COVID-19 UPDATE FOR INDIAN COUNTRY MAY 5, 2020

This privately developed free report is designed to provide a broad overview of and updates to federal actions which are continuing to develop in real time. This report is not exhaustive, but is intended to present a guide to available documents / notices as of the date on this page. This report is not designed or intended to provide legal or accounting advice; please consult your professionals for that advice.

This report is an ongoing update, so each slide is date stamped and any new additions from the prior version will be in orange and bold text.
TIMELINE OF MAJOR COVID-19 FEDERAL ACTIONS TO DATE

First funding bill Coronavirus Preparedness and Response Supplemental Appropriations Act 2020 – H.R. 6074 becomes law
(Indian Country eligible for $80M+)
SLIDES 3-5

Second funding bill Families First Coronavirus Response Act - H.R. 6201 becomes law
(Indian Country eligible for $144M+)
SLIDES 8 – 9

Third Funding bill Coronavirus Aid, Relief, and Economic Security Act CARES Act – H.R. 748 becomes law
(Indian Country Eligible for 10B+)
SLIDES 10 - 19

Fourth funding bill Paycheck Protection Program and Health Care Enhancement Act
H.R. 266 becomes law
SLIDE 20

March 6, 2020
March 13, 2020
March 18, 2020
March 27, 2020
April 24, 2020
Consensus is there will be subsequent bills

President Trump declared a National Emergency (COVID-19)
(Opens up significant FEMA Money which tribes may become eligible for)
SLIDES 6 -7

Third Funding bill Coronavirus Aid, Relief, and Economic Security Act CARES Act – H.R. 748 becomes law
(Indian Country Eligible for 10B+)
SLIDES 10 - 19

LAST UPDATED 4.24.20
H.R. 6074 – CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT 2020

- H.R. 6074 was signed into law on March 6, 2020 authorizing $8.3B in spending.
- Department of Health and Human Services (CDC) received $2.2B.
  - Not less than $950M shall be for grants to or cooperative agreements with States, localities, territories, tribes, tribal organizations, urban Indian health organizations or health service providers to tribes, to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.
  - 475M of the 950M shall be allocated within 30 days of enactment.
  - The CDC funding includes $40M baseline set-aside for Tribes, tribal organizations, urban Indian health organizations or health service providers to tribes
  - The $40M was the floor and the CDC released notice on March 20, 2020 that $80M would be available.
Accessing the Funding in H.R.6074

According to the HHS press release dated 3.20.20, HHS announced action by the CDC to provide $80M in funding to tribes, tribal organizations, and Urban Indian Organizations. The Trump Administration decided against transferring CDC money to IHS as requested by various members of congress, tribes, and tribal organizations.

How will the $80M be allocated?

$30M via: The CDC through the “Tribal Public Health Capacity Building and Quality Improvement Cooperative Agreements (TPHCBQICA)”

- Tribes with 40K+ citizens included directly in the $30M, other recipients will include:
  - Alaska Native Tribal Health Consortium (Alaska), Albuquerque Area Indian Health Board, Inc. (New Mexico), Bristol Bay Area Health Corporation (Alaska), California Rural Indian Health Board (California), Great Lakes Inter-Tribal Council, Inc. (Wisconsin), Northwest Portland Area Indian Health Board (Oregon, Washington), Rocky Mountain Tribal Leaders Council (Montana, Wyoming), Southern Plains Tribal Health Board (Oklahoma, Kansas, part of Texas), United South and Eastern Tribes, Inc. (New England, Northeast, Southeast, part of Texas)

- $8M to National Council of Urban Indian Health, which will make sub-awards to 41 urban Indian health centers

- $2M to the National Indian Health Board

- $40M to be distributed through a “new non-competitive grant” to eligible tribes.
ACCESSING THE FUNDING IN H.R.6074

- On March 24, 2020 the grant notice came out for the first $30M available through the “Tribal Public Health Capacity Building and Quality Improvement Cooperative Agreements”. Applications were due on April 1, 2020. Expected awards were 13 with a floor of 350K and ceiling of 3.5M. [https://www.grants.gov/web/grants/view-opportunity.html?oppId=325727](https://www.grants.gov/web/grants/view-opportunity.html?oppId=325727)
  - A second notice went out under this on April 2, 2020, Applications were due April 8, 2020, Expected Awards were 2 with a floor of 2M and ceiling of 3.5M. [https://www.grants.gov/web/grants/view-opportunity.html?oppId=325924](https://www.grants.gov/web/grants/view-opportunity.html?oppId=325924)
- On April 1, 2020 the grant notice came out for the remaining 40M from the first bill. Applications are due on May 31, 2020 however the CDC is accepting applications on a rolling basis. Total expected awards are 574 with an award floor of $25,000 and award ceiling of $1.5M. It has been reported that, at a minimum, the award floor may be awarded to applicants as they apply. [https://www.grants.gov/web/grants/view-opportunity.html?oppId=325942](https://www.grants.gov/web/grants/view-opportunity.html?oppId=325942)
  - How to find the grant notice.
    - Step 1. Visit grants.gov
    - Step 2. Click the “SEARCH GRANTS” tab
    - Step 3. On the left-hand side in the “Agency” field box click the “All Department of Health and Human Services (HHS)” box
    - Step 4. Also click the Centers for Disease Control sub boxes under the HHS
    - Step 5. Locate this and click on the hyperlink (CDC-RFA-OT20-2004)
    - Alternatively you can search the opportunity number CDC-RFA-OT20-2004 after step 2.
On March 13, 2020 President Trump declared a national emergency pursuant to Sec, 501(b) of the Stafford Act related to COVID-19. Under the President’s national declaration, tribes are not required to request individual emergency declarations.

Under the declaration, FEMA, in coordination with HHS, can assist state, local, tribal, territorial governments and other eligible entities with the health and safety actions they take on behalf of the American public. Tribes can choose to seek Stafford Act assistance A) as a recipient by signing a FEMA-Tribe Agreement or B) as a sub recipient under a state.


Under the Stafford Act, eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under Category B of FEMA’s Public Assistance program.

FEMA assistance will be provided at a 75% FEMA /25% Tribal cost share (although the tribal cost share may be waived under certain circumstances).

Regional Tribal Liaisons can provide additional information, guidance and technical assistance throughout the process. (see next page)

Non-Exhaustive Eligible Assistance (Can not be duplicative of assistance provided by CDC or HHS or another federal agency)

- Management, control and reduction of immediate threats to public health,  Emergency medical care, Medical sheltering, Purchase and distribution of food, water, ice, medicine and other consumable supplies (inc. personal protective equipment), Security & law enforcement,  Communications of general health and safety information to the public, Search and Rescue, Reimbursement of force account overtime costs
H.R. 6201 was signed into law on March 18, 2020

Specific Tribal / Native American Funding Set Asides

- $64M appropriated into the Indian Health Services, to be allocated in amounts at the discretion of the Director of IHS.
- $10M set aside at Administration for Community Living (ACL) for nutritional services for Native Americans as authorized by the OAA.
- The Secretary of HHS shall cover COVID-19 testing without the imposition of any cost sharing requirements for American Indian and Alaskan Natives regardless of where services have been authorized.

IHS secured an additional $70M from HHS Public Health Emergency Fund

TOTAL FOR IHS in H.R. 6201 is $134M (64M + $70M)
ACCESSING THE FUNDING IN H.R. 6201

- According to a March 27, 2020 Tribal Leader and Urban Indian Organization Leader letter from Michael Weahkee (Principal Deputy Director IHS) the $134M from H.R. 6201 will be allocated as follows;
  - Of the $64M set aside in the bill
    - $61M will be allocated to IHS Federal health programs and Tribal health programs using the existing distribution methodology for program increases in Hospital and Health Clinics funding. Tribal health programs will receive these one-time funds through unilateral modification to their existing ISDEAA agreements. These funds must only be used for the purposes for which they were allocated.
    - $3M to Urban Indian Organization (UIO). IHS will work with UIOs to provide these funds through existing IHCIA contracts by providing a base amount for each UIO and an amount based on each UIOs urban Indian users.
  - Additional $70M from HHS Public Health Emergency Fund
    - $30M will be distributed to IHS federal health programs in support of COVID-19 response.
    - $40M will be used by the IHS to purchase personal protective equipment (PPE) and medical supplies through the IHS National Surplus Supply Center. The PPE and medical supplies will be available to IHS, Tribal, and Urban health programs free of charge.
  - According to the notice the transfer of funds were to begin immediately as of 3.27.20

- Grant awards for the $10M set aside at ACL for nutritional services for Native Americans as authorized by the Older Americans Act (OAA) were issued on March 25, 2020. Amounts determined by OAA population-based formulas.
  - For guidance on using your FFCRA funds see https://olderindians.acl.gov/sites/default/files/uploads/docs/FAQs%20Title%20VI%20Grantee%20Response%20to%20COVID-19%20Pandemic.508C.pdf

LAST UPDATED 4.17.20
The CARES ACT was signed into law on March 27, 2020 & is a roughly $2 trillion dollar spending bill

Under the CARES ACT (P.L. 116-136) Indian Country has over $10 billion in direct set asides
- Department of Treasury (USDT) ($8B) Slide 11
- Department of Health & Human Service (HHS) ($1.207B) Slides 12 - 13
- Department of the Interior (DOI) ($522M) Slide 14
- Department of Housing & Urban Development (HUD) ($305M) Slide 15
- Department of Education (ED) ($153.75M) Slide 16
- Department of Agriculture (USDA) ($100M) Slide 16

Indian Country/ Individual Native Americans are also eligible to access billions outside of the set asides for Indian Country Slides 17 - 18

Note: These lists may not be exhaustive and reflect the review of the bill to date.
Coronavirus Relief Fund (CRF) at USDT

- Tribal Government Set Aside $8,000,000,000
- For making payments to States, Tribal governments, and units of local government $150B for FY2020 with $8B reserved for making payments to Tribal governments.
- Not later than 30 days after the date of enactment of this section, the Secretary of USDT shall pay each Tribal government the amount determined for that Tribal government.
- Payment amount shall be determined by Secretary of Treasury in consultation with the Secretary of the Interior and Indian Tribes, that is based on increased expenditures of such Tribal government (or a tribally owned entity of such Tribal government) relative to aggregate expenditures in FY2019 by the Tribal government (or tribally-owned entity) and determined in such manner as the Secretary determines appropriate to ensure the $8B for FY 2020 is distributed to Tribal governments.
- Use of Coronavirus Relief Funds are limited to costs of the Tribal government (or tribally owned entity of such Tribal government) that:
  - Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) and
  - Were not accounted for in the Tribal government’s budget most recently approved as of the date of enactment of this section and
  - Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020

On April 22, 2020 Treasury released guidance on the limitations

On May 4, 2020 Treasury updated CRF FAQs

The Inspector General of the USDT will conduct monitoring and oversight of receipt, disbursement and use of funds. If the Inspector General of the USDT determines that funds were used for expenditures or purposes outside of the limited uses, the amount will be become debt to the federal government

- USD and DOI consulted with Indian Country on 4.2.20 & 4.9.20. The first data call went out on 4.13.20 and was due 4.17.20. Another data call will be coming out soon after 5.5.20

- The data call included a request for information on ANCs and lawsuits followed seeking to enjoin the Secretary of Treasury from dispersing CRF funds to ANCs. On 4.27.2020 the US District Court for District of Columbia granted the preliminary injunction enjoining the Secretary from disbursing the CRF to any ANCs, but stopped short of directing the Secretary to disburse the entire 8 billion to the 574 federally recognized tribes. See link below for the court’s order.

- On May 5, 2020 USD announced the funding formula for the disbursement of the first 60% of the fund, which will be based on Tribal population data used by HUD in connection with the IHBG program. (100K minimum, ANC money will be held back pending litigation outcome, HUD provided data for tribes who are not in IHBG population data ). See full announcement here.

- New target date for partial disbursement 5.5.20-5.8.20
- The remaining 40% of the CRF will be based on employment and expenditures data which will be collected per a second data call.

LAST UPDATED 5.5.20
The following agencies within HHS received set asides

- **Indian Health Services (IHS)** $1,032,000,000
  - Monies to remain available until 9.30.2021 to prevent, prepare for, and respond to coronavirus
  - [Visit this site](https://www.ihs.gov/coronavirus/news/) for the various press releases discussing these funds and the IHS updates.

- IHS held a consultation on April 1, 2020.

On April 3, 2020 IHS provided notification that they will immediately allocate **$600M** of the $1.032B as follows.

- **$570M** of the $600M to IHS directly operated programs and tribal health programs using existing distribution methodologies for program increases in Hospitals and Health Clinics, Purchased/Referred Care (PRC), Alcohol and Substance Abuse, and Mental Health funding. Purchased/Referred Care funding is allocated using the PRC distribution formula for new PRC funds.
- **Tribal Health Programs** will receive these one-time, non-recurring funds through unilateral modifications to their existing ISDEAA agreements. These funds must be used for the purposes for which they were appropriated. If a THP cannot do so, they should notify the IHS immediately. Eligible contract support costs may be added to this funding, and the IHS and each THP will negotiate these amounts after these payments are made.
- To support IHS Federal health programs, the IHS will distribute funding to IHS-operated Service Units
- **$30M** of the $600M to urban Indian health programs through existing IHCIA contracts. Each urban Indian health program will receive a base amount plus an additional amount based on each Urban Indian Organization’s Urban Indian users.
- Distributions of the $600M began on April 3, 2020

- **$65M** will be used for electronic health records stabilization and support

  - **$125M** to the Facilities Account (IHS and tribal programs). Of the $125M
    - **$74M** will support medical equipment needs
    - **$41M** will support maintenance and improvement needs
    - **$10M** will support sanitation and potable water needs
  - **$50M** to IHS health programs and Tribal health programs, using existing distribution methodologies for program increases in Community Health Representatives and Public Health Nursing
  - **$20M** to support Urban Indian Organizations (UIOs)
  - **$95 million** to support the expansion of telehealth activities across the IHS, tribal, and urban Indian health programs
  - **$26 million** to support Tribal Epidemiology Centers and national surveillance coordination activities at IHS Headquarters
  - **$6 million** for public health support activities, including partnerships with key stakeholders to broaden messaging about COVID-19 prevention, response, and recovery in Indian Country
  - **$5 million** to provide additional COVID-19 test kits and materials at no charge to IHS, Tribal, and Urban Indian health programs
  - **$10 million** for non-clinical Federal staff support that will include deep cleaning of office space, equipment for teleworkers, protection for non-clinical staff, and non-clinical staff overtime
  - **$30 million** to address unanticipated needs in the near future.

LAST UPDATED 4.26.20
The following agencies within HHS received set asides

- **Administration for Community Living (ACL)** $20,000,000
  - The Aging and Disability Services Programs received $955M to remain available until 9.30.21 to prevent, prepare for, and respond to coronavirus
  - $20M of the $955M shall be for nutritional services under title VI of the Older Americans Act, programs for the provision of nutrition & support service for Native Americans
  - This is similar to the ACL money in the second bill. See link for guidance. [https://olderindians.acl.gov/sites/default/files/uploads/docs/FAQs%20Title%20VI%20Grantee%20Response%20to%20COVID-19%20Pandemic.508C.pdf](https://olderindians.acl.gov/sites/default/files/uploads/docs/FAQs%20Title%20VI%20Grantee%20Response%20to%20COVID-19%20Pandemic.508C.pdf)

- **Center for Disease Control (CDC)** $125,000,000 minimum
  - Monies to remain available until 9.30.2024 to prevent, prepare for and respond to coronavirus
  - CDC is getting $4.3B and not less than 1.5B shall be for grants to or cooperative agreements with States, localities, territories, tribes, tribal organizations, urban Indian health orgs....
  - Not less than $125M of the 1.5B shall be allocated to tribes, tribal organizations, urban Indian health orgs ....
  - This funding will come out as a subsequent round of funding through the mechanism used in the first bill. (See slide 5)

- **Health Resources & Service Administration (HRSA)** $15,000,000 minimum
  - $27.01B + additional $275M “Public Health & Social Services Emergency Fund”
  - $180M of the Fund to be transferred to HRSA-Rural Health to remain until 9.30.2022 to carry out telehealth and rural health activities ...
  - Not less than $15M of the $180M shall be allocated to tribes, tribal organizations, urban Indian health organizations, or health or behavioral health service providers to tribes
  - Notice Released - Post Date 4.21.2020, Application Due Date 5.6.2020 Competitive process, Exp: Awards 50, Award Ceiling 300K, Est Funding 15M

- **Substance Abuse & Mental Health Service Administration (SAMHSA)** $15,000,000 minimum
  - Monies to remain available until 9.30.2021 to prevent, prepare for and respond to coronavirus
  - SAMHSA is getting $425M
  - Not less than $15M of the $425 shall be allocated to tribes, tribal organizations, urban Indian health organizations, or health or behavioral health service providers to tribes
  - $15M will be allocated by providing supplements to the 154 current Tribal Behavioral Health Grant Program (Native Connections) recipients. ($97,402 each)
  - SAMHSA accepted applications from states, territories and tribes for fiscal year (FY) 2020 Emergency Grants to Address Mental and Substance Use Disorders During COVID-19. Posted Date: April 1, 2020. Applications were Due: April 10, 2020.
  - [https://www.samhsa.gov/sites/default/files/programs-funded-samhsa.pdf](https://www.samhsa.gov/sites/default/files/programs-funded-samhsa.pdf)

Last Updated 5.5.20
The following agencies within DOI received set asides

- **Bureau of Indian Affairs (BIA) $453,000,000**
  - Monies to remain available until 9.30.2021 to prevent, prepare for, and respond to coronavirus, including but not limited to: funds for public safety and justice programs, executive direction to carry out deep cleaning of facilities, purchase of personal protective equipment, purchase of information technology to improve teleworking capability, welfare assistance and social services programs (including assistance to individuals), and assistance to tribal governments, including tribal governments who participate in the “Small and Needy” program:
    - Not less than $400M shall be made available to meet the direct needs of the tribes
    - Amounts received from funds under this allocation for welfare assistance programs shall not be included in the statutory maximum for welfare assistance funds under PL 116-94
    - Funds received under this allocation shall not be included in the calculation of funds received by the “Small & Needy” program
    - Funds may be made available for distribution through tribal priority allocations for tribal response and capacity building activates
    - Funds may be transferred to tribes and tribal orgs under ISDEAA
    - A dear tribal leader letter went out from Assistant Secretary of Indian Affairs on Monday April 13.
      - Allocation notice given on 4.13.2020 and payments expected by 4.17.20
      - $420 million in direct payments to tribes
        - $380 million to all tribes though aid to tribal government
          - Distribution based on tribal enrollment data with tribes being grouped and funded based on population. Smallest tribes will receive at least $60,000
          - $20 million will be provided through welfare assistance
            - Distribution based on enrollment data and Distributed proportionally
          - $20 million in temporary reserve to be used as needed
      - $33 million to BIA for facility deep cleaning, quarantine of inmates, overtime costs, and IT investments to enhance telework capabilities and Wi-Fi connectivity

- **Bureau of Indian Education (BIE) $69,000,000**
  - Monies to remain available until 9.30.2021 to prevent, prepare for and respond to coronavirus, including but not limited to, funding for tribal colleges and universities, salaries, transportation, and information technology:
    - Not less than $20M of the 69M shall be for tribal colleges and universities
    - Allocation notice given on 4.13.2020
      - 23M to TCU’s proportionally
      - 46M to BIE and tribally controlled schools to address operational needs
        - Enhance online distance learning for students, IT hardware capacity, and Wi-Fi connectivity and other support
CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT)
INDIAN COUNTRY SET ASIDE FUNDING AT DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

The following set aside funds will be available through HUD

- **Native American Programs $300,000,000**
  - Monies to remain available until 9.30.2024 to prevent, prepare for, and respond to coronavirus
  - For activities and assistance authorized under title I of the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) (25 U.S.C. 4111 et seq.), and under title I of the Housing and Community Development Act of 1974 with respect to Indian tribes (42 U.S.C. 5306(a)(1)).

- **Indian Housing Block Grants (IHBG) program**
  - Not less than $200M shall be available for the Native American Housing Block Grants program as authorized under title I of NAHASDA.
  - These amounts made available shall be distributed according to the same funding formula used in FY2020.

- **Indian Community Development Block Grant (ICDBG) program**
  - Up to $100M shall be available for grants to Indian tribes under the Indian Community Development Block Grant program to prevent, prepare for, and respond to coronavirus, for emergencies that constitute imminent threats to health and safety
  - HUD is requesting feedback from Tribal leaders on the ICDBG Imminent Threat grants, including on grant ceiling amounts. Submit your feedback electronically to Codetalk@hud.gov by Wednesday April 22, 2020. Look for ICDBG-CARES Implementation Notice soon after.

- **Office of Public and Indian Housing $5,000,000**
  - Monies to remain available until 9.30.2024 to prevent, prepare for, and respond to coronavirus
CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT)
INDIAN COUNTRY SET ASIDE FUNDING AT DEPT. OF EDUCATION (ED) & DEPT. OF AGRICULTURE (USDA)

- The following set aside funds will be administered by ED
  - Education Stabilization Fund for BIE programs: $153,750,000
    - The Education Stabilization Fund received 30.75B to remain available until 9.30.21 to prevent, prepare for, and respond to coronavirus
    - One half of one percent of the 30.75B fund equaling $153.75 million shall be allocated to programs operated or funded by the Bureau of Indian Education (BIE)
    - The Secretary of Education and the Secretary of Interior are to work together on this allocation.
    - Consultation was held April 30, 2020 to solicit feedback. Funds from this are designed for K-12, BIE funded schools only.

- The following set aside funds will be available through USDA
  - Food and Nutrition Service (FNS) $100,000,000
    - The Supplemental Nutrition Assistance Program (SNAP) received 15.81B to remain available until 9.30.2021 to prevent, prepare for, and respond to coronavirus,
    - $100M of the 15.81B shall be for the Food Distribution Program on Indian Reservations (FDPIR) program as authorized by Section 4(b) of the Food and Nutrition Act of 2008 (7 U.S.C. 2013) and Section 4(a) of the Agriculture and Consumer Protection Act of 1973 (7 U.S.C. 1431)
    - Of the $100M, 50M shall be for the costs relating to additional food purchases
    - Of the $100M, 50M shall be for facility improvements and equipment upgrades
USDT/SBA/IRS

- **Sec 4001-4003. “Coronavirus Economic Stabilization Act” Subtitle of CARES ACT ($454B) Under Treasury Department**
  - Provides $454 billion+ for loans, loan guarantees and investments in support of the Federal Reserve’s lending facilities to eligible businesses, states (tribes are treated as states for this purpose) and municipalities

- **Sec 1102 (D) “Keeping American Workers Paid and Employed Act” (part of CARES ACT) Implemented by the Small Business Administration (SBA)**
  - Makes certain tribal business concerns eligible for the Small Business Act Section 7(a) Paycheck Protection Program (PPP) ($349 billion), which provides 100% federal loan guarantees up to $10 million to cover costs like employee salaries, paid sick leave/medical leave, mortgages/rents and employee health insurance premiums.
  - On April 3, 2020 The SBA released an interim final rule on the PPP.
    - [https://content.sba.gov/sites/default/files/2020-04/PPP-IFRN%20FINAL.pdf](https://content.sba.gov/sites/default/files/2020-04/PPP-IFRN%20FINAL.pdf)
  - Of particular interest: The April 3, 2020 interim final rule III 2 (c) the rule states that businesses that are not eligible in 13 CFR 120.110 are ineligible for PPP loans. In 13 CFR 120.110(g) businesses deriving more than one third of gross annual revenue from legal gambling activities are ineligible for SBA business loans.
  - As of 4.24.20 the restrictive interim rule effectively excluding casinos from the PPP program was overturned and the casino restriction in 13 CFR 120.110 is no longer applicable. [https://home.treasury.gov/system/files/136/Employee-Retention-Tax-Credit.pdf](https://home.treasury.gov/system/files/136/Employee-Retention-Tax-Credit.pdf)
  - Program ran out of CARES Act money as of 4.16.2020 but additional money and program fixes included in the 4th Bill are on slide 20.

- **Emergency Unemployment Relief for Governmental Entities and Nonprofit Organizations**
  - During the period of the national emergency, the federal government would pay a 50 percent reimbursement for the cost of unemployment compensation paid by tribes that are reimbursement-option employers

- **Emergency Economic Injury Disaster Loans (EIDL) Under SBA**
  - Tribal Small Businesses Concerns are eligible to access the 10B pool in accordance with the requirements. Program ran out of money from CARES Act but EIDL got additional money in the 4th Bill on slide 20.
    - [Payroll Tax Deferral](https://home.treasury.gov/policy-issues/cares/preserving-jobs-for-american-industry)

- **DOC**
  - **Sec 12005. Assistance to Fishery Participants (DOC)**
    - Fishery participants (including tribes) are eligible to access the $300M pool which may include direct relief payment.

- **USDA**
  - **Rural Utility Services “Distance Learning, Telemedicine, and Broadband Program” (USDA)**
    - $25 million for Distance Learning and Telemedicine Program. Funding goes toward initial capital assets for equipment that operate via telecommunications to rural end-users of telemedicine and distance learning. Tribes are eligible to apply for DLT grants. Posted April 15, July 13 Application due date, 200 Awards, Floor 50K, Ceiling 1M [https://www.grants.gov/web/grants/view-opportunity.html?oppId=326343](https://www.grants.gov/web/grants/view-opportunity.html?oppId=326343)
  - **Rural Utility Services “Re-connect program” (USDA)**
    - $100 million for the Re-connect program (Broadband Loan and Grant Program authorized by Sec. 779 of the Consolidate Appropriations Act, 2018).
  - 8.8B for Child Nutrition Programs at USDA (tribes and individual Indian benefit from this large pool)

**LAST UPDATED 4.26.20**
CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT)
OTHER FUNDING INDIAN COUNTRY IS ELIGIBLE FOR & OTHER TRIBAL PROVISIONS (NOT EXHAUSTIVE LIST)

- HHS (Agency within HHS)
  - (IHS) Extension of Special Diabetes Program for Indians (SDPI) Program until November 30, 2020
  - (ACF) Community Services Block Grant 1B in grants and tribes are eligible
  - (ACF) Head Start 750M ($500M for supplemental summer programs & $250M for one time activities), May 15th Deadline. [https://eclkc.ohs.acf.hhs.gov/sites/default/files/pi/downloads/acf-pi-hs-20-03.pdf](https://eclkc.ohs.acf.hhs.gov/sites/default/files/pi/downloads/acf-pi-hs-20-03.pdf)

- ED

- FCC
  - $200M telehealth program, tribes are eligible. First come first serve program with rolling application. [https://www.fcc.gov/covid-19-telehealth-program-frequently-asked-questions-faqs](https://www.fcc.gov/covid-19-telehealth-program-frequently-asked-questions-faqs)

- DOT

- DOJ

- Other
  - $75M for National Endowment for the Humanities. Tribes are eligible. [https://www.neh.gov/COVID19_FAQs](https://www.neh.gov/COVID19_FAQs)
**1st Bill (HR 6074)**
- **Indian Country Set-Asides**
  - HHS
  - CDC 40M

**Indian Country-Eligible General Funds**
- HHS
  - CDC +40M

**2nd Bill (HR 6201)**
- **Indian Country Set-Asides**
  - HHS
  - IHS 64M
  - ACL 10M

**Indian Country-Eligible General Funds**
- HHS
  - IHS +70M

**3rd Bill (CARES Act)**
- **Indian Country Set-Asides**
  - HHS 1.207B
    - IHS 1.032B
    - ACL 20M
    - CDC 125M
    - HRSA 15M
    - SAMHSA 15M
  - DOI 522M
    - ED 153.75M
    - USDA 100M
    - USDT 8B
    - HUD 305M
  - BIA 453M
  - BIE 69M

**Indian Country-Eligible General Funds**
- TBD how much more Indian Country may receive from these general funds (ex: PPP loans & Other funds or allocations)

LAST UPDATED 4.17.20
This bill responds to the COVID-19 (i.e., coronavirus disease 2019) outbreak by providing additional funding for small business loans, health care providers, and COVID-19 testing.

DIVISION A—SMALL BUSINESS PROGRAMS

(Sec. 101) This division provides additional lending authority for certain Small Business Administration (SBA) programs in response to COVID-19.

Specifically, the division increases the authority for (1) the Paycheck Protection Program, under which the SBA may guarantee certain loans to small businesses during the COVID-19 pandemic; and (2) advances on emergency economic injury disaster loans made in response to COVID-19. The division also expands eligibility for such disaster loans and advances to include agricultural enterprises.

Additionally, the division requires the SBA to guarantee no less than a specified amount of paycheck protection loans made by certain insured depository institutions, community financial institutions, and credit unions.

$310B added to the PPP program with $60B for smaller lending institutions.

DIVISION B—ADDITIONAL EMERGENCY APPROPRIATIONS FOR CORONAVIRUS RESPONSE

TITLE I—DEPARTMENT OF HEALTH AND HUMAN SERVICES

This title provides $100 billion in FY2020 supplemental appropriations to HHS for the Public Health and Social Services Emergency Fund, including

$75 billion to reimburse health care providers for health care related expenses or lost revenues that are attributable to the coronavirus outbreak (TBD if Indian Country will get access to these funds) and

$25 billion for expenses to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests to effectively monitor and suppress COVID-19.

The title allocates specified portions of the $25 billion for COVID-19 testing to states, localities, territories, and tribes; the Centers for Diseases Control and Prevention; the National Institutes of Health; the Biomedical Advanced Research and Development Authority; the Food and Drug Administration; community health centers; rural health clinics; and testing for the uninsured.

(Sec. 103) This section requires specified funds provided by this title for the Public Health and Social Services Emergency Fund to be transferred to the HHS Office of Inspector General for oversight of activities supported with funds appropriated to HHS to respond to the COVID-19 outbreak.

TITLE II—INDEPENDENT AGENCIES

This title provides FY2020 supplemental appropriations to the SBA, including

$2.1 billion for salaries and expenses to administer programs related to COVID-19,

$50 billion for the Economic Injury Disaster Loan (EIDL) program, and

$10 billion for Emergency EIDL grants.

TITLE III—GENERAL PROVISIONS—THIS ACT

(Sec. 302) Funds provided by this division may not remain available beyond the current fiscal year, unless this division provides otherwise.

(Sec. 304) This section specifies that certain funds provided or transferred by this division may only be used to prevent, prepare for, and respond to the coronavirus outbreak.
FUTURE BILLS

- Future bills are continuing to be developed.

LINKS TO THE 4 BILLS

- Public Law 116-123: Coronavirus Preparedness and Response Supplemental Appropriations Act 2020 (134 Stat. 146; Date 03/06/20) (H.R. 6074)
- Public Law 116-127: Families First Coronavirus Response Act (134 Stat. 178; Date 03/18/20) (H.R. 6201)
- Public Law 116-136: Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (Date 03/27/20) (H.R. 748)
- Public Law 116-139: Paycheck Protection Program and Health Care Enhancement Act (Date 04/24/20) (H.R. 266)