

CDC COVID-19 Funding for Tribes

June 15, 2021

As of June 15, 2021, the Centers for Disease Control and Prevention (CDC) has provided \$219.5 million to tribal nations, consortia, and organizations for responding to coronavirus disease (COVID-19) across tribal communities. This amount exceeds the minimum of \$165 million directed by Congress through the [Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020](#) and the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#).

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

- **\$152,762,524** to tribal nations, consortia, and organizations through a new noncompetitive grant, [Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response](#)
 - *Purpose:* To support tribes and tribal organizations in carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communication, and other COVID-19 preparedness and response activities
 - *Recipients and reach:* 346 tribal recipients, including 290 tribal nations, 25 tribal consortia, and 31 tribal organizations, which will reach more than 490 tribes and more than 39 million individuals, according to grantee self-reports

- **\$50,754,199** through supplements to an existing CDC cooperative agreement, [Tribal Public Health Capacity Building and Quality Improvement](#), including—
 - **\$38,754,199** to prevent, prepare for, and respond to COVID-19
 - *Purpose:* To carry out a range of activities, including surveillance, epidemiology, infection control, and communications
 - *Recipients and reach:* 12 regional tribal organizations to serve 10 HHS regions (reaching more than 500 tribes and more than 2 million American Indians and Alaska Natives) and 4 tribal nations serving populations of 40,000 or more (with the capacity to reach approximately 626,000 American Indians):
 - [Alaska Native Tribal Health Consortium, Inc.](#) (Alaska)
 - [Albuquerque Area Indian Health Board, Inc.](#) (New Mexico)
 - [Bristol Bay Area Health Corporation](#) (Alaska)
 - [California Rural Indian Health Board](#) (California)
 - [Cherokee Nation](#) (Oklahoma)
 - [Chickasaw Nation](#) (Oklahoma)
 - [Choctaw Nation of Oklahoma](#) (Oklahoma)
 - [Great Lakes Inter-Tribal Council, Inc.](#) (Wisconsin)
 - [Great Plains Tribal Chairman's Health Board](#) (South Dakota)
 - [Inter Tribal Council of Arizona](#) (Arizona)
 - [Northwest Portland Area Indian Health Board](#) (Oregon)
 - [Rocky Mountain Tribal Leaders Council](#) (Montana)
 - [Southern Plains Tribal Health Board](#) (Oklahoma)
 - [The Navajo Nation](#) (Arizona, New Mexico, and Utah)
 - [United South and Eastern Tribes, Inc.](#) (Tennessee)
 - [Wabanaki Health and Wellness](#) (Maine)



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

- **\$15.2 million** through supplements to an existing cooperative agreement, [Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation’s Health](#), including—
 - **\$9.9 million** to address COVID-19 among urban American Indians and Alaska Natives
 - *Recipients:* National Council of Urban Indian Health, including sub-awards for 41 urban Indian health centers (\$8.0 million) and funds to support training for Indian healthcare personnel through the Healthcare Workforce Infection Prevention Control Training initiative (\$1.9 million)
 - **\$5.3 million** to conduct national COVID-19 communication activities for tribes
 - *Recipient:* National Indian Health Board, for conducting national COVID-19 communication activities for tribes (\$2.0 million) and supporting training for tribal healthcare personnel through the Healthcare Workforce Infection Prevention Control Training Initiative (\$1.0 million), enhancing tribal environmental health capacity and preparedness in COVID-19 response and prevention efforts (\$2.0 million), and creating a COVID-19 Clinical Center of Excellence to support longitudinal medical consultation for health providers in tribal communities (\$300,000)

- **\$750,000** through the [Public Health Crisis Response](#) cooperative agreement administered by CDC’s Center for Preparedness and Response
 - *Purpose:* To support COVID-19 incident management, jurisdictional recovery, information management, countermeasures and mitigation, surge management, and bio surveillance activities
 - *Recipient:* [Cherokee Nation](#) (Oklahoma)

For More Information

- [HHS COVID-19 Funding Website](#)
- [CDC Tribal Communities COVID-19 Website](#)
- [CDC Tribal Health Website](#)
- [COVID-19 Data Tracker](#) Latest COVID-19 data on race and ethnicity