To: NACo Members and Partners  
From: Matthew Chase, CEO/Executive Director  
Re: Federal Actions, Resources and Next Steps  
Date: April 7, 2020

1. Following is a more in-depth, targeted analysis of the $2 trillion CARES Act (H.R. 748), the third federal emergency supplemental package. The updated NACo summary focuses on county-specific funding programs and other key eligibility information (i.e. how does the money flow for each program and how do counties access it!). See #3 below for more details... and links below for previous NACo resources:

   A. NACo Coronavirus Resource Page including county noteworthy practices and emergency declarations  
   B. NACo’s preliminary analysis of 3rd congressional aid package - $2 trillion in new federal aid  
   C. NACo presentation on federal actions and the role of counties in COVID-19  

2. U.S. House Speaker Pelosi is talking up the potential for a 4th emergency COVID-19 supplemental, including more aid for state, tribal and local governments and an emphasis on infrastructure to help jump-start the economy post-COVID-19. The politics and vote counting are becoming harder and harder with each package.

   A. Does your county and/or state association of counties have specific priorities for any future federal COVID-19 aid packages, including specific policy guidance, policy changes or targeted funding needs?  
   B. For example, NACo is already focusing on the need to add “lost revenue due to COVID-19” as an eligible federal reimbursement under Treasury’s $150 billion state stabilization program. We are also working to ensure that counties below 500,000 population may also access these resources  
   C. NACo letter to U.S. Treasury regarding key questions on the new $150 billion State Stabilization Fund

3. NACo Notes on Key Federal Funding Resources:

   A. U.S. Treasury will play a key role in two major provisions:

      1) 500 billion in loans, loan guarantees and other investments for critical businesses (i.e. airlines, air cargo companies, companies of national security significance), general businesses and state and local governments (i.e. Federal Reserve assistance with municipal bond market)  

      2) $150 billion state stabilization fund, including direct aid for states, tribes, territories and units of local government above 500,000 population. Other local governments are eligible through their state allotment. NACo is working with Congress and U.S. Treasury for more clarity on this program.
B. U.S. Department of Agriculture


- Rural Business Cooperative Service: an additional $20.5 million for the Rural Business Program Account to support loans for rural business development programs.

- Distance Learning and Telemedicine
  - The bill provides $25 million for the Distance Learning and Telemedicine Program, which helps to provide broadband services in rural communities to support critical health, workforce development and educational services.
  - USDA announced a second application window for regular FY20 cycle, plus will be announcing the process for the $25 million in CARES Act funding.

- ReConnect Broadband
  - The bill includes $100 million in grants for the ReConnect pilot program to provide broadband services to rural areas with more than 90 percent of households lacking broadband speeds of 10 Mbps downstream and 1 Mbps upstream.
  - USDA extends application deadline to April 15 for regular FY20 program.

2) Food and Nutrition Service-- [Food and Nutrition Service Response to COVID-19 Landing Page] | [FNS Regional Office Contacts]

- Supplemental Nutrition Assistance Program (SNAP)
  - SNAP is county-administered in 10 states, serving 31% of the national caseload.
  - $15.5 billion in SNAP contingency reserve fund under CARES Act for the Secretary of Agriculture to allocate as deemed necessary to support costs should participation exceed budget estimates.
  - States can apply for waivers to increase benefits to the maximum allowable allotment, extend recertification periods, suspend certain quality control requirements, and increase/initiate SNAP benefits for households with children on free and reduced-price meals whose schools have closed. [List of Current State-by-State SNAP Waivers]

3) Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

- $500 billion increase for WIC under [Families First Coronavirus Response Act (P.L. 116-127)]

- States can apply for waivers to substitute components of WIC food packages and suspend physical presence requirements for enrollment, among other administrative requirements. [WIC State by State COVID-19 Waivers]
While state agencies administer WIC funding, the program is supported and/or operated by 1,900 local agencies, such as county health departments, at various clinic sites.

B. Economic Development Administration (EDA)

1) $1.5 billion in grants for economic adjustment assistance for development of public facilities, public services, business development (including funding for revolving loan funds to provide supplemental business lending), planning, technical assistance, training and any other assistance to alleviate long-term economic deterioration and sudden and severe economic dislocation. Under current law, the agency may waive or reduce local cost share requirements for distressed areas and those suffering from severe economic dislocation.

2) Competitive grants are typically awarded through EDA’s six regional offices.

C. Election Assistance Commission

1) $400 million for states to assist with vote by mail, expand early voting, online registration, safety of in-person voting and other needs. Under this provision, states are required to provide a 20 percent match. The law is silent on the issue of sub-allocation of state funds to counties.

2) Each state shall provide the U.S. Election Assistance Commission (EAC), within 20 days of each election in the 2020 Federal election cycle, a report that includes a full accounting of the state’s use of the payment and an explanation of how such uses allowed the state to prevent, prepare or respond to COVID-19. The EAC is required to make payments to states by April 27, 2020. Any portion of the state’s COVID-19 election funds that are not used by December 31, 2020 will be returned to the U.S. Treasury.

3) EAC Guidance on Use of HAVA Funds for Expenses Related to COVID-19

4) EAC’s COVID-19 Resource Site

D. Department of Energy (DOE):

1) Weatherization Assistance Questions Related to COVID-19

2) DOE’s COVID-19 Resource Site

E. Environmental Protection Agency (EPA)

1) List of disinfectants for use against COVID-19

2) EPA’s COVID-19 Resource Site
F. Federal Emergency Management Agency (FEMA)

1) FEMA had an allocation, based on the President’s national emergency declaration, of nearly $43 billion for FEMA’s Disaster Relief Fund. CARES Act adds another $45 billion, with $25 billion for assistance with major disaster declarations and $15 billion for other disaster assistance.

2) For FEMA’s Disaster Relief Funds, all counties are now eligible to apply for the 75% federal cost share for eligible activities under the Public Assistance Program, Category B.
   - To apply, enroll online at https://grantee.fema.gov/EventOpenRequestPeriod
   - FEMA Guidelines for Emergency Medical Care

3) Counties in states with a major disaster declaration from FEMA may be eligible for extra aid.
   - FEMA disaster declarations listing - https://www.fema.gov/disasters

4) Emergency Food and Shelter Program: $200 million based on formula allocation

5) Assistance to Firefighter Grants: $100 million in competitive grants, especially PPE

6) Emergency Preparedness Performance Grants (EMPG): $100 million through state applications with local governments as eligible sub-grantee recipients.

7) FEMA Memo on Short Term Administrative Relief for Recipients and Subrecipients of FEMA Assistance Directly Impacted by COVID-19 Due to Loss of Operations

G. Health and Human Services (HHS)

1) Center for Disease Control (CDC): A total of $2.5 billion in grants for states, localities and tribes in grants and cooperative agreements
   - H.R. 6074 allocated $1 billion
   - H.R. 748 allocated another $1.45 billion
   - Funds will be used to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and other preparedness and response activities

2) SAMSHA: A total of $400 Million in new grant funding
   - $250 million for the Certified Community Behavioral Health Clinical Expansion Grant Program
   - $100 million for emergency response activities
   - $50 million for suicide prevention programs
3) **Centers for Medicare and Medicaid Services (CMS)**

- **Increased Federal Medical Assistance Percentage (FMAP) rates** for Medicaid programs
  - Medicaid FMAP FAQs – **KEY FOR COUNTIES REQUIRED TO PROVIDE NON-FED SHARE**

- **Additional flexibility for program administration due to Section 1135 waivers** activated by the President’s national emergency declaration
  - Medicaid & CHIP disaster preparedness toolkits
  - Section 1135 Waivers- Guidance at a Glance

- **Increased Flexibilities for telehealth and telemedicine coverage**
  - Toolkit for Long-Term Care Nursing Homes with Telehealth and Telemedicine

- **Medicaid DSH**: Eliminates $4 billion in Medicaid Disproportionate Share Hospital (DSH) cuts in FY 2020 and reduces FY21 cuts to $4 billion from $8 billion

4) **Administration for Children and Families - ACF COVID-19 Response and Resources**

- **Child Care and Development Block Grant (CCDBG)**
  - $3.5 billion for CCDBG under the CARES Act to support child care for essential workers and help federally-funded child care providers deploy allowable emergency flexibilities
  - CCDBG is state-operated and county-administered in **12 states**

- **Head Start** – Head Start/Early Head Start Coronavirus Prevention and Response
  - $750 million for grants to all Head Start programs to help in response to coronavirus-related needs of children and families, including making up for lost learning time
  - Head Start grants are distributed directly from HHS to local grantees, including county governments that manage local Head Start programs

- **Community Services Block Grant (CSBG)**
  - $1 billion for CSBG for local entities to meet increased demand for anti-poverty services
  - The CARES Act also **expands income-eligibility requirements** for CSBG programs from 125 percent to **200 percent of the federal poverty line**
  - States must distribute 90 percent of CSBG funding as grants to local entities including local governments and Community Action Agencies (CAAs) -- **CSBG State Officials and Program Contacts**
Low Income Home Energy Assistance Program (LIHEAP)

- **$900 million** with 25% allocated on “old” formula and 75% based on a “new” formula
- LIHEAP funding is distributed to states, with **13 states sub-allocating funding to counties for program administration**. In 30 states, Community Action Agencies are the pass-through entities

Temporary Assistance for Needy Families (TANF)

- TANF program receives another short-term extension until November 30, 2020
- [Questions and Answers about TANF and the COVID-19 Pandemic](#)
- TANF is county-administered in **10 states**, serving more than 50% of the national caseload

5) Administration for Community Living (ACL) - [ACL COVID-19 Resources](#)

- **$820 million for programs under the Older Americans Act (OAA)** which fund local Area Agencies on Aging. This includes $480 million for Congregate Nutrition Services and Home-Delivered Nutrition Services, under the CARES Act
- **$80 million for Congregate Nutrition Services and $160 million for Home-Delivered Nutrition Services** under the Families First Coronavirus Response Act
  - [State by State Allocation of Increased Older Americans Act under FFCRA](#)
  - [FFCRA Frequently Asked Questions for Older Americans Act Programs](#)

H. Housing and Urban Development (HUD)

1) Community Development Block Grant: Total of **$5 billion in new funding**

- **$2 billion in formula funding** for states and entitlement communities (i.e. larger cities & counties) based on FY 2020 formula within 30 days of enactment; **Non-entitlement local governments may apply for CDBG assistance under the state administered program** ([Spreadsheet for specific funding amounts by city, county and state](#))

- **$1 billion in additional funding for states** for COVID-19 activities, including within entitlement and non-entitlement communities, based on public health needs, risk of transmission, number of coronavirus cases compared to the nation average, economic and housing market disruption, and other factors determined by the Secretary. Funds shall be awarded within 45 days of enactment. **If interested in these funds, counties should contact their state CDBG program office**

- **$2 billion awarded by HUD Secretary** to states and units of general local government, according to a formula prioritizing risk of transmission, number of coronavirus cases compared to the national average, and economic and housing market disruptions due to COVID-19
2) **Several important waivers** for eligible use, public services activities, public hearings and others

- HUD FAQ: *Using CDBG Funds for Staff Costs* and Unused/Partially Utilized Space
- HUD Quick Guide to CDBG Eligible Activities to Support Infectious Disease Response
- HUD Memo on Temporary Moratorium on all Evictions and Foreclosures
- HUD Issues New Cares Act Mortgage Payment Relief for FHA Single Family Homeowners
- HUD Releases $3 billion COVID-19 Relief Funding Available to Communities

3) **Public Housing Operating Fund**

- $685 million distributed to public housing agencies with expanded eligibility to support the health and safety of assisted individuals and families and to support education and child care of impacted families
- FAQs for Public Housing, Housing Choice Voucher and Native American Programs

4) **Homeless Assistance Grants**: Total $4 billion in new funding

- $2 billion in formula funding to current grantees, distributed within 30 days of enactment
- $2 billion awarded by HUD Secretary to states and units of general local government, according to a formula prioritizing the increased number of homeless persons, sheltered and unsheltered due to COVID-19
- HUD Search Tool for Homeless Assistance
- HUD Actions and Resource Guides for Homelessness

5) **Housing Opportunities for Persons with AIDS (HOWPA)** received an extra $65 million with $50 million for formula funding and $10 million for one-time, non-renewable awards to grantees with additional flexibility – [view funding formula spreadsheet](#)

6) **Tenant-Based Rental Assistance**

- $1.25 billion in additional funding for rental assistance, which serves as a critical resource for counties in providing affordable housing options for residents in need.

7) **Project-Based Rental Assistance**

- $1 billion in additional funding for program, which serves as a vital resource for counties in creating affordable housing options that meet local needs
I. Federal Communications Commission (FCC)

1) **On March, 30, FCC Chairman Ajit Pai proposed plans to leverage $200 million** – provided by the CARES Act package – to help create two different programs aimed at supporting infrastructure and equipment procurement to bolster telehealth services:

- **COVID-19 Telehealth Program:** Provide eligible health care providers support to purchase telecommunications services, information services and devices necessary to enable the provision of telehealth services during this emergency period
  - FCC additional relief for rural health care program participants

- **Connected Care Pilot Program**
  - This pilot program would make available up to $100 million of universal service support over three years to help defray eligible health care providers’ costs of providing telehealth services to patients at their homes or mobile locations, with an emphasis on providing those services to low-income Americans and veterans. The Connected Care Pilot Program would cover up to 85 percent of eligible expenses

J. Justice Department, Bureau of Justice Assistance - Byrne JAG Grants

- **$850 million** for “formula” grantees and other eligible entities including counties
- **No local match** is required for CARES Act funding for Byrne JAG grants. Grant conditions include limitation on administrative cost reimbursement at a maximum of 10 percent
- **View BOJ Bureau of Justice Assistance FY2020 Formula Grant Solicitation for COVID-19 Funds**

K. Labor Department

1) **$345 million Increase for Dislocated Workers National Reserve** for dislocated workers to remain available through September 30, 2022 to prepare for and respond to layoffs resulting from the COVID-19 pandemic [https://www.doleta.gov/grants/find_grants.cfm](https://www.doleta.gov/grants/find_grants.cfm)

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See Page 10 ...

Special Q and A Responses from the U.S. Department of Labor:
Families First Coronavirus Response Act
for
Paid Sick Leave and Expanded Family and Medical Leave
L. Transportation Department

1) Essential Air Service

✓ $56 million for EAS in additional FY 2020 appropriations to remain available until expended to “prevent, prepare for, and respond to coronavirus.” This funding is intended to offset the decrease in overflight fees collected as a result in a drop of passenger traffic due to COVID-19. EAS payments are made directly to air carriers to maintain existing air service to rural and small communities following the deregulation of the airline industry by Congress.

✓ $162 million (regular FY 2020 discretionary appropriations) + $150.5 million (FY 2020 overflight fees) + $56 million (FY 2020 supplemental appropriations) = $368.5 million FY 2020

2) FAA Airport Improvement Program (AIP)

✓ $10 billion total using five different funding formulas, including eligible county-owned and county-supported airports, as 100% federal share money (except $500 million used to increase federal match on current program*). Money is available “for any purpose for which airport revenues may lawfully be used.”*

- $3.7 billion apportioned by CY 2018 enplanements
- $3.7 billion apportioned by FY 2018 debt service levels
- $2 billion apportioned by regular AIP formula
- $500 million distributed as an increase to FY 2020 federal aid as 100% federal share*
- $100 million apportioned to general aviation airports

3) FTA Transit including formula and operations, plus may be up to 100% federal share

✓ $25 billion for public transit formula including operating and capital grants to prevent, prepare for and respond to COVID-19. The CARES Act provides almost three times (280 percent) more than the annual funding for these formula programs, according to the American Public Transportation Association:

- Urban Formula: $13.79 billion
- Rural Formula: $2.0 billion
- State of Good Repair Formula: $7.51 billion
- Growing States and High-Density States Formula: $1.71 billion

✓ Federal share is 100 percent, at the option of the recipient

✓ CARES Act funds may be used for operating expenses beginning on January 20, including to maintain service and lost revenue due to the coronavirus public health emergency

✓ Eligible use also includes the purchase of personal protective equipment (PPE) and paying administrative leave of operations personnel due to reduction in service
✓ Operating expenses are **NOT** required to be part of the statewide or metropolitan transportation improvement programs or long-range transportation plans that are typically required

✓ **FTA is prohibited** from waiving prevailing wage and transit labor standards

✓ **FTA must apportion funds** within 7 days of enactment. Link to apportionment tables

M. National Endowment for the Arts and National Endowment for the Humanities

1) **NEA funded at $75 million**, with 40 percent reserved for state arts agencies and regional arts organizations and 60 percent for competitive grants. Funding may be used for general operations, which is typically limited under NEA’s regular grant programs. NEA may also waive match rates.

✓ The Arts and Culture in Disaster Relief – article from 2019

2) **NEH funded at $75 million**, with 40 percent for state humanities councils and 60 percent for competitive, direct grants. NEH funds may be used for general operations and match rates may also be waived, similar to NEA.

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**NACo Conference Hotel Partners Offer Discounts**

**Heart of Hilton:**

Hilton is offering counties the use of their first responder discount at a reduced price. Individuals can use the link in the attachment and members that are looking to book for groups of people due to COVID-19 have a point of contact on *this PDF* as well.

**Marriott Community Caregiver Rate:**

Marriott International allows first responders and support staff providing medical, relief and support services to book designated hotels nationwide at a discount. A “Community Caregivers Rate” has been established to expedite the booking process for healthcare and relief professionals and support staff. This rate will be available from March 26, 2020 through June 30, 2020 at participating hotels. A document is attached with instructions.

**IHG “Community Caregiver Rate”:**

The IHG hotel chain (Holiday Inn, Crowne Plaza, Staybridge, etc.) is offering to help counties find lodging for healthcare workers, National Guard, patients and first responders. See the attached document.
2. U.S. Department of Labor: Families First Coronavirus Response Act - Q and A

- **Paid sick leave** under the Emergency Paid Sick Leave Act.
- **Expanded family and medical leave** under the Emergency Family and Medical Leave Expansion Act.

Generally, the Families First Coronavirus Response Act provides that employees of covered employers are eligible for:

- **Two weeks (up to 80 hours) of paid sick time** at the employee's regular rate of pay where the employee is unable to work because the employee is quarantined (pursuant to federal, state, or local government order or advice of a healthcare provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis; or

- **Two weeks (up to 80 hours) of paid sick time** at two-thirds the employee's regular rate of pay because the employee is unable to work because of a need to care for an individual subject to quarantine (pursuant to federal, state, or local government order or advice of a healthcare provider), or to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Department of Health and Human Services; and

- **Up to an additional 10 weeks of paid family and medical leave** at two-thirds the employee's regular rate of pay where an employee, who has been employed for at least 30 calendar days, is unable to work due to a need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.

DOL published a temporary rule and series of Questions and Answers, including several requested by NACo related to public sector employees as well as health care providers and emergency responders.

- [https://www.dol.gov/agencies/whd/ffcra](https://www.dol.gov/agencies/whd/ffcra)
- [https://www.dol.gov/agencies/whd/pandemic/ffcra-questions](https://www.dol.gov/agencies/whd/pandemic/ffcra-questions)
- [https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-07237.pdf](https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-07237.pdf)

**Following are five important DOL “Q and A” responses to issues related to public sector employees, including health care providers and emergency responders:**

52. I am a public sector employee. May I take paid sick leave under the Emergency Paid Sick Leave Act?

   Generally, yes. You are entitled to paid sick leave if you work for a public agency or other unit of government, with the exceptions below. Therefore, you are probably entitled to paid sick leave if, for example, you work for the government of the United States, a State, the District of Columbia, a Territory or possession of the United States, a city, a municipality, a township, a county, a parish, or a similar government entity subject to the exceptions below...
Further, health care providers and emergency responders may be excluded by their employer from being able to take paid sick leave under the Act. See Questions 56-57 below. These coverage limits also apply to public-sector health care providers and emergency responders.

53. I am a public sector employee. May I take paid family and medical leave under the Emergency Family and Medical Leave Expansion Act?

It depends. In general, you are entitled to expanded family and medical leave if you are an employee of a non-federal public agency. Therefore, you are probably entitled to paid sick leave if, for example, you work for the government of a State, the District of Columbia, a Territory or possession of the United States, a city, a municipality, a township, a county, a parish, or a similar entity...

Further, health care providers and emergency responders may be excluded by their employer from being able to take expanded family and medical leave under the Act. See Questions 56-57 below. These coverage limits also apply to public-sector health care providers and emergency responders.

54. What do I do if my public sector employer, who I believe to be covered, refuses to provide me paid sick leave or expanded family and medical leave?

If you believe that your public sector employer is covered and is improperly refusing you paid sick leave under the Emergency Paid Sick Leave Act or expanded family and medical leave under the Emergency Family and Medical Leave Expansion Act, the Department encourages you to raise your concerns with your employer in an attempt to resolve them. Regardless whether you discuss your concerns with your employer, if you believe your employer is improperly refusing you paid sick leave or expanded family and medical leave, you may call WHD at 1-866-4US-WAGE (1-866-487-9243) or visit www.dol.gov/agencies/whd. Your call will be directed to the nearest WHD office for assistance to have your questions answered or to file a complaint.

In some cases, you may also be able to file a lawsuit against your employer directly without contacting WHD. Some State and local employees may not be able to pursue direct lawsuits because their employers are immune from such lawsuits. For additional information, see the WHD website at: https://www.wagehour.dol.gov and/or call WHD’s toll free information and help line available 8am–5pm in your time zone, 1-866-4-US-WAGE (1-866-487-9243).

55. Who is a “health care provider” for purposes of determining individuals whose advice to self-quarantine due to concerns related to COVID-19 can be relied on as a qualifying reason for paid sick leave?

The term “health care provider,” as used to determine individuals whose advice to self-quarantine due to concerns related to COVID-19 can be relied on as a qualifying reason for paid sick leave, means a licensed doctor of medicine, nurse practitioner, or other health care provider permitted to issue a certification for purposes of the FMLA.
56. Who is a “health care provider” who may be excluded by their employer from paid sick leave and/or expanded family and medical leave?

For the purposes of employees who may be exempted from paid sick leave or expanded family and medical leave by their employer under the FFCRA, a health care provider is anyone employed at any doctor’s office, hospital, health care center, clinic, post-secondary educational institution offering health care instruction, medical school, local health department or agency, nursing facility, retirement facility, nursing home, home health care provider, any facility that performs laboratory or medical testing, pharmacy, or any similar institution, employer, or entity. This includes any permanent or temporary institution, facility, location, or site where medical services are provided that are similar to such institutions.

This definition includes any individual employed by an entity that contracts with any of the above institutions, employers, or entities institutions to provide services or to maintain the operation of the facility. This also includes anyone employed by any entity that provides medical services, produces medical products, or is otherwise involved in the making of COVID-19 related medical equipment, tests, drugs, vaccines, diagnostic vehicles, or treatments. This also includes any individual that the highest official of a state or territory, including the District of Columbia, determines is a health care provider necessary for that state’s or territory’s or the District of Columbia’s response to COVID-19.

To minimize the spread of the virus associated with COVID-19, the Department encourages employers to be judicious when using this definition to exempt health care providers from the provisions of the FFCRA.

57. Who is an emergency responder?

For the purposes of employees who may be excluded from paid sick leave or expanded family and medical leave by their employer under the FFCRA, an emergency responder is an employee who is necessary for the provision of transport, care, health care, comfort, and nutrition of such patients, or whose services are otherwise needed to limit the spread of COVID-19. This includes but is not limited to military or national guard, law enforcement officers, correctional institution personnel, fire fighters, emergency medical services personnel, physicians, nurses, public health personnel, emergency medical technicians, paramedics, emergency management personnel, 911 operators, public works personnel, and persons with skills or training in operating specialized equipment or other skills needed to provide aid in a declared emergency as well as individuals who work for such facilities employing these individuals and whose work is necessary to maintain the operation of the facility. This also includes any individual that the highest official of a state or territory, including the District of Columbia, determines is an emergency responder necessary for that state’s or territory’s or the District of Columbia’s response to COVID-19.

To minimize the spread of the virus associated with COVID-19, the Department encourages employers to be judicious when using this definition to exempt emergency responders from the provisions of the FFCRA.
April 3, 2020

The Honorable Steven T. Mnuchin
Secretary
U.S. Department of Treasury
1500 Pennsylvania Avenue, N.W.
Washington, DC 20220

Dear Secretary Mnuchin,

As the national representative of America’s 3,069 county governments, we are writing to request further clarification on the Coronavirus Relief Fund, outlined in the CARES Act (P.L. 116‐136). We also wish to offer our understanding and interpretation of the law.

We first want to express our sincere appreciation for your efforts, and we want to acknowledge the passionate work of your team. We appreciated the opportunity to engage with your team earlier this week as part of the intergovernmental consultation process. This is essential for county officials since we serve at “ground zero” of this unprecedented public health and economic crisis. Our 3,069 county governments employ 3.6 million proud public servants, including within our nearly 1,000 public hospitals, 1,900 local public health departments, and 750 behavioral health departments. Our first responders and frontline personnel, including our public and community health professionals, sheriffs, 911 operators, firefighters, EMT/paramedics, Emergency Operations Center (EOC) experts, coroners/medical examiners, child welfare and aging service providers, substance abuse and mental health counselors, veterans service officers, homelessness program coordinators and jail administrators, among many others, depend on a strong intergovernmental partnership of federal, state, tribal and local officials.

We want to address two main issues that were raised by Treasury officials during our intergovernmental consultation: (1) the baseline amount for each State and how this impacts the potential amount for direct payment to eligible units of local government above 500,000 and (2) Treasury’s preference to combine and limit the direct access and/or allocation for eligible counties with cities also above 500,000 population. We also want to acknowledge our joint understanding that counties below 500,000 are eligible as subgrantees of the state.

First, in reading the statute for the determination of direct payment to eligible units of local government the law clearly states that “the Secretary shall reduce the amount determined for that State by the relative unit of local government population proportion amount described in subsection (c)(5) and pay such amounts directly to such unit of local government.”

Under the (c) section outlining the minimum amount for each State, the law does not include any qualifiers, such as a “notwithstanding” clause, that would support Treasury’s current argument and approach to subtract the state’s minimum threshold before applying the 45 percent multiplier for eligible units of local
government. In our view, there is no basis for calculating the local government share after removing the minimum share from the state’s total.

Treasury’s argument of “double funding” is inconsistent with congressional intent. Under the Coronavirus Relief Fund, Treasury is empowered to provide state and local officials authority to control roughly $425 for each American. In most counties, a governor has authority over 100 percent of that individual’s portion, including the estimated 19 states and territories identified under the Congressional Research Service report, *CARES Act, Title V: Background and State and Local Allocations*. In some large counties, a governor has authority over 55 percent of that individual’s portion, while counties may bear authority over 45 percent. In the approximately 26 large counties with major cities also above the population threshold, the governor may have authority over 10 percent, the city has authority over 45 percent and the county has authority over 45 percent. Therefore, no community is “get extra funding” because of local government population. *The formula merely adjusts which level of government has authority over that community’s share.*

Second, we believe the congressional intent was straightforward that each unit of local government above 500,000 population is entitled to receive direct payments, based on the 45 percent multiplier. By using the singular, or “a”, unit of local government, the law is clear in several references that each local jurisdiction should stand on its own, including for the calculation of its individual direct payment allocation based on its individual population proportion of the state total. The law specifically intents for the 45 percent to be applied solely as a multiplier and does not convey any limitation to an allocation for an individual county or city.

As stated above, the 45 percent reference in (5)(A) is solely a multiplier. Some in the Treasury Department have misconstrued this reference as to establish a statewide limitation of 45 percent for all local governments within that state. Forty-five percent was placed in the bill solely to instruct Treasury as to how much funding a local government shall receive under Section 5001 proportional to its population. A reading of the text confers that in the case of an eligible city located within an eligible county, both the city and the county are entitled to their full 45 percent multiplier under the formula Congress wrote.

In our reading, as noted earlier, the amount for each local government eligible for direct payments is calculated from the “amount determined for that State”. There are no references or limitations to considering only certain portions of a county in determining either its population or its potential funding amount. In the states with more than one local jurisdiction with populations above 500,000 population, the law applies the total state allocation amount as the multiplier for each local jurisdiction, rather than adjusting the state amount, including the state minimum allocation, as locals are pulled from the total.

In other words, a simple reading of Section 5001 shows Congress did not intend for the formula to be used to restrict counties of more than 500,000 from receiving their full amount. This formula has only three terms. None of the terms in this formula stipulate that funds for eligible cities within eligible counties are offsetting. Nor do these terms exclude certain populations from one unit of local government because they reside in another unit of local government.

In fact, all residents who live within a city are also part of the county (except independent cities in Virginia and the two eligible independent cities of Baltimore and St. Louis, who also operate traditional county services similar to a consolidated city-county). The overwhelming majority of county services cover the entire county boundary, not just those areas outside of a city. Meanwhile, all county residents are not part of a city. Therefore, the logical order goes: Federal, State, County and City.
Lastly, President Trump and Vice President Pence have repeatedly described the federal government’s philosophy toward emergency management as “locally executed, state managed, federally supported.” We share these beliefs. In most counties across the country, it is our county elected officials and our county health professionals who are instrumental in executing our public health, safety net and economic recovery response. If Treasury proceeds with its preliminary allocation rules for the local government population proportion amount, it will harm our nation’s ability to execute our COVID-19 emergency plans.

America’s counties have led this nation’s response to COVID-19 and providing counties with the flexible, essential financial resources to which they are entitled under Section 5001, and so desperately need, is the surest way to see that that our nation’s preparedness and responsivity continues. We hope the Treasury Department will apply the local government population proportion amount as written by Congress in the CARES Act and provide counties with more than 500,000 residents with their full allotment.

Thank you for your continued hard work and leadership during these challenging times. We would welcome the opportunity to discuss this issue further. We are committed to a solution that helps our nation mitigate, respond and recover from these historic times.

With respect,

Matthew D. Chase
CEO and Executive Director
TITLE V—CORONAVIRUS RELIEF FUNDS

SEC. 5001. CORONAVIRUS RELIEF FUND.

(a) IN GENERAL.—The Social Security Act (42 U.S.C. 301 et seq.) is amended by inserting after title V the following:

“TITLE VI—CORONAVIRUS RELIEF FUND

SEC. 601. CORONAVIRUS RELIEF FUND.

(a) APPROPRIATION.—

(1) IN GENERAL.—Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated for making payments to States, Tribal governments, and units of local government under this section, $150,000,000,000 for fiscal year 2020.

(2) RESERVATION OF FUNDS.—Of the amount appropriated under paragraph (1), the Secretary shall reserve—

(A) $3,000,000,000 of such amount for making payments to the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, the Commonwealth of the Northern Mariana Islands, and American Samoa; and

(B) $8,000,000,000 of such amount for making payments to Tribal governments.

Aka “State Stabilization Fund”

$150 billion is available in federal appropriations for making payments to States, Tribal governments, and units of local government (Note: Local govts. below 500,000 population are eligible through the state, while local governments above 500,000 population may receive direct payments from U.S. Treasury)

$3 billion reserved for the District of Columbia and five U.S. territories

$8 billion reserved for eligible Tribal governments
(b) AUTHORITY TO MAKE PAYMENTS.—

(1) IN GENERAL.—Subject to paragraph (2), not later than 30 days after the date of enactment of this section, the Secretary shall pay each State and Tribal government, and each unit of local government that meets the condition described in paragraph (2), the amount determined for the State, Tribal government, or unit of local government, for fiscal year 2020 under subsection (c).

(2) DIRECT PAYMENTS TO UNITS OF LOCAL GOVERNMENT.— If a unit of local government of a State submits the certification required by subsection (e) for purposes of receiving a direct payment from the Secretary under the authority of this paragraph, the Secretary shall reduce the amount determined for that State by the relative unit of local government population proportion amount described in subsection (c)(5) and pay such amount directly to such unit of local government.

(c) PAYMENT AMOUNTS.—

(1) IN GENERAL.—Subject to paragraph (2), the amount paid under this section for fiscal year 2020 to a State that is 1 of the 50 States shall be the amount equal to the relative population proportion amount determined for the State under paragraph (3) for such fiscal year.
(2) MINIMUM PAYMENT.—

(A) IN GENERAL.—No State that is 1 of the 50 States shall receive a payment under this section for fiscal year 2020 that is less than $1,250,000,000.

(B) PRO RATA ADJUSTMENTS.—The Secretary shall adjust on a pro rata basis the amount of the payments for each of the 50 States determined under this subsection without regard to this subparagraph to the extent necessary to comply with the requirements of subparagraph (A).

(3) RELATIVE POPULATION PROPORTION AMOUNT.—For purposes of paragraph (1), the relative population proportion amount determined under this paragraph for a State for fiscal year 2020 is the product of—

(A) the amount appropriated under paragraph (1) of subsection (a) for fiscal year 2020 that remains after the application of paragraph (2) of that subsection; and

(B) the relative State population proportion (as defined in paragraph (4)).
(4) RELATIVE STATE POPULATION PROPORTION DEFINED.—For purposes of paragraph (3)(B), the term ‘relative State population proportion’ means, with respect to a State, the quotient of—

(A) the population of the State; and

(B) the total population of all States (excluding the District of Columbia and territories specified in subsection (a)(2)(A)).

(5) RELATIVE UNIT OF LOCAL GOVERNMENT POPULATION PROPORTION AMOUNT.—For purposes of subsection (b)(2), the term ‘relative unit of local government population proportion amount’ means, with respect to a unit of local government and a State, the amount equal to the product of—

(A) 45 percent of the amount of the payment determined for the State under this subsection (without regard to this paragraph); and

(B) the amount equal to the quotient of—

(i) the population of the unit of local government;

and

(ii) the total population of the State in which the unit of local government is located.

<table>
<thead>
<tr>
<th>State Population</th>
<th>Total U.S. State Population, Excluding D.C. and Territories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>= State Percentage</td>
</tr>
</tbody>
</table>

Subsection (b)(2) is a Direct Payment to “a” Unit of Local Government Above 500,000 Population (i.e. singular)

Of the amount for the state, 45 percent ...

AND

Each Unit of Local Govt. Above 500K

Total State Population = Percentage of Each Unit of Local Government Share

<table>
<thead>
<tr>
<th>Total State Amount</th>
<th>x 45%</th>
</tr>
</thead>
<tbody>
<tr>
<td>x Each Eligible Unit of Local Govt % of State Population</td>
<td>= Direct Funding Amount for Each Eligible Unit of Local Govt.</td>
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</tbody>
</table>
(6) DISTRICT OF COLUMBIA AND TERRITORIES.—The amount paid under this section for fiscal year 2020 to a State that is the District of Columbia or a territory specified in subsection (a)(2)(A) shall be the amount equal to the product of—

(A) the amount set aside under subsection (a)(2)(A) for such fiscal year; and

(B) each such District’s and territory’s share of the combined total population of the District of Columbia and all such territories, as determined by the Secretary.

(7) TRIBAL GOVERNMENTS.—From the amount set aside under subsection (a)(2)(B) for fiscal year 2020, the amount paid under this section for fiscal year 2020 to a Tribal government shall be the amount the Secretary shall determine, in consultation with the Secretary of the Interior and Indian Tribes, that is based on increased expenditures of each such Tribal government (or a tribally-owned entity of such Tribal government) relative to aggregate expenditures in fiscal year 2019 by the Tribal government (or tribally-owned entity) and determined in such manner as the Secretary determines appropriate to ensure that all amounts available under subsection (a)(2)(B) for fiscal year 2020 are distributed to Tribal governments.

(8) DATA.—For purposes of this subsection, the population of States and units of local governments shall be determined based on the most recent year for which data are available from the Bureau of the Census.

Need to confirm... census data for States and counties is available for 2019, yet 2018 data may only be available for cities... may impact direct funding eligibility for cities (i.e. Atlanta, Sacramento, etc)
(d) USE OF FUNDS.—A State, Tribal government, and unit of local government shall use the funds provided under a payment made under this section to cover only those costs of the State, Tribal government, or unit of local government that—

(1) are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID–19);

(2) were not accounted for in the budget most recently approved as of the date of enactment of this section for the State or government; and

(3) were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

(e) CERTIFICATION.—In order to receive a payment under this section, a unit of local government shall provide the Secretary with a certification signed by the Chief Executive for the unit of local government that the local government’s proposed uses of the funds are consistent with subsection (d).

(f) INSPECTOR GENERAL OVERSIGHT; RECOUPMENT.—

(1) OVERSIGHT AUTHORITY.—The Inspector General of the Department of the Treasury shall conduct monitoring and oversight of the receipt, disbursement, and use of funds made available under this section.
(2) RECOUPMENT.—If the Inspector General of the Department of the Treasury determines that a State, Tribal government, or unit of local government has failed to comply with subsection (d), the amount equal to the amount of funds used in violation of such subsection shall be booked as a debt of such entity owed to the Federal Government. Amounts recovered under this subsection shall be deposited into the general fund of the Treasury.

(3) APPROPRIATION.—Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated to the Office of the Inspector General of the Department of the Treasury, $35,000,000 to carry out oversight and recoupment activities under this subsection. Amounts appropriated under the preceding sentence shall remain available until expended.

(4) AUTHORITY OF INSPECTOR GENERAL.—Nothing in this subsection shall be construed to diminish the authority of any Inspector General, including such authority as provided in the Inspector General Act of 1978 (5 U.S.C. App.).
(g) **DEFINITIONS.**—In this section:

(1) **INDIAN TRIBE.**—The term ‘Indian Tribe’ has the meaning given that term in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304(e)).

(2) **LOCAL GOVERNMENT.**—The term ‘unit of local government’ means a county, municipality, town, township, village, parish, borough, or other unit of general government below the State level with a population that exceeds 500,000.

(3) **SECRETARY.**—The term ‘Secretary’ means the Secretary of the Treasury.

(4) **STATE.**—The term ‘State’ means the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, the Commonwealth of the Northern Mariana Islands, and American Samoa.

(5) **TRIBAL GOVERNMENT.**—The term ‘Tribal government’ means the recognized governing body of an Indian Tribe.’’

(b) **APPLICATION OF PROVISIONS.**—Amounts appropriated for fiscal year 2020 under section 601(a)(1) of the Social Security Act (as added by subsection (a)) shall be subject to the requirements contained in Public Law 116–94 for funds for programs authorized under sections 330 through 340 of the Public Health Service Act (42 U.S.C. 254 through 256).
April 6, 2020

The Honorable Mitch McConnell  
Majority Leader  
S-230, U.S. Capitol  
Washington, DC 20510

The Honorable Chuck Schumer  
Minority Leader  
S-221, U.S. Capitol  
Washington, DC 20510

The Honorable Nancy Pelosi  
Speaker of the House  
H-232, U.S. Capitol  
Washington, DC 20515

The Honorable Kevin McCarthy  
Minority Leader  
H-204, U.S. Capitol  
Washington, DC 20515

Dear Leader McConnell, Leader Schumer, Speaker Pelosi and Leader McCarthy,

On behalf of the National Association of Counties (NACo) and the 3,069 counties we represent, thank you for your bipartisan leadership to deliver critical resources to communities across the nation who are responding to the COVID-19 pandemic.

Counties remain on the frontlines of our nation’s ongoing local public health emergency response and overall public safety efforts. We are committed to continuing to work with both Congress and the administration to address the many significant health, safety and economic impacts associated with the virus.

As we move toward recovery, further strengthening the intergovernmental partnership is essential for county officials serving at “ground zero” of this unprecedented public health and economic crisis. Our 3,069 county governments employ 3.6 million proud public servants, including within our nearly 1,000 public hospitals, 1,900 local public health departments, more than 800 long-term care facilities and 750 behavioral health departments. Our first responders and frontline personnel, including our public and community health professionals, sheriffs, 911 operators, firefighters, EMT/paramedics, Emergency Operations Center (EOC) experts, coroners/medical examiners, child welfare and aging service providers, substance abuse and mental health counselors, veterans service officers, homelessness program coordinators and jail administrators, among many others, depend on a strong intergovernmental partnership of federal, state, tribal and local officials.

As Congress considers a fourth COVID-19 response package, we urge you to provide direct and flexible funding and resources to counties of all sizes. As we work to protect our citizens, local businesses and economies, we are making significant financial investments to address immediate public health and safety needs. At the same time, we are experiencing massive and unprecedented declines in revenue as a result of the economic downturn and are working to quickly reprogram resources and staff to respond to the crisis.

The decline in revenue is occurring when the need for county services and functions is skyrocketing for things like child protective services, emergency 911 assistance, law enforcement and emergency management, nutrition assistance programs, assistance for older Americans and affordable housing, all of which are becoming more complicated and costly to maintain.
Counties are required to operate with balance budgets, and due to the extremely steep and sudden unforeseen expenses for COVID-19 response efforts, some are already cutting services and laying off employees. In fact, the Government Finance Officers Association (GFOA) just released a report detailing how local governments have projected an unanticipated $23 billion budget impact in the first two weeks of the pandemic alone.

If you move forward with a fourth legislative package, we urge you to consider the following priorities for counties:

- **Include A Relief Fund for Local Governments of All Sizes That Can Be Used to Address the Unique Needs of Local Communities:** While we appreciate Congress’ work to pass the CARES Act (P.L. 116-136) and the inclusion of the Coronavirus Relief Fund, we are concerned that under the language as written, very few counties will be able to access the funding with the majority going to cities with populations above 500,000 and the states. Counties and other local governments below 500,000 are not even eligible for direct funding. Moving forward, we urge you to consider including a relief fund that is flexible and can be used to address lost revenue and supplement eligible personnel and administrative costs as a result of COVID-19 response.

- **Provide Clear Federal Guidance on the Distribution of Personal Protective Equipment (PPE) and Essential Medical Equipment:** As COVID-19 continues to spread throughout our country, and we brace for a growing wave of patients in our hospitals and intensive care units (ICUs), ensuring that we have the equipment needed to care for patients and keep our essential health care workforce safe is crucial. State and local governments are currently competing for resources that are not necessarily being distributed based on need. We applaud efforts to increase the availability of medical supplies in the most recent legislation (P.L. 116-136); however, beyond increasing the supply, we are requesting that the federal government issue clear guidance to coordinate the allocation of PPE and essential medical equipment to ensure that areas hardest hit by the pandemic are receiving needed equipment in a timely manner.

- **Expand Federal Support for Local Medicaid Programs:** As the threat of COVID-19 persists, our citizens are simultaneously grappling with both unemployment and the loss of their employer-sponsored health insurance, creating a critical need for expanded health insurance coverage. While we applaud the proposed increase to Medicaid Federal Medical Assistance Percentage (FMAP) included in P.L. 116-127 that will provide counties with additional federal funding to test for and treat the virus, we urge congress to provide further increases to the FMAP so that local governments can effectively mitigate the surplus of low income or indigent residents and continue to diagnose and treat all residents facing the virus.

- **Implement Moratorium on Medicaid Fiscal Accountability Regulation (MFAR):** Counties appreciate federal flexibilities being granted at this time regarding the administration of the Medicaid program; however, we continue to encourage Congress and the Administration to suspend all changes to Medicaid financing. As we stated in our March 13 letter, counties support a moratorium on the MFAR because it would reduce the ability of localities to finance the non-federal share of Medicaid, resulting in a reduction in federal Medicaid funding for the public health and hospital system. If finalized, this rule would destabilize our county public health systems at a time when our resources are already heavily strained.

- **Address the Unfunded Mandate Included in the Families First Coronavirus Response Act (FFCRA):** Paid leave is a significant challenge for county governments who employ over 3.6 million people, or one percent of all Americans. While we appreciate that the Families First Coronavirus Response Act (P.L. 116-127) expands paid leave benefits for workers affected by COVID-19, the legislation imposes substantial new sick leave and family medical leave requirements on government employers of all sizes. Counties request that Section 7001(e)(4) and Section 7003(e)(4) be repealed so that state and local government employers fully qualify for both credits.
• **Eliminate the Federal Emergency Management Agency (FEMA) Non-Federal Cost Share Currently Required Under the Presidential Disaster Declaration:** Increasing the federal cost share of FEMA public assistance would provide much-needed relief and additional federal assistance for state, local, tribal and territorial governments on the front lines of the pandemic. Counties encourage you to eliminate the local match requirement in any fourth package.

• **Bolster Counties’ Ability to Serve and Protect Our Veterans:** Counties applaud the increased resources for veterans’ services provided under the CARES Act as we address the growing COVID-19 pandemic in our communities. At the local level, county veteran service offices (CVSOs) play a critical role in ensuring veterans’ access to a range of service-connected programs, processing approximately $22 billion in federal benefits each year, from VA health care to housing and transition assistance. However, these programs and personnel are funded almost entirely by counties and are seeing significant increases in demand as more veterans enroll in health and social services during the current crisis. To address this challenge, counties urge Congress to increase resources for CVSOs, as detailed under legislative proposals such as the bipartisan *Commitment to Veteran Support and Outreach (CVSO) Act* (H.R. 5516/S. 3020).

• **Pause Shot Clocks and Public Comment Periods:** As counties are increasingly tasked with quickly identifying, assessing and addressing the many challenges associated with the COVID-19 crisis, it is now more important than ever for local governments to be able to prioritize emergency response efforts. With the recent implementation of “shot clocks” on local governments to process small cell applications, counties are forced to choose between processing applications and maintaining focus on the efforts to preserve the health and safety of our communities. We urge you to consider suspending all shot clocks and public comment periods to allow local governments to focus personnel and resources on the crisis.

• **Increase Funding for the Social Services Block Grant (SSBG):** SSBG is a proven key source of support to help communities respond to critical needs during national disasters by aiding states and counties quickly. Counties administer SSBG in 10 states and draw on these funds to provide essential services to vulnerable populations, including children and youth in foster care, older adults at risk of abuse and people with disabilities. We urge Congress to provide emergency funding for SSBG so that counties can meet growing demand for services for our most vulnerable residents during the COVID-19 pandemic.

• **Increase Supplemental Nutrition Assistance Program (SNAP) Benefits:** Counties appreciate the $15 billion in contingency funding for SNAP to help states and localities meet unexpected costs provided for in P.L. 116-136. Given the proven effectiveness of SNAP as a counter-cyclical economic program, we encourage Congress to provide a uniform SNAP benefit increase of 15 percent to help low-income families cope with the economic impacts of the crisis, stimulate local economies and relieve pressure on other county human services programs.

• **Restore Advance Refunding Bonds:** Municipal bonds allow state and local governments to immediately finance critical projects that support our nation’s infrastructure needs while protecting the economy during a crisis. Restoring governments’ ability to advance refund tax-exempt municipal bonds would free up billions of dollars that states and local governments could invest in other critical infrastructure projects, such as hospitals and other public health facilities. To ensure that local governments can adequately respond to immediate infrastructure needs as a result of COVID-19, America’s counties urge you to restore advance refunding that would provide savings to taxpayers.

• **Establish Mandatory Funding for Payments In-Lieu of Taxes (PILT):** The PILT program helps to offset costs incurred by counties in 49 states for services provided to federal employees, the public and to the users of federal public lands. Approximately 61 percent of counties nationwide have non-taxable federal public lands within their jurisdictions and use PILT funding to pay for public health crisis management and emergency responses, among other key services. County governments need stable revenue streams in these times of economic stress and request full, long-term and mandatory funding of the PILT program, as laid out in legislation such as H.R. 3043, the *Permanently Authorizing PILT Act*, or S. 2480, the *PILT Reauthorization Act*. Additionally, counties under 5,000 in population are not on a level playing field due to the PILT formula’s population tiers.
Counties ask that Congress include the minor formula change laid out in S. 2180/H.R. 3716, the Small County PILT Parity Act, which would create new population tiers for counties under 5,000 without impacting payments to counties with larger populations.

- **Expand Use of Secure Rural Schools (SRS):** Counties appreciate the two-year reauthorization of SRS included in the FY 2020 appropriations package. However, counties request that important additional reforms be included to provide greater stability for national forest counties facing potential revenue shortfalls, such as stopping the annual five percent reduction in SRS payments and allowing counties to elect whether to receive SRS payments or timber harvest receipt sharing payments. Additionally, with many schools experimenting with online coursework in response to coronavirus quarantines, it is imperative that Congress also expand the allowable uses of SRS funds to include broadband connectivity for educational purposes. These policies were agreed to by the U.S. Senate Energy and Natural Resources Committee during their markup of S. 430 in December 2019. Furthermore, the SRS program is due to expire at the end of FY 2020. National forest counties need stable revenue streams moving forward, and ask Congress to include a long-term solution, such as S. 1643, the Forest Management for Rural Stability Act. This legislation would establish an endowment fund where interest collected through the fund would make payments to national forest counties and schools in perpetuity and exempt them from the annual appropriations cycle.

- **Ensure Broadband is an Option for Everyone:** Access to high-speed internet is a necessity for addressing and overcoming the challenges presented by the COVID-19 crisis. However, many rural and low-income communities continue to face barriers to broadband adoption. Municipal broadband can often provide an affordable, reliable option and help attract additional investment from the industry. Currently, 25 states have imposed roadblocks or outright bans on municipal investments into broadband infrastructure. The next package should include language that would remove these roadblocks and allow for local governments to invest in the necessary tools to tackle this crisis. Additionally, public health departments are being forced to expand their service footprint and the unprecedented nature of the rapid spread of COVID-19 has fundamentally altered the landscape of the 2020 election cycle. With concerns over transmission of the virus, counties are working closely with federal, state and local election officials to ensure the highest level of voter access and election security, while also protecting the health and safety of our residents. We urge you to consider updating existing programs like the FCC’s Rural Health Care Program to help cover broadband-related costs associated with tele-health services.

- **Repeal T-Band Spectrum Auction to Support Critical Public Safety Communications Networks:** We urge you to consider repealing Section 6103 in Title VI of P.L. 112-96 as part of a fourth response package. Without such action, the Federal Communications Commission (FCC) will be forced to remove public safety communications from the T-Band spectrum (470 MHz-512 MHz). As emergency medical service (EMS) providers, fire and law enforcement personnel and other critical safety workers keep our communities safe and healthy during the crisis and in the future, it is imperative that counties utilizing T-Band have continued access to the resources necessary to provide these life-saving services.

- **Provide Funding and Flexibility for Elections:** The unprecedented nature of the rapid spread of COVID-19 has fundamentally altered the landscape of the 2020 election cycle. With concerns over transmission of the virus, counties are working closely with federal, state and local election officials to ensure the highest level of voter access and election security, while also protecting the health and safety of our residents. We urge you to temporarily suspend the requirement for state matching funds and provide dedicated funding to assist counties with meeting any new federal voting requirements in any future package addressing COVID-19.

- **Increase Funding for the 2020 Census:** The decennial census, which aims to count every U.S. resident each decade, is critical to county governments. Counties are concerned that the rapid spread of COVID-19 will weaken outreach efforts for a complete count of our nation’s residents. While counties applaud the U.S. Census Bureau’s response to the outbreak, we urge lawmakers to allocate additional funding and reevaluate the current timelines needed to ensure a complete count for the 2020 Census.

Additionally, should Congress include legislation addressing the nation’s comprehensive infrastructure needs, counties urge you to also consider the significant role that we play in our nation’s transportation and infrastructure systems. As owners of 45 percent of public roads and almost 40 percent of the National Bridge Inventory who also directly support 78 percent of the nation’s public transit systems and 34 percent of public airports, counties are stepping up at the local
levels to deliver critical projects for our residents despite a lack of federal investment and many state laws that prevent us from raising local taxes to support these efforts.

Counties are steadfastly committed at the local level to good financial stewardship, investing $134 billion annually in the construction of infrastructure and the operation and maintenance of public works, and the record reflects the effectiveness of local governments in putting federal dollars to work where they are needed most. As committed public servants with significant infrastructure responsibilities, counties urge Congress to consider the following recommendations:

- **Provide Increased Direct Funding Opportunities for Locally Owned Infrastructure**: The Better Utilizing Investments to Leverage Development (BUILD) and the Infrastructure for Rebuilding America (INFRA) grant programs are two of the U.S. Department of Transportation’s (DOT) most flexible direct federal funding sources for counties and can be utilized to deliver critical infrastructure projects that may be delayed due to the necessity to reallocate funds to other measures to address more immediate consequences of COVID-19. This reallocation of funds is likely to result in a domino effect on local infrastructure that already faces a significant backlog. Counties urge Congress to appropriate considerable additional federal resources for both the BUILD and INFRA programs so that county governments may put federal dollars directly to work where they are needed most. In addition, counties also support increasing the local share of the Surface Transportation Block Grant Program (STBGP). In any future package that addresses COVID-19, counties urge Congress to infuse more federal dollars directly into the sub-allocated local area share of STBGP in order to facilitate the delivery of important transportation projects that support local economies.

- **Return Solvency to the Highway Trust Fund (HTF)**: In addition to funding highway programs, public transit agencies are also funded by revenues from the HTF, including the 78 percent of those that are directly supported by counties. We appreciate the inclusion of $25 billion for public transit systems in P.L. 116-136. Additionally, counties urge lawmakers in any future package that addresses COVID-19 to return solvency to the Highway Trust Fund and pave the way for a new, long-term surface reauthorization by transferring federal funds from the Treasury’s general fund (GF) to the HTF to cover its immediate shortfalls and also to determine a permanent legislative fix that will provide consistent, adequate revenue levels for the HTF.

- **Increase Access to Capital for Small Borrowers**: Counties urge you to include a temporary extension and permanent restoration of proven financing tools utilized by state and local governments, schools, hospitals, airports and special districts and other public sector entities to provide efficient and low cost financing for critical investments in infrastructure that will move the country forward. Specifically, we urge you to increase the bank qualified borrowing limit from $10 million to $30 million, and apply the limit at the borrower level, which would ensure that small local governments could provide access to capital for immediate infrastructure.

- **Fund Key Workforce Development Programs**: We urge you to include critical funding for our nation’s workforce development system, specifically programs serving adults and youth under the Workforce Innovation and Opportunity Act to ensure that we can respond quickly to helping those who have lost their jobs as a result of this crisis to transition to new work opportunities and meet the demands for workers in key industries such as healthcare, manufacturing and construction.

- **Increase Funding and Financing for Local Water Infrastructure**: Counties recognize the threat that crumbling water and wastewater infrastructure poses to the health and safety of our communities. In 2016 alone, counties invested $21.6 billion in sewage and wastewater management. As Congress considers a fourth supplemental package, we encourage lawmakers to increase funding for Water Infrastructure Finance and Innovation Act (WIFIA) loans; to increase the Clean Water State Revolving Fund and Drinking Water State Revolving fund accounts; and to establish a water trust fund to provide matching funds for projects and other assistance.

- **Preserve Access to Clean Water and Sanitation Services for Rural Counties**: More than 98 percent of rural Americans receive their drinking water from small systems, the cost of which to operate and maintain is significantly higher in comparison to urban areas. The U.S. Department of Agriculture (USDA) - Rural
National Association of Counties

Development’s Water and Wastewater Program has consistently supported funding to help small communities improve existing infrastructure, protect their drinking water resources, and comply with federal drinking water regulations. Counties urge you to increase funding for this program to assure that the highest quality drinking water and sanitation services are available to rural America during the pandemic.

- **Ensure Impoverished Rural Counties Remain Connected**: USDA-Rural Development’s Electric Loan Program is a $46 billion portfolio that helps nearly 700 borrowers in 46 states finance safe, modern and efficient infrastructure. USDA-Rural Development’s financed electrical systems provide service to more than 90 percent of the nation’s counties that are identified as suffering from persistent poverty, out-migration or other economic hardships. The program also provides financial assistance through High Energy Cost Grants to rural communities with extremely high energy costs to acquire, construct, extend, upgrade and otherwise improve energy generation, transmission or distribution facilities. Counties urge you to fully fund these programs that are critical to maintaining services to millions of rural Americans during the crisis.

Local governments are facing massive challenges in responding to the COVID-19 pandemic, and our resources are becoming more constrained by the day. As you consider developing a fourth supplemental package, we hope that you will support our efforts to effectively implement containment and community mitigation strategies that will preserve the health and safety of our residents and local communities.

We thank you again for your important work and stand ready to help advance additional legislation that continues to address the widespread effects of the virus on our nation.

Sincerely,

Matthew Chase
Executive Director
National Association of Counties
Hilton is offering special rates for those needing a home away from home during these difficult times.

For our healthcare professionals in need of a comfortable place to rest after a long day or extra shift, we’re here. For displaced students and their families, we’re here. For those answering the call to care during this time of uncertainty and isolation, the Heart of Hilton is here for you.

For details and to check availability across our portfolio, click here. For bookings of ten or more people, please contact James Gildea - Hilton Worldwide Sales at James.Gildea@Hilton.com or call 202-281-9552.

Terms & Conditions:

Subject to verification at check-in. This offer is intended for healthcare professionals, individuals affiliated, supporting or visiting medical facilities, displaced students and their family seeking accommodations for up to nine rooms. For rooms of ten or more people per night, please contact James.Gildea@Hilton.com Participating hotels may ask for valid credentials of professional, organizational affiliation or student identification. This is a limited time offer that is subject to change.

The health and safety of our guests and team members is our top priority. Please reference Hilton’s COVID-19 Customer Statement for the latest information about our cleanliness and hygiene standards and policies.
Overview:
Marriott International invites first responders and support staff providing medical, relief, and support services to book designated hotels nationwide as a part of a community caregivers program. This will provide health care and relief professionals, and those supporting them, a place to stay in close proximity to hospitals and government buildings as they aid in COVID-19 response efforts.

A “Community Caregivers Rate” has been established to expedite the booking process for healthcare and relief professionals and support staff. This rate will be available from March 26, 2020 through June 30, 2020 at participating hotels.

How to Book the Community Caregiver Rate:
To book a group:
For stays longer than 30 days, or to book a block of rooms, email CVHelp@marriott.com or call Marriott National Group Sales, Coronavirus Helpline at 888-206-9600.

To book individual rooms:
To reserve individual rooms for up to 30 days, book through Marriott.com.

- Go to Marriott.com
- Under Special Rates, click Corporate / Promo / SET# and enter code: QWO (see image below)
- The Community Caregiver Rate will populate in the search results for participating hotels.
- Upon check-in, guests should be prepared to show company/medical, government, military, or relief organization identification to confirm eligibility for the Community Caregiver Rate.
IHG® recognizes the hard work and bravery of our government leaders, healthcare professionals, and first responders – working to keep our communities safe.

We are aware of how the COVID-19 crisis is affecting our cities and states. We understand there may be a need for our hotels to house healthcare workers, patients, National Guard, and other first responders.

Please let me know how we can help.

Quick and easy booking

- One point of contact, for all 5,900+ IHG hotels
- IHG Hotels in all communities, ready to serve
- We can support your local offices or agencies
- Rates at or below government per diem
- Our Hotels understand how to work with government entities

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