

# Family Violence Prevention & Services Program

**2021 Family Violence Prevention and Services Act  
American Rescue Plan  
COVID-19 Testing, Vaccines, and Mobile Health Units Access  
Supplemental Funding  
Program Instruction**

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| ACF<br>Administration for<br>Children and Families | U.S. DEPARTMENT<br>OF HEALTH AND HUMAN SERVICES  |                              |
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## PROGRAM INSTRUCTION

**TO:** Family Violence Prevention and Services Act Grant Recipients: State Administrators, Territory Administrators, Tribes, Tribal Organizations, National/Special Issue/Culturally Specific Resource Centers, and the National Domestic Violence Hotline

**SUBJECT:** FY 2021 American Rescue Plan Act COVID-19 Testing, Vaccine Access, and Mobile Health Units Access Supplemental Funding

## SECTION I. PROGRAM DESCRIPTION

The [American Rescue Plan Act of 2021 \(ARP\)](#) provides \$47.8 billion in funding to the Secretary of Health and Human Services (HHS) to detect, diagnose, trace, monitor and mitigate SARS-CoV-2 and COVID-19 infections, and related strategies to mitigate the spread of COVID-19. Specified activities include: implementing a national strategy for testing, contact tracing, surveillance, and mitigation; providing technical assistance, guidance, support, and grants or cooperative agreements to states, localities, and territories for activities to detect, diagnose, trace, monitor, and mitigate COVID-19 infections; supporting the development, manufacturing, procurement, distribution, administration of tests, including supplies necessary for administration such as personal protective equipment (PPE); establishing and expanding federal, state, local, or territorial testing and contact tracing capabilities, including investments in laboratory capacity, community-based testing sites, and mobile testing units, particularly in medically underserved areas; enhancing IT, data modernization, and reporting; awarding grants, cooperative agreements, or contracts with state, local, and territorial public health departments to establish, expand, and sustain a public health workforce; and covering administrative and program support costs.

On July 12, 2021, the Secretary of HHS authorized for the Family Violence Prevention and Services Act (FVPSA) to receive a historic investment of \$550 million of the \$47.8 billion, to assist states, territories, and tribes with providing access to COVID-19 testing, vaccines, and mobile health units for domestic violence shelters, domestic violence programs, tribes, rural communities, culturally specific programs, and underserved communities.

The purpose of these supplemental funds in the FVPSA program is to prevent, prepare for, and respond to COVID-19 with an intentional focus on increasing access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of this virus, and increase supports for domestic violence survivors. Within these parameters, grant recipients have flexibility to determine which services best support the needs of survivors, children, and families experiencing family violence, domestic violence, and dating violence.

Domestic violence is a significant public health issue for survivors and their dependents. The implementation of this supplemental funding aligns with the FVPSA definition of supportive services (45 CFR § 1370.2) and also aligns with medical advocacy and other services identified in FVPSA at 42 U.S.C. 10408(b)(1)(A)-(H).

The COVID-19 testing, vaccines, and mobile health units supplemental funding provides resources for states, territories, and tribes to increase access to services and supports for domestic violence survivors and their dependents who have been impacted by the COVID-19 virus and the COVID-19 public health emergency. Expanding the access to health care and supportive services increases survivor safety, as well as strengthens the health and wellbeing of 1.3 million survivors served by FVPSA-funded programs every year.

### **Eligibility**

All existing FVPSA state, territorial, and tribal grant recipients are eligible to receive supplemental funds to partner with local health departments and Indian Health Services to implement efforts that will help domestic violence shelters, domestic violence programs, and tribes have access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of COVID-19 for domestic violence survivors and their dependents.

### **ARP COVID-19, Vaccines, and Mobile Health Units Supplemental Funding** **Allowable Use of Funds Guidance: States, Territories, and Tribes**

The purpose of this supplemental funding is to prevent, prepare for, and respond to the COVID-19 virus with an intentional focus of increasing access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of this virus and increase supports for domestic violence survivors and their dependents. Within these parameters, states, territories, and tribal grant recipients have flexibility to determine which services best support the needs of children and families experiencing family violence, domestic violence, and dating violence.

The implementation of this supplemental funding aligns with the FVPSA definition for supportive services. Supportive services is defined *as services for adult and youth victims of family violence, domestic violence, or dating violence, and their dependents that are designed to meet the needs of such victims and their dependents for short-term, transitional, or long-term safety and recovery. Supportive services include, but are not limited to: direct and/or referral-based advocacy on behalf of victims and their dependents, counseling, case management, employment services, referrals, transportation services, legal advocacy or assistance, child care services, health, behavioral health and preventive health services, culturally and linguistically appropriate services, and other services that assist victims or their dependents in recovering from the effects of the violence.* To the extent not already described in this

definition, supportive services also include but are not limited to other services identified in FVPSA at 42 U.S.C. 10408(b)(1)(A)-(H). Supportive services may be directly provided by recipients and/or by providing advocacy or referrals to assist victims in accessing such services (45 CFR § 1370.2).

Please also note that the implementation of this supplemental funding also aligns with medical advocacy and other services in FVPSA at 42 U.S.C. 10408(b)(1)(A)-(H). Specification, FVPSA Section 308 includes the following for allowable activities as supportive services: *(iii) medical advocacy, including provision of referrals for appropriate health care services (including mental health, alcohol, and drug abuse treatment).*

In terms of implementation, the FVPSA Program will allow states, territories, tribes and subrecipients to use the ARP COVID-19 testing, vaccines, and mobile health units supplemental funding for a broad range of efforts to mitigate the spread of COVID-19 and to improve domestic violence survivors' access to health care in local communities, rural areas, underserved communities, American Indian/Alaska Native communities, and for racial and ethnic specific communities. All supplemental grant recipients and subrecipients are expected to reinforce services, practices, and basic messages about prevention and treatment of COVID-19 and other infectious diseases.

All FVPSA grant recipients are trusted messengers and are expected to provide consistent, fact-based public health messaging to help domestic violence survivors make informed decisions about their health and COVID-19, including steps to protect themselves, their families, and their communities. The below four sections provide detailed information on the following allowable uses of funds for: COVID-19 testing; COVID-19 vaccine access; mobile health unit access; and workforce expansions, capacity building, and supports. Please note that FVPSA grant recipients are expected to use educational materials authorized by federal agencies and/or local public health departments.

## **COVID-19 TESTING**

The intent of the ARP COVID-19 testing, vaccines, and mobile health units supplemental funding is to assist states, territories, tribes with:

- Eliminating barriers to COVID-19 testing and supplies for domestic violence shelters, domestic violence programs, culturally specific organizations, tribes, and rural communities;
- Providing resources for onsite testing for domestic violence shelters, domestic violence programs, culturally specific organizations, tribes, and rural communities;
- Providing resources and access to rapid COVID-19 testing and supplies for domestic violence shelters, domestic violence programs, culturally specific organizations, tribes, and rural communities;
- Maintaining and increasing COVID-19 testing efforts for domestic violence survivors and their dependents;
- Expanding access to testing for tribes, rural communities, racial and ethnic specific communities, limited English proficient (LEP) individuals; and
- Expanding the range of COVID-19 mitigation activities for domestic violence shelters, domestic violence programs, culturally specific organizations, tribes, and rural communities.

The ARP COVID-19 testing, vaccines, and mobile health units supplemental funding can be used for COVID-19 testing and mitigation-related expenses or to reimburse subrecipients for such expenses. Funding should assist the states, territories, and tribes with expanding testing and mitigation-related activities to best address the needs of the local communities in the service area(s). This includes both direct and indirect costs of COVID-19 testing and mitigation and other related expenses. It is important for states, territories, and tribes to demonstrate that each related expense is directly and reasonably related

to the provision of COVID-19 testing or COVID-19 mitigation activities. Each related expense must be reasonable and appropriate given relevant clinical and public health guidance.

COVID-19 testing, mitigation, and -related expenses refer to the following:

- COVID-19 testing includes viral tests to diagnose active COVID-19 infections, antibody tests to diagnose past COVID-19 infections, and other tests that the Secretary and/or Centers for Disease Control and Prevention (CDC) determines appropriate in guidance;
- Other activities to support COVID-19 testing, including planning for implementation of a COVID-19 testing program, providing interpreters and translated materials for LEP individuals, procuring supplies to provide testing, training providers and staff on COVID-19 testing procedures, and reporting data to HHS on COVID-19 testing activities; or
- Supplies to provide COVID-19 testing including, but not limited to:
  - Test kits,
  - Swabs,
  - Storage (e.g., refrigerator, freezer, temperature-controlled cabinet),
  - Storage unit door safeguards (e.g., self-closing door hinges, door alarms, door locks),
  - Sharps disposal containers, and
  - Temperature monitoring equipment.
- COVID-19 mitigation includes efforts, activities, and strategies to reduce or prevent local COVID-19 transmission and minimize morbidity and mortality of COVID-19 in sectors such as schools, workplaces, and health care organizations, described in the CDC Community Mitigation Framework.
  - Mitigation activities may include, but are not limited to, case investigation, contact tracing, COVID-19 screening, COVID-19 testing promotion and confidence building, community education, health behavior promotion, and referrals to testing, clinical services, and support services.
  - COVID-19 testing and mitigation related-expenses include:
    - Leasing of properties and facilities as necessary to support COVID-19 testing and COVID-19 mitigation;
    - Digital technologies to strengthen the recipient's core capacity to support the public-health response to COVID-19;
    - Education, rehabilitation, prevention, treatment, and support services for symptoms occurring after recovery from acute COVID-19 infection, including, but not limited to, support for activities of daily living—this includes services for the range of symptoms described as Post-Acute Sequelae of SARS-CoV-2 infection (PASC) (i.e., long COVID-19) and providing interpreters and translated materials for LEP individuals maintenance;
    - Items and services furnished to an individual during health care provider office visits (including in-person visits and telehealth visits) in connection with an order for or administration of COVID-19 testing or COVID-19 mitigation activities; and
    - Other activities to support COVID-19 testing and COVID-19 mitigation, including, but not limited to, planning for implementation, providing interpreters

and translated materials for LEP individuals maintenance, and/or expansion of a COVID-19 testing program and/or COVID-19 mitigation program, procuring supplies to provide COVID-19 testing, training providers and staff on COVID-19 testing procedures or COVID-19 mitigation, and reporting data to HHS on COVID-19 testing activities and COVID-19 mitigation activities.

### **COVID-19 VACCINE ACCESS**

The intent of this supplemental funding is to provide resources for states, territories, and tribes to provide access to COVID-19 vaccines for domestic violence survivors and their dependents including individuals from vulnerable and medically underserved communities. States, territories, and tribes and subrecipients may use funds to address any barriers to vaccines that may be experienced by domestic violence survivors and their dependents.

The supplemental testing funding can be used for supplies and vaccine administration fees for administering the COVID-19 vaccine are outlined below but are not limited to:

- Administration of a single-dose COVID-19 vaccine,
- Administration of the first dose of a COVID-19 vaccine requiring a series of two or more doses,
- Administration of the final dose of a COVID-19 vaccine requiring a series of two or more doses,
- Administration of recommended booster dose of a COVID-19 vaccine, and
- Other activities to support COVID-19 vaccine access or administration, including planning for implementation of a COVID-19 vaccine program, providing interpreters and translated materials for LEP individuals, procuring supplies to provide vaccines, training providers and staff on COVID-19 vaccine procedures, and reporting data on vaccine activities.

Allowable uses of funds may include, but are not limited to, the development and sharing of vaccine related outreach and education materials that are culturally competent or linguistically appropriate, conducting face-to-face outreach as appropriate, making phone calls or other virtual outreach to community members for education and assistance, providing information on the closest vaccine locations, organizing pop-up vaccination sites, making vaccine appointments for individuals, making vaccine reminder calls/texts, and arranging for transportation and childcare assistance to vaccine appointments, as needed, and using interpreters and translated materials for communications with LEP individuals.

The implementation of this supplemental funding is intended to build upon national vaccine education and outreach efforts (including the HHS-funded programs listed under technical assistance resources below), while tailoring approaches to meet the unique needs of the community. Further, this funding will directly support the increase in state, territorial, tribal, and local domestic violence workforce needed to implement this supplemental funding, support access to vaccines, and support coordination with the local health department, health centers or Indian Health Service (IHS) centers that will support addressing any barriers to vaccination for domestic violence survivors and their dependents, including individuals from vulnerable, underserved, rural and racial or ethnic specific communities.

Implementation efforts are expected to be coordinated with the local health department or IHS and may include, but are not limited to: vaccine promotion, information dissemination to survivors about how and where to get vaccinated, coordinating with existing vaccination sites and public health partners to identify isolated and/or vaccine hesitant populations, and increased community and individual patient literacy on benefits of broad vaccination and the safety of vaccines.

## MOBILE HEALTH UNITS ACCESS

Mobile health units are an innovative model of health care delivery that could help alleviate health disparities among vulnerable populations and individuals with chronic diseases. The target populations of mobile health units include vulnerable communities such as the homeless, displaced populations, immigrant communities, migrant workers, the under-insured, and children. Historically, these populations and communities are often disconnected from traditional health care settings and require support in accessing health care.

Mobile health units travel to partnering locations and provide services on a recurring basis. For example, mobile health units across the country have successfully partnered with other agencies serving the homeless in the community, such as homeless shelters, faith-based organizations, and food banks. Access to services, engagement in care, and successful utilization of needed services may lead to measurable improvements in health care outcomes among homeless populations of individuals and families.

The FVPSA Program is providing supplemental testing funding to assist states, territories, tribes, domestic violence shelters, domestic violence programs, culturally specific programs, and rural communities with establishing partnerships with health departments, hospitals, and IHS facilities to access mobile health units to mitigate the spread of COVID-19 for domestic violence survivors and their dependents.

Specifically, this supplemental funding is intended to assist states, territories, tribes, shelters, culturally specific organizations, and rural communities with establishing or maintaining contracts with existing mobile health units operated by hospitals, medical clinics, health centers, and public health nonprofit organizations. This funding is intended to provide resources for states, territories, shelters, domestic violence programs, culturally specific organizations, and tribes to have contractual agreements with mobile health units to make regular visits each week to shelter locations, program locations, transitional housing locations, or tribal locations. FVPSA grant recipients are not expected to purchase or operate their own mobile health units.

Partnerships with mobile health units can FVPSA recipients expand access for survivors and their dependents who are in rural parts of their state, or who are members of underserved communities by giving them greater flexibility to bring health care services even closer to survivors who may be isolated from health care.

In terms of access to mobile health units, the International Journal for Equity in Health states that there are an estimated 2,000 mobile clinics operating across the United States (US), serving 7 million people annually, (Attipoe-Dorcoo, S., Delgado, R., Gupta, A., Bennet, J., Oriol, N. E., & Jain, S. H. (2020). Mobile health clinic model in the COVID-19 pandemic: lessons learned and opportunities for policy changes and innovation. *International journal for equity in health*, 19(1), 73. <https://doi.org/10.1186/s12939-020-01175-7>).

Mobile health unit is defined “as a unit that is staffed by clinicians working for or on behalf of a health center, hospital, or medical association to provide medical or oral health services at one or more locations” (Yu, S., Hill, C., Ricks, M. L., Bennet, J., & Oriol, N. E. (2017). The scope and impact of mobile health clinics in the United States: a literature review. *International journal for equity in health*, 16(1), 178. <https://doi.org/10.1186/s12939-017-0671-2>).

The supplemental testing funds can be used to establish or maintain contracts with mobile health units for regularly scheduled visits or on-call visits to domestic violence programs, culturally specific organizations, tribes, or rural communities to mitigate the spread of COVID-19. Additional allowable uses of funds are outlined below but are not limited to:

- COVID-19 testing and vaccine administration;
- Preventative health services to mitigate the spread of COVID-19 such as vaccines, primary health care, or behavioral health services; and
- Operational costs or supply costs associated with the operation of mobile health units to partner with domestic violence shelters, programs, tribes, culturally specific organizations, or rural communities.

## **WORKFORCE EXPANSIONS, CAPACITY BUILDING, AND SUPPORTS**

The supplemental testing funds can be used for COVID-19 workforce related expansions and supports, or to reimburse subrecipients for such costs and for costs that include but are not limited to:

- Planning for implementation of a COVID-19 testing program, COVID-19 mitigation program, or mobile health units access program;
- Training providers and staff on COVID-19 testing procedures, COVID-19 mitigation activities, or mobile health unit coordination activities;
- Hiring culturally-competent and linguistically-appropriate providers and staff to carry out COVID-19 testing procedures, COVID-19 mitigation activities, or mobile health unit coordination activities;
- Reporting data to HHS on COVID-19 testing activities, COVID-19 mitigation activities, or mobile health unit coordination activities; and
- Expenses to secure and maintain adequate personnel to carry out COVID-19 testing, COVID-19 mitigation activities, or mobile health unit coordination activities; may be considered allowable costs under applicable HHS regulations if the activity generating the expense and/or the expenses are necessary to secure and maintain adequate personnel. Please review HHS regulations 45 CFR § part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards,” Subpart E—Cost Principles, <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-E?toc=1>. These requirements apply to all FVPSA grant recipients, and any subrecipients. All FVPSA grant recipients should thoroughly review these regulations before developing your proposed budget. Such expenses may include:
  - Hiring bonuses and retention payments,
  - Childcare,
  - Transportation subsidies, and
  - Other fringe or personal benefits authorized by HHS regulations ([45 CFR part 75](#)).

The purpose of these allowable workforce capacity building expenses are to ensure the continuity of domestic violence services in local communities by allowing supplement funding to be used to sustain an advocacy workforce to prevent, prepare for, and respond to the needs of domestic violence survivors impacted by the COVID-19 public health emergency. A sustainable workforce is needed to operate COVID-19 testing programs, COVID-19 mitigation programs, or mobile health units access programs; and to coordinate partnerships with health departments for each local program to keep families healthy and safe during the COVID-19 public health emergency.

## **PARTNERSHIPS**

The impact of experiencing domestic violence has lifelong, health related consequences for survivors, including chronic pain, traumatic brain injury, digestive problems, reproductive and maternal health

concerns, and the potential loss of a medical home. Housing instability and homelessness exacerbate this problem. Health care providers, working in partnership with states, territories, domestic violence service providers, tribes, and culturally specific organizations, represent important opportunities for mitigating the spread of COVID-19 through integrated health and community-based supports for families that face particular barriers at the intersection of domestic violence, homelessness, and health care.

A consortium of community partners and health care providers enables domestic violence programs, culturally specific organizations, tribes and rural communities to support the safety and health needs of domestic violence survivors and increases health supports to mitigate the spread of COVID-19.

### **Partnership Resources:**

- CDC Community coalition-based COVID-19 Prevention and Response provides guidance on using a whole-community approach to prepare for COVID-19 among people experiencing homelessness, <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html#coalition>.
- The FVPSA-funded National Health Resource Center on Domestic Violence has developed two resources that can help states, territories, tribes, shelters, programs, and health care providers build and sustain strong partnerships.
  - A step-by-step online guide for community health centers on building partnerships with Domestic Violence (DV) and Sexual Assault (SA) advocacy, addressing violence in health centers, and promoting prevention: [IPVHealthPartners.org](https://www.ipvhealthpartners.org/).
  - An online toolkit for health care providers and DV advocates to prepare a clinical practice to address domestic and sexual violence, including screening instruments, sample scripts for providers, patient and provider educational resources: [IPVHealth.org](https://www.ipvhealth.org/).

Partnering organizations may include entities such as:

- Community-based organizations (including faith-based organizations and social service organizations),
- Local chapters of national medical/health associations,
- Local health departments,
- IHS,
- HRSA-funded health centers,
- Health centers and other community-based health providers,
- Culturally specific community-based organizations,
- Tribes and tribal organizations,
- Philanthropic organizations,
- Local municipal entities, such as fire departments and Emergency Medical Services,
- Social service providers (e.g., food banks, community transportation, childcare),
- Runaway and homeless youth programs, and
- Community Action Coalitions, Chambers of Commerce, Health Equity Councils, and other community groups.

### **Partnering with Health Departments**

Health departments can facilitate the development of important partnerships with health care providers and officials to increase COVID-19 health services coordination. The CDC has contact information on state and territorial health departments that can be accessed through the following website link, <https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>

## **Partnering with IHS Facilities and Tribal Health Programs**

IHS, an agency within the [U.S. Department of Health and Human Services](#), provides a comprehensive health service delivery system for approximately 2.6 million American Indians and Alaska Natives who belong to [574 federally recognized tribes](#) in 37 states.

IHS continues to work closely with our tribal and urban Indian organization partners, as well as state and local public health officials, to coordinate a comprehensive public health response to the ongoing COVID-19 pandemic. For more on the federal response in Indian Country, visit <https://www.ihs.gov/coronavirus>.

Grant recipients, subrecipients, and partners must comply with HHS grant regulations and HHS and ACF policies, as well as the terms and conditions of the supplemental grant award.

## **CONFIDENTIALITY**

In order to ensure the safety of adult, youth, and child victims of family violence, domestic violence, or dating violence, and their families, FVPSA-funded programs must establish and implement policies and protocols for maintaining the confidentiality of records pertaining to any individual provided with domestic violence services.

FVPSA-funded programs cannot disclose any personal identifiable information (PII) collected in connection with services; reveal PII without informed, written, reasonably time-limited consent; or require a victim to provide consent as a condition of eligibility for services (45 CFR § 1370.4(a)(1 – 3)). Additionally, consent to release PII shall be given by an unemancipated minor and the minor's parent or guardian, or in the case of an individual with a guardian, it shall be given by the individual's guardian (45 CFR § 1370.4 (b)).

In the annual Performance Progress Report (PPR) for FVPSA-funded states and tribes, states must collect unduplicated data from each subrecipient and each sub-recipient may only share non-PII data, in aggregate, regarding services to their clients in order to comply with federal, state, or tribal reporting, evaluation, or data collection requirements (42 U.S.C. § 10406(c)(5)(D)(i)). Client-level data shall not be shared with a third party, regardless of encryption, hashing, or other data security measures, without a written, time-limited release as described in 42 U.S.C. § 10406(c)(5). This includes the prohibition of sub-recipients sharing client-level data with the state for data collection or monitoring purposes.

Consistent with the Paper Reduction Act of 1995, (44 U.S.C. § 3501-3521), under this Notice of Funding Opportunity (NOFO), the Family and Youth Services Bureau (FYSB) will not conduct or sponsor, and a person is not required to respond to a collection of information covered by such Act, unless it displays a currently valid Office of Management and Budget (OMB) control number. The described PPR information collection is approved under OMB control #0970-0280, expiration date May 31, 2024.

The address or location of any FVPSA-supported shelter facility shall not be made public except with written authorization of the person or persons responsible for the operation of such shelter (42 U.S.C. § 10406(c)(5)(H)), and the confidentiality of records for any individual provided services by any FVPSA-supported program will be strictly maintained.

## **SECTION II. FEDERAL AWARD INFORMATION**

### **ARP COVID-19 Testing, Vaccine, Mobile Health Units Supplemental Funding Grant Awards Allocations**

The FVPSA Program determine the grant award amounts for the ARP COVID-19 Testing, Vaccines, and Mobile Health Units supplemental funding using the following allocation plan:

- \$332,500,000 for states/territories representing 56 grant recipients reaching 1,500 domestic violence programs (subaward grants);
- \$142,500,000 for tribes representing 144 grant recipients reaching 252 tribes (direct awards and consortia awards);
- \$50,000,000 for 56 state/territory domestic violence coalitions, national/culturally specific resource centers, capacity building centers, and hotlines to provide technical assistance; and
- \$25,000,000 for FVPSA Program administration, supplemental award monitoring, and outcome evaluation.

### **States/Territories Supplemental Grant Awards Allocation**

ACF will allocate \$332,500,000 specifically to states and territories, which may be issued as subawards to domestic violence shelters, domestic violence programs, and culturally specific programs organizations to provide access to COVID-19 testing, vaccines, and mobile health units within 90 days of receiving this federal grant award.

FVPSA grant awards to the states, territories, and tribes including the District of Columbia and the Commonwealth of Puerto Rico are based on a population formula. State populations are determined on the basis of the most recent census data available to the Secretary of HHS, and the Secretary shall use for such purpose, if available, the annual current interim census data produced by the Secretary of Commerce pursuant to 13 U.S.C. § 181. In computing state grant award allocations, ACF will use the latest available population figures from the Census Bureau,

<https://data.census.gov/cedsci/table?q=United%20States&g=0100000US%240400000&y=2019&tid=ACST1Y2019.S0101&hidePreview=true&moe=false>.

For the purpose of computing allotments, the statute provides that Guam, American Samoa, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands will each receive grants of not less than one-eighth of one percent of the amount appropriated for formula grants to states (42 U.S.C. § 10405(a)(1)).

### **Tribes Supplemental Grant Awards Allocation**

ACF will allocate \$142,500,000 for supplemental grants to tribes receiving FVPSA funding to support domestic violence shelters and programs that ensure access to COVID-19 testing, vaccines, and mobile health units for American Indian and Alaska Native survivors and their dependents. In computing tribal allocations, ACF will use the latest available population figures from the Census Bureau; specifically, the “American Indian and Alaska Native Population by Tribe for the United States: 2010” column 5 available from the Census Bureau at: <https://www.census.gov/data/tables/time-series/dec/cph-series/cph-t/cph-t-6.html> Where Census Bureau data are unavailable, ACF will use figures from the Bureau of Indian Affairs (BIA) Indian Population and Labor Force Report, which is available at <https://www.bia.gov/WhatWeDo/Knowledge/Reports/index.htm>. If neither of these sources has a population figure for the tribe, the tribe shall submit a certified population number.

### **SECTION III. COST SHARING OR MATCHING**

#### **Match Requirements**

Congress appropriated ARP supplemental funds for FVPSA states, tribes, state domestic violence coalitions, and sub awardees without regard to the matching requirements of 42 U.S.C. § 10406(c)(4). **No match is required for these supplemental grant awards or subawards.**

#### **Project Period**

The project period for all FVPSA ARP supplemental awards is October 1, 2020, through September 30, 2025\*.

\*Please note that the FVPSA statute 42 U.S.C. § 10405(e) authorizes a 24-month project period for all FVPSA formula/mandatory grant recipients. Therefore, the project period for this supplemental funding reflects the start date of the current project period for existing FVPSA states, territories, and tribal grant recipients and reflects the expiration date of the ARP supplemental funding authorized by ARP Section 2204 for all FVPSA grant recipients.

### **SECTION IV.1. CONTENT AND FORM OF APPLICATION SUBMISSION, PROJECT DESCRIPTION**

#### **ARP COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Awards Dissemination Timeline**

The FVPSA Program is implementing a streamlined application process for all FVPSA state, territory, and tribal grant recipients to receive ARP COVID-19 testing, vaccines, and mobile health units supplemental funding:

- This process allows all states, territories, and tribes to first receive their supplemental funding on October 25, 2021, and then submit a brief narrative, [SF 424-A](#) budget form, and budget narrative within 90 days.
- On October 25, 2021, the FVPSA Program released program instructions and application guidance via email to all FVPSA state, territory, and tribal grant recipients. All information is posted on the FVPSA Program's website ([www.acf.hhs.gov/fysb/grant-funding/2021-fvpsa-american-rescue-plan-covid-19-testing-vaccines-and-mobile-health](http://www.acf.hhs.gov/fysb/grant-funding/2021-fvpsa-american-rescue-plan-covid-19-testing-vaccines-and-mobile-health))
- On October 25, 2021, the ACF Office of Grants Management issued the ARP COVID-19 testing, vaccines, and mobile health units Notice of Awards via email and released supplemental funding for all existing FVPSA grant recipients electronically via the HHS Payment Management System (PMS).
- On October 26, 2021, ARP COVID-19 testing, vaccines, and mobile health units supplemental funding for all existing grant recipients is available for immediate drawdown. These funds will remain available until expended and through September 30, 2025.

## **FVPSA ARP COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Funding Grant Award Applicant Process**

The FVPSA Program is implementing a streamlined application process for all FVPSA state, territory, and tribal grant recipients to receive ARP COVID-19 testing, vaccines, and mobile health units supplemental funding. FVPSA ARP COVID-19 testing, vaccines, and mobile health units supplemental funding grant recipients are required to submit post-award documents related to the implementation of this supplemental funding. Post-award documents consist of a supplemental funding verification statement, a use of funds narrative, [SF 424-A](#) budget form, and budget narrative.

In order to receive FVPSA ARP COVID-19 testing, vaccines, and mobile health units supplemental funding, all existing FVPSA grant recipients must submit a brief statement within 90 days of receiving funding verifying the acceptance of the funding. This statement must verify that the FVPSA state, territory, or tribe grant recipient is in a position to:

- 1) Use these funds to conduct programs and activities in response to the COVID-19 virus to ensure that domestic violence survivors and their dependents have access to COVID-19 testing, vaccines, and mobile health units; and
- 2) Accept a supplemental award and the terms and conditions for the allowable use of funds, which includes issuing subawards to local domestic violence programs, culturally specific organizations, rural communities, and tribes in your state/territory within 90 days of receiving the supplemental award.

Acceptance and implementation of the FVPSA ARP COVID-19 testing, vaccines, and mobile health units supplemental funding must be in compliance with the FVPSA terms and conditions and the allowable use of funds guidance, detailed in this memo and available at <https://www.acf.hhs.gov/fysb/grants>.

Please note that the ARP COVID-19 testing, vaccines, and mobile health unit funds are to remain available until expended, or by September 30, 2025. During the period of implementation, all FVPSA ARP COVID-19 testing, vaccines, and mobile health units supplemental funding state, territory, and tribal grant recipients are required to complete performance progress reports annually. The due dates for annual performance progress reports are December 30, 2022, December 30, 2023, December 30, 2024, and December 30, 2025, at 6:00 p.m. ET. All ARP COVID-19, testing, vaccines, and mobile health units supplemental funding performance progress reports must be uploaded into the Online Data Collection (OLDC) System housed within GrantSolutions located at <http://www.GrantSolutions.gov>.

## **SECTION IV.2. SUBMISSION DATES AND TIMES**

### **ARP COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Funding Deadlines**

- **By February 7, 2022, at 6:00PM ET**, the ARP COVID-19 testing, vaccines, and mobile health units supplemental funding verification statement must be uploaded at <http://www.GrantSolutions.gov>. This statement verifies that the state agency, territory administrator, or tribes in a position to: 1) use these funds to access to COVID-19 testing, vaccines, and mobile health units for survivors affected by COVID-19 in accordance with FVPSA; and 2) accept a supplemental award.
- **By February 7, 2022, at 6:00PM ET**, FVPSA states, territories, and tribal grant recipients will need to upload the ARP COVID-19 testing, vaccines, and mobile health units supplemental a use of funds narrative, [SF 424-A](#) budget form, and budget narrative to Grant Solutions (within Online Data Collection System (OLDC)) for formula grant recipients) at <http://www.GrantSolutions.gov>.

This budget and budget narrative explain how the supplemental funding will be used. Please note that use of funds must be in alignment with the allowable use of funds guidance for ARP COVID-19 testing, vaccines, and mobile health units supplemental funding, available at <https://www.acf.hhs.gov/fysb/grants>.

### **Required Supporting Documents**

The described funding application information collection is approved under OMB control #0970-0280, expiration date May 31, 2024.

All ARP COVID-19, testing, vaccines, and mobile health units supplemental grant recipients are required to submit post-award documents related to the funding. Post-award documents consist of a supplemental funding verification statement, use of funds narratives, [SF 424-A](#) budget forms, budget narratives, performance progress reports, and financial reports.

As stated in the notice of award, grant recipients are required to submit the following information via OLDC by **February 7, 2022 at 6:00 p.m. ET**.

1. **ARP COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Funds Verification Statement.** Provide a brief statement that your agency or tribe is in a position to:
  - 1) Use these funds to conduct programs and activities in response to the COVID-19 public health emergency to ensure that domestic violence survivors and their dependents have access to COVID-19 testing, vaccines, and mobile health units; and
  - 2) Accept a supplemental award and the terms and conditions for the allowable use of funds, which includes issuing subawards to local domestic violence programs, culturally specific organizations, rural communities, and tribes in your state within 90 days of receiving your supplemental award.
2. **COVID-19 Activity Overview.** Provide a brief narrative (15 pages) describing how funds will be used to prevent, prepare for, and respond to COVID-19 with an intentional focus of increasing access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of this virus and increase supports for domestic violence survivors and their dependents. Please review the FVPSA Program's allowable use of funds guidance document for states, territories, and tribes available at <https://www.acf.hhs.gov/fysb/grants>. Please respond using the following categories:
  - **COVID-19 Testing**—Please discuss your state's, territory's, or tribe's plan to partner with your local health department or IHS to provide domestic violence shelters, domestic violence programs, culturally specific organizations, and rural communities with resources to implement or have access to COVID-19 testing for domestic violence survivors and their dependents. Please detail your agency's plan to subaward the ARP funding to local domestic violence programs in your state within 90 days of receiving your supplemental award from the FVPSA Program.
  - **Vaccine Access**—Please discuss your state's, territory's, or tribe's plan to partner with your local health department or IHS to provide domestic violence shelters, domestic violence programs, culturally specific organizations, and rural communities with resources to implement or have access to COVID-19 vaccines for domestic violence survivors and their dependents.
  - **Mobile Health Units Access**—Please discuss your state's, territory's, or tribe's plan to partner with your local health department, local health center, local medical clinics, or

IHS to provide domestic violence shelters, domestic violence programs, culturally specific organizations, rural communities, and tribes with resources to access to mobile health units that will provide health related services to mitigate the spread of COVID-19 for domestic violence survivors and their dependents.

## **SUPPLEMENTAL FUNDING NARRATIVES ADDITIONAL GUIDANCE**

The FVPSA Program understands the challenges communities are currently facing as they work to respond to the COVID-19 virus and also recognizes the need to allow for flexibility so that award recipients are able to respond to the unique needs of their communities. As such, your supplemental application proposal should provide a clear description of how your state, territory, or tribe proposes to meet the needs of domestic violence survivors and their dependents who are impacted by COVID-19 and work to provide access to testing, vaccines, and mobile health units to mitigate the spread of COVID-19.

Your proposal must include the following information for the narrative:

- Provide a clear overview of the partnerships or collaborative organizations you propose as part of this project, if any.
- Please outline the names and points of contact for the organizations involved in the project and a brief overview of their responsibilities in this project. Please provide any related experience these organizations have in public health projects or outreach to your proposed target population(s).
- Include specific activities in which you propose to engage. Include your proposed staffing approach (e.g., the workforce roles you will employ) and testing/vaccine/mobile health unit-related activities to meet the identified needs of your target population(s). Note that activities and approaches may be tailored to best fit the needs of individual target population(s).
- Describe your ability to implement workforce supports and capacity building or support the workforce efforts of grant recipients to ensure the successful implementation of COVID-19 related testing, vaccine access, or mobile health unit activities.
- Include a high-level timeline for completing activities after award, including specifying which activities will be completed in each quarter of the 48-month period of performance.

**PLEASE NOTE:** The FVPSA Program understands that when responding to survivors your original use of the COVID-19 funds may change due to unforeseen and changing circumstances. Budget changes can be made as long as they are in accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75> and are consistent with the terms and conditions of your award. Should you have additional questions, or concerns, please reach out to your Federal Program Officer.

3. **Budget Form and Budget Narrative.** Provide a project budget and budget narrative using the [SF-424-A form](#) as provided in the OMB memo [M21-20](#), Promoting Public Trust in the Federal Government through Effective Implementation of the American Rescue Plan Act and Stewardship of the Taxpayer Resources, pre-award guidance. ARP funding is available until September 30, 2025, to expend. The budget narrative should clearly detail costs for the supplemental project period, for each object class category, with calculations for how each cost is derived. The budget categories should be presented in a format denoting the following columns: object class categories; federal budget; non-federal budget and total budget. Equipment is defined as tangible personal property (including

information technology systems) that has a useful life of more than one year and a per-unit acquisition cost of at least \$5,000. Any equipment purchased with award funds must be pertinent to the COVID-19 activities, procured through a competitive process, and maintained, tracked, and disposed of in accordance with [45 C.F.R. Part 75](#). The equipment line item should include the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends.

Please provide a clear overview in your budget justification on how your state, territory, or tribe will use the supplemental funds over the 48-month period of performance to increase access to COVID-19 testing, vaccinations, and mobile health units. The funding request should align with the needs and activities you identified in the project narrative portion of your application.

Please also provide a clear overview of how funds will be distributed to domestic violence shelters, tribes, culturally specific organizations, and rural communities.

Please provide a clear overview of how funds will be distributed across partner organizations such as health departments, IHS clinics, mobile health units, health centers, testing providers, culturally specific community-based organizations, homeless service providers, or faith-based organizations, if proposed.

**PLEASE NOTE:** ARP COVID-19 testing, vaccines, and mobile health units supplemental funds will be used to supplement and not supplant other federal, state, and local public funds in accordance with 42 U.S.C § 10406(c)(6).

4. **Supplemental Funding Reporting.** All FVPSA ARP supplemental grant recipients are required to submit performance progress reports and financial reports. By December 30, 2022, December 30, 2023, December 30, 2024, and December 30, 2025, at 6:00 p.m. ET, all ARP Supplemental Funding Reports must be uploaded to OLDC. These reports will detail the implementation and allocation of the FVPSA ARP COVID-19 testing, vaccine, and mobile health units supplemental funding your agency or tribe received.

Program reporting forms for mandatory grant programs must be submitted electronically through OLDC located within GrantSolutions at <http://www.GrantSolutions.gov>. Once you are on the homepage, locate “OLDC” on the top right side of the page, which will take you to the OLDC home page. Financial reporting forms must be submitted electronically to the Division of Payment Management through the Payment Management System PMS. Paper copies will not be accepted.

## **SECTION IV.3. FUNDING RESTRICTIONS**

### **Administrative Costs**

There is a limit to the amount of grant funding that can be used for administrative costs by states, territories, and tribes as they carry out the requirements of the ARP COVID-19 testing, vaccines, and mobile health units supplemental funding. Specifically, each state, territory, or tribe may not use more than five (5) percent of grant funds for administrative costs.

### **Ineligible Costs**

The following are ineligible costs:

- Direct payment to survivors;
- Construction costs; and
- Renovation costs.

**Funding Restrictions.** The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2021, and [Consolidated Appropriations Act, 2021](#), (Division H, Title II, Sec. 202), limit the salary amount that may be awarded and charged to ACF grants and cooperative agreements. Award funds issued under this announcement may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the "Rates of Pay for the Executive Schedule" is \$199,300. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual may be permitted to earn outside of the duties of the applicant organization. This salary limitation also applies to subawards and subcontracts under an ACF grant or cooperative agreement.  
<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/EX.pdf>.

#### **SECTION IV.4. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

Awards issued under this funding opportunity are subject to 45 CFR Part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards currently in effect or implemented during the period of award, other Department regulations and policies in effect at the time of award, and applicable statutory provisions. The Code of Federal Regulations (CFR) is available at [www.ecfr.gov](http://www.ecfr.gov). Unless otherwise noted in this section, administrative and national policy requirements that are applicable to discretionary grants are available at: [www.acf.hhs.gov/administrative-and-national-policy-requirements](http://www.acf.hhs.gov/administrative-and-national-policy-requirements).

An application funded with the release of federal funds through a grant award does not constitute or imply compliance with federal regulations. Funded organizations are responsible for ensuring that their activities comply with all applicable federal regulations.

Please review all HHS regulatory provisions for Termination at 45 CFR § 75.372.

#### **HHS Grants Policy Statement**

The HHS Grants Policy Statement (HHS GPS) is HHS's single policy guide for discretionary grants and cooperative agreements. ACF grant awards are subject to the requirements of the HHS GPS, which covers basic grants processes, standard terms and conditions, and points of contact, as well as important agency-specific requirements. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary that are specified in the Notice of Award. The HHS GPS is available at <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

#### **SECTION V. REPORTING**

##### **ARP COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Funding Reporting Requirements**

**Supplemental Funding Reporting for FVPSA Formula/Mandatory Grant Recipients.** All FVPSA ARP COVID-19 testing, vaccines, and mobile health units supplemental grant recipients are required to submit annual performance progress reports and financial reports. The due dates for annual performance progress reports are December 30, 2022, December 30, 2023, December 30, 2024, and December 30, 2025, at 6:00 p.m. ET. All performance progress reports must be uploaded to

OLDC housed in GrantSolutions located at <https://www.GrantSolutions.gov>. This report will detail the implementation and allocation of the FVPSA ARP COVID-19 testing, vaccines, and mobile health units supplemental funding that your organization received.

Recipients are required to submit an annual Performance Progress Report (PPR) for FVPSA-funded states and tribes describing the activities carried out and an evaluation of the effectiveness of those activities in achieving the purposes of the grant (42 U.S.C. 10406(d)). A section of this performance report must be completed by each recipient or subrecipient that provided program services and activities during the project period. State recipients must compile subrecipient performance reports into a comprehensive report for submission. A copy of the required PPR can be found at <https://www.acf.hhs.gov/fysb/form/performance-progress-report-form-state-and-tribal-fvpsa-grantees>.

Territorial governments that consolidate FVPSA funds with other HHS funds in a Consolidated Block Grant pursuant to 45 CFR Part 97 are not required to submit the annual FVPSA PPR and programmatic assurances if FVPSA funds are not designated in the consolidation application for FVPSA purposes. If a territorial government either does not consolidate FVPSA funds with other HHS funds or does consolidate but indicates that FVPSA funds will be used for FVPSA purposes, the territorial government must submit an annual FVPSA PPR and programmatic assurances (45 CFR 1370.6).

Program reporting forms for mandatory grant programs must be submitted electronically through OLDC located within GrantSolutions at <http://www.GrantSolutions.gov>. Once you are on the homepage, locate “OLDC” on the top right side of the page, which will take you to the OLDC home page. Financial reporting forms must be submitted electronically to the Division of Payment Management through the Payment Management System PMS. Paper copies will not be accepted.

HHS may suspend funding for an approved application if any applicant fails to submit an annual performance report or if the funds are expended for purposes other than those set forth under this supplemental funding memo.

Consistent with the PRA of 1995 (44 U.S.C. 3501-3521), under this Notice of Funding Opportunity (NOFO), FYSB will not conduct or sponsor, and a person is not required to respond to, a collection of information covered by such Act, unless it displays a currently valid OMB control number. The described PPR information collection is approved under OMB control #0970-0280, expiration date May 31, 2024.

### **Federal Financial Reports (FFRs)**

Recipients must submit Federal Financial Reports (FFRs) for each grant award using [SF-425](#). FFRs are due By December 30, 2022, December 30, 2023, December 30, 2024, and December 30, 2025, at 6:00 p.m. ET. Financial reporting forms must be submitted electronically to the Division of Payment Management through the Payment Management System.

Note: It is the applicant’s responsibility to inform FVPSA of any changes to the Authorizing Official and/or contact person that occur during the entire project period. In addition, applicants must ensure that the Authorizing Official and/or their designee has warranted access to submit program and financial reports.

### **FFATA Subaward and Executive Compensation**

Awards issued as a result of this funding opportunity may be subject to the Transparency Act subaward and executive compensation reporting requirements of 2 CFR Part 170. See ACF’s [Award Term for](#)

[Federal Financial Accountability and Transparency Act \(FFATA\) Subaward and Executive Compensation Reporting Requirement](#) implementing this requirement and additional award applicability information.

ACF has implemented the use of the SF-428 *Tangible Property Report* and the SF-429 *Real Property Status Report* for all recipients. Both standard forms are available at <https://www.grants.gov/forms/post-award-reporting-forms.html>.

## SECTION VI. APPROVAL/DISAPPROVAL OF APPLICATION

The Secretary of HHS shall approve any application that meets the requirements of the FVPSA Program and this announcement. The Secretary shall not disapprove an application unless the Secretary gives the applicant reasonable notice of intention to disapprove along with a six (6)-month period providing the applicant an opportunity to correct any deficiencies. The Secretary shall give such notice within 45 days after the date of submission of the application, if any of the provisions of the application have not been satisfied. If the state does not correct the deficiencies within the six (6)-month period, following the receipt of the Secretary's notice, the Secretary shall withhold payment of any grant funds to such state until the state provides documentation that the deficiencies have been corrected (See 42 U.S.C. 10407(b)(1) and (b)(2)).

## SECTION VII. HHS AWARDING AGENCY CONTACT(S)

The FVPSA Program understands that when responding to survivors your original plan for use of the COVID-19 testing, vaccines, and mobile health units supplemental funds may change due to unforeseen and changing circumstances. Budget changes can be made as long as they are in accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75> and are consistent with the terms and conditions of your award.

Should you have additional questions or concerns regarding the COVID-19 funding, please reach out to your FVPSA Federal Program Officer and the FVPSA Program Director, Shawndell N. Dawson at [Shawndell.Dawson@acf.hhs.gov](mailto:Shawndell.Dawson@acf.hhs.gov).

**ACF Office of Grants Management:** If there are any questions about the ARP COVID-19 testing, vaccine, and mobile health units supplemental funding Notice of Award letters or the financial implementation of these supplemental grants, then please reach out to the ACF Office of Grants Management at [FPRG-OGM@acf.hhs.gov](mailto:FPRG-OGM@acf.hhs.gov).

| FVPSA Contact Information   |                       |  |
|---|-----------------------|--|
| Director  | Shawndell Dawson      | Phone: (202) 205-1476<br>Email: <a href="mailto:Shawndell.Dawson@acf.hhs.gov">Shawndell.Dawson@acf.hhs.gov</a> |
| <b>Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.</b> |                       |  |
| Contact: Maurice Hendrix  | Phone: (202) 690-5589 | Email: <a href="mailto:Maurice.Hendrix@acf.hhs.gov">Maurice.Hendrix@acf.hhs.gov</a>                            |
| <b>Region 2: New Jersey, New York, Puerto Rico and the U.S. Virgin Islands.</b>               |                       |  |

|  |                       |   |
|--|-----------------------|---|
| Contact: Maurice Hendrix   | Phone: (202) 690-5589 | Email: <a href="mailto:Maurice.Hendrix@acf.hhs.gov">Maurice.Hendrix@acf.hhs.gov</a>       |
| <b>Region 3: Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia.</b>  |                       |   |
| Contact: Tya Johnson   | Phone: (202) 690-7862 | Email: <a href="mailto:Tya.Johnson@acf.hhs.gov">Tya.Johnson@acf.hhs.gov</a>               |
| <b>Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.</b>  |                       |   |
| Contact: Brian Pinero  | Phone: (202) 401-5524 | Email: <a href="mailto:Brian.Pinero@acf.hhs.gov">Brian.Pinero@acf.hhs.gov</a>             |
| <b>Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.</b>  |                       |   |
| Contact: Brian Pinero  | Phone: (202) 401-5524 | Email: <a href="mailto:Brian.Pinero@acf.hhs.gov">Brian.Pinero@acf.hhs.gov</a>             |
| <b>Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.</b>   |                       |   |
| Contact: Katherine Cloutier  | Phone: (202) 260-5738 | Email: <a href="mailto:Katherine.Cloutier@acf.hhs.gov">Katherine.Cloutier@acf.hhs.gov</a> |
| <b>Region 7: Iowa, Missouri, Kansas, and Nebraska</b>  |                       |   |
| Contact: Katherine Cloutier  | Phone: (202) 260-5738 | Email: <a href="mailto:Katherine.Cloutier@acf.hhs.gov">Katherine.Cloutier@acf.hhs.gov</a> |
| <b>Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming.</b>   |                       |   |
| Contact: Tya Johnson   | Phone: (202) 690-7862 | Email: <a href="mailto:Tya.Johnson@acf.hhs.gov">Tya.Johnson@acf.hhs.gov</a>               |
| <b>Region 9: Arizona, California, Hawaii, Nevada, American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Republic of Palau, and Commonwealth of the Northern Mariana Islands.</b> |                       |   |
| Tribes Contact: Betty Johnson  | Phone: (202) 205-4866 | Email: <a href="mailto:Betty.Johnson@acf.hhs.gov">Betty.Johnson@acf.hhs.gov</a>           |
| <b>Region 10: Alaska, Idaho, Oregon, and Washington.</b>   |                       |   |
| Contact: Shena Williams  | Phone: (202) 205-5932 | Email: <a href="mailto:Shena.Williams@acf.hhs.gov">Shena.Williams@acf.hhs.gov</a>         |

## SECTION VIII. OTHER INFORMATION

### RESOURCES AND TECHNICAL ASSISTANCE

Please see the following links for additional resources and FVPSA grant award information:

#### COVID-19 Information

- 1) CDC State and Territorial Health Department Websites, <https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>
- 2) IHS, COVID-19 Response in Indian Country, <https://www.ihs.gov/coronavirus/>
- 3) CDC Interim Guidance for SARS-CoV-2 Testing in Homeless Shelters and Encampments, <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/testing.html>

- 4) Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>
- 5) CDC COVID-19 Infection Control Inventory and Planning Tool for Homeless Service Providers, <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/infection-control-inventory-planning-tool.pdf>
- 6) CDC Health Equity: Promoting Fair Access to Health, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/index.html>
- 7) CDC Community-Based Organizations COVID-19 Vaccine Toolkit, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/community-organization.html>
- 8) Dept. of Justice Statement and Resources for Leading a Coordinated Civil Rights Response to Coronavirus (COVID-19), <https://www.lep.gov/leading-coordinated-civil-rights-response-coronavirus-covid-19>,
- 9) Recommended data sources for identifying your proposed target population(s) and service area(s):
  - a. Centers for Disease Control and Prevention (CDC) Social Vulnerability Index, <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
  - b. Vaccine Hesitancy for COVID-19: State, County, and Local Estimates, (HHS/ASPE March 2021), <https://aspe.hhs.gov/reports/vaccine-hesitancy-covid-19-state-county-local-estimates>
  - c. Reliable, recent county or state data for your proposed area(s) or target population(s), as appropriate.
- 10) HHS-Funded COVID-19 Vaccine Outreach Programs and Resources:
  - a. CDC COVID-19 Resources for Tribal Communities, <https://www.cdc.gov/coronavirus/2019-ncov/community/tribal/index.html>
  - b. CDC COVID-19 Vaccination for People Experiencing Homelessness: Frequently Asked Questions, <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/vaccine-faqs.html>
  - c. COVID-19 Public Education Campaign, <https://wecandothis.hhs.gov/>
  - d. COVID-19 Community Corps, <https://wecandothis.hhs.gov/covidcommunitycorps>
  - e. Find a Health Center, <https://findahealthcenter.hrsa.gov/>
  - f. Health Center Vaccine Program, <https://www.hrsa.gov/coronavirus/health-center-program>
  - g. Health Center COVID-19 Vaccine Program FAQ, [https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions?field\\_faq\\_category\\_tid=306&combine=](https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions?field_faq_category_tid=306&combine=)
  - h. CDC COVID-19 Vaccination Resources, <https://www.cdc.gov/vaccines/covid-19/index.html>
- 11) HHS (2021) National Strategy for the COVID-19 Response and Pandemic Preparedness. <https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>
- 12) HHS (2021) We Can Do This: COVID-19 Public Education Campaign, <https://wecandothis.hhs.gov/we-can-do-campaign-background>
- 13) CDC (2021) Vaccinate with Confidence, <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/strategy.html>

## **Grant Award Information and Forms**

- FYSB FVPSA Program's Managing Your Federal Grant webpage, <https://www.acf.hhs.gov/fysb/grants#managing>
- Online Data Collection System (OLDC), <https://home.grantsolutions.gov/home/>
- SF-424-A <https://www.grants.gov/web/grants/forms/sf-424-family.html>
- Grant recipients of the Family and Youth Services Bureau, <https://www.acf.hhs.gov/fysb/grants/fysb-grant-recipients>

## **FVPSA Formula/Mandatory Notice of Funding Opportunities (NOFO)**

- Standing NOFO for Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services/Grants to States, <https://www.acf.hhs.gov/fysb/grant-funding/fvpsa-standing-notice-funding-opportunity-domestic-violence-shelter-and>.
- Standing NOFO for Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services/Grants to Native American Tribes (including Alaska Native Villages) and Tribal Organizations, <https://www.acf.hhs.gov/fysb/grant-funding/fvpsa-standing-notice-funding-opportunity-tribes-tribalorganizations>.
- Standing NOFO for Family Violence Prevention and Services/Grants to State Domestic Violence Coalitions, <https://www.acf.hhs.gov/fysb/grant-funding/fvpsa-standing-notice-funding-opportunity-grants-state-domestic-violence>.

## **Domestic Violence Technical Assistance**

- [National Indigenous Women's Resource Center](#)
- [National Resource Center on Domestic Violence](#)
- [Safe Housing Partnerships](#)
- [Battered Women's Justice Project & National Clearinghouse for the Defense of Battered Women](#)
- [Resource Center on Domestic Violence: Child Protection and Custody](#)
- [National Health Resource Center on Domestic Violence](#)
- [National Center on Domestic Violence, Trauma & Mental Health](#)
- [Ujima, Inc.: The National Center on Violence Against Women in the Black Community](#)
- [Asian Pacific Institute on Gender-Based Violence -](#)
- [National Latin@ Network for Healthy Families and Communities](#)
- [Promising Futures Without Violence](#)
- [Alaska Native Women's Resource Center](#)
- [National Network to End Domestic Violence](#)
- [National Domestic Violence Hotline](#)
- [National LGBTQ Institute on Intimate Partner Violence](#)

## **APPENDICES**

### **ARP COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Funding Allocations**

1. ARP COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Funding Allocations  
Table for States and Territories
2. ARP COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Funding Allocations  
Table for Tribes
3. ARP COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Funding Allocations  
Table for Coalitions
4. ARP COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Funding Allocations  
Table for Resource Centers
5. ARP COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Funding Allocations  
Table Hotlines

**2021 ARP COVID-19 Testing, Vaccines, and Mobile Health Units  
Supplemental Grant Award Allocations Table for States and Territories**

FVPSA grant awards to the states, territories, and tribes including the District of Columbia and the Commonwealth of Puerto Rico are based on a population formula. State populations are determined on the basis of the most recent census data available to the Secretary of HHS, and the Secretary shall use for such purpose, if available, the annual current interim census data produced by the Secretary of Commerce pursuant to 13 U.S.C. § 181. In computing state grant award allocations, ACF will use the latest available population figures from the Census Bureau,  
<https://data.census.gov/cedsci/table?q=United%20States&g=0100000US%240400000&y=2019&tid=ACST1Y2019.S0101&hidePreview=true&moe=false>.

For the purpose of computing allotments, the statute provides that Guam, American Samoa, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands will each receive grants of not less than one-eighth of one percent of the amount appropriated for formula grants to states (42 U.S.C. § 10405(a)(1)).

| <b>2021 ARP COVID-19 TESTING, VACCINES, &amp; MOBILE HEALTH<br/>UNITS ARP SUPPLEMENTAL FUNDING<br/>GRANT AWARD ALLOCATIONS</b> |                  |
|--|------------------|
| <b>STATE/TERRITORY</b>   | <b>AMOUNT</b>    |
| ALABAMA  | \$ 5,032,803.00  |
| ALASKA   | \$ 1,261,365.00  |
| ARIZONA  | \$ 7,180,441.00  |
| ARKANSAS   | \$ 3,328,294.00  |
| CALIFORNIA   | \$ 36,321,657.00 |
| COLORADO   | \$ 5,806,277.00  |
| CONNECTICUT  | \$ 3,823,255.00  |
| DELAWARE   | \$ 1,480,347.00  |
| DISTRICT OF COLUMBIA   | \$ 1,238,044.00  |
| FLORIDA  | \$ 20,017,292.00 |
| GEORGIA  | \$ 10,198,851.00 |
| HAWAII   | \$ 1,880,042.00  |
| IDAHO  | \$ 2,215,625.00  |
| ILLINOIS   | \$ 12,056,162.00 |
| INDIANA  | \$ 6,686,370.00  |
| IOWA   | \$ 3,452,391.00  |
| KANSAS   | \$ 3,233,828.00  |
| KENTUCKY   | \$ 4,639,071.00  |
| LOUISIANA  | \$ 4,802,817.00  |
| MAINE  | \$ 1,815,256.00  |
| MARYLAND   | \$ 6,065,694.00  |
| MASSACHUSETTS  | \$ 6,831,278.00  |
| MICHIGAN   | \$ 9,628,778.00  |
| MINNESOTA  | \$ 5,698,599.00  |

|                                  |                          |
|----------------------------------|--------------------------|
| MISSISSIPPI                      | \$ 3,290,635.00          |
| MISSOURI                         | \$ 6,148,640.00          |
| MONTANA                          | \$ 1,566,246.00          |
| NEBRASKA                         | \$ 2,348,832.00          |
| NEVADA                           | \$ 3,384,664.00          |
| NEW HAMPSHIRE                    | \$ 1,829,268.00          |
| NEW JERSEY                       | \$ 8,630,086.00          |
| NEW MEXICO                       | \$ 2,495,672.00          |
| NEW YORK                         | \$ 18,187,303.00         |
| NORTH CAROLINA                   | \$ 10,081,920.00         |
| NORTH DAKOTA                     | \$ 1,288,954.00          |
| OHIO                             | \$ 11,167,718.00         |
| OKLAHOMA                         | \$ 4,177,363.00          |
| OREGON                           | \$ 4,413,113.00          |
| PENNSYLVANIA                     | \$ 12,173,843.00         |
| RHODE ISLAND                     | \$ 1,557,732.00          |
| SOUTH CAROLINA                   | \$ 5,254,777.00          |
| SOUTH DAKOTA                     | \$ 1,399,790.00          |
| TENNESSEE                        | \$ 6,774,024.00          |
| TEXAS                            | \$ 26,814,190.00         |
| UTAH                             | \$ 3,498,398.00          |
| VERMONT                          | \$ 1,164,127.00          |
| VIRGINIA                         | \$ 8,316,672.00          |
| WASHINGTON                       | \$ 7,484,366.00          |
| WEST VIRGINIA                    | \$ 2,220,219.00          |
| WISCONSIN                        | \$ 5,863,865.00          |
| WYOMING                          | \$ 1,123,236.00          |
|                                  |                          |
| <b>STATE TOTAL</b>               | <b>\$ 327,350,190.00</b> |
|                                  |                          |
|                                  |                          |
| AMERICAN SAMOA                   | \$ 415,625.00            |
| GUAM                             | \$ 415,625.00            |
| NORTHERN MARIANA ISLANDS         | \$ 415,625.00            |
| VIRGIN ISLANDS                   | \$ 415,625.00            |
| PUERTO RICO                      | \$ 3,487,310.00          |
|                                  |                          |
| <b>TERRITORY TOTAL</b>           | <b>\$ 5,149,810.00</b>   |
|                                  |                          |
| <b>STATE AND TERRITORY TOTAL</b> | <b>\$ 332,500,000.00</b> |

**2021 ARP COVID-19 Testing, Vaccines, and Mobile Health Units  
Supplemental Grant Award Allocation Table for Tribes**

In computing tribal grant award allocations, ACF will use the latest available population figures from the Census Bureau; specifically, the “American Indian and Alaska Native Population by Tribe for the United States: 2010” column 5 available from the Census Bureau at: <https://www.census.gov/data/tables/time-series/dec/cph-series/cph-t/cph-t-6.html>

Where Census Bureau data are unavailable, ACF will use figures from the Bureau of Indian Affairs (BIA) Indian Population and Labor Force Report, which is available at <https://www.bia.gov/WhatWeDo/Knowledge/Reports/index.htm>. If neither of these sources has a population figure for the tribe, the tribe shall submit a certified population number.

| <b>2021 ARP COVID-19 TESTING, VACCINES, AND<br/>MOBILE HEALTH UNITS<br/>SUPPLEMENTAL FUNDING GRANT AWARDS<br/>TRIBES &amp; TRIBAL ORGANIZATIONS</b> |               |
|---|---------------|
| <b>RECIPIENT</b>  | <b>AMOUNT</b> |
| AL Poarch Band of Creek Indians   | \$ 350,697.00 |
| AK Alatna Tribal Council  | \$ 194,832.00 |
| AK Aleutian Pribilof Island Assoc. Inc.   | \$ 194,832.00 |
| AK Anvik Traditional Council  | \$ 194,832.00 |
| <b>AK BRISTOL BAY NATIVE<br/>ASSOCIATION</b>  |               |
| AK Aleknagik  | \$ 194,832.00 |
| AK Chignik Lagoon Village   | \$ 194,832.00 |
| AK Clarks Point Village   | \$ 194,832.00 |
| AK Curyung \ Native Village of Dillingham   | \$ 194,832.00 |
| AK Ekwok Village  | \$ 194,832.00 |
| AK Igiugig Native Village   | \$ 194,832.00 |
| AK Iliamna  | \$ 194,832.00 |
| AK Manokotak Village  | \$ 194,832.00 |
| AK Native Village of Ekuk, DBA Ekuk<br>Village Council  | \$ 194,832.00 |
| AK New Koliganek Village  | \$ 194,832.00 |
| AK New Stuyahok Traditional Council   | \$ 194,832.00 |
| AK Nondalton Tribal Council   | \$ 194,832.00 |
| AK South Naknek   | \$ 194,832.00 |
| AK Togiak   | \$ 194,832.00 |
| AK Chignik Bay Tribal Council   | \$ 194,832.00 |
| AK Chignik Lake   | \$ 194,832.00 |
| AK Kokhanok Village Council   | \$ 194,832.00 |
| AK Levelock   | \$ 194,832.00 |
| AK Pedro Bay  | \$ 194,832.00 |
| AK Portage creek  | \$ 194,832.00 |

|   |               |
|---|---------------|
| AK Twin Hills                           | \$ 194,832.00 |
| AK Chugachmiut                          | \$ 194,832.00 |
| AK Dot Lake                             | \$ 194,832.00 |
| <b>AK EASTERN ALEUTIAN TRIBES, INC.</b> |               |
| AK Agdaagux Tribal Council              | \$ 194,832.00 |
| AK Native Village of Akutan             | \$ 194,832.00 |
| AK Native Village of Nelson Lagoon      | \$ 194,832.00 |
| AK Pauloff Harbor Tribal Council        | \$ 194,832.00 |
| AK Qagan Tayagungin Tribal Council      | \$ 194,832.00 |
| AK Unga Tribal Council                  | \$ 194,832.00 |
| <b>AK EMMONAK WOMEN'S SHELTER</b>       | \$ -          |
| AK Asa'carsarmiut Tribal Council        | \$ 194,832.00 |
| AK Iqurmiut Traditional Council         | \$ 194,832.00 |
| AK Native Village of Nunam Iquaa        | \$ 194,832.00 |
| AK Native Villages of Alakanuk          | \$ 194,832.00 |
| AK Pilot Station                        | \$ 194,832.00 |
| AK Chuloonawick Village                 | \$ 194,832.00 |
| AK Native Village of Emmonak Alaska     | \$ 194,832.00 |
| AK Village of Kotlik                    | \$ 194,832.00 |
| AK Fairbanks Native Association         | \$ 272,765.00 |
| AK Grayling IRA Council                 | \$ 194,832.00 |
| <b>AK KODIAK TRIBAL COUNCIL</b>         | \$ -          |
| AK Akhiok Tribal Council                | \$ 194,832.00 |
| AK Larsen Bay                           | \$ 194,832.00 |
| AK Native Village of Ouzinkie           | \$ 194,832.00 |
| AK Old Harbor Tribal Council            | \$ 194,832.00 |
| AK Port Lions                           | \$ 194,832.00 |
| AK Tangirnaq Native Village             | \$ 194,832.00 |
| AK Koyukuk Tribal Council               | \$ 194,832.00 |
| <b>AK MANIILAQ ASSOC</b>                | \$ -          |
| AK Ambler Traditional Council           | \$ 194,832.00 |
| AK Buckland                             | \$ 194,832.00 |
| AK Kiana Traditional Council            | \$ 194,832.00 |
| AK Kivalina                             | \$ 194,832.00 |
| AK Kobuk Traditional Council            | \$ 194,832.00 |
| AK Kotzebue Native Village              | \$ 194,832.00 |
| AK Deering                              | \$ 194,832.00 |
| AK Shungnak                             | \$ 194,832.00 |
| AK Noatak                               | \$ 194,832.00 |
| AK Noorvik                              | \$ 194,832.00 |
| AK Point Hope                           | \$ 194,832.00 |
| AK Selawik                              | \$ 194,832.00 |
| AK McGrath Native Village Council       | \$ 194,832.00 |

|  |                  |
|--|------------------|
| AK Native Village of Afognak                 | \$ 194,832.00    |
| AK Nikolai Village                           | \$ 194,832.00    |
| AK Northway Village Council                  | \$ 194,832.00    |
| AK Nulato Tribal Council                     | \$ 194,832.00    |
| AK St. Paul Tribal Government                | \$ 194,832.00    |
| AK Sun'aq Tribe of Kodiak                    | \$ 194,832.00    |
| AK Telida Village Council                    | \$ 194,832.00    |
| AK Tetlin Tribal Council                     | \$ 194,832.00    |
| AK Venetie Village Council                   | \$ 194,832.00    |
| AK Angoon                                    | \$ 194,832.00    |
| AK Kenaitze Indian Tribe                     | \$ 194,832.00    |
| AK Native Village of Napaimute               | \$ 194,832.00    |
| AK Newtok Village                            | \$ 194,832.00    |
| AZ Hualapai Tribal Council                   | \$ 272,764.00    |
| AZ Navajo Nation                             | \$ 17,534,861.00 |
| AZ Tohono O'odham Nation                     | \$ 1,948,318.00  |
| AZ Yavapai Prescott Indian                   | \$ 194,832.00    |
| CA Hopland Band of Pomo Indians              | \$ 194,832.00    |
| <b>CA INTER-TRIBAL COUNCIL OF CALIFORNIA</b> | \$ -             |
| Big Sandy Rancheria                          | \$ 194,832.00    |
| Bishop Indian Tribal Council                 | \$ 194,832.00    |
| CA Big Pine Tribe                            | \$ 194,832.00    |
| CA Blue Lake Rancheria                       | \$ 194,832.00    |
| CA Cahto Indian Tribe                        | \$ 194,832.00    |
| CA Cloverdale Rancheria                      | \$ 194,832.00    |
| CA Cold Springs Rancheria of Mono Indians    | \$ 194,832.00    |
| CA Cortina Indian Rancheria                  | \$ 194,832.00    |
| CA Coyote Valley Band of Pomo                | \$ 194,832.00    |
| CA Dry Creek Rancheria                       | \$ 194,832.00    |
| CA Elem Indian Colocy                        | \$ 194,832.00    |
| CA Elk Valley Rancheria                      | \$ 194,832.00    |
| CA Kashia Band of Stewart's Point            | \$ 194,832.00    |
| CA Middletown Rancheria                      | \$ 194,832.00    |
| CA North Fork Rancheria                      | \$ 194,832.00    |
| CA Potter Valley                             | \$ 194,832.00    |
| CA Redwood Valley Rancheria                  | \$ 194,832.00    |
| CA Resighini Rancheria                       | \$ 194,832.00    |
| CA Robinson                                  | \$ 194,832.00    |
| CA Scotts Valley Band of Pomo Indians        | \$ 194,832.00    |
| CA Sherwood Valley Rancheria                 | \$ 194,832.00    |
| CA Susanville Indian Rancheria               | \$ 194,832.00    |
| LONE PINE                                    | \$ 194,832.00    |

|  |               |
|--|---------------|
| PIT RIVER TRIBE                            | \$ 272,765.00 |
| Round Valley Tribe                         | \$ 194,832.00 |
| Trinidad                                   | \$ 194,832.00 |
| Guidville                                  | \$ 194,832.00 |
| Wilton Rancheria                           | \$ 194,832.00 |
| CA Karuk Tribe                             | \$ 584,495.00 |
| CA La Jolla Band                           | \$ 194,832.00 |
| CA Mojave                                  | \$ 272,764.00 |
| CA Smith River Rancheria                   | \$ 194,832.00 |
| <b>CA SOUTHERN INDIAN HEALTH COUNCIL</b>   | \$ -          |
| CA Barona Band of Mission Indians          | \$ 194,832.00 |
| CA Campo Band of Mission Indians           | \$ 194,832.00 |
| CA Jamul Indian Village                    | \$ 194,832.00 |
| CA La Posta Band of Mission Indians        | \$ 194,832.00 |
| CA Manzanita Band of the Kumeyay           | \$ 194,832.00 |
| CA Viejas Band of Kumeyaay                 | \$ 194,832.00 |
| Ewiaapaayp Band                            | \$ 194,832.00 |
| <b>CA STRONG HEARTED NATIVE</b>            | \$ -          |
| CA Mesa Grande Band of Mission Indians     | \$ 194,832.00 |
| CA Pala Band of Mission Indians            | \$ 194,832.00 |
| CA Pauma Band of Mission Indians           | \$ 194,832.00 |
| CA Rincon Band of Luiseno Indians          | \$ 194,832.00 |
| CA Santa Ynez Band of Chumash Indians      | \$ 194,832.00 |
| CA Soboba Band of Luiseno Indians          | \$ 194,832.00 |
| <b>CA WIYOT TRIBE</b>                      | \$ -          |
| CA Wiyot Tribe (Subgrantee)                | \$ 194,832.00 |
| CA Bear River Band                         | \$ 194,832.00 |
| CA Yurok                                   | \$ 584,495.00 |
| <b>CAHUILLA INDIAN RESERVATION</b>         |               |
| CA Cahuilla Indian Reservation             | \$ 272,765.00 |
| CA Santa Rosa Band                         | \$ 194,832.00 |
| Los Coyotes Band of Indians (subgrantee)   | \$ 194,832.00 |
| CA Santa Ysabel Lipay Nation               | \$ 194,832.00 |
| CO Southern Ute                            | \$ 272,764.00 |
| ID Coeur D'Alene Tribe                     | \$ 272,765.00 |
| ID Shoshone-Bannock Tribes                 | \$ 506,563.00 |
| KS Iowa Tribe Kansas and Nebraska          | \$ 194,832.00 |
| KS Sac and Fox Tribe of Missouri           | \$ 194,832.00 |
| <b>LA Institute for Indian Development</b> | \$ -          |
| LA Chitimacha Tribe                        | \$ 272,764.00 |
| LA Coushatta Tribe of Louisiana            | \$ 194,832.00 |
| LA Jena Band of Choctaw Indians            | \$ 194,832.00 |

|   |                 |
|---|-----------------|
| LA Tunica-Biloxi Tribe of Louisiana             | \$ 194,832.00   |
| ME Aroostook Band of Micmacs                    | \$ 194,832.00   |
| ME Houlton Band of Maliseet Indians             | \$ 194,832.00   |
| ME Passamaquodd at Indian Township              | \$ 194,832.00   |
| ME Penobscot                                    | \$ 428,630.00   |
| ME Pleasant Point Passamaquoddy Tribe           | \$ 194,832.00   |
| MA Wampanoag Tribe of Gay Head                  | \$ 194,832.00   |
| MI Bay Mills Indian Community                   | \$ 194,832.00   |
| MI Grand Traverse                               | \$ 272,765.00   |
| MI Hannahville Indian Community                 | \$ 194,832.00   |
| MI Lac Vieux Desert Band of Chippewa Indians    | \$ 194,832.00   |
| MI Little River Band of Ottawa Indians          | \$ 272,764.00   |
| MI Little Traverse Bay Band of Odawa Indians    | \$ 272,765.00   |
| MI Match-E-Be-Nash-She-Wish                     | \$ 194,832.00   |
| MI Saginaw Chippewa Indian Tribe                | \$ 350,697.00   |
| MI Sault St. Marie Tribe of Chippewa Indians    | \$ 1,480,722.00 |
| MN Bois Forte Band of Chippewa                  | \$ 272,764.00   |
| MN White Earth Reservation                      | \$ 740,361.00   |
| MS Mississippi Band of Choctaw Indians          | \$ 740,361.00   |
| MT Confederated Salish and Kootenai             | \$ 662,428.00   |
| MT Northern Cheyenne Tribal Council             | \$ 662,428.00   |
| NE Omaha Tribe of Nebraska                      | \$ 584,495.00   |
| NE Ponca Tribe of Nebraska                      | \$ 194,832.00   |
| <b>NV INTER-TRIBAL COUNCIL OF NEVADA, INC.</b>  | \$ -            |
| NV Lovelock Paiute Tribe                        | \$ 194,832.00   |
| NV Confederated Tribes of Goshute               | \$ 194,832.00   |
| NV Duckwater Shoshone                           | \$ 194,832.00   |
| NV Ely Shoshone Tribe                           | \$ 194,832.00   |
| NV Fallon Paiute Shoshone                       | \$ 194,832.00   |
| NV Fort McDermitt Paiute and Shoshone           | \$ 194,832.00   |
| NV Las Vegas Paiute                             | \$ 194,832.00   |
| NV Moapa Band of Paiutes                        | \$ 194,832.00   |
| NV Shoshone Paiute of the Duck Valley           | \$ 194,832.00   |
| NV Walker River Paiute Tribe                    | \$ 194,832.00   |
| NV Washoe Tribe of Nevada and California        | \$ 272,764.00   |
| NV Yerington Paiute Tribe                       | \$ 194,832.00   |
| NV Reno-Sparks Indian Colony                    | \$ 194,832.00   |
| NV Summit Lake Paiute Tribe                     | \$ 194,832.00   |
| NV Te-Moak Tribe of Western Shoshone            | \$ 194,832.00   |
| NV Pyramid Lake Paiute Tribe                    | \$ 272,764.00   |
| <b>NM EIGHT NORTHERN INDIAN PUEBLOS COUNCIL</b> | \$ -            |
| NM Ohkay Owingeh                                | \$ 272,764.00   |

|  |                  |
|--|------------------|
| NM Pueblo of Picuris                         | \$ 194,832.00    |
| NM Pueblo of Santa Clara                     | \$ 194,832.00    |
| NM Pueblo of Ildefonso                       | \$ 194,832.00    |
| NM Pueblo of Pojoaque                        | \$ 194,832.00    |
| NM Pueblo of Taos                            | \$ 272,764.00    |
| NM Pueblo of Tesuque                         | \$ 194,832.00    |
| NM Pueblo of Isleta                          | \$ 506,563.00    |
| NM Pueblo of Nambe                           | \$ 194,832.00    |
| NM Pueblo of Zuni                            | \$ 1,013,125.00  |
| NM Santo Domingo Tribe                       | \$ 428,630.00    |
| NY Saint RegisS Mohawk Tribe                 | \$ 584,495.00    |
| NC Eastern Band of Cherokee Indians          | \$ 1,013,125.00  |
| ND Turtle Mountain Band of Chippewa Indians  | \$ 1,636,587.00  |
| OK Cheyenne-Arapaho                          | \$ 584,495.00    |
| OK Absentee Shawnee Tribe                    | \$ 272,764.00    |
| OK Cherokee Nation                           | \$ 17,534,861.00 |
| OK Chickasaw Nation                          | \$ 9,741,590.00  |
| OK Choctaw Nation of Oklahoma                | \$ 17,534,861.00 |
| OK Citizen Potawatomi Nation                 | \$ 428,630.00    |
| OK Comanche Nation                           | \$ 1,948,318.00  |
| OK Delaware Tribe of Indians                 | \$ 194,832.00    |
| OK Eastern Shawnee Tribe                     | \$ 272,764.00    |
| OK Fort Still Apache Tribe of Oklahoma       | \$ 350,697.00    |
| OK Iowa Tribe of Oklahoma                    | \$ 194,832.00    |
| OK Kaw Nation                                | \$ 272,764.00    |
| OK Muscogee Creek Nation                     | \$ 9,741,589.00  |
| OK Otoe-Missouria Tribe of Indians           | \$ 350,697.00    |
| OK Ponca Tribe of Indians                    | \$ 194,832.00    |
| OK Quapaw Tribe of Oklahoma                  | \$ 350,697.00    |
| OK Sac and Fox Nation                        | \$ 194,832.00    |
| OK Seminole Nation of Oklahoma               | \$ 194,832.00    |
| OK Wichita & Affiliated Tribes               | \$ 272,764.00    |
| OK Pawnee Tribe of Oklahoma                  | \$ 194,832.00    |
| OK Seneca Cayuga Tribe of Oklahoma           | \$ 350,697.00    |
| OK United Keetoowah Band of Cherokee         | \$ 272,764.00    |
| OK Wyandotte Nation                          | \$ 428,630.00    |
| OR Grand Ronde                               | \$ 428,630.00    |
| RI Narragansett Indian Tribe                 | \$ 506,563.00    |
| SC Catawba Indian Nation                     | \$ 350,697.00    |
| SD Cheyenne River Sioux Tribe                | \$ 1,168,991.00  |
| SD Flandreau Santee Sioux                    | \$ 194,832.00    |
| SD Oglala Lakota Nation (Oglala Sioux Tribe) | \$ 2,571,780.00  |
| SD Rosebud Sioux Tribe                       | \$ 1,636,587.00  |

|  |                          |
|--|--------------------------|
| SD Standing Rock Sioux Tribe                 | \$ 1,013,125.00          |
| <b>H.O.P.E</b>                               | \$ -                     |
| Craig Tribal Association                     | \$ 194,832.00            |
| Klawock Cooperative Association              | \$ 194,832.00            |
| Organized Village of Kasaan                  | \$ 194,832.00            |
| UT Paiute Indian Tribe of Utah               | \$ 194,832.00            |
| WA Kalispel Tribe of Indians                 | \$ 194,832.00            |
| WA Lummi Indian Nation                       | \$ 428,630.00            |
| WA Muckleshoot Tribe of Washington           | \$ 272,764.00            |
| WA Puyallup Tribe of Indians                 | \$ 350,697.00            |
| <b>WA SOUTH PUGET INTERTRIBAL AGENCY</b>     | \$ -                     |
| WA Chehalis                                  | \$ 194,832.00            |
| WA Nisqually Indian Tribe                    | \$ 194,832.00            |
| WA Shoalwater Bay Indian Tribe               | \$ 194,832.00            |
| WA Skokomish Indian Tribe                    | \$ 194,832.00            |
| WA Squaxin Island                            | \$ 194,832.00            |
| WA Spokane Tribe of Indians                  | \$ 350,697.00            |
| WA Swinomish Indian Tribal Community         | \$ 194,832.00            |
| WI Bad River Band of Lake Superior           | \$ 428,630.00            |
| WI Menominee Indian Tribe of Wisconsin       | \$ 1,013,125.00          |
| WI Red Cliff Band of Lake Superior Chippewas | \$ 272,764.00            |
|  |                          |
| <b>TOTAL TRIBAL GRANTS</b>                   | <b>\$ 142,500,000.00</b> |

*\*Bold = Tribal Consortium*

### **2021 ARP COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Grant Award Allocation Table for State and Territory Domestic Violence Coalitions**

All FVPSA state and territory domestic violence coalitions are receiving ARP COVID-19 testing, vaccines, and mobile health units supplemental funding to provide training, technical assistance, and resources/policy development to support states, territories, tribes, domestic violence programs, and culturally specific programs with implementing services and supports for COVID-19 testing, vaccines, and mobile health units to mitigate the spread of COVID-19 for domestic violence survivors and their dependents. This supplemental funding may be used in accordance with the allowable uses of funds detailed in this memo and to complete the following:

- Provide training, technical assistance, and resources/policy development to assist states, territories, tribes, domestic violence programs, and culturally specific programs with planning for implementation of a COVID-19 testing program, COVID-19 mitigation program, or mobile health units access programming for domestic violence survivors;
- Provide training technical assistance, and resources/policy development to assist states, territories, tribes, domestic violence programs and culturally specific programs with implementing COVID-19 testing procedures, COVID-19 mitigation activities, or mobile health unit coordination activities;

- Provide training, technical assistance, and resources/policy development to assist states, territories, tribes, domestic violence programs, and culturally specific programs with hiring culturally-competent and linguistically-appropriate providers and staff to carry out COVID-19 testing procedures, COVID-19 mitigation activities, or mobile health unit coordination activities;
- Document and disseminate innovative practices developed by states, tribes, domestic violence programs and culturally specific programs to effectively deliver services remotely, provide COVID-19 testing, coordinate access to vaccines, and partner with mobile health units, or other programming that mitigates the spread of the COVID-19 virus, to include those developed by culturally specific services providers;
- Strengthening partnerships with health care providers, health centers, and health departments to support the ability of states, territories, tribes, domestic violence programs, and culturally specific programs to implement COVID-19 testing; provide access to vaccines; and coordinate with mobile health units to support domestic violence survivors and their dependents as they mitigate the spread of the COVID-19 virus;
- Provide training, technical assistance, resources/policy development to assist states, territories, tribes, domestic violence programs and culturally specific programs with providing supportive services for survivors and coordinating access to preventative health services to mitigate the spread of the COVID-19 virus such as best practices for accessing vaccines, testing, primary health care, or behavioral health services;
- Provide training, technical assistance, and resources/policy development for ensuring the safety, sustainability, and capacity building of the domestic violence advocacy workforce during the COVID-19 public health emergency;
- Provide technical assistance on implementing mobile advocacy for domestic violence survivors during the COVID-19 public health emergency and the coordination of COVID-19 testing, vaccine programs/supports, and mobile health unit coordination activities for domestic violence survivors and their dependents; and
- Provide training, technical assistance, and resources/policy development that will help increase public awareness about best practices for providing access to COVID-19 testing, vaccines, and mobile health units for domestic violence survivors and their dependents, including lifting up best practices that support underserved populations and rural communities in mitigating the spread of the COVID-19 virus and safely support domestic violence survivors.

| <b>2021 ARP COVID-19 TESTING, VACCINES, AND<br/>MOBILE HEALTH UNITS<br/>SUPPLEMENTAL FUNDING GRANT AWARDS<br/>STATE/TERRITORY DOMESTIC VIOLENCE COALITIONS</b> |               |
|--|---------------|
| <b>RECIPIENT</b>   | <b>AMOUNT</b> |
| ALABAMA  | \$357,143.00  |
| ALASKA   | \$357,143.00  |
| ARIZONA  | \$357,143.00  |
| ARKANSAS   | \$357,143.00  |
| CALIFORNIA   | \$357,143.00  |
| COLORADO   | \$357,143.00  |
| CONNECTICUT  | \$357,143.00  |
| DELAWARE   | \$357,143.00  |

|                      |              |
|----------------------|--------------|
| DISTRICT OF COLUMBIA | \$357,143.00 |
| FLORIDA              | \$357,143.00 |
| GEORGIA              | \$357,143.00 |
| HAWAII               | \$357,143.00 |
| IDAHO                | \$357,143.00 |
| ILLINOIS             | \$357,143.00 |
| INDIANA              | \$357,143.00 |
| IOWA                 | \$357,143.00 |
| KANSAS               | \$357,143.00 |
| KENTUCKY             | \$357,143.00 |
| LOUISIANA            | \$357,143.00 |
| MAINE                | \$357,143.00 |
| MARYLAND             | \$357,143.00 |
| MASSACHUSETTS        | \$357,143.00 |
| MICHIGAN             | \$357,143.00 |
| MINNESOTA            | \$357,143.00 |
| MISSISSIPPI          | \$357,143.00 |
| MISSOURI             | \$357,143.00 |
| MONTANA              | \$357,143.00 |
| NEBRASKA             | \$357,143.00 |
| NEVADA               | \$357,143.00 |
| NEW HAMPSHIRE        | \$357,143.00 |
| NEW JERSEY           | \$357,143.00 |
| NEW MEXICO           | \$357,143.00 |
| NEW YORK             | \$357,135.00 |
| NORTH CAROLINA       | \$357,143.00 |
| NORTH DAKOTA         | \$357,143.00 |
| OHIO                 | \$357,143.00 |
| OKLAHOMA             | \$357,143.00 |
| OREGON               | \$357,143.00 |
| PENNSYLVANIA         | \$357,143.00 |
| RHODE ISLAND         | \$357,143.00 |
| SOUTH CAROLINA       | \$357,143.00 |
| SOUTH DAKOTA         | \$357,143.00 |
| TENNESSEE            | \$357,143.00 |
| TEXAS                | \$357,143.00 |
| UTAH                 | \$357,143.00 |
| VERMONT              | \$357,143.00 |
| VIRGINIA             | \$357,143.00 |
| WASHINGTON           | \$357,143.00 |
| WEST VIRGINIA        | \$357,143.00 |
| WISCONSIN            | \$357,143.00 |
| WYOMING              | \$357,143.00 |

|                          |                        |
|--------------------------|------------------------|
|                          |                        |
| PUERTO RICO              | \$357,143.00           |
| AMERICAN SAMOA           | \$357,143.00           |
| GUAM                     | \$357,143.00           |
| NORTHERN MARIANA ISLANDS | \$357,143.00           |
| VIRGIN ISLANDS           | \$357,143.00           |
|                          |                        |
| <b>TOTAL</b>             | <b>\$20,000,000.00</b> |

**2021 ARP COVID-19 Testing, Vaccines, and Mobile Health Units  
Supplemental Grant Award Allocation Table for  
National, Special Issue, and Culturally Specific Resource Centers**

All FVPSA-funded National, Special Issue, and Culturally Specific Resource Centers are receiving ARP COVID-19 testing, vaccines, and mobile health units supplemental funding to provide training, technical assistance, and resource development to support states, territories, tribes, domestic violence programs, and culturally with programs with providing access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of COVID-19 for domestic violence survivors and their dependents. This supplemental funding may be used in accordance with the allowable uses of funds detailed in this memo and to complete the following:

- Provide training, technical assistance, and resources/policy development to assist states, territories, tribes, domestic violence programs, and culturally specific programs with planning for the implementation of COVID-19 testing programs, vaccine programs/supports, COVID-19 mitigation programs/strategies, or mobile health units access programs for domestic violence survivors;
- Provide training technical assistance, and resources/policy development to assist states, territories, tribes, domestic violence programs and culturally specific with implementing programs COVID-19 testing procedures, COVID-19 vaccine programs/supports, COVID-19 mitigation activities, or mobile health unit coordination activities;
- Partner with states, territories, tribes, domestic violence programs, culturally specific programs, coalitions, and health care providers to implement innovative programs that will provide domestic violence survivors with access to COVID-19 testing, COVID-19 vaccine programs/supports, COVID-19 mitigation supports, or access to mobile health units to mitigate the spread of the COVID-19 virus;
- Provide training, technical assistance, resources/policy development to assist states, territories, tribes, domestic violence programs and culturally specific programs with providing supportive services for survivors and coordinating access to preventative health services to mitigate the spread of the COVID-19 virus such as best practices for accessing vaccines, testing, primary health care, or behavioral health services;
- Provide training, technical assistance, and resources/policy development to assist states, territories, tribes, domestic violence programs and culturally specific programs with hiring culturally-competent and linguistically-appropriate providers and staff to carry out COVID-19 testing procedures, COVID-19 vaccine programs/supports, COVID-19 mitigation activities, or mobile health unit coordination activities;

- Document and disseminate innovative practices developed by states, territories, tribes, domestic violence programs, culturally specific programs, and coalitions to effectively deliver services remotely, provide COVID-19 testing, coordinate access to vaccines, and partner with mobile health units or in other modes that mitigate the spread of the COVID-19 virus, to include those developed by culturally specific services providers;
- Strengthen partnerships with health care providers, health centers, and health departments to support the ability of states, territories, tribes, domestic violence programs, culturally specific programs and coalitions to implement COVID-19 testing; provide access to vaccines; and coordinate with mobile health units to support domestic violence survivors and their dependents as they mitigate the spread of the COVID-19 virus;
- Provide training, technical assistance, and resources/policy development for ensuring the safety, sustainability, and capacity building of the domestic violence advocacy workforce during the COVID-19 public health emergency;
- Provide technical assistance on implementing mobile advocacy for domestic violence survivors during the COVID-19 public health emergency and the coordination of COVID-19 testing, vaccine programs/supports, and mobile health unit coordination activities for domestic violence survivors and their dependents; and
- Provide training, technical assistance, and resources/policy development that will help increase public awareness about best practices for providing access to COVID-19 testing, vaccines, and mobile health units for domestic violence survivors and their dependents, including lifting up best practices that support underserved populations and rural communities in mitigating the spread of the COVID-19 virus and safely support domestic violence survivors.

| <b>2021 ARP COVID-19 TESTING, VACCINES, AND MOBILE HEALTH UNITS<br/>SUPPLEMENTAL FUNDING GRANT AWARDS<br/>NATIONAL, SPECIAL ISSUE, AND CULTURALLY SPECIFIC<br/>RESOURCE CENTERS</b> |                 |
|---|-----------------|
| <b>RECIPIENT</b>  | <b>AMOUNT</b>   |
| National Resource Center on Domestic Violence, Inc.   | \$ 2,000,000.00 |
| National Indigenous Women's Resource Center, Inc.   | \$ 2,000,000.00 |
| National Health Resource Center on Domestic Violence  | \$ 3,000,000.00 |
| National Center on Domestic Violence Trauma and Mental Health   | \$ 1,500,000.00 |
| Resource Center on Child Protection, Custody, and Domestic Violence - Caminar Latino, Inc.  | \$ 1,250,000.00 |
| Battered Women's Justice Project, Inc.  | \$ 1,250,000.00 |
| Asian Pacific Institute on Gender-Based Violence  | \$ 3,000,000.00 |

|   |                        |
|---|------------------------|
| Ujima: The National Center on Violence Against Women in the Black Community                                 | \$ 3,000,000.00        |
| Casa de Esperanza/Esperanza United  | \$ 3,000,000.00        |
| Tribal Safe Housing Capacity Building Center  | \$ 1,000,000.00        |
| LGBTQ Institute on Intimate Partner Violence - Los Angeles LGBT Center                                      | \$ 1,000,000.00        |
| National Safe Housing Capacity Building Center  | \$ 1,500,000.00        |
| Alaska Native Tribal Resource Center on Domestic Violence - Alaska Native Women's Resource Center           | \$ 2,000,000.00        |
| FVPSA Formula Grantee Capacity Building Center - National Network to End Domestic Violence, Inc             | \$ 1,500,000.00        |
| National Capacity Building Center to expand services for Children, Youth, and Abused Parents impacted by DV | \$ 1,000,000.00        |
| <b>TOTAL</b>  | <b>\$28,000,000.00</b> |

**ARP COVID-19 Testing, Vaccines, and Mobile Health Units  
Supplemental Grant Award Allocations Table for Domestic Violence Hotlines**

The National Domestic Violence Hotline and the StrongHearts Native Helpline are receiving ARP COVID-19 testing, vaccines, and mobile health units supplemental grant awards to implement activities that can support the needs of survivors calling the hotline/helpline during the COVID-19 public health emergency and provide information on accessing COVID-19 testing, vaccines, or mobile health units through a local domestic violence program, tribe, or culturally specific program. This supplemental funding may be used in accordance with the allowable uses of funds detailed in this memo and to complete the following:

- Provide training, technical assistance, information, and assistance necessary to assist local programs with sharing information about information on accessing COVID-19 testing, vaccines, or mobile health units through a local domestic violence program, tribe, or culturally specific program;
- Implement services and support that will empower survivors to make decisions with dignity and respect and mitigate the spread of the COVID-19 virus; and
- Provide training, technical assistance, and resource development that will help domestic violence programs, tribes, states, territories, coalitions, or culturally specific programs strengthen partnerships with local and state public health authorities, emergency services managers, health

care providers, culturally specific community-based organizations, tribes, and domestic violence programs to improve emergency operations for local hotlines/helplines.

The Department of Health and Human Services authorized \$2,000,000 in ARP COVID-19 testing, vaccines, and mobile health units supplemental funding for the National Domestic Violence Hotline; with the special condition that 50% of the \$2,000,000 is allocated to the StrongHearts Native Helpline as a \$1,000,000 subaward.

| <b>2021 ARP COVID-19 TESTING, VACCINES, AND MOBILE HEALTH UNITS<br/>SUPPLEMENTAL FUNDING GRANT AWARDS<br/>NATIONAL DOMESTIC VIOLENCE HOTLINE</b> |                        |
|--|------------------------|
| <b>RECIPIENT</b>   | <b>AMOUNT</b>          |
| National Domestic Violence Hotline   | \$ 1,000,000.00        |
| Sub-Award: StrongHearts Native Helpline  | \$ 1,000,000.00        |
| <b>TOTAL</b>   | <b>\$ 2,000,000.00</b> |