

# CDC COVID-19 Funding for Tribes

As of September 30, 2020, CDC has provided **\$208.7 million** to tribal nations, consortia, and organizations for responding to COVID-19 across tribal communities. This amount exceeds the minimum of \$165 million directed by Congress through the [Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020](#) and the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#).

CDC is using a multifaceted approach to allocate COVID-19 funding to Indian Country, enabling broad access to COVID-19 resources across tribal communities:

~**\$142.0 million** to tribal nations, consortia, and organizations through a new noncompetitive grant, [Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response](#)

- *Purpose:* To support tribes and tribal organizations in carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communication, and other COVID-19 preparedness and response activities
- *Recipients and reach:* [346 tribal recipients](#), including 290 tribal nations, 25 tribal consortia, and 31 tribal organizations, which will reach more than 490 tribes and more than 39 million individuals, according to grantee self-reports

~**\$50.8 million** through supplements to an existing CDC cooperative agreement, [Tribal Public Health Capacity Building and Quality Improvement](#), including—

- ~**\$38.8 million** to prevent, prepare for, and respond to COVID-19
  - *Purpose:* To carry out a range of activities, including surveillance, epidemiology, infection control, and communications
  - *Recipients and reach:* 12 regional tribal organizations to serve 10 HHS regions (reaching more than 500 tribes and more than 2 million American Indians and Alaska Natives) and 4 tribal nations serving populations of 40,000 or more (with the capacity to reach approximately 626,000 American Indians):
    - [Alaska Native Tribal Health Consortium, Inc.](#) (Alaska)
    - [Albuquerque Area Indian Health Board, Inc.](#) (New Mexico)
    - [Bristol Bay Area Health Corporation](#) (Alaska)
    - [California Rural Indian Health Board](#) (California)
    - [Cherokee Nation](#) (Oklahoma)
    - [Chickasaw Nation](#) (Oklahoma)
    - [Choctaw Nation of Oklahoma](#) (Oklahoma)
    - [Great Lakes Inter-Tribal Council, Inc.](#) (Wisconsin)
    - [Great Plains Tribal Chairmen's Health Board](#) (South Dakota)
    - [Inter Tribal Council of Arizona](#) (Arizona)
    - [Northwest Portland Area Indian Health Board](#) (Oregon)
    - [Rocky Mountain Tribal Leaders Council](#) (Montana)
    - [Southern Plains Tribal Health Board](#) (Oklahoma)
    - [The Navajo Nation](#) (Arizona, New Mexico, and Utah)

[United South and Eastern Tribes, Inc.](#) (Tennessee)

[Wabanaki Health and Wellness](#) (Maine)

- **\$12.0 million** to build public health capacity during the COVID-19 response and recovery
  - *Purpose:* To prevent injuries and violence, focusing on suicide, adverse childhood experiences, and intimate partner violence.
  - *Recipients and reach:* 11 regional American Indian and Alaska Native tribally designated organizations:
    - [Alaska Native Tribal Health Consortium, Inc.](#) (Alaska)
    - [Albuquerque Area Indian Health Board, Inc.](#) (New Mexico)
    - [California Rural Indian Health Board](#) (California)
    - [Great Lakes Inter-Tribal Council, Inc.](#) (Wisconsin)
    - [Great Plains Tribal Chairmen's Health Board](#) (South Dakota)
    - [Inter Tribal Council of Arizona](#) (Arizona)
    - [Northwest Portland Area Indian Health Board](#) (Oregon)
    - [Rocky Mountain Tribal Leaders Council](#) (Montana)
    - [Southern Plains Tribal Health Board](#) (Oklahoma)
    - [The Navajo Nation](#) (Arizona, New Mexico, and Utah)
    - [United South and Eastern Tribes, Inc.](#) (Tennessee)

**\$15.2 million** through supplements to an existing cooperative agreement, [Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health](#), including—

- **\$9.9 million** to address COVID-19 among urban American Indians and Alaska Natives
  - *Recipients:* National Council of Urban Indian Health, including sub-awards for 41 urban Indian health centers (\$8.0 million) and funds to support training for Indian healthcare personnel through the Healthcare Workforce Infection Prevention Control Training initiative (\$1.9 million)
- **\$5.3 million** to conduct national COVID-19 activities for tribes
  - *Recipient:* National Indian Health Board, for conducting national COVID-19 communication activities for tribes (\$2.0 million), supporting training for tribal healthcare personnel through the Healthcare Workforce Infection Prevention Control Training Initiative (\$1.0 million), enhancing tribal environmental health capacity and preparedness in COVID-19 response and prevention efforts (\$2.0 million), and creating a COVID-19 Clinical Center of Excellence to support longitudinal medical consultation for health providers in tribal communities (\$300,000)

**\$750,000** through the [Public Health Crisis Response](#) cooperative agreement administered by CDC's Center for Preparedness and Response

- *Purpose:* To support COVID-19 incident management, jurisdictional recovery, information management, countermeasures and mitigation, surge management, and bio surveillance activities
- *Recipient:* [Cherokee Nation](#) (Oklahoma)