

Tribal OHA-Public Health Division COVID-19 Funding, FY 2023

REVISED 10/6/2022 - Changes in dark red

This document provides an overview of the funds awarded to Tribes for the COVID-19 response in FY22 and beyond. This document is designed to guide Tribes to where to allocate charges associated with the response.

Program Element	65 (Tribes)/66 (NARA) and 65-02 (Tribes)/66-02 (NARA)	65-03 (Tribes)/66-03 (NARA)	65-04 (Tribes)/66-04 (NARA)	65-05 (Tribes)/66-05 (NARA)	31-04 (Tribes)/67 (NARA)
Start-end dates	Funds inactive as of 6/30/21. Refer to previous tables for information on these funding streams.	12/31/20-6/30/24	12/31/20-5/31/23 (OHA has requested but not yet received an extension through 5/31/24)	7/1/20-6/30/24	Funds inactive as of 3/15/2022. Refer to previous tables for information on this funding stream
Funding source		Federal Funds – CDC Epidemiology and Laboratory Capacity (ELC) grant Indirect charges allowed	Federal Funds – National Initiative to Address Health Disparities Indirect charges allowed	Federal Funds – CARES Act Immunization CARES 4: \$1 million, approved by Tribes CARES 5: \$1 million, approved by Tribes	

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				Indirect charges allowed	
Deliverables		Budget plan and narrative within 60 days of receiving amendment. Due by August 30, 2021	Budget plan and narrative within 60 days of receiving amendment. Due by August 30, 2021	Quarterly performance reporting.	
Funded activities		<p>COVID-19 active monitoring: cultural and linguistic competency and responsiveness; testing coordination; case investigation; contact tracing; isolation; wraparound supports; infection prevention and control for high-risk settings; and community education.</p> <p>These funds may not be used for COVID vaccine</p>	<p>COVID-19 active monitoring and vaccine planning and distribution.</p> <p>Funds may be used for capital purchases as listed in the budget guidance.</p>	<p>Vaccine planning and delivery; collaborating with partners; assuring cultural and linguistic access; assuring populations most impacted by COVID-19 are served; promote vaccines and improve vaccine confidence in communities of color, Tribal communities, disability communities and others.</p>	

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		<p>planning and distribution. Please refer to “Budget Guidance for PE65 -03 -04 -05 and PE66 -03, -04, -05” for additional information.</p> <p>Tribes/NARA may request to redirect up to 25% of these funds for hMPXV (monkeypox) response activities such as testing, outreach and education, isolation supports. The request should be made to OHA by 10/28/2022 – see updated budget guidance for request requirements. OHA will make one comprehensive request to CDC and then</p>		<p>*Local Vaccine Request Form must be submitted by 1/7/22 if Tribe uses funds for vaccine incentives. Incentives for COVID-19 primary series and booster vaccination are allowable up to \$100 per recipient.</p> <p>Funds may be used to support hMPXV vaccines as long as the provider is also a COVID-19 vaccine provider.</p> <p>FUNDS MAY NOT BE USED TO PROVIDE HMPXV VACCINE INCENTIVES.</p>	

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		<p>notify the Tribe upon CDC approval.</p> <p>FUNDS MAY NOT BE USED FOR HMPXV UNTIL THE TRIBE/NARA RECEIVES NOTIFICATION OF CDC APPROVAL FROM OHA.</p>			
Funding model		Equal split across eight participating Tribes/NARA; paid in full upon amendment execution.	Equal split across nine participating Tribes/NARA; paid in full upon amendment execution.	Equal split across nine participating Tribes/NARA; paid in full upon amendment execution.	

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help, some examples of help include:

- Sign language and spoken language interpreters
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

If you need help or have questions, please contact Cessa Karson at alessandra.karson-whitethorn2@dhsoha.state.or.us, 971-256-1518, or 711 TTY.