

Emergency Supplemental Funding to State, Local, Territorial, and Tribal Governments

In response to the 2019 novel coronavirus (COVID-19), President Trump signed four separate emergency supplemental funding packages into law to support efforts to prevent, prepare for, and respond to COVID-19 domestically and internationally. This brief highlights the total amount of supplemental funding from all four bills directed and pertinent to state, local, territorial, and tribal governments.

Additional information on resources and bills with links to bill text and appropriate summaries can be found here:

- 1) [HHS Press Releases, Fact Sheets and Other Materials](#)
- 2) [CDC Coronavirus Funding to Jurisdictions \(April 23, 2020\)](#)
- 3) [CDC COVID-19 Crisis Response Cooperative Agreement Components A and B Supplemental Funding](#)
- 4) *Coronavirus Preparedness and Response Supplemental Appropriations Act – Signed into Law March 6, 2020*
 - a. [Bill text](#)
 - b. [Bill summary](#)
- 5) *Families First Coronavirus Response Act – Signed into law March 18, 2020*
 - a. [Bill text](#)
 - b. [Bill factsheet](#)
 - c. [Section-by-section summary](#)
- 6) *Coronavirus Aid, Relief, and Economic Security (CARES) Act – Signed into law March 27, 2020*
 - a. [Bill text](#)
 - b. [Bill summary](#)
 - c. [Section-by-section summary](#)
- 7) *Paycheck Protection Program and Health Care Enhancements Act – Signed into law April 24, 2020.* It is important to note this law has high level funding levels within the Public Health and Social Services Emergency Fund which then get dispersed and carved out for specific programs. For this reason, ASTHO recommends also reading the specific [legislative alert](#) summarizing this law.
 - a. [Bill text](#)
 - b. [Section-by-section summary](#)
 - c. [Summary of hospital and testing provisions](#)

If you have any questions or concerns, please contact [Jeffrey Ekoma](#), ASTHO's director of government affairs.

COVID-19 Emergency Supplemental Funding Packages
Funding Directed to State, Local, Territorial, and Tribal Governments
(\$ in millions)

	<i>Coronavirus Preparedness and Response Supplemental Appropriations Act</i>	<i>Families First Coronavirus Response Act</i>	<i>Coronavirus Aid, Relief, and Economic Security (CARES) Act</i>	<i>Paycheck Protection Program and Health Care Enhancement Act</i>	TOTAL
Centers for Disease Control and Prevention (CDC) (Total)	2,200 ^{II}	--	4,300 ^{III}	1,000 ^{VII}	7,500
State, Local, Territorial Health Departments	950 ^I	--	1,500	--	2,450
Global Disease Detection and Emergency Response	300 ^I	--	500	--	800
Public Health Data Surveillance	--	--	500	--	500
Infectious Disease Rapid Response Fund	300 ^I	--	300	--	600
Coronavirus Relief Fund	--	--	150,000	--	150,000
Public Health and Social Services Emergency Fund (Total)	3,100 ^{III}	1,000 ^{IV}	127,015 ^{III}	100,000 ^{IV}	231,115
Providers and Hospitals	--	--	100,000 ^{IV}	75,000	175,000
COVID-19 Testing	--	--	--	25,000	25,000
State, Local, Territorial Health Departments	--	--	--	11,000 ^X	11,000
Strategic National Stockpile	--	--	16,000	--	16,000
Hospital Preparedness Program	100 ^{VII}	--	250	--	350
Biomedical Advanced Research and Development Authority (BARDA)	--	--	3,500	1,000 ^X	4,500
Health Resources and Services Administration (HRSA) (Total) – Transfers from the Public Health and Social Services Emergency Fund	100	--	1,595	600	2,295
Primary Health Care (Community Health Centers)	100	--	1,320	600 ^{VII}	2,020
Rural Health	--	--	180 ^{II}	--	180

Ryan White HIV/AIDS Program	--	--	90 ^{II}	--	90
Health Care Systems	--	--	5 ^{II}	--	5
Substance Abuse and Mental Health Services Administration (SAMHSA) (Total)	--	--	425 ^I	--	425
Certified Community Behavioral Health Clinic Expansion Grant Program	--	--	250	--	250
Suicide Prevention Programs	--	--	50	--	50
Food and Nutrition Services (Total)	--	1,000	25,360 ^I	--	26,360
Child Nutrition Programs	--	--	8,800 ^I	--	8,800
Supplemental Nutrition Assistance Program	--	--	15,810 ^I	--	15,810
Special Supplemental Nutrition Program for Women, Infants, and Children	--	500 ^I	--	--	500
Administration for Community Living Aging and Disability Services Programs	--	250 ^I	--	--	250
Emergency Food Assistance Program	--	400 ^I	450 ^I	--	850
Nutrition Assistance to Territories ^S	--	100 ^I	200 ^I	--	300
Food Distribution on Indian Reservations	--	--	100	--	100
Interior Office of Insular Affairs	--	--	55 ^I	--	55
Federal Emergency Management Agency (FEMA)	--	--	45,000 ^{IV}	--	45,000
TOTAL⁶	5,300	2,000	252,155	101,600	

^I Funds available until September 30, 2021

^{II} Funds available until September 30, 2022

^{III} Funds available until September 30, 2024

^{IV} Funds available until expended

^V Commonwealth of Northern Marian Islands, Puerto Rico, and American Samoa

^{VI} Does not include total from HRSA, as it was transferred from the Public Health and Social Services Emergency Fund

^{VII} Although not included in legislative text, funding was allocated by HHS on March 24, 2020

^{VIII} Transfer from the Public Health and Social Services Emergency Fund

^{IX} Represents a breakdown of the \$25 billion provided for COVID-19 testing under the Public Health and Social Services Emergency Fund

^X Represents a breakdown of the \$11 billion provided to state and territorial health departments under the Public Health and Social Services Emergency Fund

Select legislative text and summaries are below. Please note that references to total funding represent funding across the three supplemental funding bills:

CDC

- The *Coronavirus Preparedness and Response Supplemental Appropriations Act* provides **\$2.2 billion** for CDC-wide activities and program support to remain available until September 30, 2022. Specifically:
 - **\$950 million** is made available for grants or cooperative agreements with states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or tribal health service providers to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. **\$475 million** of the funds must be allocated by April 6, 2020. Every grantee that received a Public Health Emergency Preparedness grant for fiscal year 2019 shall receive not less than 90 percent of that grant level from funds and no less than **\$40 million** of funds should be allocated to tribes, tribal organizations, urban Indian health organizations, or tribal health services providers. Grantees are required to submit a spend plan to CDC no later than April 21, 2020;
 - On March 11, 2020, CDC awarded over **\$569 million** to states, localities, territories and tribes through its Public Health Crisis Cooperative Agreement, satisfying the requirement to allocate at least **\$475 million** of funds by April 6, 2020.¹
 - On March 20, 2020, CDC announced its intent to award **\$80 million** in funding to tribes, tribal organizations, and Urban Indian Organizations for resources in support of their response to COVID-19.²
 - On April 6, 2020, CDC awarded **\$186 million** in additional funding to supplement an existing cooperative agreement (listed above) with state and local jurisdictions identified as having the highest number of reported COVID-19 cases and jurisdictions with accelerating or rapidly accelerating COVID-19 cases. The award will support activities such as lab equipment, supplies, staffing, shipping, infection control, surge staffing, monitoring of individuals, and data management. In addition, the funding will supplement an existing cooperative agreement to state jurisdictions through the Emerging Infections Program to enhance surveillance capabilities and assess and evaluate exposed/infected healthcare personnel through clinical interviews to better identify risk factors and protective factors for COVID-19 infection.³
 - No less than **\$300 million** is allocated for the Infectious Disease Rapid Response Reserve;
 - No less than **\$300 million** is allocated for global disease detection and emergency response; and

¹ <https://www.hhs.gov/about/news/2020/03/11/cdc-to-award-over-560-million-to-state-local-jurisdictions-in-support-of-covid-19-response.html>

² <https://www.hhs.gov/about/news/2020/03/20/hhs-announces-upcoming-action-to-provide-funding-to-tribes-for-covid-19-response.html>

³ <https://www.hhs.gov/about/news/2020/04/06/hhs-announces-upcoming-funding-action-provide-186-million-covid19-response.html>

- Funds under this section may be used for grants for the construction, alteration, or renovation of non-Federally owned facilities to improve preparedness and response capability at the state and local level.
- The *CARES Act* provides an additional **\$4.3 billion** for CDC-wide activities and program support, to remain available until September 30, 2024. Specifically:
 - **\$1.5 billion** is made available for grants to or cooperative agreements with states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or tribal health service providers, including to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. Every grantee that received a Public Health Emergency Preparedness grant for fiscal year 2019 shall receive not less than 100 percent of that grant level from funds provided under this heading and no less than **\$125 million** should be made available to tribes, tribal organizations, urban Indian health organizations, or tribal health service providers;
 - On April 23, 2020, CDC awarded **\$631 million** to 64 jurisdictions through the Epidemiology and Laboratory Capacity for Prevention and Control for Emerging Infectious Diseases (ELC) cooperative agreement⁴.
 - No less than **\$500 million** is allocated for global disease detection and emergency response;
 - No less than **\$500 million** is allocated for public health data surveillance and analytics infrastructure modernization;
 - **\$300 million** is allocated for the Infectious Diseases Rapid Response Fund; and
 - Funds under this heading may be used for grants for the rent, lease, purchase, acquisition, construction, alteration, or renovation of non-federally owned facilities to improve preparedness and response capability at the state and local level.
- The *Paycheck Protection Program and Health Care Enhancement Act* provides **\$1 billion** to CDC-wide activities and program support for surveillance, epidemiology, laboratory capacity expansion, contact tracing, public health data surveillance and analytics infrastructure modernization, disseminating information about testing and workforce support necessary to expand and improve COVID-19 testing, through a transfer (additional details below) from the Public Health and Social Services Emergency Fund.

Coronavirus Relief Fund

- The *CARES Act* provides **\$150 billion** to states, tribal governments, and units of local government for fiscal year 2020⁵. Of this amount, **\$3 billion** is made available to the District of Columbia (D.C.), Puerto Rico, the United States Virgin Islands, Guam, the Commonwealth of Northern Mariana Islands, and American Samoa. In addition, **\$8 billion** is made available to Tribal governments. Each state is expected to receive no less than **\$1.25 billion** for fiscal year 2020. Funds provided to D.C. and the territories are determined by the product of **\$3 billion**

⁴ <https://www.hhs.gov/about/news/2020/04/23/hhs-announces-cares-act-funding-distribution-to-states-and-localities-in-support-of-covid-19-response.html>

⁵ <https://home.treasury.gov/policy-issues/cares/state-and-local-governments>

(referenced above) and a share of the combined total population of D.C. and all territories. Funds provided to tribal governments are determined by the Secretary of HHS, in consultation with the Secretary of the Interior and Indian tribes, and is based on increased expenditures of each tribal government (or a tribally owned entity of a tribal government) relative to aggregate expenditures in fiscal year 2019. States, D.C., territories, tribal governments, and units of local government are able to use these funds to cover costs that:

- Are necessary expenditures incurred due to the public health emergency with respect to COVID-19 (On April 22, 2020, the Department of Treasury issued guidance that further defines expenses that qualify as necessary expenditures” and provides examples of ineligibly expenses⁶);
- Were not accounted for in the budget most recently approved as of March 27, 2020; and
- Were incurred between March 1, 2020 and December 30, 2020.

Public Health and Social Services Emergency Fund

- The *Coronavirus Preparedness and Response Supplemental Appropriations Act* provides **\$3.1 billion** for the Public Health and Social Services Emergency Fund to remain available until September 30, 2024, to prevent, prepare for, and respond to COVID-19, domestically or internationally, including the development of necessary countermeasures and vaccines, prioritizing platform-based technologies with U.S.-based manufacturing capabilities, and the purchase of vaccines, therapeutics, diagnostics, necessary medical supplies, medical surge capacity, and related administrative activities. Funds provided under this section may also be used for grants for the construction, alternation, or renovation of non-federally owned facilities to improve preparedness and response capability at the state and local level. Specifically:
 - Although not included in legislative text, the Secretary of HHS Office of the Assistant Secretary of Preparedness and Response provided **\$100 million** to assist U.S. healthcare systems by directly supporting the National Special Pathogens Treatment System on March 24, 2020⁷. The National Special Pathogens Treatment System includes the National Emerging Special Pathogens Training and Education Center, 10 regional Ebola and other special pathogen treatment centers, 62 Hospital Preparedness Program cooperative agreement recipients and their state or jurisdiction special pathogen treatment centers, and hospital associations;
 - **\$100 million** is transferred to HRSA’s bureau of Primary Health Care for grants under the health centers program, to prepare for and respond to COVID-19; and
 - Funds should be used to provide grants or cooperative agreements with states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or tribal health service providers to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities to prevent, prepare for, and respond to COVID-19, as well as

⁶ <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>

⁷ <https://www.hhs.gov/about/news/2020/03/24/hhs-provides-100-million-to-help-us-healthcare-systems-prepare-for-covid-19-patients.html>

reimburse costs for these expenses incurred between January 20, 2020, and March 6, 2020.

- The *Families First Coronavirus Response Act* provides **\$1 billion**, to remain available until expended, for activities that include the payment of claims of providers for reimbursement related to COVID-19 health services.
- The *CARES Act* provides more than **\$27 billion**, to remain available until September 30, 2024, to prevent, prepare for, and respond to COVID-19, domestically or internationally, including the development of necessary countermeasures and vaccines, prioritizing platform-based technologies with U.S.-based manufacturing capabilities, the purchase of vaccines, therapeutics, diagnostics, necessary medical supplies, as well as medical surge capacity, addressing blood supply chain, workforce modernization, telehealth access and infrastructure, initial advanced manufacturing, novel dispensing, enhancements to the U.S. Commissioned Corps, and other preparedness and response activities. Specifically:
 - **\$16 billion** is made available to replenish the Strategic National Stockpile, including pharmaceuticals, personal protective equipment (PPE), and other medical supplies to be distributed to state and local health agencies, hospitals, and other healthcare entities;
 - At least **\$3.5 billion** is made available to the Biomedical Advanced Research and Development Authority (BARDA) for necessary expenses of manufacturing, production, and purchase, at the discretion of the Secretary, of vaccines, therapeutics, diagnostics, and small molecule active pharmaceutical ingredients, including the development, translation, and demonstration at scale of innovations in manufacturing platforms;
 - At least **\$250 million** is made available for grants to or cooperative agreements with entities that are either grantees or sub-grantees of the Hospital Preparedness Program;
 - **\$180 million** is transferred to HRSA's Office of Rural Health Policy to remain available until September 30, 2022 to carry out telehealth and rural activities to prevent, prepare for, and respond to COVID-19, domestically or internationally;
 - **\$90 million** is transferred to the HRSA's Ryan White HIV/AIDS program to remain available until September 30, 2022 for modifications to existing contracts, and supplements to existing grants and cooperative agreements to response to COVID-19, domestically or internationally;
 - **\$5 million** is transferred to the HRSA's Health Care Systems bureau to remain available until September 30, 2022 to improve the capacity of poison control centers to respond to increased calls;
 - No less than **\$15 million** is allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes; and
 - Funds provided under this section may be used for grants for the construction, alteration, or renovation of non-federally owned facilities to improve preparedness and response capability at the State and local level.
- The *CARES Act* provides an additional **\$100 billion**, to remain available until expended, to prevent, prepare for, and respond to coronavirus—domestically or internationally—for necessary expenses to reimburse, through grants or other mechanisms, eligible hospitals and health care providers for health care-related expenses or lost revenues that are attributable to

coronavirus. On April 10, 2020, HHS began distribution of these funds by providing an initial **\$30 billion** to hospitals and providers that are enrolled in Medicare⁸. On April 22, 2020, HHS distributed an additional **\$60 billion**, of which **\$10 billion** will be allocated to hospitals in areas that have been particularly impacted by COVID-19, **\$10 billion** will be allocated to rural health clinics and hospitals, and **\$400 million** will be allocated for Indian Health Service facilities⁹, **\$20 billion** to reconcile inequities from the initial **\$30 billion** (as listed above) allocated to providers who receive non-fee-for-service payments, and **\$10 billion** to cover the cost of providing treatment for the uninsured. On May 1, 2020, HHS distributed an additional **\$12 million** to facilities admitting large numbers of COVID-19 patients and **\$10 billion** to providers in rural areas¹⁰. Specifically:

- These funds may not be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse;
 - Recipients for this funding include public entities, Medicare- or Medicaid-enrolled suppliers and providers, and such for-profit entities and not-for-profit entities; and
 - Funds are made available for building or construction of temporary structures, leasing of properties, medical supplies, and equipment. This includes personal protective equipment and testing supplies, increased workforce and trainings, emergency operation centers, retrofitting facilities, and surge capacity.
- The *Paycheck Protection Program and Health Care Enhancement Act* provides **\$100 billion** for the Public Health and Social Services Emergency Fund to remain available until expended to prevent, prepare for, and respond to COVID-19 domestically or internationally. Specifically:
 - **\$75 billion** is made available to eligible health care providers to cover health care-related expenses or lost revenues that are attributable to COVID-19. The funds may not be used to reimburse for expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse and recipients of the payments are required to submit reports and maintain documentation needed to ensure compliance with conditions listed above.
 - **\$25 billion** is made available for the following:
 - Necessary expenses to research, develop, manufacture, purchase, administer, and expand capacity for COVID-19 tests, including tests for both active infection and prior exposure, including molecular antigen, and serological tests;
 - Manufacturing, acquiring, and distributing PPE and supplies needed to administer tests;
 - Development of rapid point-of-care tests;
 - Support for workforce and epidemiology to enable academic, commercial, public health, and hospital laboratories to conduct surveillance and contact tracing;
 - Support for the development of COVID-19 testing plans;

⁸ <https://www.hhs.gov/about/news/2020/04/10/hhs-to-begin-immediate-delivery-of-initial-30-billion-of-cares-act-provider-relief-funding.html>

⁹ <https://www.hhs.gov/about/news/2020/04/22/hhs-announces-additional-allocations-of-cares-act-provider-relief-fund.html>

¹⁰ <https://www.hhs.gov/about/news/2020/05/01/hhs-begins-distribution-of-payments-to-hospitals-with-high-covid-19-admissions-rural-providers.html>

- No later than May 15, 2020, the Secretary of HHS shall produce a report that includes data on demographic characteristics, including, in a de-identified and disaggregated manner, race, ethnicity, age, sex, geographic region and other relevant factors of individuals tested for or diagnosed with COVID–19. The report will also include information on the number and rates of cases, hospitalizations, and deaths as a result of COVID–19, and will be updated every 30 days.
- No later than October 21, 2020, the Secretary of HHS shall issue a report on the number of positive diagnoses, hospitalizations, and deaths as a result of COVID–19, and will include epidemiological analysis of the data.
- No later than May 24, 2020, the Secretary of HHS is required to submit a strategic testing plan, which must:
 - Provide information to help states, localities, territories, tribes, tribal organizations, and urban Indian health organizations understand COVID-19 testing needs for both active infection and prior exposure, including hospital-based testing, high-complexity laboratory testing, point-of-care testing, mobile testing units, testing for employers and other settings, and other tests as necessary;
 - Include estimates of testing production that account for new and emerging technologies, as well as guidelines for testing;
 - Address how the Secretary will increase domestic testing capacity, including testing supplies; and address disparities in all communities; and
 - Outline federal resources that are available to support the testing plans of each state, locality, territory, tribe, tribal organization, and urban Indian health organization and that such plan shall be updated every 90 days until funds are expended.

HRSA (Transfers from the Public Health and Social Services Emergency Fund)

- The *Coronavirus Preparedness and Response Supplemental Appropriations Act* provides **\$100 million** for HRSA’s Bureau of Primary Health Care through the Public Health and Social Services Emergency Fund (as listed above), for health services through community health centers.
 - On March 24, 2020, HRSA awarded **\$100 million** to 1,381 health centers across the country. The HRSA funded health centers are able to use the awards to address screening and testing needs, acquire medical supplies and boost telehealth capacity in response to COVID-19¹¹.
- The *CARES Act* provides an additional **\$275 million**, through a transfer from the Public Health and Social Services Emergency Fund (as listed above). Specifically:
 - **\$180 million** is made available to HRSA’s Office of Rural Health policy to remain available until September 30, 2022 to carry out telehealth and rural activities to prevent, prepare for, and respond to COVID-19, domestically or internationally. On April 22,

¹¹ <https://www.hhs.gov/about/news/2020/03/24/hhs-awards-100-million-to-health-centers-for-covid-19-response.html>

- 2020, HHS awarded nearly **\$165 million** to rural hospitals and provides an additional funding to 14 HRSA-funded Telehealth Resources Centers¹²;
- **\$90 million** is made available to HRSA’s Ryan White HIV/AIDS program to remain available until September 30, 2022 for modifications to existing contracts, and supplements to existing grants and cooperative agreements to response to COVID-19, domestically or internationally; and
 - On April 15, 2020, HRSA awarded **\$90 million** to 581 Ryan White HIV/AIDS Program recipients across the country, including city/county health departments, health clinics, community-based organizations, state health departments, and AIDS Education and Training Centers, to minimize the impact of the pandemic on people with HIV.¹³
 - **\$5 million** is made available for HRSA’s Health Care Systems bureau to remain available until September 30, 2022 to improve the capacity of poison control centers to respond to increased calls.
 - The *CARES Act* provides an additional **\$1.32 billion** to community health centers in fiscal year 2020 for supplemental awards related to the detection, prevention, diagnosis, and treatment of COVID-19.
 - On April 8, 2020, HRSA awarded more than **\$1.3 billion** to 1,387 health centers and HRSA-funded health centers may use awards to help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels.¹⁴
 - The *Paycheck Protection Program and Health Care Enhancement Act* provides **\$600 million** for HRSA’s Bureau of Primary Health Care through the Public Health and Social Services Emergency Fund (as listed above), for health services through community health centers.

SAMHSA

- The *CARES Act* provides **\$425 million**, to remain available through September 30, 2021, to prevent, prepare for, and respond to COVID-19, domestically or internationally. On April 20, 2020, SAMHSA awarded **\$110 million**, through the Fiscal Year 2020 Emergency Grants to Address Mental and Substance Use Disorders During COVID-19, which provides up to **\$2 million** to successful state applicants and up to **\$500,000** to successful territory and tribal applicants¹⁵. On April 27, 2020, SAMHSA awarded \$250 million in grants, expanding community based behavioral health services¹⁶. No less than **\$15 million** should be made available to tribes, tribal organizations, urban Indian health organizations, or health or behavioral health service providers to tribes. On May 1, 2020, SAMHSA announced its intent to provide supplemental

¹² <https://www.hhs.gov/about/news/2020/04/22/hhs-awards-nearly-165-million-to-combat-covid19-pandemic-in-rural-communities.html>

¹³ <https://www.hhs.gov/about/news/2020/04/15/hhs-awardsee-90-million-ryan-white-hiv-aids-program-recipients-for-covid-19-response.html>

¹⁴ <https://www.hhs.gov/about/news/2020/04/08/hhs-awards-billion-to-health-centers-in-historic-covid19-response.html>

¹⁵ <https://www.samhsa.gov/newsroom/press-announcements/202004200430>

¹⁶ <https://www.samhsa.gov/newsroom/press-announcements/202004271200>

funding to 154 current Tribal Behavioral Health grant recipients (\$97,402 to each recipient)¹⁷. Specifically:

- **\$250 million** is made available for the Certified Community Behavioral Health Clinic Expansion Grant program; and
- **\$50 million** is made available for suicide prevention programs.

Food and Nutrition Service

- The *Families First Coronavirus Response Act* provides **\$1 billion** for food and nutrition services, to remain available through September 30, 2021. Specifically:
 - **\$500 million** is made available for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
 - **\$400 million** is made available for the Emergency Food Assistance Program, of which **\$100 million** is allocated for the distribution of commodities;
 - **\$100 million** is made available for the Secretary of Agriculture to provide grants to the Commonwealth of Northern Mariana Islands, Puerto Rico, and American Samoa for nutrition assistance in response to COVID-19; and
 - **\$250 million** is made available for the Aging and Disability Services Program, to remain available until September 30, 2021, of which **\$160 million** is allocated for Home-Delivered Nutrition Services, **\$80 million** for Nutrition Services for Congregate Nutrition Services, and **\$10 million** for Nutrition Services for Native Americans.
- The *CARES Act* provides an additional **\$25.06 billion** for food and nutrition services, to remain available until September 30, 2021, to prevent, prepare for, and respond to COVID-19, domestically or internationally. Specifically:
 - **\$8.8 billion** is made available for child nutrition programs;
 - **\$15.81 billion** is made available for the Supplemental Nutrition Assistance Program (SNAP), of which **\$15.51 billion** is placed in a contingency reserve to be allocated by the Secretary of Agriculture on the basis to support participation, should costs or participation exceed budget estimates related to COVID-19;
 - **\$100 million** is made available for the food distribution program on Indian reservations;
 - **\$200 million** is made available for grants to the Commonwealth of the Northern Mariana Islands, Puerto Rico, and American Samoa for nutrition assistance programs;
 - **\$450 million** is made available for the Emergency Food Assistance Program, of which **\$150 million** is to be used for the distribution of commodities.

Insular Affairs

- The *CARES Act* provides **\$55 million** for assistance to territories, to remain available until September 30, 2021, to assist with needs related to the prevention and mitigation of COVID-19, including the purchase of medical supplies and equipment, as well as healthcare services and facilities.

FEMA

¹⁷ <https://www.samhsa.gov/newsroom/press-announcements/202005011645>

- The *CARES Act* provides **\$45 billion** for FEMA, to remain available until September 30, 2021, to support immediate needs of state, local, tribal, and territorial governments. Reimbursable activities include medical response, PPE, National Guard deployment, and other critical services.