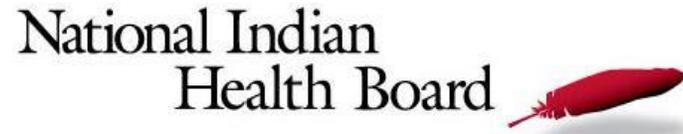


TRIBAL LEADER TOWN HALL



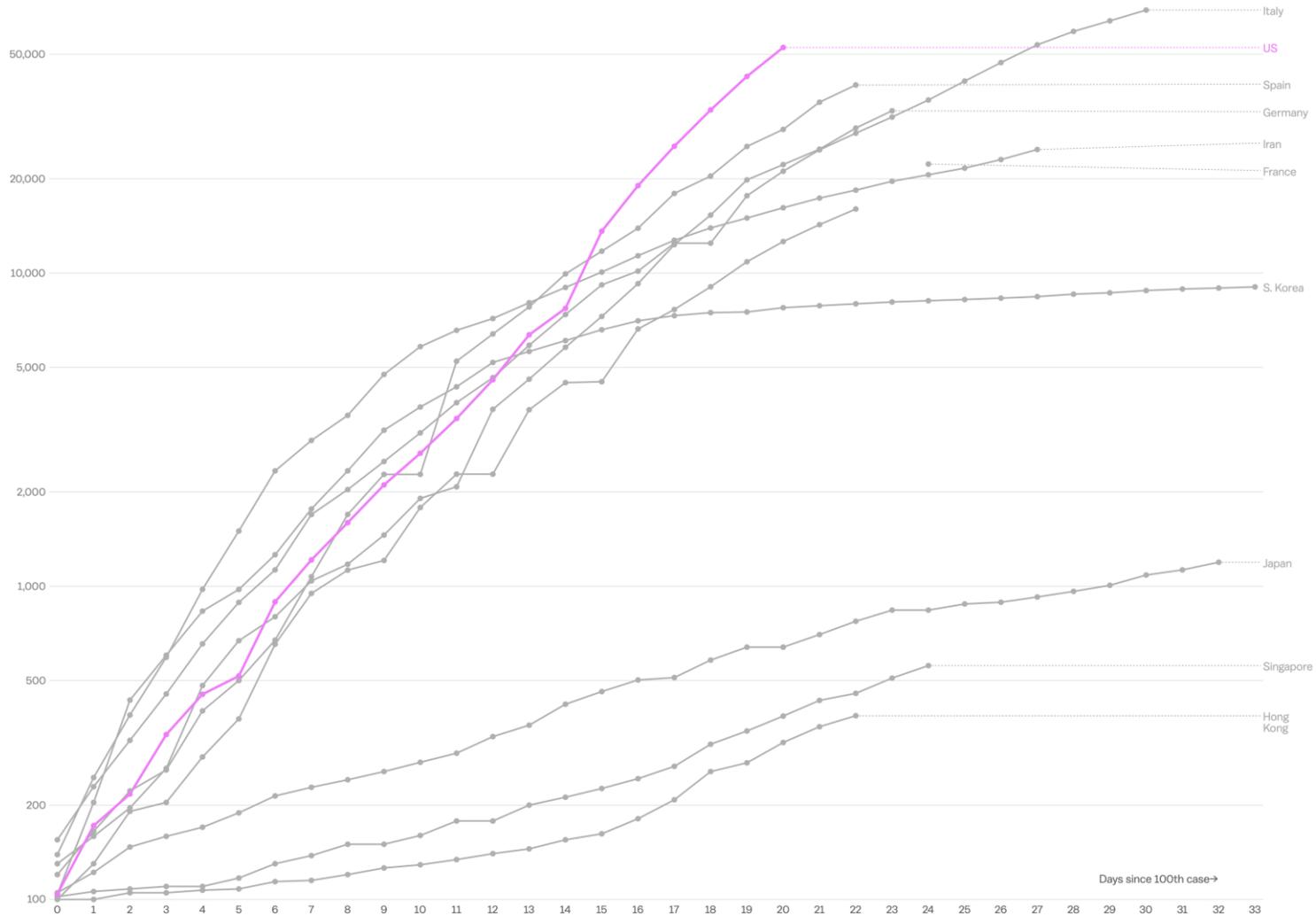
TRIBAL LEADER TOWN HALL ON COVID-19

March 26, 2020 | 12:00pm Eastern

TRIBAL LEADER TOWN HALL

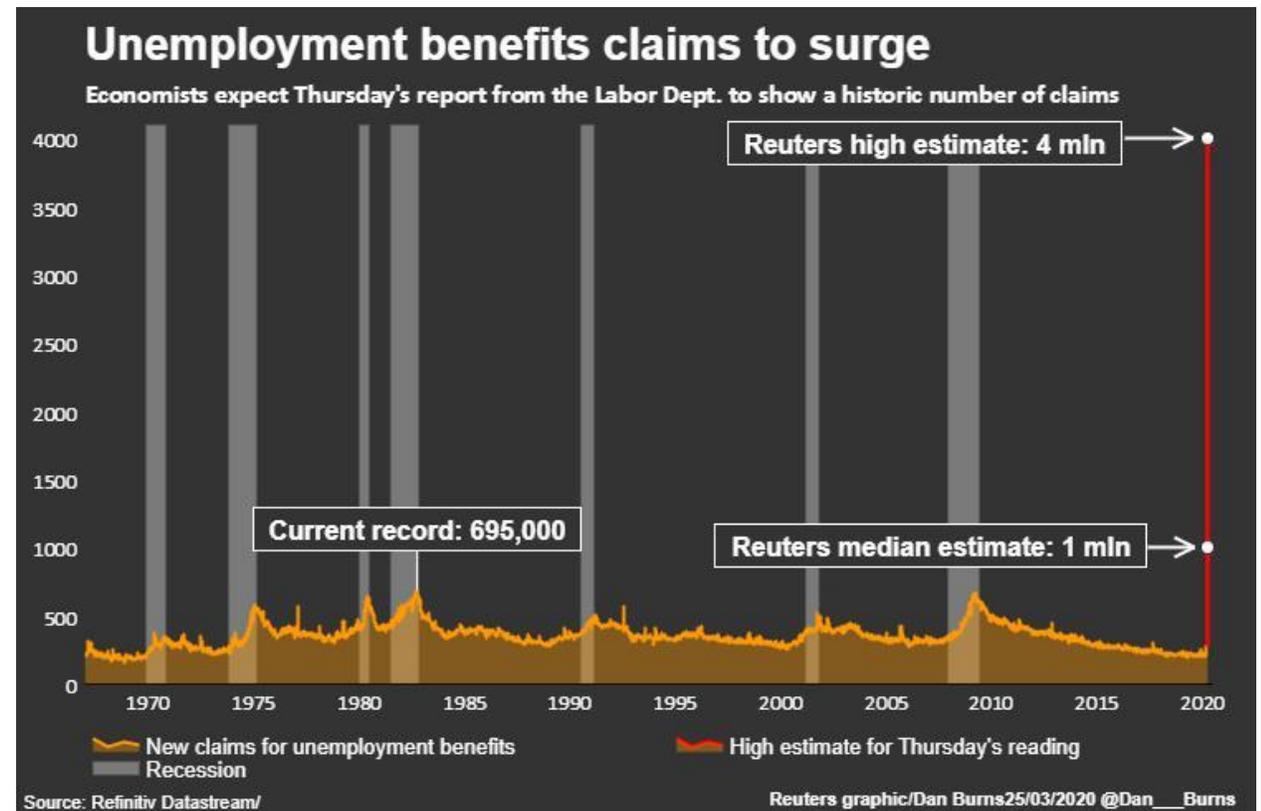
Number of confirmed coronavirus cases, by days since 100th case

Hover for exact value or individual country



Financial Impact

- \$2.2 Trillion
- 10% of GDP
- Jobless Claims up \$3.3 Million in one week



TRIBAL LEADER TOWN HALL



Opening Prayer

Governor Joe Garcia, Ohkay Owingeh

TRIBAL LEADER TOWN HALL



Senator Martha McSally
U.S. Senator for Arizona

TRIBAL LEADER TOWN HALL



Congresswoman Kendra Horn
U.S. Representative, OK-5

TRIBAL LEADER TOWN HALL

Governance



National
Congress of
American
Indians

Kevin Allis

Chief Executive Officer

National Congress of American
Indians

www.ncai.org

NCAI's Role as a Clearinghouse

- There is nothing more important to Indian Country right now than addressing this unprecedented health crisis.
- The COVID-19 pandemic affects all aspects of tribal governance and life in tribal communities.
- To ensure Congress provides broad relief for tribal nations to respond to and recover from COVID-19, it is essential that Indian Country has a comprehensive, unified advocacy effort.
- To facilitate having a unified tribal voice, NCAI took on the role of a clearinghouse for tribal priorities from across Indian Country.

Advocacy Working Groups

- NCAI formed working groups to compile and refine a comprehensive list of priorities based on input from tribal nations.
- In partnership with tribal leaders, tribal organizations, and tribal advocates, the working groups produced materials that were sent to Congress to advocate for the inclusion of tribal priorities in the 3rd COVID-19 stimulus package.
- The working groups also organized advocacy efforts to ensure key offices knew the importance of including tribal priorities in the bill.

Unified Tribal Advocacy

- Due to Indian Country's unified advocacy, the 3rd COVID-19 stimulus bill (S. 3548) includes many strong provisions for tribal nations.
 - Ex: \$453 million for Bureau of Indian Affairs programs
 - Ex: \$8 billion tribal set-aside from the Coronavirus Relief Fund
 - Ex: \$1.032 billion for the Indian Health Service
- NCAI will continue to fight to ensure that the federal government is honoring its trust responsibility to tribal nations through COVID-19 pandemic relief measures.

Working Group Points of Contact

- NCAI will continue convening the working groups to address pending legislation and ensure the proper implementation of enacted legislation.
 - Economic Development & Employment:
Fatima Abbas, fabbas@ncai.org
 - Healthcare & Human Services (includes Nutrition):
 - Nicholas Courtney, ncourtney@ncai.org
 - Tribal Governance (Housing and BIA Appropriations):
 - Tyler Scribner: tscribner@ncai.org

Nutrition Provisions and Next Steps

Colby D. Duren, *Director* – cduren@uark.edu

Indigenous Food Agriculture Initiative

Native Farm Bill Coalition, *Research Partner*



www.indigenousfoodandag.com



UNIVERSITY OF
ARKANSAS



www.nativefarmbillcoalition.org

H.R. 748 – Nutrition Funding

- **\$100 million** – Food Distribution Program on Indian Reservations (FDPIR)
 - **\$50 million** for food purchases
 - **\$50 million** for facility improvement and equipment upgrades
- **\$20 million** – Older Americans Act, Native American Nutrition Grants
- **\$15.51 billion** – Supplement Nutrition Assistance Program (SNAP)
- **\$8 billion** – Child Nutrition Programs



COVID-19 Impacts on FDPIR

- Data and Concerns from the National Association of FDPIR
 - **Avg. 11% increase** in new participants [**over 50% at some sites**]
 - **Food “Take Rate” rising**, leaves less food in stock at sites
 - Supply chain **inventory and ordering issues** from national warehouses
 - **Lack of existing infrastructure** to handle new people and food storage
 - **USDA Foods Disaster Assistance**, tribes eligible, requires additional support to increase warehouse inventory



Implementation Steps and Key Points

- Funds go to USDA Food & Nutrition Service (FNS) – Process TBD
 - Weekly Operations Calls with FNS and FDPIR Programs
 - **Administrative flexibility**; certify/verify new participants; expedite funds
 - Allow funds to cover **administrative costs**; waive cost share
 - FDPIR must have **priority access to the \$100 million**
 - **Foods bought for FDPIR must go to FDPIR programs**
 - Support for **increases in delivery** and prepackaged service options



Native Education



National Indian Education Association

Diana Cournoyer
Executive Director

COVID-19 Stimulus Package #3

Bureau of Indian Education Funding

- Bureau of Indian Education Operations **\$ 69,000,000.00**
- Education Stabilization Fund (BIE + TCU Set aside) **\$ 153,750,000.00**

National Emergency Educational Waivers

- States, tribes, and LEAs can request waivers to specific sections of ESSA, which will only be applicable for the 2019-2020 school year.
- Schools identified for comprehensive support in the 2019-2020 school year will continue that status in 2020-2021 school year.

COVID-19 Stimulus Package #3

Higher Education Waivers

- Waive non-federal matching share requirements for Campus Based Aid
- Assist students with unexpected expenses through Supplemental Educational Opportunity Grants for Emergency Aid
- Continue payments for affected federal work-study students.
- Exclude for purposes of any subsidized student loan a semester not completed due to COVID.
- Exclude semester not completed due to COVID from Pell Grant duration limit
- Waive requirements on amount returned for loans/grants by institutions and students based on student withdrawal due to qualifying emergency.
- Exclude courses not completed due to COVID from calculation of satisfactory academic progress.
- Secretary shall suspend payments due for student loans for 6 months, and interest shall not accrue for the period of suspension.
- Waiver Authority & Reporting Requirement for Institutional Aid to ensure institutions, including TCUs, are not adversely impacted in 2020 funding.
- Allowing for temporary interruption of service obligations for TEACH Grants and Teacher Loans
- Secretary authorized to modify matching share requirements or allowed use of funds at request of grantee or higher education institution.

H.R. 6201 – Family First Coronavirus Prevention Act

Waivers for National School Lunch Program

- States may request waivers for the Richard B. Russell National School Lunch Act or the Child Nutrition Act for the purposes of providing meals and meal supplements during a school closure
- The Secretary may establish a waiver for all states for the purposes of providing meals and meal supplements.
- The Secretary may grant a waiver related to the nutritional content of meals if the Secretary determines that such a waiver is necessary, or if there is a supply chain disruption.

Next Steps

- House proposal to establish a \$2 billion Emergency Connectivity Fund through the Department of Treasury to send Wifi hotspots home with students and library patrons through the e-rate program for use at locations that include locations other than a school or a library.
- House proposal to establish a \$1 billion Emergency Broadband Connectivity Fund through the Department of Treasury to subsidize broadband access reimbursements for households of \$50 or \$30 per month based on eligibility.

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Housing



Tony Walters

Executive Director

National American Indian Housing Council

www.naihc.net

TRIBAL HOUSING - \$300 MILLION

- \$200 Million through Indian Housing Block Grant (IHBG)
 - Formula-based
 - Typically \$650 M annually (+30%)
 - Should get out the door quickly
 - Recipients: tribal housing programs, tribally designated housing entities
- \$100 Million through Indian Community Development Block Grant (ICDBG)
 - \$70 million in FY20
 - Normally competitive, except small “imminent threat” set-aside (~\$5M)
 - All \$100M are going to non-competitive grants
 - Eligible Entities: Tribes

National American Indian Housing Council

- Members are the tribal housing programs that receive IHBG funding:
 - ~90% of the tribes (either individually or through regional housing programs) are members
- Contacts:
 - Board Chairman: Gary Cooper (Cherokee Nation)
 - Executive Director: Anthony Walters (twalters@naihc.net)
- www.naihc.net



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Tribal Health

National Indian
Health Board



Stacy A. Bohlen

Chief Executive Officer

National Indian Health Board

www.nihb.org



Francys Crevier

Executive Director

National Council of Urban Indian Health

www.ncuih.org

TRIBAL LEADER TOWN HALL

National Indian
Health Board 

Stacy A. Bohlen
Chief Executive Officer
National Indian Health Board
www.nihb.org

PHASE 1 – CDC Funding for Tribes in 1st Package

- \$40 million for Tribes & Tribal organizations under 1st COVID supplement
 - Agency doubled the funding to \$80 million
- NIHB Submitted Letter to HHS Secretary March 7, 2020
 - Demanding interagency transfer of Tribal funding from CDC to IHS
- CDC spoke with Secretary's Tribal Advisory Committee on March 19
 - This was first and only time CDC solicited Tribal feedback on funds under 1st COVID supplement
 - CDC did not hold a national All-Tribes call
 - Did not seek input from CDC Tribal Advisory Committee

PHASE 1 – CDC Funding for Tribes in 1st Package

- **\$30** million to 9 regional Tribal organizations and Tribes with populations over 40,000
- **\$40** million in non-competitive grants to Title 1 and Title 5 Tribes
- **\$2** million to NIHB for national communications
- **\$8** million to NCUIH to distribute to all 41 urban Indian organizations

PHASE 2 – Funding to Indian Health Service

- \$64 million to Indian Health Service (IHS) under 2nd COVID package
- IHS secured additional \$70 million from HHS Public Health Emergency Fund
 - **Total for IHS in 2nd package: \$134 million**
- Funding is for high range of COVID activities – testing, equipment, PPE, treatment, etc.

- IHS held national All-Tribes call Monday, March 23
 - Tribes requested maximum flexibility around use of funds
 - Request for funding to come through annual funding agreements (AFAs)
 - IHS anticipated releasing funds by Friday, March 27

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PHASE 3 – 3rd COVID Supplement

- March 20, 2020: National Native organizations submitted letter to Congress outlining Indian Country's priorities



March 20, 2020

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
S-230 U.S. Capitol Building
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
U.S. Senate
S-221 U.S. Capitol Building
Washington, DC 20510

Priorities:

- \$2.444 billion for Indian health system
- Pass Tribal Medicaid Legislative Priorities (four walls fix, etc.)
- Eliminate cost-sharing under Medicare
- Permanent reauthorization of Special Diabetes Program for Indians
- Mandatory funding for Contract Support Costs, 105(I) leases, and Purchased/Referred Care

PHASE 3 – 3rd COVID Package

House Package

Senate Package

- \$1.032 billion for IHS
- Tribal set asides under CDC, HRSA, SAMHSA
- Four walls reimbursement fix
- Tribal access to Public Health Emergency Preparedness
- IHS and Tribal access to Strategic National Stockpile
- Extension of SDPI until November 30, 2020
- House submitted reimbursement for Qualified Indian Health Providers as top priority to Senate

- \$1.032 billion for HIS
- Tribal set asides under CDC, HRSA, SAMHSA
- Extension of SDPI until November 30, 2020

Phase 3 - \$2 Trillion COVID Supplement

- *Coronavirus Aid, Relief, and Economic Security Act* or “*CARES Act*”
 - Passed U.S. Senate March 25, 2020
 - House set to vote March 27, 2020

Final Provisions:

- \$1.032 billion for Indian Health Service
- Minimum \$125 million in Tribal set-aside under CDC
- Minimum \$15 million set-aside under SAMHSA
- Minimum \$15 million set-aside under HRSA
- Extension of SDPI until November 30, 2020

PHASE 3 - \$2 Trillion COVID Supplement

- NIHB analyzing impact of CARES Act on Tribal health systems outside of specific Tribal provisions
 - Telehealth provisions under Medicare
 - \$100 billion for hospitals “Marshall Plan”
 - Volunteer liability protections
 - Payment provisions under Medicare
 - Safe harbor provisions
 - Patient substance use data confidentiality provisions

Next Steps – PHASE 4

- *NIHB is working with the Administration to ensure Tribal consultation directs how funds are distributed under all packages.*

- **House & Senate have indicated that a 4th package is likely**
 - Timeline at least few weeks away
- **Tribal priorities that were not included in 3rd Package are in play for 4th Package**
 - These include Tribal Medicaid/Medicare priorities, SDPI, etc.

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Francys Crevier

Executive Director

National Council of Urban Indian Health

www.ncuih.org

Who is NCUIH?

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The only national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent healthcare services for American Indians and Alaska Natives living in urban settings.

Created in 1998 by Urban Indian Leaders to advance health care of American Indians/Alaska Natives.

Advocates for Indian Health Care with Congress and Federal Government.

Provides technical support to UIOs for implementing quality accessible health care services.

Provides technical assistance support to the 41 Title V Urban Indian Organizations across the nation.

Background on Urban Indian Organizations

- Established in 1976 by Tribes who advocated for treaty health rights off reservation
 - More than 70% of the 5.2 million AI/AN live in urban and suburban areas
 - 41 UIOs in 22 states
- Funded by IHS
 - Less 1% of IHS Budget
 - Primarily funded out of one line item of IHS Budget (\$57.68M/41UIOs, provide health care services through 74 facilities)
 - Funding for sanitation, facilities, CHAP, IHCIF, etc. is **not** available to UIOs
- NCUIH supports FULL IHS funding for Tribes and UIOs

Where are UIOs by IHS Region

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Great Plains

- Nebraska Urban Indian Health Coalition, Omaha, NE
- South Dakota Urban Indian Health, Inc., Sioux Falls, SD

Portland

- NARA of the Northwest, Portland, OR
- The NATIVE Project, Spokane, WA
- Seattle Indian Health Board, Seattle, WA

Billings

- Helena Indian Alliance – Leo Pocha Clinic, Helena, MT
- Indian Family Health Clinic, Great Falls, MT
- North American Indian Alliance, Butte, MT
- Missoula Urban Indian Health Center, Missoula, MT
- Native American Development Corporation, Billings, MT

California

- American Indian Health & Services, Santa Barbara, CA
- Bakersfield American Indian Health Project, Bakersfield, CA
- Fresno American Indian Health Project, Fresno, CA
- Friendship House Association of American Indians, San Francisco, CA
- Indian Health Center of Santa Clara Valley, San Jose, CA
- Native American Health Center, Oakland, CA
- Sacramento Native American Health Center, Sacramento, CA
- San Diego American Indian Health Center, San Diego, CA
- Native Directions, Inc./Three Rivers Indian Lodge, Manteca, CA
- United American Indian Involvement, Inc., Los Angeles, CA

Phoenix

- Native Health Center, Phoenix, AZ
- Urban Indian Center of Salt Lake City, Salt Lake City, UT
- Nevada Urban Indians, Inc., Reno, NV
- Native American Connections, Phoenix, AZ

Albuquerque

- First Nations Community Healthsource, Albuquerque, NM
- Denver Indian Health & Family Services, Denver, CO

Bemidji

- American Indian Council on Alcoholism, Inc., Greenfield, WI
- American Indian Health & Family Services S.E. Michigan, Detroit, MI
- Gerald L. Ignace Indian Health Center, Milwaukee, WI
- Indian Health Board of Minneapolis, Minneapolis, MN
- American Indian Health Services of Chicago, Chicago, IL
- Juel Fairbanks Chemical Dependency Services, St. Paul, MN

Navajo

- Native Americans for Community Action, Flagstaff, AZ

Oklahoma City

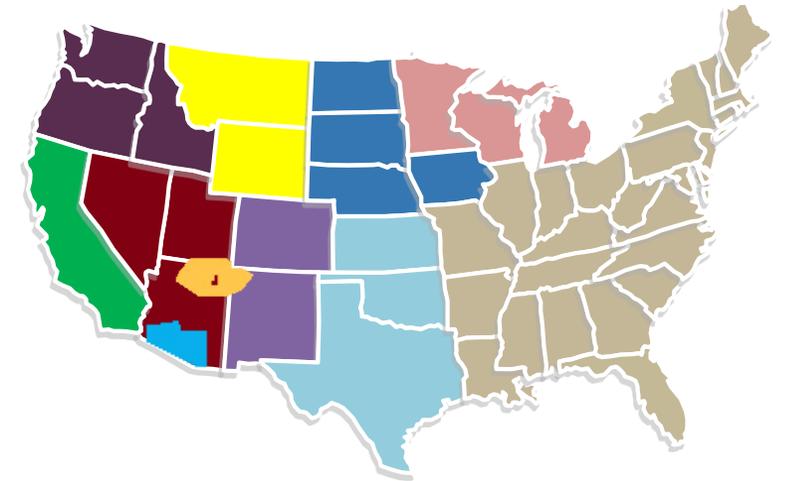
- Hunter Health Clinic, Wichita, KS
- Indian Health Care Resource Center, Tulsa, OK
- Oklahoma City Indian Clinic, Oklahoma City, OK
- Urban Inter-Tribal Center of Texas, Dallas, TX
- Kansas City Indian Center, Kansas City, MO

Nashville

- New York Indian Council, Long Island City, NY
- Native American Lifelines of Baltimore, Baltimore, MD
- Native American Lifelines of Boston, West Roxbury, MA

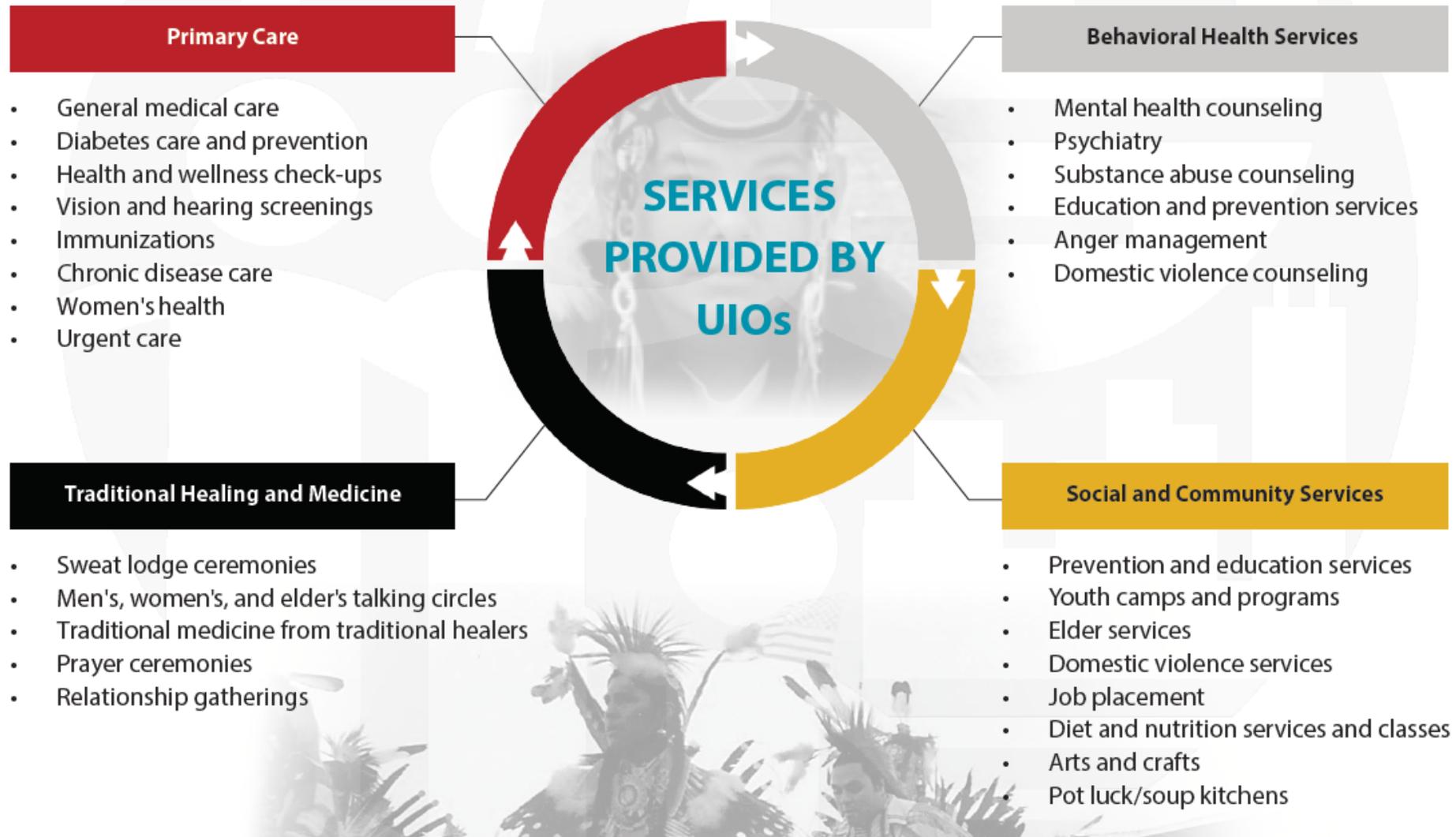
Tucson

- Tucson Indian Center, Tucson, AZ



What do UIOs do?

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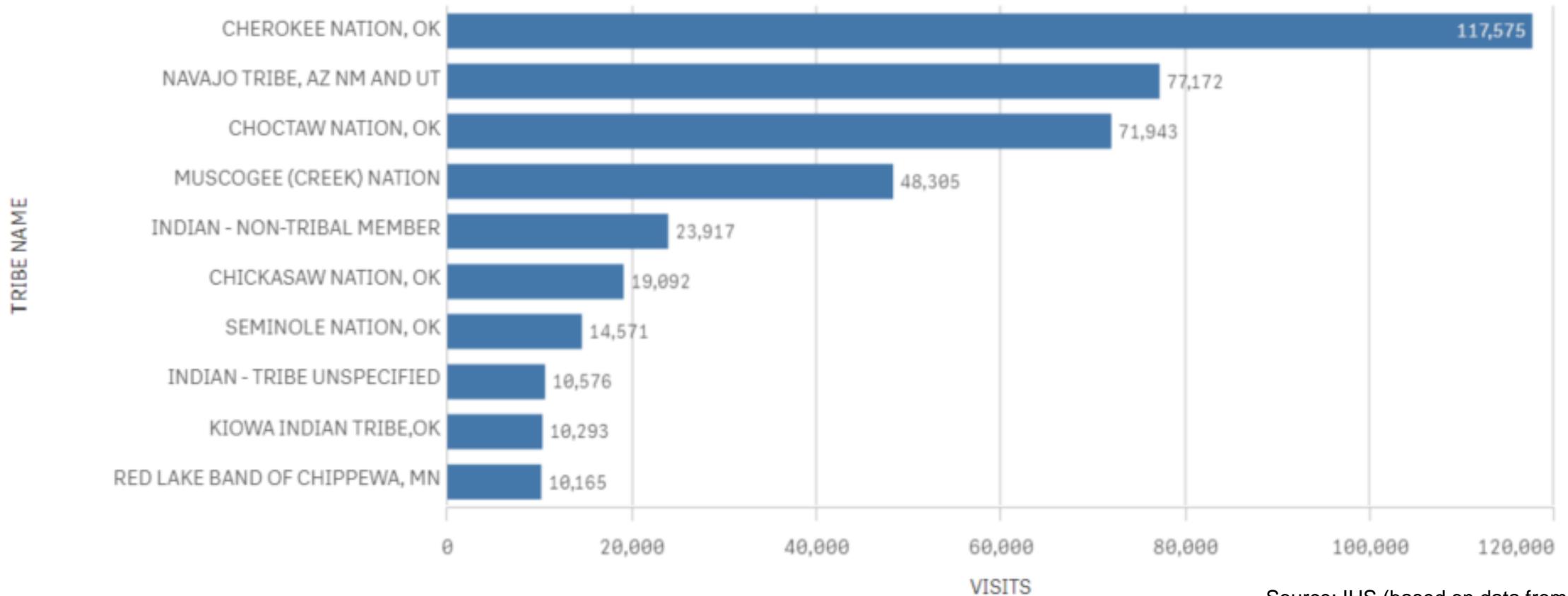


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Tribal Members Receiving Care at UIOs

Top 10 Tribes served (number of AI/AN visits CY 2019)

TOP 10 TRIBES SERVED - VISITS



Source: IHS (based on data from 40 of 41 UIOs)

Indian Health Service (Federal Agency)

Provide direct care via IHS clinics and hospitals

Provide funds for T/U to provide direct care (compact)

Tribal (Sovereign Nations)

Contract with IHS for IHS to provide some services*

Compacts with IHS to receive IHS funds to provide direct care

Urban (Non-Profits)

Compacts with IHS to receive IHS funds to provide direct care

→UIOs receive < 1% of the IHS Budget (one line item)

How UIOs Are Funded

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SERVICES	
Hospitals and Health Clinics	2,147,343
Dental Services	204,672
Mental Health	105,281
Alcohol & Substance Abuse	245,566
Purchased/Referred Care	964,819
Indian Health Care Improvement Fund	72,280
Total, Clinical Services	3,739,961
Public Health Nursing	89,159
Health Education	20,568
Community Health Reps	62,888
Immunization AK	2,127
Total, Preventive Health	174,742
Urban Health	51,315
Indian Health Professions	57,363
Tribal Management	2,465
Direct Operations	71,538
Self-Governance	5,806
Total, Other Services	188,487
Total, Services	4,103,190
FACILITIES	
Maintenance & Improvement	167,527
Sanitation Facilities Constr.	192,033
Health Care Fac. Constr.	243,480
Facil. & Envir. Hlth Supp.	252,060
Equipment	23,706
Total, Facilities	878,806
TOTAL, SERVICES & FACILITIES	4,981,996
CONTRACT SUPPORT COSTS	
CSC	822,227
Total, Contract Support Costs	822,227
TOTAL, IHS	5,804,223

- UIOs receive funding from primarily one line item: Urban Indian Health
 - UIOs typically do not have access to other distinct IHS funding sources
 - Only an increase to the Urban Indian Health line item assures increased services for UIOs
- UIOs are ineligible for other cost saving measures available to the remainder of the I/T/U system
 - 100% FMAP
 - FTCA malpractice coverage
 - VA reimbursement

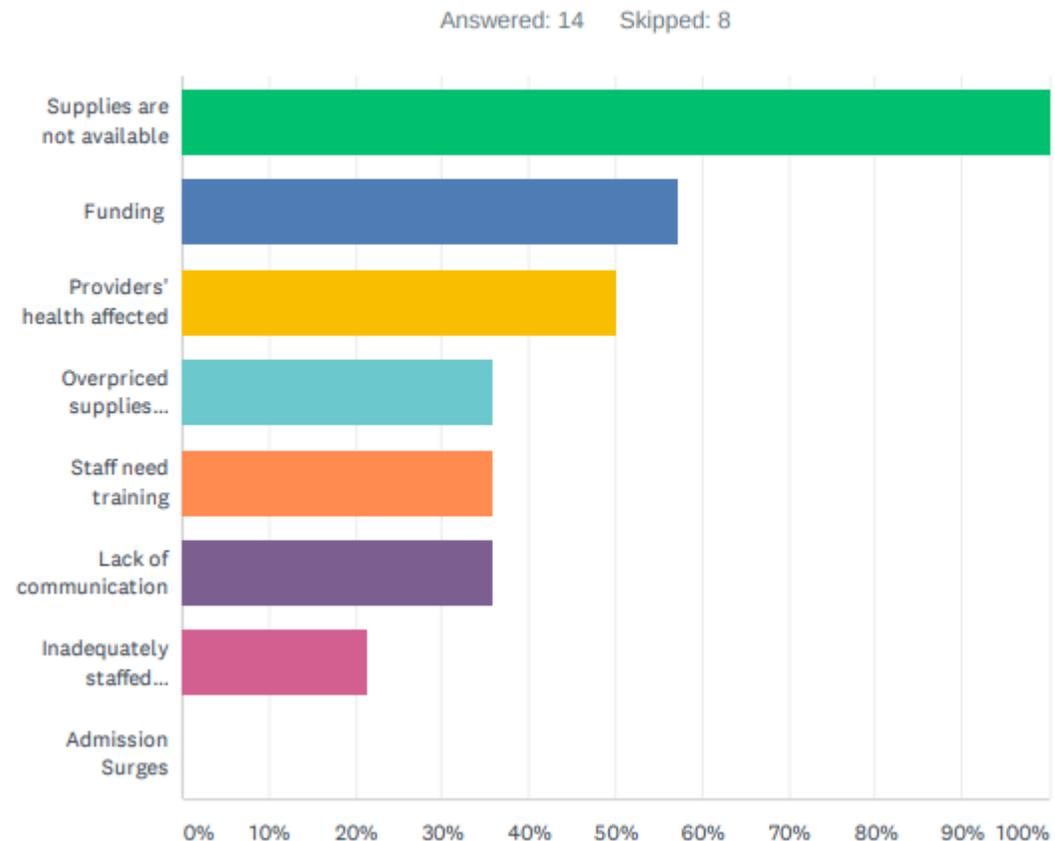
Source: FY 2019 Enacted

UIOs and COVID-19

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- COVID-19 impacts to UIOs
 - UIO has reduced hours: 100% of respondents
 - UIO staff teleworking: 71% of respondents
 - 3 UIOs have opened drive-through clinics

What barriers faced so far during your UIO's COVID-19 response



Legislation Updates

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- Coronavirus Preparedness and Response Supplemental Appropriations Act (March 4)
 - 2.2B in CDC funds
 - At least \$950M to states, localities, Tribes, Tribal organizations, and UIOs
 - Minimum of \$40M to **Tribes, Tribal organizations, and UIOs**
- March 20: CDC announces **\$80M** to disburse funds to Indian Country (waiting on info regarding January 20th disbursement)
 - 90% funding (\$70M) to Tribes
 - 10% funding (\$8M) to UIOs

Legislation Updates Cont'd

TRIBAL LEADER TOWN HALL

- Families First Coronavirus Response Act – H.R. 6201
 - **\$64M** to IHS I/T/U to cover the costs of COVID-19 diagnostic testing for Indians receiving care through IHS, Tribes, UIO
 - Guarantees no cost sharing for COVID-19 testing for Indians receiving contract health services
 - IHS I/T/U will receive **\$70M** from the Public Health and Social Services Emergency Fund, appropriated in the Coronavirus Preparedness and Response Supplemental Appropriations Act. These funds are available to prevent, prepare for, and respond to Coronavirus

Indian Health Funding

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- **\$1.032 billion for Indian Health Services I/T/U until **9/30/21****
 - Up to \$65 million is for electronic health record stabilization and support
 - Not less than \$450 million shall be distributed through T/U
 - \$125 million may be transferred to and merged with the “Indian Health Service, Indian Health Facilities” account
- Extension of the Special Diabetes Program for Indians through November 30, 2020
- Not less than \$15 million for SAMHSA Health Surveillance Program
- Not less than \$15 million from the Public Health Service and Social Services Emergency Fund
- Not less than \$125 million Tribal set aside from the CDC Wide Activities and Program Support

COVID-19 IHS \$1.032 Billion Bill Language

- to prevent, prepare for, and respond to COVID-19
 - Including for public health support
 - Electronic health record modernization
 - Telehealth and other information technology up grades
 - 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

Thank you and Stay Safe Relatives

- Any questions or concerns, email me at Fcrevier@ncuih.org
 - COVID19@ncuih.org for general inquiries
- www.ncuih.org/coronavirus
- Coronavirus Legislative Tracker:
<https://www.ncuih.org/covidlegtracker>

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Economy



Dante Desiderio

Executive Director

Native American Finance
Officers Association

www.nafoa.org



Jason Giles

Executive Director

Native American
Contractors Association

www.indiangaming.org



Joseph Valandra

Executive Director

Native American Contractors
Association

www.nativecontractors.org

TRIBAL LEADER TOWN HALL



Dante Desiderio
Executive Director

Native American Finance Officers Association

www.nafoa.org

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SBA Loans and Grants to Small Businesses

SEC. 1102. (P.9): The Paycheck Protection Program amends the Small Business Act to provide assurance for continued operations from Feb 15 – Jun 30, 2020

- \$350 billion in loan forgiveness grants to small businesses and non-profits to maintain existing workforce and help pay for other expenses like rent, mortgage, and utilities.
- Small businesses may take out loans up to \$10 million that is limited by a formula tied to payroll costs, and can cover employees making up to \$100,000 per year.
- Eligibility:
 - Fewer than 500 employees, or
 - The size standard in number of employees established by the SBA for the industry in which the business concern, nonprofit organization, veterans organization, or Tribal business concern operates
- Allowable uses:
 - payroll costs, costs related to continuation of health insurance, employee salaries, payments of interest on any mortgage obligation, rent, utilities, interest on any other debt obligations that were incurred before the covered period
- Forgiveness:
 - Loans can be forgiven for the sum of the following costs made during the covered period:
 - (1) Payroll costs (2) interest on any covered mortgage obligation (3) rent obligation (4) utility payment.

Unemployment Assistance

- **Unemployment Insurance** – Allows Indian tribes to be reimbursed for fifty (50) percent their incurred unemployment benefit costs through December 31, 2020
- Remainder through flexible Coronavirus Relief Fund with eight billion (\$8,000,000,000) appropriated to tribes

Economic Stabilization Assistance

- **SEC. 4001. (P. 510): \$454B of a \$500B fund is available for loans and loan guarantees to eligible businesses, states, and municipalities for costs related to losses incurred by coronavirus.**
- Definitions – Tribes and tribal entities can fall under two categories:
 - “Eligible Business” – a business is eligible if it has not received adequate relief provided elsewhere under the act.
 - “State” – Indian Tribes are defined as states for the purpose of this section.
- The loans are for the following purposes:
 - (A) purchasing obligations or other interests directly from issuers of such obligations or other interests;
 - (B) purchasing obligations or other interests in secondary markets or otherwise; or
 - (C) making loans, including loans or other advances secured by collateral.

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Coronavirus Relief Fund

- **SEC. 5001. (P. 598): \$8 Billion Allocated to Tribal Governments to use for expenditures incurred due to the COVID-19**
- This is out of a \$150 billion governmental relief fund for states, tribes, and units of local government.
- The funds are to be distributed within 30 days of passage of the bill.
- The Fund is housed at the Department of Treasury
- The Treasury Secretary is required to develop a funding distribution model for this fund based on identified need and in consultation with the Secretary of the Interior and Indian Tribes.
- Tribal governments can use these funds for costs that meet the following three criteria:
 - (1) are necessary **expenditures** incurred due to COVID-2019;
 - (2) were not accounted for in the budget most recently approved for the State or government; and
 - (3) were incurred during the period that begins on **March 1, 2020, and ends on December 30, 2020**

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Jason Giles

Executive Director

Native American Contractors Association

www.indiangaming.org

COVID-19 Impact on Tribal Gaming

- As best to our knowledge, tribal casino closures have reached 100% since the weekend.
- During these temporary closures, Tribes are paying their employees through March 30th, some even to April 10th.

2019 Tribal Gaming Economic Impact

- **\$40.6 billion** total revenues (\$35.0 billion in gambling revenues and \$5.6 billion in ancillary revenues)
- Over **\$12.5 billion** transferred for governmental program spending and investments
- A fiscal impact of **\$17.7 billion** to State and Federal governments
- Total overall economic output of over **\$89 billion nationwide**

(Source: Dupris Consulting Group, 2019 Economic Impact Summary of Indian Gaming)

2019 Economic Impact: Jobs

787,878 jobs

- 316,206 direct (40%)
- 471,672 indirect (60%)
- 316, 206 were ongoing jobs, 75% held by non-tribal citizens

Over \$34.6 billion in wages

- \$9.6 billion direct wages paid
- \$25.1 billion indirect wages paid

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NACA

Native American Contractors Association

Mission

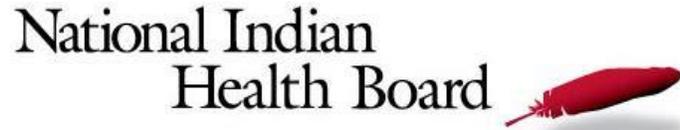
To protect the rights of Native American communities to create economic development through government contracting

Executive Director, Joe Valandra
March 2020

Temporary Relief for Student Loans

- American Indian and Alaska Native students will get the same benefits as all other students with Federal loan relief
- Employer sponsored loan repayment will be continued to be encouraged
- Federal Student Loans:
 - All payments due to Department of Education suspended through September 30, 2020
 - No accrual of interest on loans during this relief period.
 - Loan forgiveness during period

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Questions and Answers

Write a question in the Q&A box, raise your hand to ask over mic, or press *9 on your phone to raise hand