FYSB Family & Youth Services Bureau

Family Violence Prevention & Services Program

2021 American Rescue Plan (ARP) COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Funding FAQs – FVPSA Formula Mandatory Grant Recipients: States, Territories, and Tribes

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.

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.

These funds will remain available until expended and through the end of FY 2025, September 30, 2025. FVPSA states, territories, and tribal grant recipients can access ARP COVID-19, testing, vaccines, and mobile health units supplemental funding program instructions online, which includes details on the allowable uses of funds and reporting requirements.

Budget and Budget Narrative

Question: My agency does not have a copy of our Notice of Award, how do we obtain a copy?

Answer: 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 state agencies should reach out to their OGM assigned Grants Specialist listed on page 13 and tribes should reach out via email to the ACF Office of Grants Management at FPRG-OGM@acf.hhs.gov.

Question: Why is my agency receiving this supplemental funding?

Answer: In response to an inquiry from the White House COVID-19 testing team, on March 31, 2021, the Family Violence Prevention and Services Act (FVPSA) Program Director reached out to all FVPSA grant recipients via email to inquire about the interest and need for onsite testing. Responses were received from 50 FVPSA grant recipients indicating an interest and an immediate need for access to rapid COVID-19 tests and a need for equitable access to vaccines. Several domestic violence programs in rural communities such as reported they were spending thousands of dollars transporting hundreds of families to and from COVID-19 testing facilities each month. Several coalitions also reported that testing and vaccines for their shelters/program staff and clients has been difficult to access. Several tribes and domestic violence programs in rural states and communities have reported an interest in having mobile health units that could provide access to testing and vaccines for geographically isolated communities.

The FVPSA Director used the grantee feedback to submit a proposal to HHS seeking ARP supplemental funding to support states, territories, tribes and local programs with accessing rapid onsite testing, vaccines, and mobile health units to mitigate the spread of COVID-19 for domestic violence survivors accessing FVPSA-funded services and supports. On July 12, 2021, HHS approved the FVPSA Program's request and provided $550 million in additional supplemental funding for states, territories, and tribes.

The FVPSA Program is providing equitable access to ARP COVID-19 testing, vaccine, and mobile health unit supplemental funding to all existing states, territories, and tribes. FVPSA states, territories, and tribes may use this funding to coordinate access to testing, vaccines, and mobile health units in partnership with health departments, health centers, and health care providers.

All FVPSA states, territories, and tribes have the option to accept or not accept the ARP COVID-19 testing, vaccines, and mobile health unit supplemental funding.

Question: Does my agency have to accept this supplemental funding? Is there a penalty for not accepting the supplemental funding?

Answer: All FVPSA-funded states, territories, and tribes have the option to accept or not accept the ARP COVID-19 testing, vaccines, and mobile health unit supplemental funding.

No, there is no penalty for not accepting the supplemental funding. Please note that ARP COVID-19 supplemental funds that are not accepted by grant recipients will be returned to the ACF Office of Grants Management and disbursed to other grant recipients that will need additional funding to implement COVID-19 testing, vaccines, and mobile health units for domestic violence survivors.

Question: Can this supplemental grant be transferred to another state agency?

Answer: No, the FVPSA Program cannot transfer the ARP COVID-19 testing, vaccines, and mobile health unit supplemental grant award to another state agency. All ARP COVID-19 testing vaccine and mobile health unit supplemental grant awards must be issued to existing FVPSA state, territory, and tribal grant recipients.

All FVPSA grant recipients are allowed and strongly encouraged to establish formal partnership agreements, MOUs, or interagency agreements with local/state health departments, state agencies, Indian Health Services, health centers, health care providers, and mobile health units in order to provide access to testing, vaccines, and mobile health units for domestic violence survivors, domestic violence programs, tribes, and culturally specific programs in their states and local communities.

All FVPSA grant recipients are allowed to utilize the ARP COVID-19 testing, vaccines, and mobile health units supplemental funding for COVID-19 workforce related expansions and supports, or to reimburse subrecipients for such costs. These expenses 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.

Question: Can these funds be used in coordination with the implementation of my agency's or tribe's ARP supplemental award issued on May 20, 2021 to provide services and supports to survivors?

Answer: Yes, FVPSA grant recipients may use ARP supplemental funding issued in May 2021 in coordination with the ARP COVID-19 testing, vaccines, and mobile health units supplemental funds to provide comprehensive services and supports to meet the needs of survivors and to implement supports related to a range of in-scope activities to assist survivors and their dependents in staying safe, healthy, and healing. ARP supplemental funds allow for flexibility and creativity in how FVPSA grant recipients expand supports to bridge the gaps in services and supports needed to assist survivors and their children.

Question: Do we have to use the funds this fiscal year?

Answer: No, grant recipients do not have to use all the funds in one fiscal year. ARP supplemental funds were made available on October 25, 2021 and will remain available until expended and through the end of FY 2025, September 30, 2025.

Questions: Do we have to use all of the funds all the way up to 2025?

Answer: No, ARP funds do not have to be used through 2025, grantees have the flexibility to use the funds over multiple years based on need. ARP supplemental funds were made available on October 25, 2021 and will remain available until expended and through the end of FY 2025, September 30, 2025.

Question: Can we propose to end services for this grant earlier?

Answer: Yes, activities proposed under ARP supplemental funding may end prior to September 30, 2025. ARP supplemental funding will remain available until expended and through the end of FY 2025, September 30, 2025, but funds may be fully spent down prior to that time.

Question: Are there required percentages for how these supplemental funds can be allocated to provide access to testing, vaccines, and mobile health units for domestic violence survivors?

Answer: No, FVPSA ARP grant recipients do not have a required percentage range for how much of the ARP supplemental funding needs to be allocated towards testing, vaccines, and mobile health units. FVPSA grant recipients have the flexibility to allocate the ARP COVID-19 testing, vaccines, and mobile health units supplemental funding to provide comprehensive services to meet the needs of survivors and to implement supports related to a range of in-scope activities to assist survivors and their dependents with mitigating the spread of COVID-19 while fleeing violence.

For example, FVPSA grant recipients could use ARP COVID-19 testing, vaccines, and mobile health unit supplemental funding to contract with a health center, hospital, or health department to provide access to COVID testing (in-clinic and drive-through/walk-up) and vaccinations (available for staff and survivors). This supplemental funding may be used to support a rotation of doctors, nurses, nurse practitioners to offer rotational care onsite at the local domestic violence shelter or program.

Question: What are the federal requirements for managing ARP supplemental grants:

Answer: As a recipient of a FVPSA grant, you are responsible for the oversight and operations of federal award activities. This assures us that you are in compliance with applicable federal requirements and performance expectations.

As the awarding agency, ACF and the FVPSA Program are responsible for the programmatic monitoring and financial management oversight until the project period ends and we close out your award.

The Office of Management and Budget (OMB) issued Uniform Administrative Requirements to streamline the regulations and requirements for grants management across the federal government. This guidance applies to all organizations seeking and receiving federal funding.

- The **administrative requirements** and cost principles became effective for new awards and existing awards (receiving additional funding) on December 26, 2014.
- The **audit requirements** apply to audits of organizations with fiscal years beginning on/after December 26, 2014.

Question: Do you have training for how to use the Payment Management System?

Answer: Yes, the Payment Management System (PMS) helps you monitor your financial activity to ensure it aligns with your award. Training is available online and is accessible on the Program Support Center (PSC) website: how to use the PMS.

Question: Is there a match required for these supplemental funds?

Answer: No match is required for these supplemental grant awards or subawards.

Allowable Uses of Funds

Questions: Are FVPSA grant recipients and subrecipients expected to directly provide testing, vaccine, and mobile health unit services or can they partner with health care providers to offer these services to survivors?

Answer: All FVPSA grant recipients are allowed and strongly encouraged to establish formal agreements, MOUs, contracts, or interagency agreements with local/state health departments, state agencies, Indian Health Services, health centers, health care providers, mobile health units, and other community based partners in order to provide access to testing, vaccines, and mobile health units for domestic violence survivors, domestic violence programs, tribes, and culturally specific programs in their states and local communities.

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.

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.
  - 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.

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,
- Indian Health Services,
- HRSA-funded health centers, and
- Health centers and other community-based health providers.

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

Question: Is participation in testing and vaccine services mandatory for survivors?

Answer: No, in accordance with FVPSA statute and regulations, services must be provided on a voluntary basis and no condition may be applied for the receipt of emergency shelter (42 U.S.C. 10408(d)(2)). Further, recipients cannot impose conditions for admission to shelter by applying inappropriate screening methods (45 CFR 1370.10(b)(10)).

Question: What are allowable COVID-19 testing expenses?

Answer: COVID-19 testing, mitigation, and related expenses may include 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.
- 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.

Please note that this supplemental funding may be used for rapid COVID-19 testing as well as self-administered COVID-19 testing supplies for domestic violence shelters, domestic violence programs, tribes, and culturally specific programs.

For example, FVPSA grant recipients can use ARP COVID-19 testing, vaccines, and mobile health units supplemental funding to contract with businesses to make COVID-19 testing and essential health services easily accessible for survivors in your state or local community.

Question: What are allowable COVID-19 vaccine expenses?

Answer: The supplemental 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.

For example, FVPSA grant recipients can use ARP COVID-19 testing, vaccines, and mobile health units supplemental funding to contract with businesses to make COVID-19 vaccines, boosters, and essential health services easily accessible for survivors in your state or local community. There are businesses that offer indoor testing, mobile buses, and mobile trailers that can collect tests and administer vaccines in a variety of settings.

Question: What are allowable mobile health unit expenses?

Answer: This ARP 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 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.

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.

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).

For example, several tribes have partnered with Indian Health Services to access mobile health units to support survivors and programs on their reservations. Local homeless service providers have partnered with mobile health units to support pregnant and parenting survivors.

Questions: What workforce capacity building, expansions, and supports are allowable?

Answer: This supplemental funding 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).

In terms of employee health, wellbeing, and welfare costs, please note that costs incurred in accordance with the grant recipient's documented policies for the improvement of working conditions, employer-employee relations, employee health, and employee performance are allowable. (Source: 45 CFR § 75.437)

Question: Will direct payments to survivors be an option? Has the statutory prohibition on direct payments to survivors been lifted/waived under ARP supplemental funding?

Answer: No. FVPSA Section 308(d) (1) prohibits direct payments to victims of domestic violence or their dependents, which states, *no funds provided under this title may be used as direct payment to any victim of family violence, domestic violence, or dating violence, or to any dependent of such victim.*

The FVPSA Program does not have the legal authority to waive the direct payment prohibition outlined in Section 308(d)(1) to allow ARP funding to be used to make direct payments to survivors. While the FVPSA Program recognizes that this prohibition creates a barrier for millions of domestic violence survivors, and particularly where research illustrates that direct assistance helps mother-led families experiencing domestic violence remain in their original homes – with their children able to stay in their schools, as opposed to facing homelessness or needing to relocate to domestic violence shelters – until there is an act of Congress, this prohibition remains in place.

Please note that FVPSA grant recipients may make third party payments to a vendor or business on behalf of a domestic violence survivor. Grant recipients that make such types of payments are required to have an established policy, process for documenting such payments for auditing purposes and in accordance with best financial practices, the ability to make such supportive services available to any program participant in need of the same or similar assistance, and the expense must be reasonable and appropriate, (45 CFR 75.302). Examples of third-party payments may include rental subsidies; hotel motel vouchers; travel vouchers for relocation; transportation; and childcare.

Question: Would vehicle purchases to support staff travel to deliver mobile advocacy services to survivors in areas where transportation doesn't exist, be allowable?

Answer: Yes, vehicles are an allowable expense under the FVPSA Program. Motor vehicles are defined as general purpose equipment, meaning they are equipment "which is not limited to research, medical, scientific or other technical activities" 45 CFR §75.2. The Cost Principles state that capital expenditures for vehicles and other general purpose equipment are unallowable as a direct cost, "except with the prior written approval of the HHS awarding agency or pass-through entity" 45 CFR §75.439(b)(1). Therefore, there must be prior written approval before the purchase of a motor vehicle is allowed. In addition, if approved, "capital expenditures will be charged in the period in which the expenditure is incurred, or as otherwise determined appropriate and negotiated with the HHS awarding agency" 45 CFR §75.439(b)(4). Once purchased, the motor vehicle may only be used for specific grant related activities. Under the Family Violence Prevention and Services Act (Pub.L. 114-38), grant funds may be used for the "provision of advocacy, case management services, and information and referral services, concerning issues related to family violence, domestic violence, or dating violence intervention and prevention, including … provision of transportation" 42 USC §10408(b)(1)(G)(v). Moreover, the FVPSA statute also allows for funds to be used to provide transportation services 42 USC §10412(d)(2)(C). In order for a grantee to purchase a vehicle, they will need to obtain written approval for the purchase. They will also have to ensure that the vehicle is used in support of the FVPSA activities, ensuring victims have access to the services and supports that they need.

Question: How can states, territories, and tribes access training and technical assistance to help us plan the implementation of our ARP COVID-19 testing, vaccines, and mobile health units supplemental funding?

Answer: FVPSA Program has supported the National Health Resource Center on Domestic Violence (HRC) operated by Futures Without Violence (FUTURES),

http://www.futureswithoutviolence.org/health offers personalized training, expert technical assistance, an online toolkit for health care providers and DV advocates (https://ipvhealth.org/). The HRC has existing training curriculum, policies, and procedures to assist domestic violence programs with partnering with health care providers. The HRC also offers comprehensive training curriculum, assessments, and videos for health care providers to help them strengthen partnerships with domestic violence programs.

The HRC 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.
- 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.

Over the next few weeks, the HRC will hold webinars and expand their coalition workgroups to assist FVPSA grantees with learning more about ways to partner with health centers and health care providers to implement their ARP COVID-19 testing, vaccines, and mobile health unit supplemental funding. The HRC will send out announcements about upcoming trainings via email.

States, territories, and tribes are strongly encouraged to leverage the expertise of the FVPSA-funded resource centers that comprise the Domestic Violence Resource Network to infuse programs with best and promising practices on trauma-informed interventions.

Question: Where can states, territories, and tribes learn more about how domestic violence programs have partnered with health care providers to support survivors and their dependents?

Answer:

- Project Connect - Futures Without Violence Futures Without Violence were violence-prevention and response initiatives that focused on strengthening collaborations between the public health and domestic violence fields in 2011-2014.
- Project Catalyst: State-Wide Transformation on Health, IPV, and Human Trafficking - Futures Without Violence Futures Without Violence - promotes state-level policy and systems changes that support an integrated and improved response to IPV and human trafficking in community health centers and to other needed services in domestic violence programs.
- The National Center on Domestic Violence, Trauma, and Mental Health provides technical assistance and training to enhance system responses to survivors of intimate partner violence (IPV) who are experiencing the mental health and substance use-related effects of IPV and other lifetime trauma. A 2012 study conducted by NCDVTMH in partnership with the National Association of State Mental Health Program Directors (NASMHPD) found that the majority of states who participated had a strong interest in further coordination and/or training on these issues.

Subawards

Question: What are states required to do when issuing subawards?

Answer: States determine the method in which funds will be distributed and awarded. and not more than 5 percent of the FVPSA grant funds may be used for state administrative costs (42 U.S.C. 10406(b)(1)).

In their application, States must provide a detailed description of the following:

a) The procedures used to ensure an equitable distribution of grants and grant funds within the state and between urban and rural areas.
   i. If the state is using a state-determined definition for rural or non-metro, please provide data to support it.
      1. provide documentation that this definition was given to the public for comment prior to its adoption (45 CFR 1370.10(b)(5)).
      2. describe the process to solicit input from the state coalition, the tribal coalition, and other stakeholders.

b) The competitive process and/or formula, if the state is using one.
   i. If funds are distributed by formula, describe the formula and how it was determined.

c) For states with set asides or budget plans in place, identify the proposed amount of FVPSA funds to be provided to underserved populations (if known, list each population with the proposed percentage) including tribes.

Subaward -- An award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract. (Source: 45 CFR 75.2)

Pass-through entity – A non-federal entity that provides a subaward to a subrecipient to carry out part of a federal program. (Source: 45 CFR 75.2)

All states, territories, and tribes must review the UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARD 45 CFR § 75.352 Requirements for pass-through entities.

Subrecipient -- A non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (Source: 45 CFR 75.2)

Question: What are the requirements of pass-through entities?

Answer: In accordance with 45 CFR § 75.352 Requirements for pass-through entities. All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this

information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward. Required information includes:

(1) Federal Award Identification.

(i) Subrecipient name (which must match the name associated with its unique entity identifier;

(ii) Subrecipient's unique entity identifier;

(iii) Federal Award Identification Number (FAIN);

(iv) Federal Award Date (see § 75.2 *Federal award date*) of award to the recipient by the HHS awarding agency;

(v) Subaward Period of Performance Start and End Date;

(vi) Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient;

(vii) Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current obligation;

(viii) Total Amount of the Federal Award committed to the subrecipient by the pass-through entity;

(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);

(x) Name of HHS awarding agency, pass-through entity, and contract information for awarding official of the pass-through entity;

(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;

(xii) Identification of whether the award is R&D; and

(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per § 75.414).

(2) All requirements imposed by the pass-through entity on the subrecipient so that the Federal award is used in accordance with Federal statutes, regulations and the terms and conditions of the Federal award;

(3) Any additional requirements that the pass-through entity imposes on the subrecipient in order for the pass-through entity to meet its own responsibility to the HHS awarding agency including identification of any required financial and performance reports;

(4) An approved federally recognized indirect cost rate negotiated between the subrecipient and the Federal Government or, if no such rate exists, either a rate negotiated between the pass-through entity and the subrecipient (in compliance with this part), or a de minimis indirect cost rate as defined in § 75.414(f);

(5) A requirement that the subrecipient permit the pass-through entity and auditors to have access to the subrecipient's records and financial statements as necessary for the pass-through entity to meet the requirements of this part; and

(6) Appropriate terms and conditions concerning closeout of the subaward.

(b) Evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring described in paragraphs (d) and (e) of this section, which may include consideration of such factors as:

(1) The subrecipient's prior experience with the same or similar subawards;

(2) The results of previous audits including whether or not the subrecipient receives a Single Audit in accordance with subpart F, and the extent to which the same or similar subaward has been audited as a major program;

(3) Whether the subrecipient has new personnel or new or substantially changed systems; and

(4) The extent and results of HHS awarding agency monitoring (*e.g.,* if the subrecipient also receives Federal awards directly from a HHS awarding agency).

(c) Consider imposing specific subaward conditions upon a subrecipient if appropriate as described in § 75.207.
(d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Pass-through entity monitoring of the subrecipient must include:
(1) Reviewing financial and performance reports required by the pass-through entity.
(2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and other means.
(3) Issuing a management decision for audit findings pertaining to the Federal award provided to the subrecipient from the pass-through entity as required by § 75.521.
(e) Depending upon the pass-through entity's assessment of risk posed by the subrecipient (as described in paragraph (b) of this section), the following monitoring tools may be useful for the pass-through entity to ensure proper accountability and compliance with program requirements and achievement of performance goals:
(1) Providing subrecipients with training and technical assistance on program-related matters; and
(2) Performing on-site reviews of the subrecipient's program operations;
(3) Arranging for agreed-upon-procedures engagements as described in § 75.425.
(f) Verify that every subrecipient is audited as required by subpart F of this part when it is expected that the subrecipient's Federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in § 75.501.
(g) Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records.
(h) Consider taking enforcement action against noncompliant subrecipients as described in § 75.371 and in program regulations.

Question: For a myriad of reasons, our State office cannot meet the requirement to compete and distribute funds within 90 days of receipt of funding. What can we do if we are not able to meet the deadline?

Related question: How can we do 3-year contracts with 90 days to distribute funds requirement?

Related question: Can we do one-year awards/contracts? How does that work with having to "distribute the funds in 90 days?

Related question: Do we have to do a competitive process? 90 days is a really tight turnaround if we want to do a competitive process.

Related question: The 90-day timeframe would require our state to do an emergency contract procurement and would also prohibit us from using a competitive process.

Answer: Per the FVPSA Standing Notice of Funding Opportunity for State agencies, states determine the method in which funds will be distributed and awarded. All grantees have the flexibility to use the funds over multiple years based on need. States may determine to disburse the funding over multiple years. By February 7, 2022, at 6:00PM ET**,** the ARP supplemental funding brief statement, ARP Supplemental Funding Budget and Budget Narrative must be

uploaded at http://www.GrantSolutions.gov. This statement verifies that the state agency, tribe, or domestic violence coalition is in a position to: 1) use these funds to provide services for those affected by COVID-19 in accordance with FVPSA; and 2) accept a supplemental award.

In your brief statement, please explain why funds cannot be distributed within the timeframe required; describe your plan to distribute ARP supplemental funds to subawardees as immediately and expediently as possible, including the date by which this will occur, and the process to be used. FVPSA states, territories, and tribal grant recipients will be expected to provide an initial disbursement to meet the timeframe established and it should not be later than February 28, 2022. If the states will provide multiple disbursements over multiple years, then please describe the distribution plan in your supplemental application proposal.

Reporting Requirements

Question: Given the instructions for reporting and required use of the same PPR form, how will subrecipients collect and report non-duplicated demographic and services data and track program expenses for each of the FVPSA funding streams (i.e., core FVPSA grant, and ARP supplemental)? Our programs must report all of the people they serve for state and federal reporting purposes. How can they do this without us asking for double data?

Answer: The FVPSA Program will be consulting with OMB about the ability to streamline ARP supplement performance progress reporting so that states, territories, and tribes may be able to submit only one ARP performance progress report and participate in quarterly online surveys regarding the reach and impact of all the ARP supplemental funding. The FVPSA Program will follow-up with all FVPSA ARP grant recipients once final decisions have been approved or not approved.

Please note that the FVPSA Program only has one set of OMB approved reporting forms for annual reporting from the states, tribes, and coalitions. FVPSA grant recipients will not be required to make substantive changes to their reporting process or procedures for one-time supplemental funding. See the ARP COVID-19 testing, vaccines, and mobile health units supplemental funding program instruction memo, page 16, https://www.acf.hhs.gov/fysb/grant-funding/2021-fvpsa-american-rescue-plan-covid-19-testing-vaccines-and-mobile-health-0.

Question: When are Performance Progress Reports due?

Answer: 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, vaccines, and mobile health units supplemental funding your agency or tribe received.

Program reporting forms for mandatory grant programs must be submitted electronically through the OLDC system 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.

Question: When are Federal Financial Reports (FFRs) reports due?

Answer: 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, https://pms.psc.gov/.

Additional Questions

Question: Is the ARP COVID-19 testing, vaccines, and mobile health units program instruction guidance memo available online?

Answer: Yes, the ARP COVID-19 testing, vaccines, and mobile health units program guidance unit is available on the FVPSA Programs website, https://www.acf.hhs.gov/fysb/grant-funding/2021-fvpsa-american-rescue-plan-covid-19-testing-vaccines-and-mobile-health-0

Who should we contact for help?

FVPSA Project Officer (FPO)

- Explains program objectives, program requirements, performance progress report requirements, and Notice of Funding Opportunity (NOFO) requirements
- Monitors the performance of individual grant projects
- Reviews performance progress reports

ACF Grants Management Specialist (GMS)

- Explains regulations, policies, and financial aspects of your award
- Makes sure you comply with award requirements and cost policies
- Oversees receipt of required financial reports
- Follows up on overdue reports, as necessary

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 state agencies should reach out to their OGM assigned Grants Specialist listed on page 14 and tribes should reach out via email the ACF Office of Grants Management at FPRG-OGM@acf.hhs.gov.

State	Grants Management Specialist	Email	Phone Number
Alabama	Karla Richardson	karla.richardson@acf.hhs.gov	(404) 562-0567
Alaska	Ann Hudson	ann.hudson@acf.hhs.gov	(206) 615-3660
America Samoa	Janice Caldwell, Director	janice.caldwell@acf.hhs.gov	(214) 767-2965
Arizona	Susan Van Cleave	susan.vancleave@acf.hhs.gov	(206) 615-3767
Arkansas	Sona Cook	sona.cook@acf.hhs.gov	(214) 767-2973
California	Susan Van Cleave	susan.vancleave@acf.hhs.gov	(206) 615-3767
Colorado	Cynthia Leggett	cynthia.leggett@acf.hhs.gov	(312) 886-4916
Connecticut	Mary Evans	mary.evans@acf.hhs.gov	(617) 565-1108
Delaware	Calvin Jackson	calvin.jackson@acf.hhs.gov	(214) 767-8122
District of Columbia	Janice Realeza	janice.realeza@acf.hhs.gov	(215) 861-4007
Florida	Cindy Price-Hull	cindy.pricehull@acf.hhs.gov	(404) 562-2902

Georgia	Cindy Price-Hull	cindy.pricehull@acf.hhs.gov	(404) 562-2902
Guam	Janice Caldwell, Director	Janice.caldwell@acf.hhs.gov	(214) 767-2965
Hawaii	Rhonda Collier	rhonda.collier@acf.hhs.gov	(214) 767-2813
Idaho	Ann Hudson	ann.hudson@acf.hhs.gov	(206) 615-3660
Illinois	Margaret Harrell	margaret.harrell@acf.hhs.gov	(312) 353-4720
Indiana	Cynthia Leggett	cynthia.leggett@acf.hhs.gov	(312) 886-4916
Iowa	Valarie Williams	valarie.williams@acf.hhs.gov	(214) 767-8130
Kansas	Sona Cook	sona.cook@acf.hhs.gov	(214) 767-2973
Kentucky	Karla Richardson	karla.richardson@acf.hhs.gov	(404) 562-0567
Louisiana	Calvin Jackson	calvin.jackson@acf.hhs.gov	(214) 767-8122
Maine	Michael Callis	michael.callis@acf.hhs.gov	(617) 565-2448
Maryland	Calvin Jackson	calvin.jackson@acf.hhs.gov	(214) 767-8122
Massachusetts	Mary Evans	mary.evans@acf.hhs.gov	(617) 565-1108
Michigan	Cynthia Leggett	cynthia.leggett@acf.hhs.gov	(312) 886-4916
Minnesota	Cynthia Leggett	cynthia.leggett@acf.hhs.gov	(312) 886-4916
Mississippi	Karla Richardson	karla.richardson@acf.hhs.gov	(404) 562-0567
Missouri	Melinda Burnett	melinda.burnett@acf.hhs.gov	(816) 426-5983
Montana	Rhonda Collier	rhonda.collier@acf.hhs.gov	(214) 767-2813
Nebraska	Valarie Williams	valarie.williams@acf.hhs.gov	(214) 767-8130
Nevada	Susan Van Cleave	susan.vancleave@acf.hhs.gov	(206) 615-3767
New Hampshire	Mary Evans	mary.evans@acf.hhs.gov	(617) 565-1108
New Jersey	Michael Callis	michael.callis@acf.hhs.gov	(617) 565-2448
New Mexico	Valarie Williams	valarie.williams@acf.hhs.gov	(214) 767-8130
New York	Michael Callis	michael.callis@acf.hhs.gov	(617) 565-2448
North Carolina	Cindy Price-Hull	cindy.pricehull@acf.hhs.gov	(404) 562-2902
North Dakota	Rhonda Collier	rhonda.collier@acf.hhs.gov	(214) 767-2813
Ohio	Cynthia Leggett	cynthia.leggett@acf.hhs.gov	(312) 886-4916
Oklahoma	Cindy Price-Hull	cindy.pricehull@acf.hhs.gov	(404) 562-2902
Oregon	Ann Hudson	ann.hudson@acf.hhs.gov	(206) 615-3660
Pennsylvania	Janice Realeza	janice.realeza@acf.hhs.gov	(215) 861-4007
Puerto Rico	Michael Callis	michael.callis@acf.hhs.gov	(215) 861-4785
Rhode Island	Mary Evans	mary.evans@acf.hhs.gov	(617) 565-1108
South Carolina	Karla Richardson	karla.richardson@acf.hhs.gov	(404) 562-0567
South Dakota	Rhonda Collier	rhonda.collier@acf.hhs.gov	(214) 767-2813
Tennessee	Cindy Price-Hull	cindy.pricehull@acf.hhs.gov	(404) 562-2902
Texas	Valarie Williams	valarie.williams@acf.hhs.gov	(214) 767-8130
Utah	Michael Callis	michael.callis@acf.hhs.gov	(215) 861-4785
Vermont	Mary Evans	mary.evans@acf.hhs.gov	(617) 565-1108
Virgin Islands	Michael Callis	michael.callis@acf.hhs.gov	(617) 565-2448
Virginia	Calvin Jackson	calvin.jackson@acf.hhs.gov	(214) 767-8122
Washington	Ann Hudson	ann.hudson@acf.hhs.gov	(206) 615-3660
West Virginia	Melinda Burnett	melinda.burnett@acf.hhs.gov	(816) 426-5983
Wisconsin	Cynthia Leggett	cynthia.leggett@acf.hhs.gov	(312) 886-4916

Wyoming	Rhonda Collier	rhonda.collier@acf.hhs.gov	(214) 767-2813
Tribal Grantees			
Oklahoma Tribal Grantees	FPRG	FPRG@acf.hhs.gov	
Alaskan Tribal Grantees	FPRG	FPRG@acf.hhs.gov	
New Mexican Tribal Grantees	FPRG	FPRG@acf.hhs.gov	
TX, LA Tribal Grantees	Janice Realeza, GMO	janice.realeza@acf.hhs.gov	215-861-4007
Regions 1, 2, 4, and 7 Tribal Grantees	George Barnwell, GMO	george.barnwell@acf.hhs.gov	617-565-140
CA, AZ, NV, OR, WA Tribal Grantees	Margaret Harrell, GMO	margaret.harrell@acf.hhs.gov	312-353-4720
Region 8 Tribal Grantees	Janice Caldwell, Director	janice.caldwell@acf.hhs.gov	214-767-2965

FVPSA Contact Information		
Director	Shawndell Dawson	Phone: (202) 205-1476 Email: Shawndell.Dawson@acf.hhs.gov
Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.		
Contact: Maurice Hendrix	Phone: (202) 690-5589	Email: Maurice.Hendrix@acf.hhs.gov
Region 2: New Jersey, New York, Puerto Rico and the U.S. Virgin Islands.		
Contact: Maurice Hendrix	Phone: (202) 690-5589	Email: Maurice.Hendrix@acf.hhs.gov
Region 3: Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia.		
Contact: Tya Johnson	Phone: (202) 690-7862	Email: Tya.Johnson@acf.hhs.gov
Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.		
Contact: Brian Pinero	Phone: (202) 401-5524	Email: Brian.Pinero@acf.hhs.gov
Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.		
Contact: Brian Pinero	Phone: (202) 401-5524	Email: Brian.Pinero@acf.hhs.gov
Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.		
Contact: Katherine Cloutier	Phone: (202) 260-5738	Email: Katherine.Cloutier@acf.hhs.gov
Region 7: Iowa, Missouri, Kansas, and Nebraska		
Contact: Katherine Cloutier	Phone: (202) 260-5738	Email: Katherine.Cloutier@acf.hhs.gov

Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming.		
Contact: Tya Johnson	Phone: (202) 690-7862	Email: Tya.Johnson@acf.hhs.gov
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.		
Tribes Contact: Betty Johnson	Phone: (202) 205-4866	Email: Betty.Johnson@acf.hhs.gov
Region 10: Alaska, Idaho, Oregon, and Washington.		
Contact: Shena Williams	Phone: (202) 205-5932	Email: Shena.Williams@acf.hhs.gov

ARP COVID-19 Testing, Vaccines, and Mobile Health Units Funding Table

2021 ARP COVID-19 TESTING, VACCINES, & MOBILE HEALTH UNITS ARP SUPPLEMENTAL FUNDING GRANT AWARD ALLOCATIONS	
STATE/TERRITORY	**AMOUNT**
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
STATE TOTAL	**$ 327,350,190.00**
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
TERRITORY TOTAL	**$ 5,149,810.00**
STATE AND TERRITORY TOTAL	**$ 332,500,000.00**

2021 ARP COVID-19 TESTING, VACCINES, AND MOBILE HEALTH UNITS SUPPLEMENTAL FUNDING GRANT AWARDS TRIBES & TRIBAL ORGANIZATIONS	
RECIPIENT	**AMOUNT**
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
AK BRISTOL BAY NATIVE ASSOCIATION	
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 Village Council	$ 194,832.00
AK New Koliganek Village	$ 194,832.00
AK New Stuyahok Tradittional 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
AK EASTERN ALEUTIAN TRIBES, INC.	

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
AK EMMONAK WOMEN'S SHELTER	$	-
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
AK KODIAK TRIBAL COUNCIL	$	-
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
AK MANIILAQ ASSOC	$	-
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
CA INTER-TRIBAL COUNCIL OF CALIFORNIA	$ -
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
CA SOUTHERN INDIAN HEALTH COUNCIL	$	-
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
CA STRONG HEARTED NATIVE	$	-
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
CA WIYOT TRIBE	$	-
CA Wiyot Tribe (Subgrantee)	$	194,832.00
CA Bear River Band	$	194,832.00
CA Yurok	$	584,495.00
CAHUILLA INDIAN RESERVATION		
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
LA Institute for Indian Development	$	-
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
NV INTER-TRIBAL COUNCIL OF NEVADA, INC.	$	-
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 Pauite Tribe	$	194,832.00
NV Te-Moak Tribe of Western Shoshone	$	194,832.00
NV Pyramid Lake Paiute Tribe	$	272,764.00
NM EIGHT NORTHERN INDIAN PUEBLOS COUNCIL	$	-
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
H.O.P.E	$	-
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
WA SOUTH PUGET INTERTRIBAL AGENCY	$	-
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
TOTAL TRIBAL GRANTS	**$**	**142,500,000.00**