

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH RESOURCES AND SERVICES ADMINISTRATION**

**FY 2026 REPORT TO THE HOUSE AND SENATE COMMITTEE ON  
APPROPRIATIONS**

**TRIBAL ENGAGEMENT REPORT**

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## Acronyms

|        |                                                               |
|--------|---------------------------------------------------------------|
| AI/AN  | American Indian and Alaska Natives                            |
| BHW    | Bureau of Health Workforce                                    |
| BPHC   | Bureau of Primary Health Care                                 |
| DTLL   | Dear Tribal Leader Letter                                     |
| FORHP  | Federal Office of Rural Health Policy                         |
| FY     | fiscal year                                                   |
| HAB    | HIV/AIDS Bureau                                               |
| HHS    | U.S. Department of Health and Human Services                  |
| HPSA   | Health Professional Shortage Area                             |
| HRSA   | Health Resources and Services Administration                  |
| IEA    | Office of Intergovernmental and External Affairs              |
| IHS    | Indian Health Service                                         |
| ITU    | Indian Health Service, Tribal, and Urban Indian organizations |
| MIECHV | Maternal, Infant, and Early Childhood Home Visiting Program   |
| NHSC   | National Health Service Corps                                 |
| NOFO   | notice of funding opportunity                                 |
| OAT    | Office for the Advancement of Telehealth                      |
| OFAAM  | Office of Federal Assistance and Acquisition Management       |
| RCORP  | Rural Communities Opioid Response Program                     |
| SUD    | substance use disorder                                        |
| TA     | technical assistance                                          |
| TAC    | Tribal Advisory Council                                       |

## Executive Summary

This report is being provided to Congress as requested in the House Report 119-271 as incorporated by reference in the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2026, (P.L. 119-75) which states:

*“HRSA’s core mission is to improve health outcomes and build the health workforce. Historically, HRSA has had low participation by Indian Tribes in several core program areas, despite the great Tribal need in all of HRSA’s mission areas. The Committee appreciates HRSA’s recent efforts to expand Tribal engagement efforts. The Committee directs HRSA to provide the Committees on Appropriations of the House of Representatives and the Senate a detailed description of funding provided to Tribal entities, grants Tribal entities are eligible to apply for, and an action plan by HRSA on how it will provide technical assistance to improve Tribal participation in HRSA programs within 180 days of enactment of this Act. Such report shall be made available on the agency’s website.”*

In response to this directive, the Health Resources and Services Administration (HRSA) prepared this report which describes HRSA funding provided to tribal entities, defined as Native American tribal governments and Native American tribal organizations, identifies grant programs for which tribal entities are eligible, and outlines HRSA’s action plan to strengthen tribal engagement and participation across its programs. HRSA remains committed to improving health outcomes for American Indian and Alaska Native communities by expanding access to funding opportunities, strengthening tribal partnerships, and addressing barriers to participation in federal health programs.

In fiscal year (FY) 2025, HRSA awarded \$123.6 million to tribal entities across six bureaus and offices to support health center operations, workforce development, rural health services, maternal and child health, HIV/AIDS programs, telehealth initiatives, and other critical health services. The largest investments were made through the Bureau of Primary Health Care (\$90.7 million), followed by the Bureau of Health Workforce (\$18.8 million) and the Federal Office of Rural Health Policy (\$6.0 million), benefiting tribal governments, tribal organizations, Urban Indian Health Programs, tribal colleges, and other tribal-serving organizations nationwide. HRSA also strengthened the health workforce by providing dedicated tribal set-aside funding for the National Health Service Corps (NHSC) Loan Repayment Program, which supports qualifying clinicians serving at Indian Health Service (IHS) facilities, Tribally Operated 638 Health Programs, and Urban Indian Health Programs (collectively referred to as Indian Health Service, Tribal, and Urban Indian (ITU) organizations) with an affiliated outpatient clinic. In FY 2025, the set-aside funding, totaling \$16.0 million, supported 291 clinicians serving ITU sites. The FY 2026 set-aside increased to \$16.9 million, reflecting HRSA’s ongoing commitment to improving access to care in tribal communities.

# **I. Introduction**

This report is being provided to Congress as requested in the House Report 119-271 as incorporated by reference in the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2026, (P.L. 119-75) which states:

*“HRSA’s core mission is to improve health outcomes and build the health workforce. Historically, HRSA has had low participation by Indian Tribes in several core program areas, despite the great Tribal need in all of HRSA’s mission areas. The Committee appreciates HRSA’s recent efforts to expand Tribal engagement efforts. The Committee directs HRSA to provide the Committees on Appropriations of the House of Representatives and the Senate a detailed description of funding provided to Tribal entities, grants Tribal entities are eligible to apply for, and an action plan by HRSA on how it will provide technical assistance to improve Tribal participation in HRSA programs within 180 days of enactment of this Act. Such report shall be made available on the agency’s website.”*

HRSA is the primary federal agency within the U.S. Department of Health and Human Services (HHS) responsible for improving health outcomes by expanding access to quality health care services, strengthening the health workforce, and supporting programs that serve geographically isolated and medically underserved populations. HRSA supports health care delivery for American Indians and Alaska Natives (AI/AN) through IHS facilities and ITU organizations, as well as through competitive grant programs available to eligible tribal entities.

Tribal governments, tribal organizations, and Urban Indian Health Programs participate in a wide range of HRSA-funded programs that support primary care, workforce development, access to care in Health Professional Shortage Areas (HPSA), maternal and child health, rural health, HIV/AIDS services, and telehealth. To strengthen tribal engagement, HRSA has implemented agency-wide activities that include technical assistance (TA), outreach through Dear Tribal Leader Letters (DTLL), coordination with the Tribal Advisory Council (TAC) and bureau and office tribal liaisons, and targeted workforce initiatives such as the set-aside funding for NHSC Loan Repayment Program clinicians serving at approved ITU sites. These efforts are intended to improve awareness of HRSA funding opportunities, strengthen tribal capacity to compete for federal funding, and support access to health services in tribal communities.

# **II. Background**

The federal government maintains a government-to-government relationship with federally recognized Indian tribes, as recognized in the U.S. Constitution, treaties, statutes, Executive Orders, and Presidential memoranda. Within HHS, HRSA supports this relationship by administering programs and funding opportunities that improve access to health care services, strengthen the health workforce, and address the needs of underserved communities, including AI/AN populations.

AI/AN populations receive health care through a variety of delivery systems, including federally operated IHS facilities, Tribally Operated Indian Self Determination and Education Assistance Act P.L. 93-638 Health Programs (“638 programs”), and ITU organizations. In addition to these systems, tribal governments, tribal organizations, tribal colleges and universities, and Urban Indian Health Programs are eligible to participate in many HRSA grant programs that support primary care, maternal and child health, rural health, HIV/AIDS services, telehealth, and health workforce development.

HRSA engages with tribal communities through ongoing consultation, collaboration, and TA to improve awareness of funding opportunities and support successful participation in HRSA programs. Key partners include tribal governments, tribal organizations, Urban Indian Health Programs, the HRSA TAC, bureau and office tribal liaisons, the HHS Office of Intergovernmental and External Affairs, other federal agencies or offices. These partnerships help inform HRSA policies, identify opportunities to reduce administrative barriers, and strengthen access to federal resources for tribal communities.

### III. FY 2025 Funding Provided to Tribal Entities

In FY 2025, HRSA provided \$123,582,234 in funding to tribal entities across six bureaus and offices. Tables 1 and 2 present this funding by bureau/office and program name.

**Table 1: FY 2025 Tribal Funding by HRSA Bureau/Office**

| Bureau/Office                                  | Amount Funded         |
|------------------------------------------------|-----------------------|
| Bureau of Primary Health Care (BPHC)           | \$ 90,655,103         |
| Bureau of Health Workforce (BHW)               | \$ 18,761,248         |
| Federal Office of Rural Health Policy (FORHP)  | \$ 6,041,578          |
| Maternal and Child Health Bureau (MCHB)        | \$ 4,225,606          |
| HIV/AIDS Bureau (HAB)                          | \$ 3,568,271          |
| Office for the Advancement of Telehealth (OAT) | \$ 330,428            |
| <b>Grand Total</b>                             | <b>\$ 123,582,234</b> |

Data Source: HRSA’s Office of Federal Assistance and Acquisition Management (OFAAM) FY 2025 Tribal Investments.

**Table 2: FY 2025 Tribal Funding by Program**

| <b>Program Name by Bureau/Office</b>                                                   | <b>Amount Funded</b> |
|----------------------------------------------------------------------------------------|----------------------|
| <b>BPHC</b>                                                                            |                      |
| Health Centers Program                                                                 | \$ 90,655,103        |
| <b>BHW</b>                                                                             |                      |
| Teaching Health Center Graduate Medical Education Program                              | \$ 5,426,187         |
| Area Health Education Centers Program                                                  | \$ 3,813,009         |
| Centers of Excellence Program                                                          | \$ 1,999,778         |
| Advanced Nursing Education Workforce Program                                           | \$ 1,898,555         |
| Behavioral Health Workforce Education and Training Program                             | \$ 1,100,000         |
| Opioid-Impacted Family Support Program                                                 | \$ 1,050,770         |
| Nurse Education, Practice, Quality and Retention–Workforce Expansion Program           | \$ 1,000,000         |
| Advanced Nursing Education–Sexual Assault Nurse Examiner Program                       | \$ 999,586           |
| Graduate Psychology Education Program                                                  | \$ 840,132           |
| Advanced Nursing Education Nurse Practitioner Residency and Fellowship Program         | \$ 633,231           |
| <b>FORHP</b>                                                                           |                      |
| Rural Communities Opioid Response Program (RCORP)–Neonatal Abstinence Syndrome Program | \$ 1,196,210         |
| RCORP–Behavioral Health Care Support Program                                           | \$ 1,407,787         |
| RCORP–Medication Assisted Treatment Access Program                                     | \$ 1,000,000         |
| Radiation Exposure Screening and Education Program                                     | \$ 789,015           |
| RCORP–Overdose Response Program                                                        | \$ 600,000           |
| Rural Health Care Services Outreach Program                                            | \$ 548,566           |
| RCORP–Pathways Program                                                                 | \$ 400,000           |
| Rural Health Network Development Planning Grant Program                                | \$ 100,000           |
| <b>MCHB</b>                                                                            |                      |
| Healthy Start Initiative Program                                                       | \$ 2,200,000         |

| Program Name by Bureau/Office                        | Amount Funded         |
|------------------------------------------------------|-----------------------|
| Transforming Pediatrics for Early Childhood Program  | \$ 1,000,000          |
| Pediatric Mental Health Care Access Program          | \$ 751,998            |
| Family-to-Family Health Information Center Program   | \$ 273,608            |
| <b>HAB</b>                                           |                       |
| Regional AIDS Education and Training Centers Program | \$ 2,820,773          |
| Ryan White Part C Outpatient EIS Program             | \$ 747,498            |
| <b>OAT</b>                                           |                       |
| National Telehealth Resource Center Program          | \$ 330,428            |
| <b>Total</b>                                         | <b>\$ 123,582,234</b> |

Data Source: HRSA's OFAAM FY 2025 Tribal Investments.

## IV. Funding Opportunities for which Tribal Entities and Clinicians serving at ITUs are Eligible to Apply

Tribal entities and clinicians serving at ITUs are eligible to apply for a broad range of HRSA programs. Table 3 below provides a comprehensive listing of HRSA funding opportunities, as of June 25, 2026, organized by bureau and office programs with dedicated tribal set-aside funds or exclusively for tribal applicants are marked with an asterisk (\*). A list of current funding opportunities can be found on [Grants.gov](https://www.grants.gov).

In addition to competitive grants, the NHSC Loan Repayment Programs include dedicated tribal (ITU) set-aside funds. Table 4 presents FY 2025 and FY 2026 data on this set-aside.

**Table 3: HRSA FY 2026 Funding Opportunities and Loan Repayment Programs for Which Tribal Entities and Clinicians serving at ITUs Are Eligible to Apply**

| Program Name                                               | Eligible Applicants                                                                                                                 | Award Amount           |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>BPHC</b>                                                |                                                                                                                                     |                        |
| Health Center Program – New Access Points                  | Private, nonprofit entities and public agencies in the United States or its territories, and Tribal and Urban Indian Organizations. | Up to \$650,000/yr     |
| Health Center Program – Service Area Competition (FY 2026) | Private, nonprofit entities and public agencies in the United States or its territories, and Tribal and Urban Indian Organizations. | Varies by service area |

| Program Name                                                                     | Eligible Applicants                                                                                                                                                                                                 | Award Amount                                    |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>BHW</b>                                                                       |                                                                                                                                                                                                                     |                                                 |
| * NHSC Loan Repayment Programs – ITU Tribal Set-Aside (see Table 4)              | Clinicians at NHSC-approved sites located in a HPSA, including IHS facilities, Tribally-Operated 638 Programs, and ITUs with an affiliated outpatient clinic.                                                       | \$25,000–\$100,000 per clinician (tax-free)     |
| * NHSC Substance Use Disorder (SUD) Workforce Loan Repayment Program             | Clinicians at NHSC-approved SUD treatment facilities located in a HPSA, including ITUs with an affiliated outpatient clinic.                                                                                        | \$25,000–\$75,000 (tax-free)                    |
| * NHSC Rural Community Loan Repayment Program                                    | Clinicians at rural NHSC-approved SUD treatment facilities located in a HPSA, including ITUs with an affiliated outpatient clinic.                                                                                  | Up to \$100,000 (tax-free)                      |
| Nurse Corps Loan Repayment Program                                               | Registered nurses and Advanced Practice Registered Nurses at critical shortage facilities, including tribal sites and nurse faculty at accredited schools of nursing.                                               | 60% + up to 25% of qualifying loans             |
| Teaching Health Center Graduate Medical Education                                | Entities that meet statutory eligibility requirements, which may include Federally Qualified Health Centers and tribal health centers operating graduate medical education programs.                                | ~\$160,000/yr per full time equivalent resident |
| Behavioral Health Workforce Education and Training for Professionals             | Entities that meet statutory eligibility requirements, which may include accredited institutions of higher education, and accredited professional training programs in behavioral health disciplines.               | Up to \$600,000/yr                              |
| Behavioral Health Workforce Education and Training Program for Paraprofessionals | State-licensed mental health nonprofit or state-licensed mental health for-profit organization, which can include Native American tribal governments or Native American tribal organizations if otherwise eligible. | Up to \$500,000/yr                              |
| Graduate Psychology Education Program                                            | Accredited doctoral, internship and/or post-doctoral residency program of health service psychology (including clinical psychology, counseling, and school psychology), including tribal-serving institutions.      | Up to \$450,000/yr                              |

| Program Name                                                                     | Eligible Applicants                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Award Amount       |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Scholarships for Disadvantaged Students Program                                  | Accredited school of medicine, osteopathic medicine, dentistry, nursing (as defined in section 801 of the Public Health Service Act), pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, or allied health (including physical therapy), a school offering a graduate program in behavioral and mental health practice, or an entity providing programs for the training of physician assistants, including tribal-serving institutions. | Up to \$650,000/yr |
| Addiction Medicine Fellowship Program                                            | Accredited addiction medicine or accredited addiction psychiatry fellowship program, or a consortium (consisting of at least one domestic teaching health center and the sponsoring institution) of a domestic addiction medicine or addiction psychiatry fellowship program, including tribal-serving institutions.                                                                                                                                                            | Up to \$800,000/yr |
| Nursing Faculty Loan Program                                                     | Accredited school of nursing, including tribal-serving institutions.                                                                                                                                                                                                                                                                                                                                                                                                            | Up to \$2,000,000  |
| Public Health Training Center Program                                            | Accredited school of public health, or another public or nonprofit private institution accredited to provide graduate or specialized training in public health, including tribal organizations.                                                                                                                                                                                                                                                                                 | Up to \$910,000/yr |
| Nursing Workforce Development Program                                            | Eligible organizations include accredited schools of nursing, nursing centers, academic health centers, and domestic public or private non-profit entities, such as state and local departments of health, faith-based organizations, community-based organizations, tribes, and tribal organizations.                                                                                                                                                                          | Up to \$555,000/yr |
| Nurse Education, Practice, Quality, and Retention—Transition to Practice Program | An accredited school of nursing, as defined in Public Health Service Act section 801(2), a health care facility, including federally qualified health centers or nurse-managed health clinics, or a partnership of such a school and facility, including Native                                                                                                                                                                                                                 | Up to \$750,000/yr |

| Program Name                                                                         | Eligible Applicants                                                                                                                                                                                                                                                                                                                                                                                  | Award Amount                                                                                                  |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|                                                                                      | American tribal organizations (other than federally recognized tribal governments).                                                                                                                                                                                                                                                                                                                  |                                                                                                               |
| <b>FORHP</b>                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |
| Rural Health Care Services Outreach Program                                          | All domestic public or private entities, non-profit and for-profit entities are eligible to apply. Entities may include tribal governments and organizations.                                                                                                                                                                                                                                        | Up to \$250,000 for Regular Track each budget period, or Up to \$300,000 for Special Track each budget period |
| Rural Health Network Development Planning Grant Program                              | All domestic entities including tribes and tribal organizations                                                                                                                                                                                                                                                                                                                                      | Up to \$100,000                                                                                               |
| RCORP – Multiple Components                                                          | All domestic public or private entities, non-profit and for-profit entities are eligible to apply. Entities may include tribal governments and organizations.                                                                                                                                                                                                                                        | Varies by component                                                                                           |
| Radiation Exposure Screening and Education Program                                   | Native American tribal governments and organizations; entities applying on behalf of programs provided through IHS or through tribal contracts, compacts, grants, or cooperative agreements with IHS and that are determined appropriate to raising the health status of American Indians. Eligible entities must target populations in the states cited in the Radiation Exposure Compensation Act. | Up to \$250,000 each budget period                                                                            |
| <b>MCHB</b>                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |
| Maternal and Child Health Services Block Grant (Title V)                             | States and territories; tribal entities may participate through state partnerships.                                                                                                                                                                                                                                                                                                                  | Formula-based                                                                                                 |
| Healthy Start Initiative                                                             | Public and private entities in communities with high infant mortality, including tribal communities.                                                                                                                                                                                                                                                                                                 | Up to \$2,200,000/yr                                                                                          |
| * Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) – Tribal Set- | Indian tribes (or a consortium of Indian tribes), tribal organizations, or Urban Indian Organizations (6% of MIECHV appropriations reserved).                                                                                                                                                                                                                                                        | Varies (6% set-aside)                                                                                         |

| Program Name                                                                                                 | Eligible Applicants                                                                                                                                      | Award Amount       |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Aside (The Administration for Children and Families administers this program, HRSA provides program funding) |                                                                                                                                                          |                    |
| Family-to-Family Health Information Centers                                                                  | Public and private entities, including those serving tribal communities.                                                                                 | Up to \$275,000/yr |
| Pediatric Mental Health Care Access                                                                          | States, political subdivisions of states, tribes, and tribal organizations.                                                                              | Varies             |
| Transforming Pediatrics for Early Childhood                                                                  | Public and private entities, including Indian tribes or tribal organizations.                                                                            | Varies             |
| <b>HAB</b>                                                                                                   |                                                                                                                                                          |                    |
| Ryan White HIV/AIDS Program – Part C (Outpatient Early Intervention Services)                                | Public and private nonprofit entities including tribal organizations providing HIV outpatient care.                                                      | Varies             |
| Ryan White HIV/AIDS Program – Regional AIDS Education and Training Centers                                   | Educational institutions including those serving tribal populations.                                                                                     | Varies             |
| <b>OAT</b>                                                                                                   |                                                                                                                                                          |                    |
| Telehealth Network Grant Program                                                                             | Domestic organizations, including tribal governments and tribal organizations, that demonstrate they will provide services through a telehealth network. | Varies             |

\* Denotes tribal-specific programs or set-aside funding dedicated to IHS facilities, Tribally-Operated 638 Health Programs, and ITUs. All other programs are open to tribal entities on the same competitive basis as other eligible applicants. Award availability is subject to congressional appropriations. Please note the MIECHV tribal set-aside is administered by ACF and therefore not considered in HRSA totals.

**Table 4: NHSC Loan Repayment Program – Tribal (ITU) Set-Aside Summary (FY 2025–FY 2026)**

| Program                                             | Metric                        | FY 2025 Data   | FY 2026 Data   |
|-----------------------------------------------------|-------------------------------|----------------|----------------|
| NHSC Loan Repayment Programs (ITU/tribal set-aside) | Total tribal set-aside amount | \$15.6 million | \$16.9 million |

| Program                                             | Metric                             | FY 2025 Data                                                                                    | FY 2026 Data |
|-----------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------|--------------|
| NHSC Loan Repayment Programs (ITU/tribal set-aside) | Amount utilized                    | \$14.6 million                                                                                  | TBD          |
| NHSC Loan Repayment Programs (ITU/tribal set-aside) | Number of awardees at tribal sites | 225                                                                                             | TBD          |
| NHSC Loan Repayment Programs (ITU/tribal set-aside) | Total applicants at tribal sites   | 291                                                                                             | TBD          |
| NHSC Loan Repayment Programs (ITU/tribal set-aside) | Eligible applicants not funded     | 0 — all eligible, complete applications funded; unfunded applicants had incomplete applications | TBD          |

Data Source: HRSA's BHW. FY 2025 data reflects the final award cycle. FY 2026 set-aside reflects the amount announced in the FY 2026 DTLL dated February 20, 2026. In FY 2025, all applicants with complete applications were funded; applicants who did not receive awards had incomplete applications (missing or incomplete required forms). FY 2026 award data is pending cycle close.

## V. HRSA Action Plan for Tribal Engagement

**HRSA's Office of Intergovernmental and External Affairs (IEA)** serves as the agency-wide lead for tribal affairs and continuous efforts to improve tribal participation across all HRSA programs. IEA developed a unified, four-pillar action plan organized around the primary barriers to tribal participation including: (1) expanding TA throughout the grants lifecycle; (2) enhancing outreach through DTLLs, Tribal Advisory Council engagement, and targeted communications; (3) improving access to funding by reducing administrative barriers and incorporating tribal perspectives into funding opportunity development; and (4) building long-term tribal organizational capacity through regional TA, data collection, and continuous performance improvement. Each pillar is led by IEA, in collaboration and consultation with HRSA bureau and office tribal liaisons.

HRSA began implementing activities under this action plan in FY 2026 as part of ongoing responsibilities and remains committed to expanding and strengthening these efforts in FY 2027 and beyond. This action plan was informed by feedback and recommendations provided through HRSA's TAC, which serves as a key forum for tribal consultation and engagement on HRSA policies, programs, and priorities. IEA will continue to enhance this plan through HRSA's oversight activities and ongoing engagement with tribal communities to identify emerging barriers, promote continuous improvement, and ensure the plan remains responsive and adaptable to the evolving needs of those served.

This action plan reflects the commitment to government-to-government relationship with federally recognized tribes, and to meaningfully engage tribal organizations and Urban Indian Health Programs as full partners in HRSA's mission.

## **Pillar 1: Expanding TA**

**Lead:** IEA, in cooperation with bureau and office tribal liaisons and program offices. IEA will coordinate a cohesive, agency-wide TA framework to ensure tribal entities receive consistent, high-quality support throughout the full grant lifecycle—from identifying opportunities and preparing applications through post-award compliance and closeout. TA activities include:

- **Healthy Grants Workshops:** IEA will actively promote and support tribal applicants and grantee participation in HRSA's agency-wide Healthy Grants Workshops, which cover the full grant lifecycle including applying, budgeting, compliance, reporting, and closeout. IEA will work with OFAAM to ensure tribal-specific considerations are incorporated into workshop materials.
- **Program Specific TA:** IEA, in coordination with bureau and office tribal liaisons, will work with program offices to provide targeted TA on specific HRSA programming as requested by TAC and other tribal entities. Through these efforts, HRSA will support tribal entities in accessing funding opportunities, strengthening organizational capacity, and expanding access to health care services in tribal communities.

## **Pillar 2: Enhancing Outreach**

**Lead:** IEA, in coordination with bureau and office tribal liaisons.

IEA will drive a proactive, coordinated outreach strategy to ensure tribal leaders and tribal organizations receive timely information about HRSA funding opportunities, program changes, and resources. Outreach activities include:

- **DTLLs:** Consistent with the FY 2025 and FY 2026 DTLLs issued by the HRSA Administrator, IEA will ensure DTLLs are issued to notify tribal leaders of upcoming HRSA funding opportunities, application cycles, and program updates. IEA will work with bureau and office tribal liaisons to ensure program-specific information is accurate and timely. For example:
  - BHW: Annual DTLLs will specifically highlight the NHSC Loan Repayment ITU Set-Aside application cycle, including application deadlines, HPSA auto-approval support for ITU sites with an affiliated outpatient clinic, and HRSA Health Workforce Connector resources for ITU recruiters to connect skilled health professionals to health care sites in communities of need.
- **TAC, IEA Tribal Affairs Workgroup, and Bureau and Office Tribal Liaison Group:** IEA will continue to convene and leverage the TAC, IEA Tribal Affairs Workgroup, and bureau and office tribal liaison group as primary venues for agency-to-tribe communication. IEA will use these bodies to solicit tribal input on HRSA programs,

disseminate funding opportunity information, and ensure tribal voices inform agency priorities.

- **Targeted Notice of Funding Opportunity (NOFO) Announcements and Listservs:** IEA will work with bureau and office tribal liaisons to ensure HRSA NOFOs are proactively disseminated through tribal-specific listservs, partner networks, IHS, National Council of Urban Indian Health, National Indian Health Board, National Congress of American Indians, and the HRSA website's dedicated tribal resources page. Email announcements will be timed to align with NOFO posting to maximize the application window for tribal communities.

## **Pillar 3: Improving Access to Funding Opportunities**

**Lead:** IEA, in consultation with bureau and office tribal liaisons, OFAAM, and program offices.

IEA will work to support the reduction of structural and administrative barriers that prevent tribal entities from successfully applying for and receiving HRSA funding. Activities include:

- **Tribal-Informed NOFO Development:** IEA, in coordination with OFAAM, bureau and office tribal liaisons, and program offices, will establish a process to incorporate tribal perspectives into the design and development of funding opportunities. This process will include identifying opportunities for tribal-specific NOFOs, tribal set-asides, or other approaches to increase tribal participation where authorized and appropriate, as well as reviewing eligibility requirements and application processes to reduce unnecessary barriers for tribal applicants.
- **NHSC Loan Repayment ITU Set-Aside:** IEA, in coordination with BHW, will provide ongoing support dedicated to the ITU set-aside within the NHSC Loan Repayment Programs. IEA will monitor set-aside utilization annually and work with BHW to identify and address barriers when eligible funding is not fully utilized.

## **Pillar 4: Building Organizational Capacity**

**Lead:** IEA, in consultation with bureau and office tribal liaisons and tribal partners.

IEA will lead efforts to build the long-term administrative, workforce, and programmatic capacity of tribal entities to successfully compete for, manage, and sustain HRSA-funded programs. Activities include:

- **Regional Capacity-Building TA:** IEA will provide geographic-based capacity building support to tribal entities in their regions, including trainings, site visits, and individualized consultations, often in partnership with tribal-serving organizations, tribal colleges and universities, and the HHS Office of Intergovernmental and External Affairs.
- **Data, Performance Tracking, and Continuous Improvement:** IEA will lead an effort to enhance HRSA's data collection to better track tribal applicants, awardees, and TA utilization across all programs. This data will be used to assess the effectiveness of the

four-pillar action plan, identify persistent barriers, and inform adjustments. IEA will report findings to bureau and office leadership.

## **VI. Conclusion**

HRSA is committed to strengthening partnerships with tribal entities by building on progress in expanding tribal engagement and increasing tribal participation in HRSA programs. These efforts are intended to improve tribal access to resources, strengthen tribal health systems, and support sustainable improvements in health care delivery for tribal communities.

HRSA's approximately \$123.6 million in FY 2025 funding to tribal entities demonstrates the agency's continued commitment to supporting tribal communities across multiple program areas. HRSA also continues to expand access to a broad range of funding opportunities for tribal applicants, including tribal-specific initiatives. This report highlights these investments and funding opportunities, as well as HRSA's four-pillar Action Plan for Tribal Engagement, which focuses on expanding TA, enhancing outreach, improving access to funding opportunities, and strengthening organizational capacity.

Together, these efforts support stronger partnerships with tribal communities, increase tribal participation in HRSA programs, and improve access to high-quality health care services for AI/AN populations.