For acute care hospitals, CAHs, RHCs, and CHCs | • Must meet Provider Relief Fund Terms and Conditions above |
| ***Skilled Nursing Facility Relief Fund—$4.9 billion***<br>• Allocated May 22<br>For nursing facilities with 6 or more certified beds | • Payment will be $50,000 plus $2,500 per bed<br>• Must meet Provider Relief Fund Terms and Conditions above |
| ***Safety Net Provider Relief Fund—$10 billion***<br>• Announced June 9<br>• For qualifying acute care facilities and children's hospitals<br>• Acute care facilities must have: (1) a Medicare disproportionate patient percentage of 20.2% or greater; (2) annual uncompensated care of at least $25,000 per bed; and (3) a net operating margin of 3.0% or less. | • Eligibility is based on 2018 CMS cost report<br>Must meet Provider Relief Fund Terms and Conditions above |
| ***Medicaid & Chip Provider Relief Fund—approx. $15 billion***<br>• Announced June 9. Deadline to apply was July 20, 2020 and applications can be submitted through Enhanced Provider Relief Fund Payment Portal.<br>• Payment dependent on provider submission and will be at least 2% of revenue<br>Must have directly billed Medicaid between January 1, 2018 and December 31, 2019 | • According to HHS's FAQs:<br>○ Providers who received a General Distribution payment are not eligible<br>○ Providers who received targeted distributions, such as from the IHS Relief Fund, are still eligible<br>○ Providers at FQHCs are eligible so long as they meet other eligibility criteria, such as not having received a General Distribution<br>• Must meet Provider Relief Fund Terms and Conditions above |
| **Families First Coronavirus Response Funds: Testing Only—$64 million** | |

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| **Source: Families First Coronavirus Response Act, P.L. 116-127**<br><br>**Enacted: March 18, 2020** | **Administering Agency:** IHS | **Expenditure Deadline:** September 30, 2022 | **Distribution:** Funds have been distributed |
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| **Purpose and Permitted Uses:**<br>Direct appropriation to IHS for COVID-19 Testing<br><br>Funding may only be used for Indians, as defined in section 4 of the Indian Health Care Improvement Act, for: (1) An in vitro diagnostic test … for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19 … and the administration of such a test ….<br>(2) Items and services furnished to an individual during health care provider office visits (which term in this paragraph includes in-person visits and telehealth visits), urgent care center visits, and emergency room visits that result in an order for or administration of an in vitro diagnostic product described in paragraph (1), but only to the extent such items and services relate to the furnishing or administration of such product or to the evaluation of such individual for purposes of determining the need of such individual for such product. | **Terms and Conditions:**<br>Funds were distributed through Annual Funding Agreements (for Title I) and Funding Agreements (for Title V).<br><br>Funds must be used for the COVID-19-related purposes for which they were appropriated.<br><br>Funds must also meet the requirements of Annual Funding Agreements or Funding Agreements. If the COVID-19 related activities are not part of the scope of work of your annual funding agreement or funding agreement, you will need to amend your scope of work to cover the activity. IHS will also negotiate contract support costs for this funding, as applicable. | **Reporting requirements:**<br>IHS guidance requires these funds to be tracked separately from other revenue. | **Other Notes:**<br>This is a narrow source of funding that may only be used for testing and for items and services provided during a visit that results in a test.<br><br>Any unused funds must be returned to IHS.<br><br>More information is available in IHS's March 27, 2020 DTLL.<br><br>IHS Guidance is available here. |
| **CDC Noncompetitive Tribal Grants—$80 million** | | | |
| **Source: Coronavirus Preparedness Response Supplemental Appropriations Act, P.L. 116-123**<br><br>**Enacted:** March 6, 2020 | **Administering Agency:** CDC<br><br>No cost sharing or matching funds required. | **Expenditure Deadline:** The budget period length is 12 months. | **Distribution:** Funds have been distributed |

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| **Purpose and Permitted Uses**: | **Terms and Conditions:** | **Reporting Requirements:** | **Other notes:** |
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| Emergency funding to contracting and compacting tribes, tribal organizations, and consortia<br>According to CDC's Notice of Funding Opportunity, permissible uses include:<br>• Emergency operations and coordination<br>• Health Information Technology<br>• Laboratory capacity<br>• Communications<br>• Countermeasures and mitigation<br>• Recovery activities<br>Other preparedness and response activities to COVID-19 | CDC expects the following to be included in post-award monitoring—<br>• Tracking recipient progress in achieving the desired outcomes.<br>• Ensuring the adequacy of recipient systems that underlie and generate data reports.<br>• Creating an environment that fosters integrity in program performance and results<br><br>Monitoring may also include—<br>• Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.<br>• Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.<br>• Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.<br>• Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels. | CDC will conduct virtual compliance visit between 6 months and a year after award. | Tribes should be sure to follow the more detailed requirements in any grant award notice.<br><br>This is a broad source of funding because permissible expenditures include preparedness and response activities to the current COVID-19 pandemic.<br><br>For more information, see CDC's grant opportunity and FAQ. |