

# State and Local Funding

## *The American Rescue Plan*

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## Aid to States and Municipalities

**Additional Coronavirus State and Local Fiscal Relief:** Authorizes \$350 billion to be appropriated for States, Territories, Tribes, and Local Governments to keep first responders, frontline health workers, and other providers of vital services safe. Sixty percent of the funds would go to states and 40 percent to localities. Local governments of every size would receive dedicated allotments. Funds are available until the end of calendar year 2024, awarded directly from the Treasury, and subject to eligible uses.

- \$219.8 billion for States, Territories, and Tribes allocated as follows:
  - \$25.5 billion equally divided among states
  - \$169 billion allocated to states by share of unemployed workers.
  - \$4.5 billion allocated to U.S Territories.
  - \$20 billion allocated to federally recognized Tribal governments.
  
- \$130.2 billion for Local governments, allocated as follows:
  - \$65.1 billion allocated to cities:
  - \$45.57 billion for municipalities with populations of at least 50,000, using a modified Community Development Block Grant formula
  - \$19.53 billion by States to municipalities with populations under 50,000 based on population.
  - \$65.1 billion to counties based on population.

Each state would receive at least \$1.25 billion, if also counting the local payments.

### *Eligible uses of funds include:*

- Responding to the COVID-19 public health emergency;
- Providing premium pay to essential workers;
- Offsetting lost revenues to provide essential government services;
- For water, sewer and broadband infrastructure;
- Excludes reducing taxes by legislation, regulation, or administration;
- Excludes deposits into pension funds.

### *Timing of Payments:*

- States, Territories, and Tribes receive funds within 60 days of enactment. The Treasury Secretary can withhold up to 50% of the allocation to each State and territory for up to 12 months from the date the certification of need is received. A second certification would need to be submitted for the withheld amount.
- Local governments would receive their allocations in two tranches—the first half within 60 days after enactment and the second half one year later. For cities, towns, and other jurisdictions of under 50,000, those deadlines are the dates for the Treasury to send the funding to the state, which has an additional 30 days to distribute to each city, town, etc.

**Coronavirus Capital Projects Fund:** An additional \$10 billion for states to fund critical capital projects directly enabling work, education, and health monitoring, including remote options, in response to the public health emergency with respect to COVID-19 public health emergency.

**Local Assistance and Tribal Consistency Fund:** An additional \$2 billion would give \$750 million to eligible revenue sharing counties and \$250 million to eligible Tribes for any government purpose other than lobbying, to be obligated in 2022 and 2023. Among other things, this is intended to assist counties currently reliant on the Payment in Lieu of Taxes (PILT) and Secure Rural Schools (SRS) programs, among other revenue sharing programs, but based on their real economic conditions rather than historic payments.

**Funding for State Responses to COVID-19 (Coronavirus Relief Fund):** The end-of-year COVID-19 relief package extends the Coronavirus Relief Fund (CRF) deadline from December 30, 2020 to December 31, 2021, but unfortunately *provides no additional funding.*

The CARES Act provided \$150 billion in funds to states via the CRF for necessary expenditures incurred in responding to the coronavirus outbreak—including building field hospitals and buying ventilators—as well as to offset the cost of other essential government services not budgeted for in the wake of the economic downturn. (Unlike the federal government, states must balance their budgets each year). The funds apply to expenditures incurred between March 1, 2020, and December 30, 2020. The U.S. Treasury allocated funds to states (within about 30 days following enactment of CARES) based on a state’s population (provided by the Census Bureau), although every state was guaranteed at least \$1.25 billion. Oregon received about \$1.635 billion. The bill reserves 45 percent of the state’s total allotment for localities of 500,000 or more. In Oregon, that will only be the Portland area, which received about \$115 million. \$8 billion was reserved for Tribes and \$3 billion was reserved for Washington, DC and the U.S territories (and allocated by population share).

**Creating a Coronavirus Tribal Stabilization Fund:** The CARES Act provided \$8 billion for Indian Tribes, who may apply directly to the Treasury for their allotment.

**Making WIOA More Flexible:** The CARES Act provided local workforce boards with additional flexibility to use funds received under the Workforce Innovation and Opportunity Act for administrative costs, including for online resources. It allows Governors to utilize reserved workforce funds on rapid response activities in response to COVID-19. The end-of-year COVID-19 relief package appropriated \$2.85 billion, an increase of \$26 million for the WIOA programs and administration.

## **Health and Hospitals (including Medicare, Medicaid, and Coverage Policies)**

**Free COVID-19 Testing:** Your health insurance should cover the full cost of testing for COVID-19. Your insurer must pay either the rate specified in a contract between provider and insurer or a cash price posted by the laboratory.

**Speedier Access to Free Vaccines in Private Insurance:** Any preventive service or vaccine related to COVID-19 must be covered at no cost within 15 days of receiving a rating of A or B from the United States Preventive Services Task Force or a recommendation from the Advisory Committee on Immunization Practices.

**Eliminating Medicare Part B Cost-Sharing for the COVID-19 Vaccine:** Once a vaccine for COVID-19 has been developed, Americans in Medicare Part B and Medicare Advantage can get it with no cost-sharing (free).

**Allowing Up to 3-Month Fills and Refills of Covered Medicare Part D Drugs:** Under the CARES Act, if you have a prescription drug plan through Medicare Part D, you may request up to a 90-day supply of a prescription medication during the COVID-19 emergency period, to limit trips to the pharmacy.

**Over-the-Counter Medicines and Menstrual Products Purchased through HSAs/Health FSAs/HRAs:** The CARES Act allows patients to use funds in HSAs, Health Flexible Spending Accounts, HRAs, and Archer MSAs for the purchase of over-the-counter medical products, including those needed in quarantine and social distancing and menstrual products, that don't require a prescription from a physician.

**Health Savings Accounts for Telehealth Services:** The CARES Act allows high-deductible health plans (HDHPs) with a health savings account (HSA) to cover telehealth services prior to a patient reaching the deductible, increasing access for patients who may have the COVID-19 virus and protecting other patients from potential exposure for those plan years beginning on or before December 31, 2021.

**More money for Community Health Centers:** The CARES Act provides \$1.32 billion in additional funding for federally qualified health centers who are on the front lines of testing and treating for COVID-19.

**Reauthorization of Title VII of the Public Health Service Act:** The CARES Act supports clinician training and faculty development programs. Including strengthening the health workforce to better meet the health care needs of certain populations, such as older individuals and those with chronic diseases, who are at increased risk of contracting COVID-19.

**Expanding Medicare Telehealth Flexibilities:** The CARES Act gives the HHS Secretary broad authority to allow more health care providers to provide telehealth services to Medicare beneficiaries, including in the beneficiaries' homes to avoid potential exposure to COVID-19, and provide more flexibility in terms of how those telehealth services can be provided. Once enacted into law, the HHS Secretary must put out guidance explaining how

this expanded waiver authority will be used to increase access to telehealth services for seniors and other Medicare beneficiaries.

**Allowing Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to Furnish Telehealth in Medicare:** The CARES Act requires the HHS Secretary to provide Medicare payment to FQHCs (including Community Health Centers (CHCs)) and RHCs for telehealth services provided to seniors and other Medicare beneficiaries, including in the beneficiaries' homes to avoid potential exposure to COVID-19, during the COVID-19 emergency period. Medicare would be required to pay the FQHC or RHC at rates similar to those for telehealth services provided from a doctor's office. Costs associated with those telehealth services would not affect the prospective payment system for FQHCs or the all-inclusive rates for RHCs.

**Expanding Medicare Telehealth for Home Dialysis Patients:** During the COVID-19 emergency period, the face-to-face visit between a home dialysis patient and nephrologist, which must be conducted monthly for the first three months, and then once every three months thereafter, can be furnished via Medicare telehealth, allowing these vulnerable beneficiaries to get more care in the safety of their home.

**Allowing for the Use of Telehealth during the Hospice Care Recertification Process in Medicare:** In order to continue to be able to receive hospice services, patients must be recertified as eligible by their hospice provider, which usually must happen in person. During the COVID-19 emergency period, hospice providers and patients can use telehealth technologies to complete this recertification visit, recognizing health care workforce shortages and the benefits of remote care for both patients and providers.

**Encouraging the Use of Telecommunications Systems for Home Health Services in Medicare:** Home health providers will be encouraged to use telecommunications systems, including remote patient monitoring, to provide home health services during the COVID-19 emergency period. This will allow patients to continue to receive care at home despite workforce shortages. It will also ensure patients who are concerned about a provider entering their home can still connect with their home health provider.

**Enabling Physician Assistants and Nurse Practitioners to Order Medicare Home Health Services:** Currently, only physicians are able to certify the need for home health services. The CARES Act allows physician assistants, nurse practitioners, and clinical nurse specialists to order home health services for beneficiaries, reducing delays and increasing beneficiary access to care in the safety of their home. This change is permanent and not limited to the duration of the COVID-19 emergency.

**Increasing Provider Funding through Immediate Medicare Sequester Relief:** The CARES Act and subsequent COVID-19 relief package temporarily lift the Medicare sequester, effectively adding an additional two percent to Medicare payments for health care services through March 31, 2020. This will boost payments for hospitals, physicians,

nursing homes, home health agencies, and other providers, giving prompt economic assistance to health care providers that treat Medicare patients.

**Medicare Add-on for Inpatient Hospital COVID-19 Patients:** The CARES Act increases Medicare reimbursement to care for a COVID-19 patient by 20 percent. This add-on payment recognizes the increased costs incurred by providers and will be applied for the duration of the COVID-19 emergency.

**Increasing Medicare Access to Post-Acute Care:** The CARES Act makes changes to patient eligibility and Medicare payments for inpatient rehabilitation facilities (IRFs) and long-term care hospitals (LTCHs). These facilities provide post-acute care for patients after they have been in the hospital. The additional flexibilities will provide hospitals with more options when discharging patients, which will help to maximize bed capacity. It will also open up existing beds at IRFs and LTCHs to increase the availability of post-acute services.

**Preventing Medicare Durable Medical Equipment Payment Reduction:** The CARES Act prevents scheduled reductions in Medicare payments for durable medical equipment, which helps patients transition from hospital to home and remain in their home, through the length of COVID-19 emergency period.

**Providing Home and Community-based Support Services during Hospital Stays:** The CARES Act allows state Medicaid programs to pay for direct support professionals, professional caregivers who otherwise provide services to seniors and individuals with disabilities at home under Medicaid, to continue to support patients in the hospital to help reduce length of stay, free up beds, and ensure individuals with disabilities receive appropriate care.

**Preventing Medicare Clinical Diagnostic Laboratory Test Payment Reductions:** The CARES Act prevents scheduled Medicare payment cuts for clinical diagnostic laboratory tests furnished to Medicare beneficiaries in 2021. It also delays by one year—until 2022—the upcoming reporting period during which laboratories are required to report private payor data.

**Providing Hospitals Medicare Advance Payments:** The COVID-19 emergency has created significant cash flow concerns for many hospitals. During the COVID-19 emergency, the CARES Act allowed hospitals to receive up to six months of Medicare payments in advance, rather than waiting to be paid after submitting a claim. A qualifying hospital cannot be required to start paying Medicare back until four months after the first payment, and would also have at least 12 months to complete repayment without interest.

**Providing Nonprofit and Public Health Care Providers with Telehealth Funding:** The end-of-year COVID-19 relief and government spending bill provides an additional \$250 million to the FCC for its COVID-19 Telehealth Program authorized under the CARES Act. The COVID-19 Telehealth Program is limited to nonprofit and public eligible health care



providers that fall within the categories of health care providers in section 254(h)(7)(B) of the 1996 Act: (1) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; (2) community health centers or health centers providing health care to migrants; (3) local health departments or agencies; (4) community mental health centers; (5) not-for-profit hospitals; (6) rural health clinics; (7) skilled nursing facilities; or (8) consortia of health care providers consisting of one or more entities falling into the first seven categories.

**Clarification of the Strategic National Stockpile:** The CARES Act clarifies that the Strategic National Stockpile can stockpile personal protective equipment such as masks and respirators in the event of a public health emergency.

**Flexible spending accounts:** The Taxpayer Certainty and Disaster Tax Relief Act permits employers to allow employees to carry over unused account balances in health and dependent care flexible spending accounts (FSAs) from 2020 to 2021 and from 2021 to 2022. Employers are also allowed to provide 12 month grace periods following the 2020 and 2021 plan years for both types of FSAs, to permit mid-year changes in contribution elections for 2021, and to treat children age 13 as dependents for purposes of certain dependent care FSA reimbursements. Contact the plan administrator for your FSA program for more information.

**Medical expense deduction floor:** The Taxpayer Certainty and Disaster Tax Relief Act permanently lowered the floor for claiming the medical expense deduction (from 10% to 7.5% of adjusted gross income) for taxpayers who itemize their deductions. This change is effective for the 2021 tax year. (The 7.5% floor was due to expire January 1, 2021.) Go to [www.irs.gov](http://www.irs.gov) for more details. The IRS will be posting guidance on this change soon.

**Health Coverage Tax Credit:** The Taxpayer Certainty and Disaster Tax Relief Act extended the health coverage tax credit (HCTC) through the end of 2021. (The credit was due to expire at the end of 2020.) The credit is available to help pay for a portion of health insurance premiums for workers who are displaced by trade agreements or whose pensions have been taken over by the PBGC. Go to [www.irs.gov](http://www.irs.gov) for more details about the HCTC.

**Physician Fee Schedule payment increase:** The end of year COVID-19 relief and government funding package includes a one-time, one-year increase in the Medicare physician fee schedule of 3.75 percent, to support physicians and other professionals in adjusting to changes in the Medicare physician fee schedule during 2021, and to provide relief during the COVID-19 public health emergency.

**Provider Relief Fund:** The most recent coronavirus emergency relief package added an additional \$3 billion to the CARES Act provider relief fund. If you are a provider, you can find information about attestation, accepting funds and more by visiting the following website: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>

**Expanding access to mental health services furnished through telehealth:** The end of year COVID-19 relief and government funding package expands access to telehealth services in Medicare to allow beneficiaries to receive mental health services via telehealth, including from the beneficiary's home. To be eligible to receive these services via telehealth, the beneficiary must have been seen in person at least once by the physician or non-physician practitioner during the six-month period prior to the first telehealth service, with additional face-to-face requirements determined by the Secretary.

**Supplemental payment reporting requirements:** The end of year COVID-19 relief and government funding package establishes a system for supplemental payment reporting to CMS by states, including data on the amount of supplemental payments made to each eligible provider, to better understand how State Medicaid programs use such payments. It requires supplemental payment reports be made publicly available.

**Medicaid shortfall and third party payments:** The end of year COVID-19 relief and government funding package includes a definition of Medicaid shortfall for purposes of third party payments, which does not currently exist in Medicaid statute.

**Clarifying authority of State Medicaid fraud and abuse control units:** The end of year COVID-19 relief and government funding package allows state Medicaid fraud control units to investigate complaints of patient abuse or neglect in non-institutional or other settings.

**Medicaid coverage for citizens of Freely Associated States:** The end of year COVID-19 relief and government funding package restores Medicaid eligibility for citizens of the Freely Associated States (the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau) lawfully residing in the United States under the Compacts of Free Association.

**Medicaid coverage of certain medical transportation:** The end of year COVID-19 relief and government funding package ensures that state Medicaid programs cover nonemergency medical transportation to necessary services. The section also requires states to comply with certain program integrity standards. It also requires CMS to convene stakeholder meetings to address certain challenges regarding Medicaid program integrity and coverage of such services.

**Promoting access to life-saving therapies for Medicaid enrollees:** The end of year COVID-19 relief and government funding package requires state Medicaid programs to cover routine patient costs for items and services that are provided in connection with a qualifying clinical trial regarding serious or other life-threatening conditions starting January 1, 2022.

## Coronavirus Relief Fund

Extending availability of Coronavirus Relief Fund: The CARES Act provided \$150 billion for state and local governments through the Coronavirus Relief Fund. The end-of-year COVID-19 bill extends the availability of unused funds by one year (until Dec. 31, 2021).

## **Important Extensions of Current Programs:**

### ***Medicare Extenders***

**Extending Physician Work Geographic Index Floor:** The end of year COVID-19 relief and government funding package increases payments for the work component of physician fees in areas where labor cost is determined to be lower than the national average through December 31, 2023.

**Extending Funding for Quality Measure Endorsement, Input and Selection:** The end of year COVID-19 relief and government funding package provides \$66 million in funding to the Centers for Medicare & Medicaid Services (CMS) for quality measure selection and to contract with a consensus-based entity to carry out duties related to quality measurement and performance improvement through September 30, 2023. Also includes additional reporting requirements, facilitates measure removal, and prioritizes maternal morbidity and mortality measure endorsement.

**Extending Funding Outreach and Assistance for Low-Income Programs:** The end of year COVID-19 relief and government funding package extends funding for low-income Medicare beneficiary outreach, enrollment, and education activities provided through State Health Insurance Assistance Programs, Area Agencies on Aging, Aging and Disability Resource Centers, and the National Center for Benefits and Outreach and Enrollment through September 30, 2023. Also provides \$50 million in funding for each of fiscal years 2021, 2022, and 2023.

**Extending the Medicare patient IVIG access demonstration project:** The end of year COVID-19 relief and government funding package extends the Intravenous Immunoglobulin (IVIG) treatment demonstration that is administered in the home through December 31, 2023, allowing up to 2,500 additional Medicare patients with primary immunodeficiency diseases (PIDD) to enroll and requiring an updated evaluation of the demonstration.

**Extending the Independence at Home medical practice demonstration program:** The end of year COVID-19 relief and government funding package extends the Independence at Home demonstration for three additional years (through December 31, 2023) and expands the size of the demonstration from 15,000 beneficiaries to 20,000 beneficiaries.

### ***Medicaid Extenders***

**Extending Money Follows the Person Demonstration Program:** The end of year COVID-19 relief and government funding package extends the Medicaid Money Follows the Person demonstration that helps patients transition from institutional settings such as nursing home to home and community-based settings through 2023. It also makes a number of improvements to the program. It changes the institutional residency period from 90 days to 60 days, updates state application requirements to provide additional information on use of rebalancing funds, and requires the Secretary to issue a report on best practices, among other improvements.

**Extending of Spousal Impoverishment Protections:** The end of year COVID-19 relief and government funding package extends the Medicaid spousal impoverishment protections program through 2023 to help a spouse of an individual who qualifies for community-based care to live at home in the community.

**Delaying Disproportionate Share Hospital Reductions:** The end of year COVID-19 relief and government funding package delays scheduled reductions in Medicaid disproportionate share hospital payments through 2023.

**Extending and Expansion of Community Mental Health Services Demonstration:** The end of year COVID-19 relief and government funding package extends federal funding for the Medicaid Community Mental Health Services demonstration that provides coordinated care to patients with mental health and substance use disorders, through 2023. It also expands the demonstration to two additional states.

### ***Human Services Extenders***

**Extending of Demonstration Projects to Address Health Professions Workforce Needs:** HHS has awarded all FY 2021 grantees for the Health Professions Opportunity Grants (HPOG) program. The Consolidated Appropriations Act, 2021 included \$3.6 million to HHS to continue providing technical assistance to HPOG grantees and continue research and reporting activities through September 30, 2021. This program provides funding to help low-income individuals obtain education and training in high-demand, well-paid, health care jobs.

**Extending Temporary Assistance for Needy Families (TANF):** The Consolidated Appropriations Act, 2021 extends the TANF block grant and contingency fund through September 30, 2021. This means that states and tribes will receive their quarterly payments on time. HHS issued guidance on March 20, 2020, reminding states that they can use TANF funds to provide “short-term, non-recurrent payments” to individuals in need due to COVID-19 without having to comply with TANF work requirements for those individuals (but please note this means states cannot provide ongoing cash assistance and support). Individuals should apply for TANF by visiting <https://www.oregon.gov/DHS/Offices/Pages/Self-Sufficiency.aspx> or downloading an

application and following instructions on  
<https://www.oregon.gov/DHS/ASSISTANCE/CASH/Pages/Apply-TANF.aspx>

## **Additional Funding for Individuals, Businesses, States and Localities**

### **Agriculture/Nutrition/FDA**

**Commodity Credit Corporation:** The CARES Act includes \$14 billion for the Commodity Credit Corporation, which helps farmers cover and insure for crop losses, and promote conservation practices. Producers can apply for these programs through the USDA. For more information, visit <https://www.usda.gov/cc>

**Additional Assistance to Producers:** The CARES Act includes \$9.5 billion to assist agriculture producers impacted by the coronavirus, including specialty crop producers; producers who support local food systems such as farmers markets, schools, and restaurants; and livestock producers, including dairy. Agricultural producers must apply directly to the USDA for this additional assistance. For more information, visit <https://www.usda.gov/topics/farming/grants-and-loans>

**Food and Drug Administration:** The CARES Act provides \$80 million for the Food and Drug Administration to respond to the COVID crisis. Funding will be used to continue efforts related to shortages of critical medicines, enforcement work on counterfeit and misbranded products, emergency use authorizations and pre- and post-market work on medical countermeasures, therapies, vaccines, and research.

**The Emergency Food Assistance Program (TEFAP):** The CARES Act provides \$450 million to help food banks with increased need. This money and food (sourced directly from producers) will be distributed to state governments, which then will distribute the funding and food out to food banks.

**Child Welfare and Nutrition:** The American Rescue Plan Act provides the following for child welfare:

- \$250 million in emergency funding to the Child Abuse Prevention and Treatment Act (CAPTA) to help state child protective services.
- \$100 million for CAPTA Child Abuse Prevention grants.
- The package creates a National Technical Center on Grandfamilies and Kinship Families and provides \$10 million to fund the Center.
- \$150 million in emergency funding to Maternal, Infant, and Early Childhood Home Visiting (MIECHV)-funded home visiting programs. Funds are available through fiscal year 2022 and may be used for a set of allowable purposes including providing home visits (in person or virtually), staff costs associated with home visits (including hazard pay), training for home visitors, helping families acquire the technology needed to participate in virtual home visits (e.g., wifi access or cell phone minutes), and providing emergency supplies to families (e.g., diapers and

diapering supplies, formula, food, water, hand soap and sanitizer, and prepaid grocery cards). Home visitors who coordinate with diaper banks can use funds to reimburse diaper banks for needed supplies.

- \$180 million for Family Violence and Prevention Services formula grants made available without a matching requirement for funds. These funds can be used to provide temporary housing and in-person assistance to victims of family, domestic, and dating violence.

The CARES Act provides the following for child welfare and nutrition:

- \$45 million for the Stephanie Tubbs Jones Child Welfare Services Program to make formula grants to states to support the child welfare needs of families during this crisis, and to help keep families together. There is no matching requirement for funds.
- \$45 million for Family Violence and Prevention Services formula grants made available without a matching requirement for funds. These funds can be used to provide temporary housing and in-person assistance to victims of family, domestic, and dating violence.
- \$2 million for the National Domestic Violence Hotline. These funds can be used for providing hotline services remotely.
- \$25 million for activities authorized by the Runaway and Homeless Youth Act made available without matching requirements for funds. For more information, visit <https://www.acf.hhs.gov/fysb/programs/runaway-homeless-youth>
- \$15.5 billion additional funding for Supplemental Nutrition Assistance Program (SNAP). This funding is sent to the states, and individuals or families that need access to SNAP can apply directly to the state.
- \$8.8 billion in additional funding for Child Nutrition Programs. Children are considered categorically eligible for these programs if their family qualifies for SNAP or other federal assistance programs. Schools are reimbursed for the cost of meals.
  - For more information visit:  
<https://www.oregon.gov/DHS/ASSISTANCE/Pages/contacts.aspx>

The Consolidated Appropriations Act, 2021 included the Supporting Foster Youth During the Pandemic Act which consists of:

- \$350 million for the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program), and an additional \$50 million for John H. Chafee Educational and Training Vouchers Program for Youths Aging out of Foster Care (Chafee ETV).
  - It increases the maximum Chafee ETV award amount from \$5,000 up to \$12,000 per youth per year for training and postsecondary education for eligible foster youth and raises the maximum age for eligible youth to 26 years old. There is no matching requirement for funds.
  - The bill also provided programmatic flexibility for older foster youth during the pandemic to eliminate barriers to accessing Chafee ETV:
    - Suspends certain training and postsecondary education requirements,

- Clarifies the Chafee ETV vouchers may be used to maintain training and postsecondary education costs, as well as to support programs to allow foster youth to drive
    - Lifts the 30 percent spending cap on housing costs so more support can be used for youth housing
  - To apply for 2021-2022 Oregon Chafee ETV visit: <https://oregonstudentaid.gov/chafee-etg.aspx>
- Provides older foster youth who would normally “age out” with the assurance that they may continue to receive foster care supports and services during the pandemic, or, if they left the foster care system during the pandemic, it allows them to return.
- \$85 million in emergency FY 2021 funding for the MaryLee Allen Promoting Safe and Stable Families program, which would be available through the end of FY 2021 to support family preservation, family reunification, adoption, and other supportive services. There is no matching requirement for funds.
  - \$10 million from the above \$85 million is reserved for the federal Court Improvement Program.
- Temporary flexibility for implementing the Family First Prevention Services Act during the public health emergency period:
  - Waives the state match for Family First evidenced-based mental health, substance abuse, and parenting skill services during the pandemic.
  - Temporarily waives the state match and allows states to use models not yet in the Family First Evidence Clearinghouse for kinship navigator programs for the duration of the pandemic, which will provide greater access to federal funding to support grandparents and kin caregivers. Kinship navigators funded under this flexibility must be currently being researched or on track to be evaluated in the future. The evaluation costs are included in the costs federal funds.
  - The bill includes a technical correction to Title IV-E treatment of the 6.2% Federal Medical Assistance Percentage (FMAP) increase from the Families First Coronavirus Response Act. This will ensure Oregon receives the correct grant amount appropriated in the Family First Transition Act passed into law in December 2019.
- Provides needed flexibilities to home visiting programs funded by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, to allow them to serve at-risk pregnant women and families during the pandemic, for the duration of the public health emergency period.

The Consolidated Appropriations Act, 2021 also included the Fostering Stable Housing Opportunities Act of 2019 which would provide “on-demand” vouchers to foster youth who are at risk of homelessness as they transition to adulthood, and would extend the voucher assistance for up to an additional two years if they participate in self-sufficiency activities. To learn more about eligibility and how to access a housing voucher visit: <https://www.fosterclub.com/resources/oregon-former-foster-youth-help-housing-hud>

## Tribes

**Local Assistance and Tribal Consistency Fund:** as part of the American Rescue Plan, \$1 billion per year (for 2 years) of economic payments has been secured for counties and Tribes (\$250 million). The formula will be developed by the Treasury.

**American Rescue Plan:** The COVID relief bill provides the single largest investment into Indian Country in our Nation's history (over \$31 billion). Over \$20 billion of that funding falls under the Finance Committees jurisdiction:

- \$20 billion – Tribal governments through Treasury's State/Local "Coronavirus Relief Fund"
- \$155 million – 100% FMAP for urban Indian health programs & Native Hawaiian health centers
- \$400 million – Increased annual Tribal set-aside within Child Care Entitlement to States Program

**Grants to support Tribes:** The CARES Act provides for the following grants to assist Tribes during the COVID-19 pandemic:

- \$1.03 billion to the Indian Health Service to support tribal health care system response efforts;
- \$100 million more for the USDA Food Distribution Program for Indian Reservations (\$50 million for food distribution and \$50 million for food purchasing);
  - For more information see: <https://www.fns.usda.gov/fdpir/food-distribution-program-indian-reservations>
- \$453 million to assist tribes through the Bureau of Indian Affairs; and
- \$69 million to help tribal schools, colleges and universities through the Bureau of Indian Education (no less than \$20 million for tribal schools and colleges. Funding will also go to salaries, transportation, and information technology).
  - For more information see: <https://www.bie.edu/ParentsStudents/Grants/>

### **Tribal Broadband Connectivity Program:**

The 2020 COVID-19 relief and government spending bill established a Tribal Broadband Connectivity Program at the National Telecommunications and Information Administration (NTIA). The grant program, funded at \$1 billion, is directed to tribal governments to be used not only for broadband deployment on tribal lands, but also telehealth, distance learning, broadband affordability, and digital inclusion.

## **Commerce**

**Fishermen:** The CARES Act provides \$300 million to help fishermen around the country struggling due to disappearing economic markets caused by the novel coronavirus pandemic. Tribal, subsistence, commercial, and charter fishermen, as well as aquaculture



farmers, processors, or other fishery-related businesses, are all eligible for the disaster assistance

The Secretary of Commerce is authorized to provide this funding on a rolling basis and within a fishing season. They will be available until September 30, 2021. To receive assistance you must have incurred economic revenue loss greater than 35 percent compared to the prior 5-year average revenue; or any negative impacts to subsistence, cultural, or ceremonial fisheries.

Interested parties likely will have to apply to the Commerce Department.

**Manufacturing Extension Partnerships (MEP):** The CARES Act provides \$50 million for the Hollings Manufacturing Extension Partnership to help small- and medium-sized manufacturers recover by finding value within the supply chain and expanding markets, and removes cost sharing requirements to this funding.

Oregon will receive \$947.6K in supplemental appropriations for the MEP program. To learn more about this partnership, visit <https://www.nist.gov/mep/about-nist-mep> or contact David Stieren at [david.stieren@nist.gov](mailto:david.stieren@nist.gov) to become a partner.

**Economic Development Administration (EDA):** The CARES Act provided \$1.5 billion for economic adjustment assistance to help revitalize local communities after the pandemic. EDA dollars can go to: states, political subdivisions thereof (cities, counties, etc), district organization, Indian tribe, institution of higher education, or a non-profit acting in coordination with a political subdivision of a state. These eligible applicants must demonstrate an unemployment rate over 1% greater than the national average or other certain unemployment or economic adjustment problems.

Proposals and applications must be submitted on grants.gov or to the Seattle District Office of the Economic Development Administration (915 2nd Ave, Room 1890, Seattle WA 98174). Phone: 206-348-7541. Fax: 206-220-76698. Nympha Garces is the Oregon Representative ([NGarces@eda.gov](mailto:NGarces@eda.gov)).

**Broadband Infrastructure Program:**

The end-of-year COVID-19 relief and government spending bill established a Broadband Infrastructure Program at the National Telecommunications and Information Administration (NTIA). The grant program, funded at \$300 million, is a broadband deployment program to support broadband infrastructure deployment to areas lacking broadband, especially rural areas. Covered partnerships include a partnership between (1) a State, or one or more political subdivisions of a State; and (2) a provider of fixed broadband service.

**Connecting Minority Communities:**

The end-of-year COVID-19 relief and government spending bill established an Office of Minority Broadband Initiatives at the National Telecommunications and Information

Agency (NTIA) to focus on broadband access and adoption at Historically Black colleges or universities, Tribal colleges and universities, and other Minority-serving institutions, including the students, faculty, and staff of such institutions and their surrounding communities. It also appropriates \$285 million for a Connecting Minority Communities Pilot Program to award grants to these institutions, including to help students of these institutions afford broadband service.

### **Securing America's Telecommunications Networks:**

The end-of-year COVID-19 relief and government spending bill expands eligibility for the Secure and Trusted Reimbursement Program at the Federal Communications Commission (FCC) that compensates providers for the cost of removing and replacing certain unsecure equipment from their networks, which will help protect our nation's communications networks from foreign adversaries. This is appropriated at \$1.9 billion.

### **Courts, Prisons, and Law Enforcement**

**Federal Courts:** The CARES Act provides \$6 million for increased costs for pretrial and probation services, including substance abuse treatment and drug testing, and to expand capacity for Judiciary staff to work remotely. The bill includes an administrative provision to allow federal courts that would be materially impacted by the coronavirus to use video conferencing for certain criminal proceedings.

**Defender Services:** The CARES Act provides \$1 million for the Judiciary to expand its capacity for Defender Services staff to work remotely and continue representing clients without disruption.

**Bureau of Prison:** The CARES Act provides \$100 million for the Federal Bureau of Prisons to respond to the coronavirus pandemic with resources that can be used to meet urgent needs such as purchase of personal protective equipment and other medical equipment, funding overtime, and cleaning facilities. This provision instructs the Department of Health and Human Services (HHS) to give consideration to the needs of the Bureau of Prisons (BOP) with regard to personal protective equipment and testing for COVID-19. It also gives the BOP Director more authority to release prisoners to home confinement, providing an alternative to keeping certain inmates in prison facilities. Finally, it instructs the BOP Director to promulgate rules to enhance the use of video visitation, free of charge to inmates, to mitigate restrictions on in-person visits.

**State and Local Law Enforcement Assistance:** The CARES Act provides \$850 million in Byrne-JAG grants for state and local law enforcement and jails to purchase personal protective equipment, medical supplies, and overtime. Byrne-JAG is the most flexible federal law enforcement grant program and will allow state and local police departments and jails to meet local needs, including purchase of personal protective equipment and other needed medical items and to support overtime for officers on the front lines. Language is included to ensure these resources go out to states and localities quickly in order to immediately respond to this crisis.

Oregon will receive a total of \$10 million. The state will receive \$6 million and localities will receive \$4 million.

To learn more about these grants, visit <https://bjaojp.gov/program/jag/overview>.

### **Financial Services**

**Economic Injury Disaster Loans (EIDL):** The CARES Act provides \$562 million to ensure that the Small Business Administration has the resources to provide Economic Injury Disaster Loans (EIDL) to businesses that need financial support during the COVID-19 pandemic. These loans will help businesses keep their doors open and pay employees. SBA has signed emergency declarations for all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, so the EIDL program will be available to assist small businesses across the country.

### **Disaster Relief**

**Disaster Relief Fund:** The American Recovery Plan Act provides \$50 billion for the Federal Emergency Management Agency's (FEMA) Disaster Relief Fund, the primary source of federal disaster relief money. Funding will support personal protective equipment, vaccine distribution, health overtime costs and sanitization of infrastructure.

States should apply through the process set out in the Robert T. Stafford Disaster Relief and Emergency Assistance Act. For more information on that process, visit <https://www.fema.gov/disaster-declaration-process>.

The CARES Act provided \$45 billion in emergency-designated funding for the Disaster Relief Fund.

**FEMA Grant Programs:** The American Recovery Plan Act provides funding for three FEMA grant programs:

- \$400 million to the Emergency Food and Shelter Program (EFSP). EFSP funding helps social service organizations provide shelter, food, and supportive services. The program is governed by a national board, which disburses funds to local jurisdictions based on a formula. Jurisdictions that qualify must set up a local board, which determines what organizations receive funding. There is no national application process.
- \$300 million to the Assistance to Firefighters (AFG) Program. AFG funding helps career, volunteer, and paid-on-call fire departments purchase firefighting equipment and PPE, acquire vehicles, and train firefighting personnel. Applicants should apply to FEMA once the American Recovery Plan Act is signed into law.
- \$100 million for the Emergency Management Performance Grants (EMPG). EMPG funding helps state and local emergency management agencies with planning and preparedness costs, including purchases of PPE and emergency supplies. Applicants should apply to FEMA once the American Recovery Plan Act is signed into law.

## Labor

**Administrative Funding from the Department of Labor (DOL):** ARPA provides additional funding of \$200 million for DOL worker protection enforcement activities. This includes increases to the Wage and Hour Division, the Office of Workers' Compensation Programs, the Office of the Solicitor, the Mine Safety and Health Administration, the Occupational Safety and Health Administration, and the Office of Inspector General.

## Health and Human Services

### **Public Health Resources:**

- COVID testing, tracing and mitigation funds: ARPA provides \$48.3 billion to HHS for testing. This funding is to be used to implement a national, evidence-based strategy for testing, contact tracing, surveillance, and mitigation, in addition to supporting state and local testing and tracing capabilities.
  - The end of year coronavirus legislation provided more than \$22 billion, all sent directly to states, for testing, contact tracing and COVID mitigation programs. Of this total, \$2.5 billion will be sent out specifically targeted at needs in high-risk and underserved populations, including both communities of color and rural communities.
- Vaccines: ARPA includes \$7.5 billion for vaccine distribution at the CDC. It also includes \$5.2 billion for BARDA for vaccine and supplies procurement, and \$500 million for the FDA's ongoing vaccine and therapeutics evaluation work.
- Workforce: ARPA includes \$7.66 billion to bolster the public health workforce, to be given to state, local, and territorial public health departments.
- Community Health Centers: ARPA provides \$7.6 billion for community health centers, to support vaccinations, testing, and workforce expansion.
- Opioids funds: The FY21 appropriations law provides \$3.95 billion in HHS to address opioid abuse, an increase of \$84.6 million over fiscal year 2020 levels.
  - This funding includes: \$1.5 billion to states to address the opioid epidemic; \$91 million for medication assisted treatment; \$476 million for opioid overdose surveillance and prevention at CDC; \$80 million to address the needs of children affected by the opioid crisis; and \$100 million to help affected rural communities.
- NIH COVID-19 Funding: The end-of-year COVID relief package includes \$1 billion for COVID-19 research
- Mental Health: The end-of-year covid relief package included \$4.5 billion for mental health programs, and ARPA includes \$3.88 billion to expand on those investments.

### **TANF Pandemic Emergency Assistance:**

The American Rescue Plan Act provides \$1 billion in emergency assistance within the Temporary Assistance for Needy Families (TANF) program to provide families

Non-Recurrent Short-Term cash and other Non-Recurrent Short-Term benefits to help meet their basic needs (e.g., rent, food, clothing, utilities). No more than 15 percent of funds may be spent on administrative costs, and states, tribes and territories must spend funds within 12 months of receipt.

**Child Care:** The American Rescue Plan includes \$39 billion in additional child care assistance by creating a \$23.9 billion emergency stabilization fund and providing \$14.99 billion in additional funding to the Child Development Block Grant (CCDBG). The bill increases annual funding for the CCES to \$3.55 billion per year (an approximate \$633 million increase per year) and makes U.S. territories eligible for mandatory child care funds. Out of the total funding, \$3.375 billion will go to states and Washington, D.C., \$100 million will go to American Indian tribes and tribal organizations, and \$75 million will go to U.S. territories. It also waives the required state match on the new funds for fiscal year 2021 and fiscal year 2022.

The Consolidated Appropriations Act, 2021 provided an additional \$10 billion for the Child Care Development Block Grant (CCDBG). Oregon is estimated to receive a total of \$109.9 million in supplemental appropriations for CCDBG from this new supplemental.

The CARES Act provides \$3.5 billion in additional funding for the Child Care Development Block Grant (CCDBG). These new funds do not need to follow the normal federal requirements for CCDBG funds. Funding can be used to provide continued payments and assistance to child care providers in the case of decreased enrollment or closures related to COVID-19, and to assure child care providers are able to remain open or reopen as appropriate. Funding can also be used to provide child care assistance to health care sector employees, emergency responders, sanitation workers, and other workers deemed essential during the response to the coronavirus. Lastly, funding can be given to child care providers who did not receive CCDBG assistance prior to the COVID-19 public health emergency for cleaning and sanitation, and other activities necessary to maintain or resume operation.

Oregon received a total of \$38.3 million in supplemental appropriations for CCDBG from the CARES Act, in addition to our annual appropriation for FY20 of \$61.75 million, for a total FY20 appropriation of \$100 million.

**Head Start:** The American Rescue Plan Act provided \$1 billion for Head Start providers so that they can continue to serve low-income families safely throughout the pandemic.

The Consolidated Appropriations Act, 2021 provided an additional \$250 million for the Head Start program.

The CARES Act provides \$750 million for Head Start to meet emergency staffing needs. Up to \$500 million of these funds will be used to operate supplemental summer programs. Existing grantees will need to apply for these funds and demonstrate that they are ready to

operate supplemental summer Head Start programs. Interested grantees should monitor funding opportunities on <https://www.acf.hhs.gov/ohs/funding>.

## **Education**

**Institute of Museum and Library Services:** The American Rescue Plan includes \$200 million for the Institute of Museum and Library Services (IMLS), which will help thousands of libraries expand digital network access, purchase internet accessible devices, and provide technical support services. This could include hotspots on personal devices individuals might be able to access these from their local libraries and museums and leaders. For more information on grants and eligibility, visit <https://www.imls.gov/grants/grant-programs>.

The CARES Act provided \$50 million for the IMLS and waived the state, tribal, local matching requirements.

**Grants for Emergency Support to Schools:** The American Rescue Plan Act includes over \$164 billion for K-12 schools and institutions of higher education. The funding breaks down as follows:

- Elementary and Secondary School Emergency Relief Fund (Public K-12 schools) \$122.747 billion:
  - States are required to subgrant at least 90% of funds to school districts to support the implementation of public health protocols to safely reopen schools for in-person learning, address learning loss, and meet students' long-term academic, social, and emotional needs.
  - The American Rescue Plan also includes \$800 million in dedicated funding for wraparound services for students experiencing homelessness.
  - \$3 billion is provided for funding for programs authorized under the Individuals with Disabilities Education Act.
- Higher Education Emergency Relief Fund (\$40 billion):
  - The American Rescue Plan Act provides \$40 million to cover many of the COVID-related costs and address major revenue losses at America's colleges and universities.
  - Funds may be used to defray expenses for institutions of higher education, such as lost revenue, technology costs associated with a transition to distance education, and grants to students for food, housing, course materials, technology, health care, and child care.

More information about this new funding will be available at:  
<https://www.ed.gov/coronavirus>

**Broadband for Remote Learning:** The American Rescue Plan creates a new \$7.172 billion "Emergency Connectivity Fund" to support remote learning for schools and libraries. Implementation details are to come from the Federal Communications Commission (FCC).

## **Arts and Culture**

**National Endowment for the Arts:** The American Rescue Plan Act includes \$135 million for the National Endowment for the Arts (NEA). Funding will help arts organizations address budget cuts and layoffs and help them implement health protocols to safely reopen.

The CARES Act included \$75 million for the NEA to prevent, prepare for, and respond to the coronavirus. The law directed 40% of the funding to state art agencies with the remaining 60% distributed to organizations through competitive grants.

**National Endowment for the Humanities:** The American Rescue Plan Act includes \$135 million for the National Endowment for the Humanities (NEH). Funding will help cultural organizations address budget cuts and layoffs and help them implement health protocols to safely reopen.

The CARES Act included \$75 million for the NEH to prevent, prepare for, and respond to the coronavirus. The law directed 40% of the funding to state humanities councils with the remaining 60% distributed to organizations through competitive grants.

## **Transportation**

**Highway Infrastructure Programs:** The December stimulus provides \$10 billion in additional funds to remain available until September 30, 2024 to prevent, prepare for, and respond to coronavirus. This funding is for a State, territory, Puerto Rico, or Indian Tribe to use for costs related to preventive maintenance, routine maintenance, operations, personnel, including salaries of employees (including those employees who have been placed on administrative leave) or contractors, debt service payments, availability payments, and coverage for other revenue losses. Oregon received \$124 million from this stimulus for the Highway Infrastructure Program. In addition, Eugene received \$2.02 million, Portland received \$12.2 million, and Salem received \$1.9 million under these appropriations.

In addition these funds may be transferred to public tolling agencies that own or operate a tolled public road, bridge, or tunnel, or ferry system that provides a public transportation benefit, and was in operation during 2020.

**Transit Systems:** Transit systems will have access to an additional \$30.5 billion in additional grants (over the \$39 billion provided by the FY21 Omnibus Appropriations Act passed in December of 2020 and the CARES Act) for transit systems to help protect public health and safety while ensuring access to jobs, medical treatment, food, and other essential services.

These funds are available for operating expenses of transit agencies related to the coronavirus public health emergency, and can include the purchase of PPE and paying for administrative leave of operations personnel. The federal share of the costs are, at the option of the recipient, 100%.

The new December funding does have limitations after appropriations are calculated including:

- This new funding when combined with the initial CARES Act funding may not exceed 75% of the urbanized area's 2018 operating costs (based on the National Transit Database). This means if the calculation for an urbanized area does exceed the 75% of their 2018 operating costs the Secretary shall distribute that excess to other urbanized areas that do not exceed 75%.
- No urbanized area may receive over \$4 billion from this new fund and the initial CARES Act funding.

Oregon received \$283 million in supplemental appropriations from the FTA during the earlier CARES Act Appropriations.

The CRRSAA appropriated an additional \$14 billion in December 2020. The Oregon allocations are as follows:

- Urbanized Area Grants:
  - Portland, OR - \$190,355,812
  - Eugene, OR - \$17,349,885
  - Salem, OR - \$12,405,398
  - Medford, OR - \$690,583
- Rural Area Apportionments - \$2,455,100
- Public Transportation on Indian Reservations
  - Confederated Tribes of Siletz Indians - \$60,326
  - Confederated Tribes of the Grand Ronde Community of Oregon - \$99,998
  - Confederated Tribes of the Umatilla Indian Reservation - \$454,676
  - Confederated Tribes of Warm Springs - \$73,949
  - Klamath Tribes - \$98,856
- Enhanced Mobility for Seniors and Individuals with Disabilities
  - Eugene, OR - \$46,240
  - Portland, OR/WA - \$296,172
  - Salem, OR - \$42,464

Tentative additional appropriations for the American Rescue Plan to Oregon entities are as follows, but the official allocations will be announced by the Federal Transit Administration:

- Urbanized Area Grants:
  - Albany, OR - \$257,128
  - Bend, OR - \$931,183
  - Corvallis, OR - \$1,108,800
  - Eugene, OR - \$32,591,317



- Grants Pass, OR - \$288,117
- Medford, OR - \$6,385,710
- Portland, OR/WA - \$330,290,052
- Salem, OR - \$21,336,112
- Rural Area Apportionments - \$7,222,580
- Enhanced Mobility for Seniors and Individuals with Disabilities
  - Eugene, OR - \$46,240
  - Portland, OR/WA - \$296,172
  - Salem, OR - \$42,464
  - Urbanized Areas 50,000 to 199,999 - \$150,211
  - Nonurbanized Areas Less than 50,000 - \$184,964

**Assistance for Airports:** Airports will have access to \$8 billion in additional grants (over the \$12 billion provided by the FY21 Omnibus Appropriations Act passed in December 2020 and the CARES Act) to help as the aviation sector continues grapples with the most steep and potentially sustained decline in air travel in history.

***The December Package/FY21 Omnibus Appropriations Bill***

- Airports received \$2 billion (on top of the \$10 billion provided in the CARES Act) to continue operating. I know they were asked for \$4 billion so I fought to get more aid in the most recent package.

***Current Package/The American Rescue Plan***

- Additional \$8 billion for airports, including for concessionaires and operating costs
  - Oregon airports are expected to receive \$94,518,645 from the Airport Improvement Fund, including \$72 million for PDX, \$6.9 million for the Eugene airport, and \$6 million each for the Medford and Redmond airports.
  - \$3 billion is also provided for aviation manufacturers to retain or rehire workers and ensure the supply chain remains intact for when air travel returns to normal levels.

These grants are available to sponsors of airports which include either: (1) a public agency; or (2) a private owner of a public-use airport. Potential grantees must submit to the Secretary an application for financial assistance for the airport. No additional funding will be provided to airports that were previously allocated in excess of four years of operating expenses under the CARES Act.

All airports receiving funds must continue to employ through September 30, 2021 at least 90% of their workforce. This might not apply if (1) the Secretary finds a specific airport is suffering economic hardship directly related to this policy or (2) the airport is a non-hub airport or a non-primary airport receiving funds under this Act.

**Housing**

**The American Rescue Plan provides:**



- **\$27.4 billion for emergency rental assistance. Oregon can expect at least \$233 million of that.**

Of that, \$21.55 billion will be funded through the Coronavirus Relief Fund (CRF) and administered by the U.S. Department of the Treasury. Of the amount provided, \$305 million is set aside for territories. There is a small state set-aside of \$152 million. A total of \$2.5 billion will be distributed to high-need communities. These funds will be distributed based on the number of very low-income renter households paying more than 50 percent of income on rent or living in substandard or overcrowded conditions, rental market costs, and employment trends.

Under the bill, households are eligible for emergency rental assistance funds if one or more individuals: (1) has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship during or due, directly or indirectly, to the pandemic; (2) can demonstrate a risk of experiencing homelessness or housing instability; and (3) has a household income below 80% AMI. States and localities must prioritize households below 50% of AMI or those who are unemployed and have been unemployed for 90 days. States and localities can provide additional prioritization of funds. The funds must be used to provide financial assistance, including back and forward rent and utility payments, and other housing expenses, for 18 months max.

- **\$5 billion in emergency housing vouchers.**

Households are eligible for emergency vouchers if they (1) are or are at risk of experiencing homelessness, (2) are fleeing or attempting to flee domestic violence, dating violence, stalking, sexual assault, or human trafficking, or (3) are recently homeless and rental assistance will prevent the family's homelessness or having a high risk of housing instability. Public housing agencies will be notified of the number of vouchers allocated to them within 60 days. After September 30, 2023, a public housing agency may not reissue any vouchers when assistance for the family assisted ends.

- **\$10 billion for homeowner assistance.**

The bill provides \$9.96 billion to help homeowners avoid foreclosure through the Homeowner Assistance Fund administered by the U.S. Department of the Treasury; this program is very similar to the ARRA-era homeowner assistance program. The bill provides \$39 million to assist rural homeowners through USDA's Section 502 and Section 504 direct loan programs.

- **\$5 billion in homeless assistance. Oregon can expect about \$34 million of that.**

These funds may be used to provide rental assistance and supportive services, to develop affordable rental housing, to help acquire non-congregate shelter to be converted into permanent affordable housing or used as emergency shelter. These funds must primarily benefit 1) individuals or households that are or are at risk of experiencing homelessness, (2) people who are fleeing or attempting to flee domestic violence, dating violence, stalking, sexual assault, or human trafficking, or (3) populations for whom supportive services would prevent the family's homelessness or having a high risk of housing instability, or (4)

households with a veteran family member that meets one of these criteria. Funds will be allocated within 30 days of enactment using the HOME Investment Partnerships program formula.

- **\$100 million in emergency rental assistance for rural areas**
- **\$750 million in general housing assistance to Tribal Nations**
- **\$120 million for housing counseling and fair housing activities**
- **\$4.5 billion for utility assistance through LIHEAP**
- **\$500 million for water assistance through Low-Income Household Drinking Water and Wastewater Emergency Assistance Program.**

**The December 2020 Covid Relief Package provides \$25 billion in emergency rental assistance to be distributed by state and local governments.** These funds are targeted to families impacted by COVID that are struggling to make the rent and may have past due rent compounding on itself. These families will be able to utilize this assistance for past due rent, future rent payments, as well as to pay utility and energy bills and prevent shutoffs. \$800 million is reserved for Native American housing entities. ARPA, passed in March 2021, extends the deadline to spend this \$25 billion tranche until September 30, 2022. Oregon received \$281 million in emergency rental assistance from this December package.

**Community Development Block Grant:** The CARES Act provides \$5 billion for the Community Development Block Grant, including \$2 billion for previous grantees in Fiscal Year 2020, to be allocated within 30 days of enactment. CDBG is allocated to localities and states. 70% is allocated to cities of over 50,000 and counties of over 200,000. 30% is allocated to states; this money is usually spent on smaller towns and rural counties.

Oregon will receive, as a state, a total of \$8.02 million from the CDBG-CV supplemental allocation. Oregon's locality grantees are below in size order:

- Portland: \$5,141,993
- Clackamas County: \$1,329,366
- Washington County: \$1,311,667
- Eugene: \$840,346
- Salem: \$776,213
- Gresham: \$641,435
- Hillsboro: \$439,666
- Medford: \$432,901
- Beaverton: \$413,479
- Springfield:
- Corvallis: \$326,131
- Bend: \$298,761
- Albany: \$220,911
- Grants Pass: \$220,512
- Multnomah County: \$179,753
- Redmond: \$151,087
- Ashland: \$104,130

The CARES Act allocates \$1 billion specifically to states, \$2 billion to previous grantees in Fiscal Year 2020, and \$2 billion “directly to the State or unit of general local government, at the discretion of the Secretary,” prioritizing the following: risk of transmission of coronavirus, number of cases compared to national average, and economic and housing market disruptions from it. \$10 million of this will go towards technical assistance and capacity building. The CARES Act removes the public services percentage cap on CDBG funds.

**Homeless Assistance Grants:** The CARES Act provides \$4 billion for Homeless Assistance Grants, \$2 billion of which will go to previous Emergency Solutions Grants (ESG) grantees, to be allocated within 30 days of enactment, prioritized by greatest need. Matching requirements are waived. ESG recipients can be metro cities, urban counties and territories, which may subgrant ESG funds to nonprofits, or states, which must subgrant funds to local governments and/or nonprofits. ESG is a formula grant.

This money can be used for temporary emergency shelters in response to COVID-19, rapid rehousing, housing counseling, and rental deposit assistance, and those uses won't be subject to minimum periods of use or habitability and environmental review standards. The money can be used for hazard pay for staff, and staff salaries with regard to preparedness for COVID-19 won't be considered administrative costs, which are subject to the standard 10 percent cap.

Oregon will receive:

- Portland: \$5,156,848
- Clackamas County: \$1,292,090
- Washington County: \$1,325,441
- Non-entitlement: \$13,496,986

###