



Indian Health Service Press Release

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FOR IMMEDIATE RELEASE
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IHS Awards Tribal Management Grants to Support Tribal Self-Determination

The Indian Health Service (IHS) has issued 2017 Tribal Management Grant Program awards to 17 tribes and tribal organizations, totaling more than \$1.6 million. These annual IHS tribal management grants are intended to assist tribes in preparing to assume all or part of existing IHS programs, functions, services and activities and further develop and improve their health management capability.

“The tribal management grants are an example of how we are working with tribes and tribal organizations to assist them in assuming the responsibility of providing health care to their members and to operate and manage health care programs or services previously provided by IHS,” said IHS Acting Director Rear Adm. Michael D. Weahkee. “The partnership between IHS and the tribes and tribal organizations we serve is critical to our success in providing access to quality health care for American Indians and Alaska Natives.”

The Tribal Management Grant Program is designed to enhance and develop health management infrastructure and assist tribes and tribal organizations in assuming all or part of existing IHS programs, functions, services, and activities through Indian Self-Determination and Education Assistance Act (ISDEAA) agreements and to assist American Indian and Alaska Native tribes and tribal organizations with ISDEAA Title I and Title V agreements to further develop and improve their management capability. The Tribal Management Grant program consists of four project types with various funding amounts and project periods. The project types include: Feasibility Study, Planning, Evaluation Study, and Health Management Structure.

The following tribes and tribal organizations received funding:

- Aroostook Band of Micmacs, Presque Isle, Maine, \$100,000
- Canoncito Band of Navajo Health Center, Inc., Tohajiilee, New Mexico, \$135,219
- Coquille Indian Tribe, North Bend, Oregon, \$50,000
- Five Sandoval Indian Pueblos, Inc., Rio Rancho, New Mexico, \$97,800
- Great Plains Tribal Chairmen's Health Board, Rapid City, South Dakota, \$126,807
- Indian Health Council, Valley Center, California, \$55,000
- Lac Courte Oreilles Band of Lake Superior Chippewa Indians, Hayward, Wisconsin, \$100,000
- Mathiesen Memorial Health Center, Jamestown, California, \$97,943
- Mt. Sanford Tribal Consortium, Gakona, Alaska, \$104,811
- North Fork Rancheria of Mono Indians of California, North Fork, California, \$100,000
- Northern Arapaho Business Council, Fort Washakie, Wyoming, \$100,000
- Nottawaseppi Huron Band of the Potawatomi, Fulton, Michigan, \$70,000
- Oglala Sioux Tribe, Pine Ridge, South Dakota, \$100,000
- Osage Nation, Pawhuska, Oklahoma, \$100,000

- Seldovia Village Tribe, Seldovia, Alaska, \$140,447
- Susanville Indian Rancheria, Susanville, California, \$35,000
- Three Affiliated Tribes, New Town, North Dakota, \$127,708

The IHS [Office of Direct Service and Contracting Tribes](#) provides information, technical assistance, and policy coordination in support of Indian self-determination. ODSCT is the primary focal point for ISDEAA Title I activities and implementation. ODSCT provides agency leadership and advocacy for direct service tribes in the development of health policy program management and budget allocation and advises the IHS director and senior management on direct service tribes issues and concerns. ODSCT also coordinates and collaborates with the [Direct Service Tribes Advisory Committee](#) to host a national forum for all tribal leaders to discuss best practices, partnerships and resources to improve the Indian health care delivery system.

The IHS, an agency in the U.S. Department of Health and Human Services, provides a comprehensive health service delivery system for approximately 2.2 million American Indians and Alaska Natives.

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